


ОҢТҮСТІК ҚАЗАҚСТАН <b>MEDISINA</b> <b>AKADEMIASY</b> «Оңтүстік Қазақстан медицина академиясы» АҚ		 SOUTH KAZAKHSTAN <b>MEDICAL</b> <b>ACADEMY</b> АО «Южно-Казахстанская медицинская академия»
Department of Introduction to Clinic		75/11
Lecture complex on the discipline "Introduction to the profession"		1p. of 28

## LECTURE COMPLEX

**Discipline:** "Introduction to the profession"

**Discipline code:** IP 1205


**EP name:** 6B10115 "Medicine"

**Amount of study hours/credits:** 120 hours/4 credits

**Course and semester of study:** 1st year, 1st semester

**The volume of lectures:** 8 hours

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Department of Introduction to Clinic		75/11
Lecture complex on the discipline "Introduction to the profession"		2p. of 28


The lecture complex was developed in accordance with the syllabus of the discipline "Introduction to the profession" and discussed at the meeting of the department.

Protocol № 12 “ 27 ” 06 20 25 y.

Head of the Department, PhD, Acting Associate Professor



Zhumadilova A.R.

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Department of Introduction to Clinic		75/11
Lecture complex on the discipline "Introduction to the profession"		3p. of 28

## Lecture No. 1.

### 1. Topic: Patterns of development and history of medical knowledge. The content and types of medical activities.

**2. Purpose:** To explain the laws and history of medical education development. The content and types of medical activities. To teach the content and types of medical services.

### 3. Lecture theses:

#### History of medicine

Medicine (Latin medicina: medicus — medical, curative) is the preservation and promotion of human health, treatment and prevention of diseases, long life in human society in terms of health and employment opportunities a system of practical activities and scientific knowledge aimed at achieving survival. The history of medicine as a science is based on the world history of mankind. studies the origin, development, and state of medicine and treatment. The history of medicine as a science and subject of training of medical specialists. It occupies a very important place, as well as the progress of scientific development in the future, a correct understanding of socio-political views, general and special education. teaches you how to improve your degree. The subject of the history of medicine consists of two main parts: the general and the private history of medicine. The history of general medicine studies the general patterns of development of its various branches of world medicine, their features, main problems, achievements, innovations, and introduces the life path of famous scientists who have contributed to science. It shows how medical science appeared in the world, the unique folk culture and the historical development of medicine.

Individual medicine depends on each field of medicine. For example, in their department, therapy and surgery are specially studied, ways of preventing the disease, its causes, identification of the type of disease and treatment methods are shown.

The main tasks of the history of medicine:

Students are taught historical research methods and historical thinking. Historical research is a broad and unified understanding of the following scientific topic.

The directions of the material and ideological development of medicine are shown, as well as the theory of medicine is analyzed and generalized.


International, teaching the history of global medical development.

To strengthen the understanding of solidarity, medical scientists from different countries and international medicine, after learning about practical achievements, teach how to improve practical exchange.

The history of medicine is aimed at studying the following issues:

- By showing the pattern of phenomena in the development of medicine, explain its inheritance;
- Continuation of medical trends in the history of medicine;
- That the development of medical education is linked to the development of society as a whole to broaden horizons and increase love for the Motherland by showing.
- The history of medicine teaches research methods, research, and treatment skills. orients you. Identification of the type of disease, its prevention, and this it will be possible to understand the meaning of this by studying the history of medicine
- Production forces, political trends, and social development processes.



<div>ОҢТҮСТІК ҚАЗАҚСТАН MEDISINA AKADEMIASY «Оңтүстік Қазақстан медицина академиясы» АҚ</div>		<div> SOUTH KAZAKHSTAN MEDICAL ACADEMY АО «Южно-Казахстанская медицинская академия»</div>
Department of Introduction to Clinic		75/11
Lecture complex on the discipline "Introduction to the profession"		4p. of 28

in the development of medicine, what impact it had, whether the composition of the medicine has changed,

what news has happened, and the history of medicine also teaches this.

The modern Virchow Neumann introduced the concept of "social medicine" into German literature. In his work "Die öffentliche Gesundheitspflege und das Eigentum", published in 1847, he vividly proved the role of social factors in the development of public health.

At the end of the 19th century, the development of the main area of public health was determined to this day. This direction connects the development of public health with the general progress of scientific hygiene or biological and physical hygiene. In Germany, the founder of this trend is M. von Pettenkofer. In the hygiene manual he published, he included the section "Social hygiene", which the doctor considered to be the essence of the sphere of life in which large groups of people meet. This trend gradually acquired a reformatory character, since radical socio-therapeutic measures could not be offered.

In Germany, the founder of social hygiene as a science, A. It was Grotyan. In 1904, Grotyan wrote: "Hygiene is essential... for social relations and for how people are born, live, work, enjoy, continue to be born and die. Therefore, it is a social hygiene that complements physical and biological hygiene. According to Grotyan, the subject of social and hygienic science is the analysis of the conditions in which the relationship between man and the environment is realized.

As a result of such research, Grotyan approached the other side of the topic of public health, that is, to develop norms regulating the relationship between a person and the social environment in such a way as to strengthen his health and benefit him.

There were major public health figures in England in the 19th century. E. Chadwick saw the main reason for the poor health of the population. His work "Sanitary conditions of the working population", published in 1842, revealed the difficult living conditions of workers in England. J. As Chief Medical Officer of the English Health Service, Simon conducted a series of studies on the main causes of death. However, the first department of social medicine was opened in England in 1943 by J. Ryle in Oxford.

F. F. Erisman, P. J. Kurkin, Z. G. Frenkel, N. A. Semashko and Z. P. Solovyov were very helpful in the development of social hygiene in Russia.

Among the largest Russian social hygienists, G. A. Batkis is worth noting. He is a well-known researcher and author of a number of theoretical works on social hygiene, has developed a primary statistical methodology for studying the sanitary condition of the population and a number of working methods. medical institutions (a new system of active patronage of newborns, a method of anamnestic demographic research, etc.).

### **"Public health and healthcare" as an educational tool and scientific topic, its content.**

As is known, many disciplines and specialties of medicine study various diseases, their syndromes, various clinical manifestations of the course of the disease, methods of diagnosis and treatment of diseases, as well as possible results of the disease using modern methods of complex treatment. . The main methods of disease prevention and rehabilitation of people with any disease, sometimes severe, with complications and even disability of patients, are rarely described. It refers to the term "recreation" in the medical literature, i.e. a set of preventive, curative and rehabilitative measures aimed at preserving the health of healthy people. The health of the people, its dimensions, and ways to preserve and strengthen it in difficult socio-economic conditions have almost completely fallen out of the sphere of interests of modern medicine and healthcare in Kazakhstan.

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 research, as well as determine the place of public health at this stage.

<p>             ОҢТҮСТІК ҚАЗАҚСТАН  <b>MEDISINA</b>  <b>AKADEMIASY</b>              «Оңтүстік Қазақстан медицина академиясы» АҚ           </p>		<p>             SOUTH KAZAKHSTAN  <b>MEDICAL</b>  <b>ACADEMY</b>              АО «Южно-Казахстанская медицинская академия»           </p>
<p>Department of Introduction to Clinic</p>		75/11
<p>Lecture complex on the discipline "Introduction to the profession"</p>		5p. of 28

Thus, the World Health Organization (WHO) concluded in 1948 that "Health is a state of complete physical, mental and social well-being, and not just the absence of diseases or ailments." WHO has proclaimed the principle that "the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being."

The division into 4 levels of medical research was adopted:

Level 1 – Personal health.

Level 2 – Health of small or ethnic groups – group health.

Level 3 is 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 people of the country, the continent, the world, and the general population.

Public health is a science that studies the impact of social factors and environmental conditions on health, and healthcare organizations that develop scientifically sound recommendations aimed at eliminating and preventing the harmful effects of social factors and improving the healthcare system in order to improve human health. Public health and public health studies a wide range of medical aspects, social, economic, managerial and philosophical issues in the field of public health in a specific historical context. Unlike various clinical disciplines, public health studies the health status of collectives, social groups, and society in relation to the living conditions and customs of individuals, rather than isolated individuals. At the same time, living conditions and industrial relations are usually crucial for human health, since scientific and technological progress, socio-economic revolutions and stages of evolution, and the cultural revolution bring great benefits to society, but at the same time can have a negative impact on human health.

Healthcare in Kazakhstan has undergone a number of significant changes since independence and the establishment of market relations. The current period can be defined as a period of accelerated modernization of the healthcare system, including the transition to modern principles and standards in the field of healthcare organization.

The content of the topic in accordance with modern conditions requires improvements and additions. Research methods used in healthcare

- 1) The statistical method is widely used in the field of healthcare as the main method of social sciences. This makes it possible to identify and objectively assess the changes taking place in the health status of the population, to determine the effectiveness of the activities of health authorities and institutions. In addition, it is widely used in medical research (hygienic, physiological, biochemical, clinical, etc.).
- 2) The expert assessment method is an addition to statistical data, the main task of which is the indirect determination of certain correction factors.
- 3) Public health uses quantitative measurements using population censuses and epidemiological methods. This allows you to make predictions based on predefined patterns such as future fertility, population size, mortality, cancer mortality, etc. b. it is possible to predict.
- 4) 2). The historical method is based on the study and analysis of public health and healthcare processes in different periods of human history. The historical method is a descriptive method.
- 5) 3). The method of economic research allows us to determine the impact of the economy on healthcare and, conversely, the impact of healthcare on the economy of society. The healthcare



<p>             ОҢТҮСТІК ҚАЗАҚСТАН  <b>MEDISINA</b>  <b>AKADEMIASY</b>              «Оңтүстік Қазақстан медицина академиясы» АҚ         </p>		<p>             SOUTH KAZAKHSTAN  <b>MEDICAL</b>  <b>ACADEMY</b>              АО «Южно-Казахстанская медицинская академия»         </p>
<p>Department of Introduction to Clinic</p>		75/11
<p>Lecture complex on the discipline "Introduction to the profession"</p>		6p. of 28

economy is an integral part of the country's economy. Healthcare in any country includes hospitals, polyclinics, outpatient clinics, institutes, clinics, etc. b. There is a certain material and technical base.

6) The methods used in economic sciences are used to study the influence of social and economic factors on human health. These methods are directly used in the research and development of such health issues as accounting, planning, financing, health management, rational use of material resources, scientific organization of work in health authorities and institutions.

7) 4). The experimental method is a method of searching for new, more effective forms and methods of work, creating models of medical care, introducing best practices, testing projects, hypotheses, experimental bases, medical centers, etc.

8) Experiments can be carried out not only in natural sciences, but also in social sciences.

Experiments in the field of public health are often not used due to the administrative and legislative difficulties associated with them.

9) In the field of healthcare organization, a modeling method is being developed, which consists in creating organizational models for experimental verification. More attention is being paid to experimental fields and medical centers related to the experimental method, as well as experimental programs to solve specific problems. Experimental regions and centers can be called "field laboratories" for conducting scientific research in the field of healthcare. Depending on the goals and objectives for which they were created, these models vary greatly in size and organization, they can be temporary or permanent.

10) The method of observation and research. Special studies can be conducted to supplement and deepen these data. For example, to obtain more detailed data on the incidence of a particular specialty, the results of medical examinations of this contingent are used. To determine the nature and degree of influence of social and hygienic conditions on morbidity, mortality and physical development, according to a special program, methods of questioning individuals, families or groups of people (interviews, survey method) can be used.

11) Economic, social, demographic, etc. by the survey method (interview). b. You can get valuable information on the issues.

The epidemiological method. Epidemiological analysis occupies an important place among the methods of epidemiological research. Epidemiological analysis is practical to identify the causes contributing to the spread of this phenomenon in a given territory and to optimize it. 12) It is a set of methods for studying the characteristics of the epidemic process in order to develop proposals. From the point of view of public health methodology, epidemiology refers to applied medical statistics, which in this case is the main, largely special method.


The use of epidemiological methods in various fields of healthcare in large populations allows us to identify different components of epidemiology: clinical epidemic, environmental epidemic, epidemiology of non-communicable diseases, epidemiology of infectious diseases, etc.

Clinical epidemiology is the basis of evidence-based medicine, which makes it possible to make predictions for each individual patient in similar situations using rigorous scientific methods based on the study of the clinical course of the disease. The goal of clinical epidemiology is to develop and use such clinical control methods 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: to assess the nature and extent of the population's need for medical care; to study the impact of various factors determining these needs; to assess the effectiveness of the existing healthcare system; to develop ways and means to improve it; to make forecasts for the provision of medical care to the population.

## **Types and branches of medicine**

### **1. Clinic**

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Department of Introduction to Clinic		75/11
Lecture complex on the discipline "Introduction to the profession"		7p. of 28

2. Surgical
3. Medical and surgical
4. Laboratory
5. Forensic medicine
6. Occupational medicine
7. Preventive medicine
8. Sports medicine
9. Integrative medicine
10. Complementary medicine
- 24 departments or medical specialties

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

Other types of medicines

**4. Illustrative material:** presentation

**5. Literature:** Appendix No. 1


**6. Security issues:**

1. Medical education
2. Types of medicines
3. Public health and teaching methodology

## Lecture No. 2.

**1. Topic: The nursing process. Objectives and planning of nursing intervention. Safe care: goals, objectives, methods.**



ОҢТҮСТІК ҚАЗАҚСТАН <b>MEDISINA          AKADEMIASY</b> «Оңтүстік Қазақстан медицина академиясы» АҚ		SOUTH KAZAKHSTAN <b>MEDICAL          ACADEMY</b> АО «Южно-Казахстанская медицинская академия»
Department of Introduction to Clinic Lecture complex on the discipline "Introduction to the profession"		75/11 8p. of 28

**2. Purpose:** to explain the nursing process to students. Specify the goals and planning of the nursing intervention. Teach students about the aspects of safe care.

**3. Lecture theses:**

The nursing process is the main inseparable concept of the modern American and Western European, Roman labor model. This reformatory concept appeared in the United States in the mid-50s of the twentieth century and over four decades has proven its effectiveness in clinical settings. The nursing process is used in nursing in 50 countries around the world, creates a theoretical and scientific basis for care and is considered the core of nursing knowledge and experience.

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

The nursing process is divided into 5 stages:

Collecting information about the patient's health;  
 nursing diagnostics;

Care planning;

Implementation of planning;

Assessment of the results of the assistance provided;

Collecting information: In order to organize individual, carefully thought-out, scientifically based patient care, a nurse needs to know exactly who his patient is.;

The basis of nursing care is the study of 14 basic human needs by the American psychologist A. Maslow;

Nursing diagnosis: The concept of a nursing diagnosis or nursing problem first appeared in America in the 50s of the 20th century and was officially and legally approved in 1973. Currently, the list of Finnish problems approved by the American Nurses Association is 114 units.;

A nursing diagnosis is a nurse's clinical report describing a patient's reaction to an existing or potential illness and mood, as well as the cause of such a reaction.;

Planning: After setting a goal, the nurse draws up a patient care plan, that is, the creation of a written instruction containing a complete list of special actions of the nurse necessary to achieve the goal of care. The nurse describes the situation in detail, what I can do for the patient, how I can help him with this problem, and tries to answer questions.;

Implementation of the care plan: The nurse implements what she wrote on paper herself or with the help of a technical nurse. Nursing activities involve 3 different nursing engagements;

The actions of the nurse are performed at the request or under the supervision of a doctor, for example, the administration of antibiotics every 4 hours, changing bandages, cleaning the stomach.

Actions performed by a nurse voluntarily and without a doctor's requirement.

Helping a patient take care of themselves;

Monitoring the patient's reaction to his illness and adaptation to it;

Monitoring the patient's response to treatment and adaptation to it;

Patient training in treatment and self-care methods;

Patient health counseling;

Give instructions on restoring the patient's daily activity and rest;

Planning of care activities in order to convince the patient of their own abilities and capabilities;

Organization of the patient's free time;" /12/

Collaboration with a doctor or other medical professional, such as a physical therapist, nutritionist, or healthcare professional. Examples include resuscitation measures. Assessment of the outcome of

care: The nurse constantly determines the quality and outcome of patient care:

assessment of the success of achieving the goal;

check the patient's response to hospitalization;

actively search for and evaluate new issues.



<p>             ОҢТҮСТІК ҚАЗАҚСТАН  <b>MEDISINA</b>  <b>AKADEMIASY</b>              «Оңтүстік Қазақстан медицина академиясы» АҚ           </p>		<p>             SOUTH KAZAKHSTAN  <b>MEDICAL</b>  <b>ACADEMY</b>              АО «Южно-Казахстанская медицинская академия»           </p>
Department of Introduction to Clinic		75/11
Lecture complex on the discipline "Introduction to the profession"		9p. of 28

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

1. A nursing checkup.
2. Nursing diagnostics, identification of violations of the patient's needs.
3. Defining and planning the goals of nursing care.
4. Implementation of the nursing diagnostic plan.
5. Performance assessment and correction.

These five stages of the nursing process make it possible to systematize the work of a nurse, identify priority areas, plan, implement and evaluate their results together with the patient. The first stage involves collecting objective and subjective information about the patient. In this case, it can be obtained directly from the patient or his relatives (friends, colleagues), as well as from medical documents. To communicate with the patient, an appropriate environment should be organized that promotes effective and reliable communication.

Subjective data is general information (place of work, complaints, sociological and psychological data). Objective information is collected using instrumental methods, as well as using the senses of a medical professional. The second stage is diagnostics. To understand what a nursing diagnosis is, it is necessary to take into account that the main diagnosis is handled by a doctor. A nursing diagnosis is the identification of a 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 setting goals and planning care. What kind of care is needed? Nursing is the intervention of a nurse in the treatment or recovery process, taking into account the patient's priority problems. The goals of the intervention can be short-term (one week or 2 weeks) and long-term. A personal work plan is created based on the goals set.

What is included in the care plan:

1. Providing treatment and protection.
2. Monitoring the patient's condition.
3. Preparation of the patient for additional examination methods.
4. Compliance with the sanitary and epidemiological regime.
5. Follow dietary therapy.
6. Provide treatment for drug addiction.
7. Consultations with specialists (as prescribed by a doctor).
8. Providing psychological assistance.
9. Nursing pedagogy.
10. Registration of medical documentation.

**4. Illustrative material:** presentation

**5. Literature:** Appendix No. 1

**6. Security issues:**


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

### Lecture No. 3.

**1. Topic: Medical ethics: concept, basic principles. Ethical aspects of a doctor's relationship with colleagues. Basic clinical skills and vital signs.**

**2. Purpose:** To explain medical ethics, teach basic principles. To outline the ethical aspects of the doctor's relationship with colleagues. Provide an explanation of the concepts of basic clinical skills and vital signs.

**3. Lecture theses:**

<div>ОҢТҮСТІК ҚАЗАҚСТАН MEDISINA AKADEMIASY «Оңтүстік Қазақстан медицина академиясы» АҚ</div>		<div> SOUTH KAZAKHSTAN MEDICAL ACADEMY АО «Южно-Казахстанская медицинская академия»</div>
Department of Introduction to Clinic		75/11
Lecture complex on the discipline "Introduction to the profession"		10p. of 28

Ethics is the science of morality and its social significance. Medical ethics is reflected in the moral qualities of medical workers. It includes a set of principles governing the norms of behavior of medical professionals, taking into account their characteristics and position in society, and also takes into account the doctor's relationship with patients and their relatives, the purity of body and soul. Deontology is an integral part of medical ethics. This new field of science appeared at the beginning of the 19th century (from the Greek word deon — corresponding; logos — science, knowledge). The term deontology came into use relatively recently: at the beginning of the last century, the English philosopher J. Bentham coined this name for the science of professional human behavior. Medical deontology includes the moral and ethical foundations of the activities of medical workers, the requirements for their spiritual and personal qualities, their responsibility to society and the people, their relationships with patients, their relatives and colleagues. These include the problems of a doctor's professional growth, treatment in order to maximize the satisfaction of patients' desires, and the organization of disease prevention facilities. The concept of "doctor's skill" cannot be confined to the shell of technical methods. This is a creative process that manifests itself in the form of intellectual work, which is called a "clinical thinking system" developed by a doctor. That is, something directly related to the behavior of a doctor, to be able to accept the upcoming disease, thoroughly and completely examine it, and make an appropriate diagnosis. The doctor's task is to help a sick person, cure him of his illness, restore his ability to work, and intervene in death. To do this, he must not only love his profession, but also constantly improve his professional skills. Effective care can only be provided by a doctor with sufficient clinical experience.

Medical deontology is considered as an integral part of public morality and ethics as a branch of knowledge that studies the moral norms of the medical service. Control over the implementation of deontological rules in the actions of a doctor is carried out by moral and ethical standards and public opinion. These rules are based on the conscience and worldview of each doctor, and not on official prescriptions. The viability of deontological rules and the effectiveness of their control are based on them. Sometimes it is possible to circumvent the provisions of the law, but it is almost impossible to deceive or shake conscience.

Medical deontology as a part of the science of morality and ethics is closely related to socio-political and economic conditions, the prevailing ideology, as well as the level of scientific and practical development of medicine.

The moral and ethical issues of the doctor-patient relationship during treatment are an important branch of deontology. Whether the first impression of a medical institution is positive or negative depends on the medical professional, the order of work and the situation there. The environment and atmosphere in a medical facility have a great impact on the mood of patients and, ultimately, on treatment.

The general situation in the department is also important. If the patient sees a medical professional working carefully and attentively, he will feel calmer and will confidently step out of the door. If the patient sees not only a highly qualified specialist, but also a liberated, kind-hearted person, feels a caring attitude, establishes a whole connection with him, and this contributes to the recovery of treatment.

The surgical departments of the hospital differ from other departments in their strictness. Such strictness, as a rule, comes from the concern for cleanliness, the principles of asepsis and antisepsis. Of course, cleanliness is necessary everywhere, especially in surgery. However, the same cleanliness can be maintained by decorating the interiors of the patient's places of residence – wards, halls and recreation areas – pleasantly beautiful and warm. In the operating room, dressing room, treatment room, etc. In the places of application of therapeutic measures, it is necessary to strictly observe the conditions of asepsis and antisepsis. And in other places it is better to create an optimal atmosphere and bring it closer to a normal home environment. For example, ornamental plants and aquariums can



<p>             ОҢТҮСТІК ҚАЗАҚСТАН  <b>MEDISINA</b>  <b>AKADEMIASY</b>              «Оңтүстік Қазақстан медицина академиясы» АҚ           </p>		<p>             SOUTH KAZAKHSTAN  <b>MEDICAL</b>  <b>ACADEMY</b>              АО «Южно-Казахстанская медицинская академия»           </p>
<p>Department of Introduction to Clinic</p>		75/11
<p>Lecture complex on the discipline "Introduction to the profession"</p>		11p. of 28

relieve anxiety and depression of patients, make them forget about the disease for a moment, and raise their spirits. In order for patients walking on their own to relax and meet visitors, it is best to lay a soft carpet, comfortable sofas and armchairs, low tables, and flowers in a beautifully decorated room. The rooms should be designed in such a way that it is convenient for patients to move and relax without worrying, reminding them of their usual life. In addition to creating living conditions, we should not forget to influence the psyche of patients from an aesthetic and emotional point of view, to cheer them up and refresh their senses.

Along with antimicrobial asepsis, psychological asepsis should also be observed in surgery; although it does not directly affect the progression of the wound, it can cause psychogenic trauma to the patient. Blood stains, purulent cotton wool and pieces of gauze left by previous patients can have a negative effect on the patient who came later, causing him to become agitated. Therefore, it is better to call the next patient after cleaning the room and putting it in proper order.

As soon as the patient enters the department, the attending physician will meet him, conduct a full medical examination, prescribe treatment and respond to its results. Therefore, the attending physician knows everything about the sick person, his life and conclusion, the results of diagnostic examinations, and his thoughts about his illness. In such cases, when the attending physician comes to the hospital, he becomes the closest person to the sick person, the patient fully trusts him and openly shares his worries and suspicions.

The attending physician is the link of any institution, the reputation of a razor blade. Therefore, treating a doctor with respect and supporting him in achieving a high reputation is considered an important task for both the hospital administration and the clinic management. Of course, the attending physicians are different, they differ from each other in their personal and professional characteristics. There are cases when some of them send quotes, and then it may be necessary to objectively evaluate their activities and even impose a fair punishment. But all this should not harm the reputation of ward doctors and attract the attention of patients. This current deontological rule must be strictly observed by everyone and everywhere, especially by the heads of polyclinics and hospitals.

#### Medical secrecy

The fact of seeking medical help, information about 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.


Except in the cases provided for in paragraphs 3 and 4 of this article, disclosure by persons who are aware of information constituting a medical secret is prohibited in the performance of educational, professional, official and other duties.

With the consent of the patient or his legal representative, it is allowed to transfer information constituting a medical secret to other private and (or) legal entities for the purpose of examining and treating the patient, conducting scientific research, using this information in the educational process and for other purposes.

Disclosure of medical confidential information without the consent of a citizen or his legal representative in the following cases:

- 1) for the purposes of examination and treatment of a citizen who, due to his condition, is unable to express his will;
- 2) when there is a danger of the spread of diseases that pose a danger to others;
- 3) at the request of the investigating and preliminary investigation authorities, the prosecutor, the lawyer and (or) the court in connection with the investigation or judicial proceedings;
- 4) notify the legal representatives of a minor or an incapacitated person when providing medical care;
- 5) it is allowed if there are grounds to believe that harm to the health of a citizen has been caused by unlawful actions.



<div>ОҢТҮСТІК ҚАЗАҚСТАН MEDISINA AKADEMIASY «Оңтүстік Қазақстан медицина академиясы» АҚ</div>		<div> SOUTH KAZAKHSTAN MEDICAL ACADEMY АО «Южно-Казахстанская медицинская академия»</div>
Department of Introduction to Clinic		75/11
Lecture complex on the discipline "Introduction to the profession"		12p. of 28

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

Automated personal databases may not be connected to networks connecting them to other databases without patients' consent when using personal information related to patients' personal lives.

Ethics is very important in the field of medicine. Because it is necessary to observe the ethical and moral principles of communication between doctor and patient, doctor and doctor, doctor and medical staff, doctor and junior staff, doctor and patient's relatives. To study the rules and models of communication between a doctor and a patient, to work in a team, to create a team, to achieve many successes by creating this team, to be a leader in the team. An active or allied type of medical relationship makes it possible for the patient to actively participate in the treatment process, develops his independence and responsibility in choosing treatment. These cooperative relationships are effective in patients who have struggled with the disease. The actions of the doctor are aimed at thinking, preparing for the very making of the final decision. First, the doctor can use his management style to create relationships, and then move on to partnerships. A unified team is created based on a common goal, problem, and understanding, which creates emotional closeness between people. In this case, the role of the team leader, that is, the leader, is special.

The authority of the leader in the team should be high, since he is considered a part of society, reflecting the moral qualities of the person in the team. The authority of the leader and true humanity are based on the common thought of the surrounding people, the team. The doctor gains trust and reputation with his knowledge, skills, sincere desire to work, find solutions to various problems, and good relationships with team members. In this regard, the authority of an authoritative team leader is undoubtedly necessary for every administrator.

The team doesn't need fake friendship. It should be noted that with the appropriate moral climate in the team, rigidity does not bring difficulties to the team members.

Ethical and legal problems arise in many cases in the field of medicine, including: Socio-legal and ethical aspects of the beginning of human life, abortions, sterilization, new reproductive technologies, ethical and legal problems of AIDS, ethical and legal problems of experimental medicine. medicine, clinical transplantology and transfusiology, ethical and legal problems, ethical and legal problems of medical genetics and genetic engineering. Nurse-patient relationship:

A nurse must communicate calmly and clearly with a patient. Rude, rude, or overly formal conversation is prohibited. It is better to address patients as "You" and call them by their first and last name.

It is forbidden to stand next to a patient and discuss his diagnosis, treatment plan, or talk about the health of other patients in the ward.

Before proceeding with complex and painful procedures, the nurse must clearly explain and reassure the patient about the essence, meaning and necessity of these procedures.

The relationship "nurse – relatives (and relatives) of the patient":

It is necessary to maintain self-control, calmness, equanimity and decency.;

Caregivers of complex patients should explain the correct procedure for treatment and manipulation.;

He should speak only within his competence (consult a doctor, not talk about the patient's illness and prognosis);

He must calmly answer questions, patiently teach the rules of proper care for a complex patient.

Nurse-Doctor relationship:


It is forbidden to speak rudely during the interview.;

The doctor's appointment should be carried out in a timely, clear and professional manner.;

Urgent notification of the doctor about sudden changes in the patient's health status;

In case of doubt during the application of the prescribed medication, the patient should politely discuss the situation with the doctor in his absence.



ОҢТҮСТІК ҚАЗАҚСТАН <b>MEDISINA</b> <b>AKADEMIASY</b> «Оңтүстік Қазақстан медицина академиясы» АҚ		SOUTH KAZAKHSTAN <b>MEDICAL</b> <b>ACADEMY</b> АО «Южно-Казахстанская медицинская академия»
Department of Introduction to Clinic		75/11
Lecture complex on the discipline "Introduction to the profession"		13p. of 28

The relationship between nurses:  
 rudeness and rudeness should not be allowed when working with colleagues.;  
 Any warnings should be given politely in the absence of the patient.;  
 Experienced nurses need to mentor young professionals.;  
 They should help each other in difficult situations.  
 The relationship between a "nurse and a junior medical professional":  
 They should respect each other.;  
 it is necessary to politely monitor the work of a junior medical professional;  
 Impoliteness, rudeness, and arrogance are not allowed.;  
 Warnings should not be given in front of patients and visitors.  
**Basic clinical skills and vital signs.**

**4. Illustrative material:** presentation

**5. Literature:** Appendix No. 1

**6. Security issues:**

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

#### **Lecture No. 4.**

**1. Topic: Communication culture, ability, competence. The basic principles of effective communication with the patient, his family members, colleagues.**


**2. Purpose:** To teach the culture of communication with the patient, family members of the patient, the basic principles of effective communication with colleagues, types of communication.

**3. Lecture theses:**

##### **Types of communication and main roles.**

The following words are key to understanding the meaning of communication: communication, contact, interaction, exchange, combination.

Communication as a socio-psychological phenomenon can be defined by the word contact, that is, touch. Contact between people occurs through language and conversation. Conversation is the main way of communication, it can be considered as the objectification of the human mind through certain systems. We can communicate some information through special signs, more precisely, through a system of signs. There are several sign systems used in the communication process, according to which it is possible to create a classification of the communication process. The appearance of speech acts as one of the forms of manifestation of consciousness and as one of the highest mental functions of man, which has undergone complex stages of development at the phylogenetic and ontogenetic levels. The manner of speech determines a person's worldview and culture. The quality of speech depends on the content, connection, and harmony of the utterances. The content is related to information, the connection is related to the composition of the emotional context that a person introduces into speech: the effect is determined by the influence of speech on others. For example, we need to evaluate 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. Communication takes place through language. A language is a well-known system that transmits information in some form of code. There are many well-known systems in modern society, but with the development of computer communications, the tendency to integrate them is quite clear.

<div>ОҢТҮСТІК ҚАЗАҚСТАН MEDISINA AKADEMIASY «Оңтүстік Қазақстан медицина академиясы» АҚ</div>		<div> SOUTH KAZAKHSTAN MEDICAL ACADEMY АО «Южно-Казахстанская медицинская академия»</div>
Department of Introduction to Clinic		75/11
Lecture complex on the discipline "Introduction to the profession"		14p. of 28

### Basic communication strategies.

The concept of communication. Types of relationships, forms of appearance. Basic properties of relationships, general patterns. Communication mechanisms. Styles and ways of communication. Description of the communicative aspect of the relationship. Description of the perceptual boundary of communication. Description of the interactive side of communication. Communication services. Imperative communication, manipulative communication. Personality and relationships. Culture of communication. Sociability. The ability to communicate is a characteristic of the teacher's personality.


Relationship requirements. Communication training. The general nature of human relationships. Communication and its functions Communication, a pragmatic function; formation and development activities; confirmation service; organization and support of interpersonal emotional relationships; intrapersonal services. Types of relationships between individuals: imperative, manipulative, dialogical, spiritual, business, formal role relationships. Communication methods: speech, gesture, facial expressions, pantomime, intonation, rhythm of the word. Description of concepts related to communication. Sociable, outgoing and knowledgeable, communicative, etc. Communication can be strategic and tactical. Forms of communication: direct exchange, indirect exchange, interpersonal exchange, mass exchange, personal exchange, separation of roles.

The relationship between the categories of "relationship" and "action-action" in psychological science. The content and structure of communication. The variety of forms of human communication and their mechanisms. The structure of the communication process. Types of communication, communication methods, and conventions. The verbal and non-verbal parts of communication. Paralinguistic and extralinguistic sign systems. Codification of information. The study of the development of communication skills using socio-psychological methods. Features of the communication process between people, the development and increase of the message during the "Movement", the active position of partners in the communication process, meaningful interpretation of the message, types of communication. The structure of the linguistic order. Understanding the socio-psychological patterns of linguistic communication. The concept of thesaurus. The type of communication barrier. The problem of linguistic consciousness is the consciousness of personality. The test as a social subject: the laws of formation, the mechanism of perception, the interpretative approach. Linguistic stereotype and linguistic etiquette. The location of the language rules. The concept of non-verbal communication. General characteristics of the basic structure of the nonverbal order as a factor of the communicative process. Organization of communication in space and time. Non-verbal communication is a unique indicator of intra-group interaction and influence. The versatility of human individuality is manifested not only in professional activities, but also in relationships with other people - real, hypothetical, everyday and conflictual. According to K. Horney, a person has been destined for other people since childhood. personal orientations, develop three main strategies and then follow them: these people a directional movement in which the main thing is love from other sides, and other goals will depend on the desire to justify it; an anti-people oriented movement in which the "jungle philosophy" prevails: this is a constant struggle for survival, including with other people; finally, it is characterized by the need to escape from people, independence and inviolability, rejects various manifestations of struggle, but at the same time prevents human adaptation

In modern social psychology, interaction strategies are often determines based on the motives that drive relationships, including domestic ones, highlights the following in the organization of communications:

1. Cooperation (motive of maximizing the total gain)



<div>ОҢТҮСТІК ҚАЗАҚСТАН MEDISINA AKADEMIASY «Оңтүстік Қазақстан медицина академиясы» АҚ</div>		<div> SOUTH KAZAKHSTAN MEDICAL ACADEMY АО «Южно-Казахстанская медицинская академия»</div>
Department of Introduction to Clinic		75/11
Lecture complex on the discipline "Introduction to the profession"		15p. of 28

2. Individualism (the motive of maximizing one's own benefits)
3. Competition (profit maximization motive).
4. Altruism (the motive of maximizing the benefits of others)
5. Aggression (motivation to minimize the benefits of others)
6. Equality (motivation to minimize the difference in winnings)

These strategies determine the direction of communication and bring its result closer. the show; for communication purposes, the motives of its participants are mutually exclusive. It will be suitable if it complements, and the strategies of individualism and aggression will be inconvenient. In the event of a conflict, the motives of its participants lead to different results. defines specific strategies for aggressive behavior. This knowledge is the ratio of one's own and other (collective) interests in a territory characterized

by conflict behavior such as competition, cooperation, compromise, avoidance and adaptation.

K., who identified 5 types of behavior. The Thomas classification is more popular.

A person who avoids conflict is someone else's gain at the cost of his own losses.

This can be seen in the case of an attempt to avoid conflict by minimizing it.

("Don't let anyone get it!" is the evasive man's motto.) Resistance is a tug-of-war strategy, where every victory seems insufficient, there are many victories

, but the participants will strive for victory. Retreat is to achieve a partner

's goal, to abandon any demands, this sacrifice is a self-destructive

strategy. Cooperation is the motive of competition or people

, which made it possible to realize the motive of cooperation according to social behavior strategy. Compromise (tactical retreat for strategic gain) is more productive.

This is a strategy because more than the ones mentioned above, conflict

leads to a good mood among the participants and an improvement in their future relationships. At the same time, it is the most difficult to implement.

#### **The norm of conversation with the patient**

1. The doctor must communicate calmly and clearly with the patient. It is forbidden to speak rudely, vulgarly or too formally. Patients should be addressed as "You" and by first or last name.

2. It is forbidden to discuss the patient's diagnosis, treatment plan, as well as talk about the treatment plan of other patients.

3. Before proceeding with complex and painful treatment, the doctor must clearly explain the essence, meaning and necessity of this treatment and calm the patient.

#### **The relationship between the relatives of the doctor-patient:**

1. It is necessary to maintain restraint, patience, calmness and decency;

2. Caregivers of complex patients should explain the procedure for treatment and manipulation.;

3. Interview only within the scope of their competence "with reference to the doctor, without telling about the patient's illness and condition"

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

#### **Doctor-nurse relationship**

1. During work with colleagues, rudeness and rudeness should not be allowed.;

2. Any warnings should be given politely in the absence of the patient.;

3. Experienced nurses should provide mentoring assistance to young professionals.;

4. They should help each other in difficult situations.

**4. Illustrative material:** presentation

**5. Literature:** appendix No. 1.

<p>             ОҢТҮСТІК ҚАЗАҚСТАН  <b>MEDISINA</b>  <b>AKADEMIASY</b>              «Оңтүстік Қазақстан медицина академиясы» АҚ         </p>		<p>             SOUTH KAZAKHSTAN  <b>MEDICAL</b>  <b>ACADEMY</b>              АО «Южно-Казахстанская медицинская академия»         </p>
<p>Department of Introduction to Clinic</p>		75/11
<p>Lecture complex on the discipline "Introduction to the profession"</p>		16p. of 28

## 6. Security issues:

1. Communication, culture.
2. Doctor-patient relationship.
3. The relationship between a doctor and a nurse.

## Lecture No. 5.

**1Topic: Objectives and principles of medical law. The right to health protection and medical care.**

**2. Purpose:** To form students' systematic understanding of medical law as an independent branch of law, to disclose its main tasks and principles, as well as to study the legal foundations for the implementation of the constitutional right of citizens to health protection and medical care.

## 3. Lecture theses:

### Patients' rights

Article 76. Guarantee of rights in the field of healthcare

1. The State to citizens of the Republic of Kazakhstan:

- 1) equal access to medical care;
- 2) quality of medical care;
- 3) the quality of the drug supply;
- 4) Availability, efficacy and safety of medicines;
- 5) to carry out measures for the prevention of diseases, the formation of a healthy lifestyle and proper nutrition;
- 6) freedom of reproductive choice, preservation of reproductive health and preservation of reproductive rights;
- 7) guarantees sanitary and epidemiological health.


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

Article 77. The rights of citizens of the Republic of Kazakhstan

1. Citizens of the Republic of Kazakhstan:

- 1) to receive a guaranteed amount of free medical care;
- 2) be provided with medicines and medical devices within the guaranteed volume of free medical care and (or) in the system of compulsory social health insurance;
- 3) freely choose a doctor and medical organization;
- 4) to receive medical nutrition if the patient is being treated in a hospital;
- 5) additional medical care in excess of the guaranteed amount of free medical care and (or) in the compulsory social health insurance system at the expense of own funds, funds of organizations, voluntary medical insurance system and other sources in accordance with the legislation of the Republic. Of Kazakhstan;
- 6) receive medical and other services on a paid basis;
- 7) receive medical care outside the Republic of Kazakhstan in accordance with the procedure determined by the authorized body, at the expense of budgetary funds, if indicated;
- 8) receive and issue relevant documents certifying the fact of temporary disability in accordance with the legislation of the Republic of Kazakhstan;
- 9) from government agencies, organizations and attending physicians, within their competence, methods of prevention, diagnosis, treatment and medical rehabilitation, clinical research, factors affecting health, including the state of the environment, work, living and recreation conditions, proper nutrition and receive clear information about food safety without compensation and on a regular basis;



<div>ОҢТҮСТІК ҚАЗАҚСТАН MEDISINA AKADEMIASY «Оңтүстік Қазақстан медицина академиясы» АҚ</div>		<div> SOUTH KAZAKHSTAN MEDICAL ACADEMY АО «Южно-Казахстанская медицинская академия»</div>
Department of Introduction to Clinic		75/11
Lecture complex on the discipline "Introduction to the profession"		17p. of 28

10) receive information on the safety, effectiveness and quality of marketed medicines and medical devices from government agencies, independent expert organizations and entities in the field of circulation of medicines and medical devices;

11) protection of confidential information of a medical professional;

12) in accordance with the legislation of the Republic of Kazakhstan, compensate for the damage caused to their health during the provision of medical care;

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 (inaction) 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 conclusions of the state medical examination, submit a request to higher authorities for the involvement of independent experts.;

16) voluntarily express the will to be able to act as a donor;

17) express a will to consent or refuse to receive tissues (parts of tissues) and (or) organs (parts of organs) from oneself for the purpose of transplantation after death in accordance with the procedure established by this Code.;

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

19) pay together;

20) receive pain relief treatment for the treatment of incurable chronic diseases;

21) receive information about the state of health, including the results of medical examinations, diagnosis and prognosis of the disease, methods of medical care, associated risks, possible types of medical interventions, their consequences and the results of medical care. care in an accessible form;

22) including information on the prevention of diseases, factors contributing to the preservation of health or having a negative impact on it, sanitary and epidemiological health, the state of the environment, the potential danger of work and services performed to human health, rational nutrition standards, products, goods, and has the right to receive clear and timely information on the quality and safety of services provided;

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

1-1. Persons with disabilities (persons with disabilities) have the right to receive priority care in healthcare organizations.

2. Women have the right to freely choose modern methods of preventing unwanted pregnancies and to resolve the issue of motherhood in order to plan a family and preserve their own health.

The right of citizens to maternity protection:

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

2) the treatment of major diseases that directly affect the reproductive health of a woman and the health of a child, upon admission of a patient to a hospital for child care, is carried out for medical reasons.

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

1. Citizens of the Republic of Kazakhstan:


1) free choice of reproduction;

2) to receive reproductive health and family planning services;

3) receive clear and complete information about your reproductive health;

4) infertility treatment, including using modern assisted reproductive methods and technologies permitted in the Republic of Kazakhstan;

5) to prevent unwanted pregnancy;

<div>ОҢТҮСТІК ҚАЗАҚСТАН MEDISINA AKADEMIASY «Оңтүстік Қазақстан медицина академиясы» АҚ</div>		<div> SOUTH KAZAKHSTAN MEDICAL ACADEMY АО «Южно-Казахстанская медицинская академия»</div>
Department of Introduction to Clinic		75/11
Lecture complex on the discipline "Introduction to the profession"		18p. of 28


- 6) Maternity safety;
  - 7) donation of germ cells, tissues of reproductive organs;
  - 8) use and freely choose methods of contraception;
  - 9) surgical sterilization;
  - 10) artificial termination of pregnancy;
  - 11) protection of their reproductive rights;
  - 12) freely decide on the number of children and the time of their birth in or out of wedlock, and the intervals between births necessary to preserve the health of the mother and child;
  - 13) has the right to preserve germ cells, tissues of reproductive organs, and embryos in accordance with the procedure established by the legislation of the Republic of Kazakhstan.
2. Citizens are obliged to protect the rights, freedoms and legitimate interests of others in the exercise of their reproductive rights.
  3. Consultations of citizens on family planning issues for medical reasons, in the presence of diseases of social importance and diseases threatening others, medical and psychological aspects of family and marriage relations, as well as in medical organizations in order to prevent possible hereditary and congenital diseases. diseases of the offspring - has the right to genetic and other consultations and research.
  4. With the exception of cases of urgent delivery, taking into account the woman's state of health and with her consent, if there are appropriate conditions in maternity organizations (private delivery rooms) and the father or another family member does not have infectious diseases. The father of the child or another family member is given the right to be present at the birth of the child. The exercise of such a right is carried out free of charge.
  5. Citizens of the Republic of Kazakhstan infected with HIV infection 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) to assume joint responsibility for taking care of one's health, maintaining and strengthening personal and public health;
  - 2) to pay contributions for 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 examinations;
  - 4) to carry out appointments of medical workers related to personal and public health;
  - 5) be interested in the process of managing your health, including participating in programs for managing chronic diseases, receiving information about the disease and its treatment methods, possible risks and complications;
  - 6) inform the medical staff about the individual characteristics of their body;
  - 7) take precautionary measures to protect their health and the health of others, undergo examination and treatment at the request of healthcare entities, and inform medical personnel about the presence of infectious and other diseases that pose a threat to those around them;
  - 8) Is obliged to 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 threat to others, with the exception of HIV infection, in case of evasion from examination and treatment, are subject to mandatory certification and treatment in accordance with this Code and the laws of the Republic of Kazakhstan. .



ОҢТҮСТІК ҚАЗАҚСТАН <b>MEDISINA</b> <b>AKADEMIASY</b> «Оңтүстік Қазақстан медицина академиясы» АҚ		SOUTH KAZAKHSTAN <b>MEDICAL</b> <b>ACADEMY</b> АО «Южно-Казахстанская медицинская академия»
Department of Introduction to Clinic Lecture complex on the discipline "Introduction to the profession"		75/11 19p. of 28

The doctor's relationship with the patient's relatives

Communicating the sad situation to the patient's family – both the diagnosis of the disease and its prognosis are of interest to hospitalized patients and their relatives. After the patient's diagnosis is completely clear, it is necessary to immediately inform the patient's family about the patient's illness. The patient's family should be prepared in advance. Sad information should not be communicated over the phone. Family members may want to know more about the disease, and in this case, it is necessary to tell everything without hiding the truth.

- Before talking, the doctor should choose a room where no one will bother you, and it is better to turn off the phone during the conversation. Family members of the patient may show interest when they learn the sad news, so the doctor is worried about his safety. must be secured.

**4. Illustrative material:** presentation

**5. Literature:** appendix No. 1.

#### **6. Control questions:**

1. What is medical law and what is its role in the legal system of the Republic of Kazakhstan?
2. What are the main objectives of medical law in the Republic of Kazakhstan?
3. What public relations are regulated by medical law?
4. List the principles of medical law enshrined in the legislation of the Republic of Kazakhstan.
5. Which of the principles of medical law ensures respect for the patient's personality?

### **Lecture No. 6.**

**1. Topic: Modern healthcare and medicine of the Republic of Kazakhstan. Medical insurance.**

**2. Purpose:** to teach how modern medicine and healthcare are developing in the Republic of Kazakhstan, methods of medical insurance.


#### **3. Lecture theses:**

Work in the field of healthcare in the Republic of Kazakhstan is carried out in accordance with the Constitution of the Republic of Kazakhstan, the Law "On Healthcare of Citizens of the Republic of Kazakhstan", the state program "Public Health". provision of state guarantees of medical, social, and medicinal care; responsibility for monitoring their implementation; social protection of citizens who have lost their health, social justice and equality in receiving medical care within the framework of guaranteed medical care. The number of doctors of all specialties in the republic is 50.6 thousand, or 33.9 doctors for every 10,000 inhabitants. The number of middle-aged medical workers is 104.4 thousand people (74.1 per 10,000 population). 6 specialized higher educational institutions train highly qualified medical personnel. All regional centers and large cities train mid-level medical workers.

In Kazakhstan, medical and preventive services are provided to residents through regionally distributed forms of healthcare. In 1999, the number of institutions providing outpatient care to the population was 3,057, and the number of women's consultations, children's clinics, and private clinics was 1,738. The number of institutions providing dental care to residents has increased. In 1990, there were 88 private dental clinics in the republic, now their number has increased 3 times, and their number has reached 243. There are also 1,042 dental offices providing dental services to the population.

In the 90s of the 20th century, private medicine began to spread widely. Sanitary, medical, and midwifery centers are available at large enterprises and institutions in rural settlements. There are large specialized medical centers in the republic for the treatment of various diseases (mainly in regional centers, as well as in Astana and Almaty). In recent years, large medical centers have been



ОҢТҮСТІК ҚАЗАҚСТАН <b>MEDISINA          AKADEMIASY</b> «Оңтүстік Қазақстан медицина академиясы» АҚ		SOUTH KAZAKHSTAN <b>MEDICAL          ACADEMY</b> АО «Южно-Казахстанская медицинская академия»
Department of Introduction to Clinic Lecture complex on the discipline "Introduction to the profession"		75/11 20p. of 28

opened in the cities of Kyzylorda and Zhezkazgan, equipped with new modern equipment that provide assistance to residents of ecologically disadvantaged regions of the country. In 1990, there were 440 sanatoriums and other health facilities in Kazakhstan. They had 64,000 seats;

In the process of implementing the healthcare sector, elements of market mechanisms were introduced in the healthcare sector, and modern medical technologies were transferred. The state program "Health" for 2016-2019 is aimed at consolidating and developing the achieved results, solving problems in the field of healthcare according to new criteria and has 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 a socially oriented national health system in accordance with the basic principles of mass population coverage, social justice, and quality medical care in accordance with the basic principles of the World Health Organization Policy Strategy, Life expectancy reached 73.15 years (2019 plan – 73.13 years). In 2018, the health index is 0.818 (the plan for 2019 is 0.815). The level of satisfaction of residents with the quality of medical care in 2018 was 47.84% (the 2019 plan is 48%).

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

#### Optimization of medical infrastructure

It is planned to optimize the public health infrastructure by combining and integrating medical organizations. At the national level, in accordance with the Address of the Head of State, the integration of existing scientific research organizations of healthcare into university clinics will be carried out by 2025.

In general, as part of the optimization of public infrastructure, the main focus will be on the release and redistribution of resources that are inefficiently used in the hospital sector, i.e. optimization of medical and diagnostic processes to provide necessary medical care to the population (ICU, rehabilitation). palliative care, etc.), there is some centralization and decentralization of medical services. The implementation of these measures makes it possible to differentiate and manage the bed stock in accordance with the course of treatment, as well as to ensure the systematic development of outpatient, inpatient replacement, inpatient and rehabilitative medical care. The new State Regulations provide for the following changes :

At the district level, outpatient clinics will be opened for every 1,500 residents served (instead of 2,000 people). The settings of the other objects are saved. The article considers the consolidation of medical care in the hospital sector at two levels: district and inter-district hospitals.

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

It is planned to open general practitioners' offices at the city and regional levels (hereinafter referred to as the general practitioner) with 1,500 residents served. Special attention is being paid to minimizing the primary site by opening primary health care centers. Consultative and diagnostic assistance will be concentrated at the level of hospital organizations, and 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 cooperation, including healthy lifestyle and proper nutrition, prevention of behavioral risk factors aimed at reducing the burden of noncommunicable diseases and improving public health.

Within the framework of the state program, an action plan for 2018-2021 is being implemented to enhance cooperation and develop public health. A system for evaluating the performance of public health services has been developed and implemented. Active measures are being taken to counter the illicit trafficking of narcotic drugs, smoking and non-smoking tobacco products.



<p>             ОҢТҮСТІК ҚАЗАҚСТАН  <b>MEDISINA</b>  <b>AKADEMIASY</b>              «Оңтүстік Қазақстан медицина академиясы» АҚ           </p>		<p>             SOUTH KAZAKHSTAN  <b>MEDICAL</b>  <b>ACADEMY</b>              АО «Южно-Казахстанская медицинская академия»           </p>
<p>Department of Introduction to Clinic</p>		75/11
<p>Lecture complex on the discipline "Introduction to the profession"</p>		21p. of 28

In order to prevent behavioral risk factors for diseases, interdepartmental measures have been taken, including economic (phased increase in excise taxes on tobacco products, improvement of rules for the sale of tobacco products based on the experience of developed countries; prohibition of indirect advertising of the tobacco industry), cleanliness of non-smokers, ensuring the protection of air rights (expansion of the smoking ban in public places), propaganda work, activation of information coverage for the promotion of a healthy lifestyle. In order to legally confirm the joint responsibility of citizens for their own health, the draft Code of the Republic of Kazakhstan "On Public Health and the Healthcare system" is aimed at increasing joint responsibility for protecting the health of not only citizens, but also citizens themselves. employers, in particular, do not send people who have not passed the mandatory medical examination and preventive examination to work, create conditions for donors to undergo a preventive medical examination, etc. b. targeted standards are provided.

What is compulsory social health insurance?

The system of compulsory social health insurance is a State system for the protection of social interests in the field of healthcare.

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

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

What types of services can IALA participants receive?

Insured citizens can receive the following types of services: outpatient clinical care (primary health care, consultative and diagnostic care), inpatient care, inpatient replacement care, high-tech medical services. Provision of medicines in the compulsory social health insurance system is provided for the provision of outpatient, inpatient and inpatient replacement care.

What does compulsory medical insurance give to a citizen of the Republic of Kazakhstan?

The Ministry of Health provides all citizens of the Republic of Kazakhstan, regardless of gender, age, place of residence and social status, with equal opportunities to receive medical care provided at the expense of the Ministry of Health, in accordance with compulsory medical insurance (CHI) programs.

How are the funds of the MAMS Foundation created?

The financial resources of the MAC system are formed by insurance contributions from employers, employees, citizens, as well as payments from the state budget to the socially weak and unemployed.

For example, from January 1, 2017, the state will pay 4% of the socially vulnerable part of the population, in 2018 — 5%, 6% in 2023, 7% in 2024. Employer contributions from January 1, 2017 will amount to 2%, in 2020 this figure will be 5%. The cost of contributions from individual entrepreneurs, private notaries, private bailiffs, lawyers, professional mediators, and individuals receiving income from civil law contracts is payable to the fund from January 1, 2017 - 2%, from January 1, 2018 - 3%, from January 1, 2019 From January 1 - 5%, from January 1, 2020 - 7%.


For whom does the state pay contributions to the Social Insurance Fund?

According to the Law on Social Security, 15 categories of citizens are exempt from paying state contributions: children, mothers with many children, the disabled, the unemployed, students, citizens, pregnant women, pensioners, and military personnel. , employees of special government agencies and law enforcement agencies, and others.

What are the benefits of implementing EMS for healthcare professionals?

MAS is being implemented along with related measures that demonstrate a high level of autonomy, such as the privatization of some health care providers and the transfer of some service providers to private ownership. All these measures contribute to expanding the possibilities of flexible management of funds, including salary levels, in medical organizations.

Also, in the case of IUMS, competition for the patient increases, which is an incentive to increase wages and improve working conditions. It is assumed that the salary of medical workers will

ОНТҮСТІК ҚАЗАҚСТАН <b>MEDISINA</b> <b>AKADEMIASY</b> «Оңтүстік Қазақстан медицина академиясы» АҚ		 SOUTH KAZAKHSTAN <b>MEDICAL</b> <b>ACADEMY</b> АО «Южно-Казахстанская медицинская академия»
Department of Introduction to Clinic		75/11
Lecture complex on the discipline "Introduction to the profession"		22p. of 28

gradually increase in comparison with the average salary in the economy. Salaries of primary health care workers will be increased gradually due to an increase in primary health care revenues compared to current funding.

How does the selection of medical service providers take place in the case of emergency medical care?

The choice of a service provider is very clear and takes place in two stages. The criteria for choosing a service provider will be the same. When purchasing medical care services in the medical care system, priority is given to healthcare entities that have been accredited in the field of healthcare, as well as having three years of continuous experience in providing appropriate medical care. Participation in medical organizations is not limited

**4. Illustrative material:** presentation

**5. Literature:** appendix No. 1.

**6. Security issues:**

1. The State program for the development of healthcare in the Republic of Kazakhstan.
2. Healthcare system reform.
3. The State program for the development of healthcare in the Republic of Kazakhstan.
4. The medical insurance system of the Republic of Kazakhstan.

## Lecture No. 7.

**1. Topic: Confidentiality and protection of personal data in medical practice.**

**2. Purpose:** to form students' understanding of the importance of confidentiality of medical information, to study the legal basis for protecting patients' personal data, as well as to learn how to apply the norms of the legislation of the Republic of Kazakhstan in the field of protecting medical secrecy and ensuring information security in medical activities.

**3. Lecture theses:**

In medical practice, confidentiality of patient information is one of the key principles. Maintaining medical confidentiality strengthens trust between the patient and the healthcare professional, as well as promotes ethical and legal standards in the healthcare system.

In the context of digitalization of medicine (electronic records, databases, telemedicine), issues of **personal data protection** are becoming particularly relevant.

2. The concept of confidentiality and medical secrecy

• **Confidentiality** is the restriction of access to patient information, allowing it only to authorized persons.

A **medical secret** is information about a patient's health status, diagnosis, examination results, treatment methods, and personal life that has become known to a medical professional in the course of performing his professional duties.

3. Personal data of the patient


According to **the Law of the Republic of Kazakhstan "On Personal Data and their Protection"**, personal data is any information related to a specific or identifiable personal data subject.

**In medicine, personal data is considered to be:**

- Full name, date of birth, IIN;
- Residential address, contact information;
- Information about the state of health (medical history, diagnosis, treatment);
- Biometric and genetic data;
- Information about visits to medical institutions and assistance received.

4. Regulatory and legal regulation



ОҢТҮСТІК ҚАЗАҚСТАН <b>MEDISINA</b> <b>AKADEMIASY</b> «Оңтүстік Қазақстан медицина академиясы» АҚ		 SOUTH KAZAKHSTAN <b>MEDICAL</b> <b>ACADEMY</b> АО «Южно-Казахстанская медицинская академия»
Department of Introduction to Clinic		75/11
Lecture complex on the discipline "Introduction to the profession"		23p. of 28

The main acts regulating the protection of personal data and medical secrets in the Republic of Kazakhstan:

- **The Constitution of the Republic of Kazakhstan**, article 18 — everyone has the right to privacy and personal data protection.
- **The Code of the Republic of Kazakhstan "On the Health of the People and the Healthcare System" (No. 360-VI dated July 7, 2020)** contains provisions on medical secrecy, the right to informed consent and data protection obligations.
- **The Law of the Republic of Kazakhstan "On Personal Data and their Protection" (No. 94-V dated May 21, 2013)**
- **The Law of the Republic of Kazakhstan "On Information"**
- By-laws of the Ministry of Health (including orders and standards on IP security)

5. The procedure for processing and **protecting personal data of a medical organization** is obliged to:

- Obtain the **written consent** of the patient for the collection, storage, processing and transfer of his data;
- Ensure the security of information systems in which data is stored (for example, DAMUMED, electronic cards);
- Appoint employees responsible for personal data protection;
- Prevent unauthorized access to medical documentation;
- Provide staff training on privacy issues.

6. Disclosure of medical secrets: when it is acceptable

According to the Code of the Republic of Kazakhstan, disclosure of medical secrets without the consent of the patient is allowed only in the following cases:

- When the life and health of others are at risk (for example, infectious diseases);
- At the request of the bodies of inquiry, investigation, prosecutor's office, court — within their authority;
- If it is necessary to provide assistance to an unconscious patient.;
- To protect the rights and legitimate interests of third parties;
- During epidemiological and sanitary investigations.

7. Liability for violation of confidentiality

Medical professionals who violate confidentiality are subject to **disciplinary, administrative, civil or criminal liability**.

Examples:

Article 147 of the Criminal Code of the Republic of Kazakhstan — violation of privacy.

Article 79 of the Health Code of the Republic of Kazakhstan is a violation of the patient's rights.

Disciplinary penalties in the form of reprimands, dismissals.

Administrative fines.

8. Patient's rights in the field of personal data

The patient has the right to:

- Know what data is being collected about it;
- Require corrections in case of an error;
- Restrict or prohibit the transfer of your data;
- Revoke consent to processing;
- To appeal against actions that violate his right to confidentiality.

9. Features of data protection in the context of digitalization

With the development of **e-health**, cybersecurity measures are becoming particularly important:

1. Using secure data transmission channels;
2. Storing information on secure servers;

<p>             ОҢТҮСТІК ҚАЗАҚСТАН  <b>MEDISINA</b>  <b>AKADEMIASY</b>              «Оңтүстік Қазақстан медицина академиясы» АҚ           </p>		<p>             SOUTH KAZAKHSTAN  <b>MEDICAL</b>  <b>ACADEMY</b>              АО «Южно-Казахстанская медицинская академия»           </p>
<p>Department of Introduction to Clinic</p>		75/11
<p>Lecture complex on the discipline "Introduction to the profession"</p>		24p. of 28

3. User identification and authorization;
4. Regular IP security checks (DAMUMED, eGov, medical archives).

#### 10. Conclusion

Confidentiality and protection of personal data in medicine is an integral part of professional ethics and legislation.

Compliance with these standards is necessary not only for the legal safety of medical personnel, but also for maintaining patient confidence and the effective operation of the healthcare system.

#### 4. Illustrative material: presentation

#### 5. Literature: appendix No. 1.

#### 6. Security questions:

1. What is confidentiality in medical practice?
2. What does the concept of "medical secrecy" include according to the legislation of the Republic of Kazakhstan?
3. What data is considered personal in the medical field?
4. Which categories of patient's personal data are subject to protection?

### Lecture No. 8.

#### 1. Topic: Legal aspects of licensing and certification of medical activities in the Republic of Kazakhstan.

**2. Purpose:** To study the legal basis for licensing and certification of medical activities in the Republic of Kazakhstan, to form students' understanding of the requirements, procedure and conditions for obtaining licenses and certificates, as well as responsibility for carrying out activities without appropriate permission.

#### 3. Lecture theses:

##### 1. Introduction

**Licensing** and certification are key mechanisms of state regulation of the quality and safety of medical services. They ensure that medical organizations and specialists comply with established standards and legal requirements.

##### 2. The concept and meaning of licensing medical activities

Licensing is a procedure for granting a medical organization or individual entrepreneur an official permit (license) for the right to conduct medical activities.

#### Licensing objectives:

- Ensuring the quality and safety of medical services;
- Protecting the rights and interests of patients;
- Monitoring of compliance with sanitary standards and regulations;
- Formation of a transparent and regulated healthcare system.

##### 3. Legislative regulation of licensing in the Republic of Kazakhstan

The main regulatory legal acts:

**The Code "On the Health of the People and the Healthcare System" of the Republic of Kazakhstan (2020);**

**The Law of the Republic of Kazakhstan "On Licensing";**

Orders of the Ministry of Health of the Republic of Kazakhstan regulating licensing.

##### 4. Objects and types of licensed medical activity

- The following types of activities are subject to licensing:



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<p>Department of Introduction to Clinic</p>		75/11
<p>Lecture complex on the discipline "Introduction to the profession"</p>		25p. of 28

- Outpatient care;
- Inpatient medical care;
- Diagnostic and laboratory services;
- Dental care;
- Pharmaceutical activity;
- Rehabilitation services;
- Other types related to health protection.

#### 5. Procedure for obtaining a license

To obtain a license, a medical organization must submit an application with the necessary set of documents to the authorized body (the Ministry of Health or its territorial divisions).

##### Main documents:

- License application;
  - The founding documents of the organization;
  - Lease agreements or certificates of ownership of premises;
  - List of medical services and staff of specialists;
  - Sanitary and epidemiological conclusion;
  - Other documents required by law.
- After submitting the documents, a compliance check is carried out, and a decision is made on whether to grant or refuse a license.

#### 6. Validity period, suspension and revocation of the license

The license is issued indefinitely (unless otherwise specified).

In case of violation of the requirements of the licensing authority, the license may be suspended.

In case of systematic violations or threat to the life of patients, the license may be revoked.

#### 7. Certification of medical specialists

**Certification** is a procedure for confirming the qualifications of medical professionals and the compliance of their professional knowledge, skills and competencies with established requirements.

Certification is required to obtain the right to independent medical practice.

He goes through certification, exams, internships.

Certificates are issued for a certain period of time (usually 5 years) with mandatory periodic confirmation.

#### 8. Differences between a license and a certificate

##### License Certificate

The right to conduct medical activity  
Confirmation of the qualification of a specialist

##### License Certificate

The right to conduct medical activity  
Confirmation of the qualification of a specialist

##### Issued to an organization or sole proprietor Issued to a medical specialist

Required for the organization's activities Required for the work of a specialist in the healthcare system


Issued to an organization or sole proprietor Issued to a medical specialist

Required for the organization's activities Required for the work of a specialist in the healthcare system

#### 9. Liability for violation of licensing and certification rules

Carrying out medical activities without a license or certificate entails administrative, civil or criminal liability.

Fines, suspension of activities, and deprivation of the right to work are possible.

<div>ОҢТҮСТІК ҚАЗАҚСТАН MEDISINA AKADEMIASY «Оңтүстік Қазақстан медицина академиясы» АҚ</div>		<div> SKMA — 1979 —</div>	<div>SOUTH KAZAKHSTAN MEDICAL ACADEMY АО «Южно-Казахстанская медицинская академия»</div>
Department of Introduction to Clinic			75/11
Lecture complex on the discipline "Introduction to the profession"			26p. of 28

Disciplinary measures and lawsuits are applied for violations of quality and safety standards.

#### 10. Conclusion

Licensing and certification are the basis for quality and safety control of medical services in the Republic of Kazakhstan. Knowledge of the legal foundations of these processes is necessary for the legitimate and effective activities of medical organizations and specialists.

#### 4. Illustrative material: presentation

#### 5. Literature: appendix No. 1.

#### 6. Control questions:

1. What is licensing of medical activities?
2. What types of medical activities are subject to mandatory licensing in the Republic of Kazakhstan?
3. Which authorities carry out licensing in the field of healthcare?
4. What regulatory legal acts regulate the procedure for licensing medical activities in the Republic of Kazakhstan?
5. What is the procedure for obtaining a license for medical activities?


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<div>ONTÜSTIK QAZAQSTAN MEDISINA AKADEMIASY «Оңтүстік Қазақстан медицина академиясы» АҚ</div>		<div> SKMA — 1979 —</div>	<div>SOUTH KAZAKHSTAN MEDICAL ACADEMY АО «Южно-Казахстанская медицинская академия»</div>
Department of Introduction to Clinic			75/11
Lecture complex on the discipline "Introduction to the profession"			27p. of 28


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<div>ОҢТҮСТІК ҚАЗАҚСТАН MEDISINA AKADEMIASY «Оңтүстік Қазақстан медицина академиясы» АҚ</div>		<div> SKMA — 1979 —</div>	<div>SOUTH KAZAKHSTAN MEDICAL ACADEMY АО «Южно-Казахстанская медицинская академия»</div>
Department of Introduction to Clinic			75/11
Lecture complex on the discipline "Introduction to the profession"			28p. of 28

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