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CONTROL AND MEASURING DEVICES
Questions of the border control program 1

Discipline: Public health and the foundations of evidence-based medicine
Discipline code: PHFEBM 3219
Name and code of the OP: 6B10115 "Medicine"
                                 6B10116 "Pediatrics"
Amount of study hours/credits: 150/5
Course and semester of study: 3/5

2025

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Compiled by: teacher, master Khamza A.B.

Protocol no. 16 from "26" 06 2025 y.

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Program Questions for Midterm Control №1
Public health

1. Name and describe the stages of a statistical study.
2. Define the concepts of "mode," "median," and "variation series."
3. How do you understand the mechanical movement of the population?
4. How do you understand the natural movement of the population?
5. What do you know about assessing the health of the population?
6. What constitutes comprehensive control regarding health?
7. What methods of assessing population health do you know?
8. Name the data on population morbidity.
9. What indicators are used to study population morbidity?
10. What methods are applied to study morbidity?
11. What belongs to the indicators of general morbidity, their definitions, and calculation methods?
12. List and describe the groups of disability.
13. What is the medical and social significance of major infectious and non-infectious diseases?
14. Name the main causes leading to the increase in the prevalence of tuberculosis infection.
15. Name the ways to combat non-communicable diseases.
16. What are the differences between health promotion and prevention?
17. What types of prevention according to WHO do you know?
18. What are the differences between types of prevention?
19. What is the relationship between levels and strategies of prevention?
20. What main types of medical care do you know?
21. What forms of providing medical care do you know?
22. How do you understand the concept of a healthy lifestyle (HLS)?
23. What are the principles of forming a healthy lifestyle?
24. What directions would you suggest to improve public health?
25. What principles of assessment and indicators of lifestyle do you know?
26. What is the role of medical personnel in forming a healthy lifestyle for the population and in disease prevention?
27. How is health defined in age and gender groups of the population?
28. What factors influencing the health of children and adolescents do you know?
29. What factors influencing the health of the elderly do you know?
30. What is the role of nutrition and the environment in population health?
31. What are the main principles and tasks of state policy in the field of healthcare?
32. How do you understand the functional unity of the healthcare system services?
33. What factors influence healthcare policy?
34. How do you understand management in healthcare?
35. How is healthcare financing carried out?
36. Define the concept of "medical services."
37. What are the size and calculation of the cost of medical services?
38. What do healthcare standards include?
39. Who carries out quality control of medical services?
40. What is the procedure of standardization in healthcare?
41. What is the personnel policy in healthcare?
42. What is the staffing situation in the Republic of Kazakhstan?
43. What measures are taken to solve the problem of staffing in the healthcare sector?
44. What is the classification of information resources?
45. Name the advantages of using information resources in healthcare.
46. What information resources in healthcare do you know?

Questions for the Midterm Control Program 1
Fundamentals of Evidence-Based Medicine

1. What does the term evidence-based medicine mean?

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2. What are the main principles of evidence-based medicine (EBM)?
3. Where is EBM applied?
4. What are the features of practical application in medicine?
5. What does the methodology of EBM include?
6. What belongs to the principles of EBM?
7. What features of the basic principles of EBM can you name?
8. What are the features of the hierarchy of evidence?
9. What does the pyramid of evidence include?
10. What do the levels of reliability (A, B, C, D) include?
11. What medical electronic databases do you know?
12. What are the advantages of using medical electronic databases?
13. What criteria corresponding to evidence do you know?
14. By what features are research types divided?
15. What research designs do you know?
16. What type of research design is used to compare the activity of drugs?
17. What are the features of clinical research organization?
18. How are clinical trials conducted?
19. What types of clinical trials do you know?
20. Who is responsible for conducting clinical research?
21. What EBM tools can you name?
22. What is a meta-analysis?
23. What is a systematic review?
24. What is evidence-based medicine?
25. In what field is EBM applied?
26. What are the main principles of EBM?
27. What is the history of the emergence of EBM?
28. What is the main experience of EBM development?
29. What is the global experience of EBM development?
30. What does EBM technology include?
31. What are the main prerequisites for EBM?
32. What are the features of EBM technology?
33. What is a double-blind multicenter study?
34. How are clinical trials conducted?
35. By what principle are clinical studies classified?
36. What are the main provisions of clinical epidemiology?
37. What social aspects of clinical epidemiology exist?
38. What are the main directions of clinical epidemiology?
39. What are the main criteria for the operation of electronic databases?
40. What are the features of a medical information system?
41. What features of medical electronic databases do you know?
42. For what purpose are databases used in medicine?
43. What special programs are developed for working with data?
44. What additional PubMed search settings do you know?
45. What does PubMed allow you to do?
46. What is the purpose of studying the stages of EBM?
47. How to properly conduct a step-by-step assessment of EBM research?
48. What are the five main stages of EBM used for?
49. What is the application of the EBM stages in practice?
50. What types of research in EBM do you know?
51. What is the first step in EBM?
52. What is the goal of the 1st phase of pre-registration clinical trials?
53. How to correctly perform a critical appraisal of information?
54. Where is PICO applied?

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55. How did the development of PICO take place in our country?
56. What are the five main stages of EBM used for?
57. How is the first stage of EBM conducted?
58. What PICO components do you know?
59. In which areas of medicine are PICO principles applicable?
60. How to correctly search for the necessary information on the Internet?
61. How to use electronic databases of evidence-based medicine?
62. What EBM filters do you know?
63. What rules for searching for information on the Internet do you know?
64. What advantages of using EBM databases can you name?
65. How do you understand the term evidence-based healthcare?
66. What does evidence-based medicine study?
67. What is the role of management in healthcare?
68. What does epidemiology study?
69. How do you understand biological statistics?
70. What indicators of biological statistics do you know?
71. What is the main principle of clinical epidemiology?
72. What indicators of biological statistics used in clinical epidemiology do you know?
73. What is diagnosis?
74. What is etiology?
75. What is prognosis?
76. What types of treatment do you know?
77. Do you think etiology and prognosis are related?
78. What types of research do you know?
79. What are the sources and types of information?
80. What is the meaning of the term "information interpretation"?
81. What is the process of randomization, and how does it affect research?
82. What medicines can be classified as problematic?
83. What role does EBM play in the development of modern pharmacotherapy?
84. How does pharmacotherapy develop in Kazakhstan?
85. What role does EBM play in the study of problematic drugs?
86. Do you think there is a relationship between EBM and pharmacotherapy?
87. What does evidence-based medicine study?
88. What is the relationship between EBM and drug promotion?
89. What is the role of advertising in drug promotion?
90. How do you understand drug advertising?
91. What are the signs of incorrect advertising?
92. What positive aspects of advertising do you know?
93. What negative aspects of advertising do you know?
94. What is pharmacoepidemiology?
95. What is pharmacoeconomics?
96. What stages of pharmacoepidemiology and pharmacoeconomics do you know?
97. What are the main principles of pharmacoepidemiology?
98. What are the main principles of pharmacoeconomics?

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PUBLIC HEALTH
Midterm Examination – 1

Version 1

1. The main goal of public health science:
a) Treatment of individual patients   b) Preservation and promotion of population health
c) Development of new medicines   d) Improvement of clinical practice   e) Provision of surgical care

2. The scholar who first scientifically defined the concept of "public health":
a) Hippocrates   b) Chadwick   c) Winslow   d) Acheson   e) Virchow

3. According to WHO, health is:
a) Absence of disease   b) Physical and mental well-being
c) Complete physical, mental, and social well-being   d) Only proper nutrition   e) Social equality

4. Historically, one of the earliest public health measures was:
a) Biochemical analysis   b) Construction of water supply systems   c) Vaccine development
d) Pharmacological treatment   e) X-ray diagnostics

5. The statement "Fighting tuberculosis is society's duty" belongs to:
a) Virchow   b) Pasteur   c) Koch   d) Semashko   e) Chadwick

6. One of the measurement units used in public health is:
a) Case history   b) Life expectancy   c) Laboratory analysis   d) ECG   e) Immunity level

7. How is the birth rate calculated?
a) Number of live births during the year / total population × 1000
b) Number of deaths / population × 1000
c) Infant deaths / live births × 1000
d) Morbidity / population × 100 000
e) Social inequality index

8. Infant mortality rate:
a) Deaths under age 1 / live births × 1000
b) All deaths / population × 1000
c) Maternal deaths / total births × 100 000
d) Deaths / working-age population
e) Births / population × 1000

9. In which country were the first sanitary laws adopted in the history of public health?
a) France   b) England   c) Germany   d) Russia   e) Italy

10. The initial development of public health in Kazakhstan belongs to:
a) Kipchak era   b) Ancient period   c) Years of independence
d) After Soviet rule   e) Russian Empire era

11. One of the key indicators of population health:
a) Number of doctors   b) Number of hospital beds   c) Medical equipment
d) Morbidity level   e) Case history

12. The purpose of epidemiological research methods:
a) Treating an individual patient   b) Assessing population health   c) Pharmacological experiments
d) Developing only surgery   e) Improving only biochemistry

13. Which of the following does not belong to the concept of "healthy lifestyle"?
a) Proper nutrition   b) Quitting smoking   c) Frequent alcohol consumption
d) Physical activity   e) Personal hygiene

14. Vaccination belongs to which level of prevention?
a) Primary   b) Secondary   c) Tertiary   d) Quaternary   e) Special prevention

15. How is maternal mortality calculated?
a) Maternal deaths / live births × 100 000

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b) Maternal deaths / population × 1000
c) Infant deaths / births × 1000
d) Deaths / population × 100 000
e) Morbidity / number of women

16. One of the main directions of public health:
a) Strengthening individual doctor   b) Disease prevention   c) Building a new hospital
d) Developing individual medicine   e) Only surgical methods

17. Founder of the healthcare system in Kazakhstan:
a) Smagulov   b) Pasteur   c) Koch   d) Semashko   e) Abaev

18. The main task of epidemiological surveillance:
a) Establishing an individual diagnosis   b) Determining the spread of diseases among the population
c) Increasing doctors' salaries   d) Conducting laboratory experiments   e) Building only hospitals

19. Which belongs to a healthy lifestyle?
a) Overeating   b) Physical activity   c) Smoking   d) Alcohol consumption   e) Sedentary lifestyle

20. The purpose of health education activities:
a) Protecting the population from diseases   b) Increasing drug sales
c) Increasing the number of doctors   d) Building a new hospital   e) Developing private practice

21. Which environmental factor affects health?
a) Individual treatment   b) Hospital bed   c) Number of doctors
d) Only medical equipment   e) Environmental condition

22. What does the term "epidemic" mean?
a) Wide spread of disease   b) An individual patient   c) Only endemic
d) Rare disease   e) Illness within a single family

23. In which year was the compulsory social health insurance system introduced in Kazakhstan?
a) 2010   b) 2005   c) 2020   d) 2017   e) 1998

24. An example of secondary prevention:
a) Screening examinations   b) Vaccination   c) Rehabilitation of disabled persons
d) Health education   e) Environmental protection

25. Which does not belong to the social determinants of health?
a) Education level   b) Housing conditions   c) Case history   d) Workplace   e) Environment

PUBLIC HEALTH
Midterm Examination – 1

Version 2
1. The main feature of public health science:
a) Focus on the individual patient
b) Focus on population health
c) Only surgical care
d) Only drug therapy
e) Only genetic research

2. The definition "Public health is the science of disease prevention" was given by:
a) Winslow
b) Pasteur
c) Chadwick
d) Virchow
e) Sechenov

3. An integral indicator of population health:
a) Body weight
b) Blood pressure
c) Life expectancy
d) Number of doctors
e) Laboratory result

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4. How is the mortality rate calculated?
a) Number of deaths during a certain period / population × 1000
b) Number of births / population × 1000
c) Morbidity / population × 100 000
d) Infant deaths / live births × 1000
e) Maternal deaths / births × 100 000
5. How does social inequality affect health?
a) Prevents diseases
b) Promotes a healthy lifestyle
c) Increases life expectancy
d) Increases risk factors
e) Improves access to healthcare
6. One of the indicators used in Kazakhstan to assess population health:
a) Number of hospitals
b) Medical equipment
c) Individual doctor's practice
d) Maternal and child mortality
e) ECG indicator
7. How is the morbidity rate calculated?
a) Number of pregnancies / number of women
b) Number of deaths / population × 1000
c) Number of births / population × 1000
d) Infant deaths / live births × 1000
e) Number of new cases / population × 100 000
8. One type of epidemiological research:
a) Radiological
b) Surgical
c) Genetic
d) Physiological
e) Cohort
9. The main task of epidemiology:
a) Studying diseases among the population
b) Treating an individual patient
c) Improving surgical methods
d) Developing pharmacology
e) Identifying the genetic code
10. What belongs to the concept of "bioethics"?
a) Selling medicines
b) Compliance of scientific experiments with human rights
c) Performing surgical operations
d) Doctor's work experience
e) Number of hospital beds
11. A factor identified by WHO as a key determinant of health:
a) Surgical care
b) Social conditions
c) Only vaccination
d) Medical equipment
e) Doctor's experience
12. One of the main principles of bioethics:
a) Patient autonomy
b) Increasing number of drugs
c) Development of surgery
d) Increasing social inequality

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e) Supporting private clinics

13. Among epidemiological research methods, the one that identifies causes of diseases:
a) Analytical
b) Descriptive
c) Experimental
d) Surgical
e) Psychological

14. Example of social inequality:
a) Increasing the number of doctors
b) Building a new hospital
c) Limited access to healthcare for low-income groups
d) Promotion of a healthy lifestyle
e) Improving the environment

15. The main legal document in the field of public health in Kazakhstan:
a) Law on Education
b) Labor Code
c) Tax Code
d) Code of Administrative Offenses
e) Code "On People's Health and Healthcare System"

16. Difference between ethics and bioethics:
a) Ethics – general moral principles, bioethics – ethical norms in medicine
b) They are the same concept
c) Bioethics – philosophy, ethics – medicine
d) Ethics – legislation, bioethics – politics
e) No difference

17. The purpose of screening:
a) Improving surgery
b) Complete treatment of the patient
c) Early detection of diseases
d) Testing medicines
e) Training medical personnel

18. What is not a bioethical issue:
a) Use of donor organs
b) Environmental protection
c) Artificial abortion
d) Genetic engineering
e) Euthanasia

19. Which does not belong to social determinants?
a) Education level
b) Environment
c) Case history
d) Working conditions
e) Income level

20. An integral indicator of population health:
a) Average life expectancy
b) Blood pressure
c) Hospital beds
d) Number of doctors
e) Examination methods

21. The bioethics principle "to bring benefit" is called:
a) Autonomy
b) Beneficence
c) Justice

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d) Non-maleficence
e) Equality
22. One of the epidemiological methods – descriptive study, it identifies:
a) Surgical method
b) Causes of diseases
c) Genetic predisposition
d) Spread of disease
e) Pharmacological effect
23. A situation where an ethical issue arises in public health:
a) Treating without patient's consent
b) Improving a surgical method
c) Developing a new drug
d) Promoting a healthy lifestyle
e) Health education
24. A measure that reduces social inequality:
a) Increasing drug prices
b) Expanding private clinics
c) Social health insurance
d) Developing only surgery
e) Opening hospitals only in cities
25. The main goal of bioethics:
a) Protection of human rights
b) Increasing drug sales
c) Production of medical equipment
d) Building a new hospital
e) Increasing number of doctors

PUBLIC HEALTH
Midterm Examination – 1

Version 3
1. Example of the impact of socio-economic factors on population health:
a) Low income level   b) Availability of clean air   c) Vaccination
d) Quality of medicines   e) Surgical care
2. Main social factor determining population health:
a) Housing conditions   b) ECG result   c) Laboratory analysis
d) Blood pressure   e) Surgical method
3. Not related to environmental factors affecting health:
a) Air quality   b) Area of housing   c) Water quality   d) Radiation   e) Noise level
4. One type of epidemiological research method:
a) Surgical   b) Cohort   c) Radiological   d) Genetic   e) Laboratory
5. What does descriptive epidemiological research determine?
a) Treatment method   b) Cause   c) Gene mutation
d) Disease distribution   e) Psychological effect
6. Purpose of analytical epidemiological research:
a) Drug production   b) Only describe prevalence   c) Develop surgery
d) Identify causes of disease   e) Study ecology
7. What does experimental epidemiological research include?
a) Social research   b) Conducting a census   c) Health education
d) Sale of medicines   e) Testing new treatment or prevention method
8. Adverse environmental factor:
a) Medical supervision   b) Proper nutrition   c) Healthy lifestyle
d) Vaccination   e) Polluted water

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9. The most important among socio-economic factors:
a) Income level   b) Blood pressure   c) Laboratory analysis
d) Number of hospitals   e) Quality of medicines
10. In epidemiology, what does "incidence rate" mean?
a) Mortality rate   b) Total number of disease cases
c) Frequency of new disease cases   d) Infant mortality   e) Number of hospital beds
11. Example of the impact of social inequality on health:
a) Difference in life expectancy between rich and poor groups
b) Vaccination   c) Construction of a new hospital
d) Private treatment   e) Screening
12. Main purpose of environmental protection in public health:
a) Building a new hospital   b) Preserving population health
c) Drug production   d) Performing ECG   e) Developing private clinics
13. Specific feature of cohort study:
a) Laboratory sample   b) One-time snapshot
c) Monitoring a specific group over time   d) Genetic analysis   e) Surgical method
14. Adverse environmental factor – noise affects:
a) Liver   b) Blood pressure   c) Leukocytes   d) Heart   e) Nervous system
15. Effect of radiation on health:
a) Formation of healthy lifestyle   b) Immunity increase
c) Increase in cancer diseases   d) Social equality   e) Vaccination
16. Why does education level, as a socio-economic factor, affect health?
a) Ability to understand health information   b) Immunity
c) Genetics   d) Physiology   e) Number of hospitals
17. In epidemiology, what does "prevalence rate" mean?
a) New cases of disease   b) Frequency of all disease cases
c) Mortality rate   d) Infant mortality   e) Screening
18. Adverse environmental factor – air pollution leads to:
a) Strengthening of nervous system   b) Increased immunity
c) Healthy lifestyle   d) Respiratory diseases   e) Vaccination
19. Measure to prevent social inequality:
a) Open hospital in city   b) Develop surgery   c) Increase medicine prices
d) Strengthen private treatment   e) Social health insurance
20. In epidemiology, which method is used to study temporal features of disease distribution?
a) Experimental   b) Analytical   c) Descriptive   d) Surgical   e) Genetic
21. Adverse environmental factor – dirty water leads to:
a) Intestinal infections   b) Respiratory diseases
c) Heart diseases   d) Genetic diseases   e) Cancer
22. Cohort research method determines:
a) Diagnosis of an individual   b) Only disease prevalence
c) Effect of a new drug   d) Link between risk factors and disease   e) Environmental condition
23. Among social factors, what do working conditions determine?
a) Work capacity   b) Immunity   c) Genetics
d) Blood pressure   e) Medicines
24. What does the term "endemic" mean?
a) Short-term epidemic   b) Constant disease in a certain area
c) Worldwide epidemic   d) Rare disease   e) Individual patient
25. What is "pandemic"?
a) Worldwide spread of a disease   b) Spread in a specific village
c) Spread in a specific city   d) Disease in one family   e) Endemic

PUBLIC HEALTH

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Midterm Examination – 1

Version 4

1. The main goal of prevention:
a) Treating diseases   b) Preventing diseases   c) Making an individual diagnosis
d) Developing surgery   e) Increasing medicines

2. Example of primary prevention:
a) Screening   b) Vaccination   c) Rehabilitation   d) Surgery   e) Providing medicines

3. Secondary prevention includes:
a) Proper nutrition   b) Physical activity   c) Screening examinations   d) Vaccination   e) Health education

4. Example of tertiary prevention:
a) Vaccination   b) Screening   c) Disability rehabilitation
d) Environmental protection   e) Health education

5. Not part of a healthy lifestyle:
a) Excessive alcohol use   b) Physical activity   c) Proper nutrition   d) Quitting smoking   e) Hygiene

6. Purpose of health education activities:
a) Teaching people preventive measures   b) Developing surgery   c) Increasing the number of doctors
d) Increasing medicines   e) Measuring blood pressure

7. One of the main principles of health care system organization:
a) Selling medicines   b) Personal profit   c) Only surgery   d) Accessibility   e) Private clinics

8. Year of introduction of compulsory social health insurance in Kazakhstan:
a) 2005   b) 2010   c) 2020   d) 2017   e) 1998

9. Promotion of a healthy lifestyle belongs to which level of prevention?
a) Social   b) Secondary   c) Tertiary   d) Quaternary   e) Primary

10. Indicator of health culture:
a) Genetics   b) Personal medical history   c) Surgery   d) Frequent use of medicines   e) Maintaining a healthy lifestyle

11. Organizer of the health care system in Kazakhstan:
a) Ministry of Finance   b) Ministry of Justice   c) Ministry of Health
d) Ministry of Education   e) Ministry of Internal Affairs

12.Accessibility of medical care means:
a) Every citizen's ability to receive medical services   b) Only paid services   c) Only private clinics
d) Only city clinics   e) Buying medicines

13. The main goal of social health insurance:
a) Developing private clinics   b) Providing equal medical care to all citizens
c) Making medicines more expensive   d) Improving surgery   e) Reducing the number of doctors

14. Tertiary prevention measure:
a) Hygiene   b) Screening   c) Vaccination   d) Rehabilitation   e) Healthy lifestyle

15. The main direction in protecting public health:
a) Organizing preventive measures   b) Individual treatment   c) Only surgery
d) Private pharmacies   e) Genetic research

16. Component of a healthy lifestyle:
a) Physical exercise   b) Alcohol   c) Smoking   d) Drug addiction   e) Sedentary lifestyle

17. The main purpose of organizing the health care system:
a) Making medicines more expensive   b) Personal income   c) Supporting only doctors
d) Preserving public health   e) Developing private clinics

18. The main legal document of Kazakhstan's health care system:
a) Law on Education   b) Labor Code   c) Tax Code
d) Code "On People's Health and the Health Care System"   e) Administrative Code

19. Factor that increases the effectiveness of preventive measures:
a) Public participation   b) Only doctors' work   c) Increasing medicine prices
d) Private clinics   e) Individual treatment

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20. Health culture includes:
a) Improper nutrition   b) Alcohol   c) Smoking   d) Drug addiction   e) Hygiene
21. The main way to form a healthy lifestyle:
a) Health education   b) Selling medicines   c) Surgery   d) Individual treatment   e) Personal profit
22. The main social factor influencing public health:
a) Laboratory   b) Genetics   c) ECG   d) Blood pressure   e) Education level
23. Primary prevention measure:
a) Anti-smoking measures   b) Rehabilitation   c) Screening   d) Dialysis   e) Individual treatment
24. One of the main principles of health care system organization:
a) Personal profit   b) Justice   c) Only surgery   d) Selling medicines   e) Private clinic
25. Way of promoting a healthy lifestyle:
a) Private clinics   b) Mass media   c) Selling medicines   d) Surgery   e) Private medical practice

PUBLIC HEALTH
Midterm Examination – 1

Version 5

1. The main principle of organizing the health care system:
a) Accessibility   b) Expensiveness   c) Only private clinic   d) Profit making   e) Only surgery
2. The main principle of Kazakhstan's health care system:
a) Justice   b) Personal profit   c) Expensive services   d) Only urban population   e) Only rural population
3. Reason for introducing compulsory social health insurance:
a) Increasing medicine prices   b) Developing private clinics   c) Providing equal medical care for all
d) Supporting only surgery   e) Enriching private doctors
4. Belongs to primary prevention:
a) Rehabilitation   b) Immunization   c) Screening   d) Individual treatment   e) Medicines
5. Example of secondary prevention:
a) Healthy lifestyle   b) Screening examination   c) Immunization
d) Sports activities   e) Proper nutrition
6. Belongs to tertiary prevention:
a) Proper nutrition   b) Preventive vaccination   c) Disability rehabilitation
d) Quitting smoking   e) Health education
7. Not part of a healthy lifestyle:
a) Personal hygiene   b) Sports activities   c) Smoking
d) Refusing alcohol   e) Proper nutrition
8. One indicator of health culture:
a) Alcohol consumption   b) Excessive use of medicines   c) Smoking
d) Hygiene habits   e) Sedentary lifestyle
9. Year of adoption of the Code "On People's Health and the Health Care System" in Kazakhstan:
a) 2005   b) 2015   c) 2010   d) 2020   e) 1998
10. The main goal of organizing the health care system:
a) Only surgery   b) Producing expensive medicines   c) Personal profit
d) Reducing the number of clinics   e) Preserving public health
11. One way to promote a healthy lifestyle:
a) Surgery   b) Selling medicines   c) Opening a private clinic
d) Individual treatment   e) Awareness through mass media
12. The most contributing factor in determining health:
a) Genetics   b) Medical services   c) Social factors   d) Environment   e) Diagnostics
13. A component of a healthy lifestyle:
a) Proper nutrition   b) Drug addiction   c) Smoking   d) Alcohol   e) Lack of sleep

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14. The main tool of health education:
a) Private clinic   b) Medicines   c) Surgery   d) Lectures and seminars   e) Tax

15. The main organizer of the health care system:
a) Ministry of Foreign Affairs   b) Ministry of Education   c) Ministry of Internal Affairs
d) Ministry of Health of the Republic of Kazakhstan   e) Ministry of Finance

16. The main goal of secondary prevention:
a) Early detection of disease   b) Prevention of disease   c) Promoting a healthy lifestyle
d) Rehabilitation   e) Personal hygiene

17. The main direction of tertiary prevention:
a) Screening   b) Preventive vaccination   c) Prevention of complications   d) Sports   e) Hygiene

18. Factor influencing the development of health culture:
a) Education level   b) Individual treatment   c) Surgery   d) Use of medicines   e) Diagnostics

19. The goal of primary prevention:
a) Disease prevention   b) Rehabilitation   c) Prevention of complications
d) Diagnostics   e) Individual treatment

20. Important for forming a healthy lifestyle:
a) Drug addiction   b) Smoking   c) Alcohol   d) Proper nutrition   e) Lack of sleep

21. One of the requirements of medical ethics:
a) Selling expensive medicines   b) Only making profit   c) Opening a private clinic
d) Respecting patients' rights   e) Diagnostics

22. The main principle of bioethics:
a) Personal profit   b) Do no harm   c) Only doctor's interests   d) Increasing medicines   e) Only surgery

23. A factor in improving the health care system:
a) Increasing medicine prices   b) Preventive measures   c) Individual treatment
d) Personal profit   e) Only surgery

24. At the basis of health culture:
a) Personal hygiene   b) Alcohol   c) Smoking   d) Drug addiction   e) Lack of sleep

25. An effective method of promoting a healthy lifestyle:
a) Education in schools and universities   b) Private clinics   c) Doctor's private practice
d) Selling medicines   e) Surgery

PUBLIC HEALTH
Midterm Examination – 1

Version 6

1. The main goal of public health:
a) Development of surgery
b) Individual treatment
c) Protection of population health
d) Drug production
e) Support for private clinics

2. The leading factor affecting public health:
a) Genetics
b) Medical services
c) Lifestyle
d) Environment
e) Diagnostics

3. The scientist who first introduced the concept of "public health":
a) Winslow
b) Hippocrates

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c) Virchow

d) Acheson

e) Pasteur

4. One of the epidemiological research methods:

a) Cohort study

b) Surgery

c) X-ray

d) Immunization

e) Diagnostics

5. One of the historical stages of public health development:

a) Biotechnological stage

b) Sanitary stage

c) Nuclear stage

d) Digital stage

e) Surgical stage

6. How does social inequality affect health?

a) Changes genetics

b) Leads to increased morbidity among population groups

c) Deteriorates ecology

d) Increases individual treatment

e) Increases medications

7. The main indicator in assessing population health:

a) Number of doctors

b) Birth rate

c) Population size

d) Number of pharmacies

e) Life expectancy

8. Mortality rate means:

a) Number of doctors

b) Number of births

c) Number of cases

d) Ratio of deaths in a certain period to the population size

e) Population size

9. Infant mortality describes:

a) Number of deaths under 1 year of age

b) Children under 5 years old

c) Entire population

d) Elderly people

e) Gender differences

10. The main purpose of epidemiological research:

a) Determining the spread of disease

b) Producing medicine

c) Performing surgery

d) Individual treatment

e) Diagnostics

11. The science studying the impact of environment on health:

a) Epidemiology

b) Hygiene

c) Sociology

d) Bioethics

e) Physiology

12. Belongs to primary prevention:

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a) Screening
b) Vaccination
c) Rehabilitation
d) Dialysis
e) Individual treatment

13. An example of secondary prevention:
a) Proper nutrition
b) Immunization
c) Screening
d) Personal hygiene
e) Healthy lifestyle

14. An example of tertiary prevention:
a) Hygiene
b) Vaccination
c) Preventive education
d) Screening
e) Rehabilitation

15. The main principle of bioethics in public health:
a) Protection of patient rights
b) Personal profit
c) Expensiveness of medicines
d) Surgery
e) Social inequality

16. The principle of "do no harm" is considered in which ethics?
a) Sociology
b) Pedagogy
c) Ecology
d) Bioethics
e) Hygiene

17. Included in a healthy lifestyle:
a) Sleep deprivation
b) Alcohol
c) Smoking
d) Drug addiction
e) Physical activity

18. Not included in a healthy lifestyle:
a) Smoking
b) Proper nutrition
c) Physical activity
d) Sleep hygiene
e) Avoiding alcohol

19. Socio-economic factor affecting public health:
a) Unemployment
b) Genetics
c) Immunity
d) Gender
e) Age

20. Health culture is:
a) Number of doctors
b) Population's attitude towards maintaining and strengthening health
c) Pharmacy network
d) Individual treatment

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e) Surgery

21. The main organizer of the healthcare system:

a) Ministry of Education of the Republic of Kazakhstan

b) Ministry of Health of the Republic of Kazakhstan

c) Ministry of Finance of the Republic of Kazakhstan

d) Ministry of Justice of the Republic of Kazakhstan

e) Ministry of Culture of the Republic of Kazakhstan

22. The program that initiated digitalization of healthcare in Kazakhstan:

a) "Digital Kazakhstan"

b) "Education"

c) "Justice"

d) "Culture"

e) "Health"

23. One of the key concepts of epidemiology:

a) Individual treatment

b) Surgical method

c) Therapeutic treatment

d) Drug therapy

e) Incidence rate

24. The most effective way to promote a healthy lifestyle:

a) Sanitary education

b) Medicines

c) Surgery

d) Individual treatment

e) Expensive services

25. The main direction of public health:

a) Private clinics

b) Prevention and health promotion

c) Increasing medicine costs

d) Surgery

e) Diagnostics

FUNDAMENTALS OF EVIDENCE-BASED MEDICINE
Midterm Examination – 1

Variant I

1. ~Indicate the sources of scientific evidence:

A) Archival sources

B) Websites DARE, MEDLINE

C) Statistical indicators

D) Legislative materials

E) Economic materials

2. ~A basic clinical question contains:

A) 1 component

B) 3 components

C) 2 components

D) 4 components

E) 5 components

3. ~A classical applied question contains:

A) Four components

B) Two components

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C) One component

D) Three components

E) Five components

4. ~A clinical trial is:

A) A method of conducting medical interventions in the intervention group

B) The final stage of a clinical study that verifies the validity of new theoretical knowledge

C) A method of conducting medical interventions in the intervention group or comparison group

D) A retrospective study in which patients are included in the intervention group to determine causal relationships between a medical intervention and clinical outcomes

E) A special type of observational study where the outcome of therapeutic intervention is the studied prognostic factor

5. ~The design of a clinical trial is:

A) A method of conducting medical interventions in the intervention group

B) A method of conducting medical interventions in the intervention or comparison group

C) A method of conducting a scientific study in a clinical setting, i.e., its organization or architecture

D) A method of conducting medical interventions in the comparison group

E) A method of conducting an experimental study

6. ~The type of clinical trial design is:

A) Certain typical clinical tasks

B) Prescription of treatment

C) Conducting preventive measures

D) A set of classification features

E) A set of patient groups for conducting clinical trials

7. ~The design type as a set of classification features corresponds to:

A) Diagnostic methods

B) Certain typical clinical tasks

C) Prognostic methods

D) Preventive methods

E) Cost calculation methods

8. ~Statistical methods of data analysis refer to:

A) The set of classification features of a clinical trial design

B) A clinical trial

C) A clinical task

D) A medical procedure

E) Data correction features

9. ~The research methods in a clinical trial must correspond to:

A) The set of clinical research features

B) The list of medical studies

C) Statistical studies

D) The set of classification features of a specific clinical trial design

E) Scientific studies

10. ~A study in which groups of patients are described and observed according to specific characteristics, and the researcher collects data by observation without active interference, is called:

A) Experimental

B) Observational

C) Quasi-experimental

D) Scientific

E) Cross-sectional

11. ~A feature of observational studies is that the researcher:

A) Actively interferes in events

B) Observes events without actively interfering

C) Describes events while actively interfering

D) Actively changes events

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E) Experiments and creates various models of disease progression

12. ~If one or more groups of patients are described and observed according to specific characteristics, this is:
A) An experimental study
B) A mathematical study
C) An observational study
D) A statistical study
E) A prognostic study

13. ~Studies that evaluate the results of interventions and observe the subject of the study belong to:
A) Observational studies
B) Modeling methods
C) Experimental studies
D) Statistical data processing methods
E) Prognostic methods

14. ~The subject of research is observed in … studies.
A) Only experimental
B) Experimental and observational
C) Only observational
D) Observational and prognostic
E) Experimental and prognostic

15. ~Patients who participate in … group(s) take part in experimental studies.
A) Only one
B) From 2 to 3
C) One, two or more
D) From 1 to 5
E) Only two

16. ~In experimental research, the study results include:
A) The patient and study design
B) The drug, procedure, treatment
C) Patient records and treatment
D) Study design and procedure
E) Research center and patient

17. ~A case report refers to:
A) Descriptive studies
B) Analytical studies
C) Experimental studies
D) Quasi-experimental studies
E) Longitudinal studies

18. ~A case series report refers to … studies.
A) Experimental
B) Analytical observational
C) Longitudinal
D) Descriptive observational
E) Cross-sectional analytical

19. ~A case-control study is a type of:
A) Prospective study
B) Randomized study
C) Descriptive observational study
D) Analytical observational study
E) Descriptive study

20. ~A cohort study is:
A) An experimental study
B) An observational study

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C) An analytical study

D) A descriptive study

E) A medical study

21. ~Studies in which … are conducted belong to experimental studies.

A) Mathematical trials

B) Clinical trials

C) Statistical trials

D) Experimental trials

E) Quasi-experimental trials

22. ~The correct selection of disease outcome criteria under the influence of treatment and without it relates to:

A) Requirements for medical research

B) The list of documentation

C) Statistical documentation

D) Mathematical requirements

E) Requirements for statistical data processing

23. ~The requirement for the correct use of statistical processing methods applies to … studies.

A) Mathematical

B) Operational

C) Medical

D) Therapeutic

E) Pharmaceutical

24. ~The most important requirements for medical research are:

A) Method of randomization

B) Place and duration of the study

C) Material interest of study participants

D) Mandatory consent of relatives

E) Availability of insurance

25. ~Classical clinical research includes … studies.

A) Controlled and uncontrolled

B) Analytical and observational

C) Uncontrolled and case-control

D) Observational and blind

E) Blind and analytical

Fundamentals of Evidence-Based Medicine
Midterm Control – 1

Variant II

1. ~Controlled clinical trials refer to:

A) Ecological studies

B) Quasi-experiments

C) Classical clinical studies

D) Descriptive studies

E) Case-control studies

2. ~Comparison of a drug or procedure with other drugs or procedures refers to:

A) Uncontrolled studies

B) Representativeness of the experimental group

C) Controlled studies

D) Typicality of the experimental group

E) Atypicality of the experimental group

3. ~The probability of detecting differences in treatment is higher in:

A) Controlled studies

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B) Uncontrolled studies

C) Case-control studies

D) Cohort studies

E) Prospective studies

4. ~Experience of using a drug without comparing it with another treatment option refers to:

A) Conducted controlled studies

B) Conducted uncontrolled studies

C) Conducted randomized controlled trials

D) Conducted systematic reviews

E) Conducted meta-analyses

5. ~Procedures without comparison with another treatment option are used in:

A) Uncontrolled studies

B) Cohort trials

C) Case reports

D) Study design

E) Controlled studies

6. ~When conducting …, the probability of comparing procedures is higher than that of comparing drugs.

A) A clinical controlled study

B) A clinical uncontrolled study

C) A clinical case description

D) Properly prescribed treatment

E) Correct diagnostic testing

7. ~The main categories of clinical questions include:

A) Organization of clinical studies

B) Participation in hobby clubs

C) Attending thematic lectures

D) Disease prevalence

E) Participation in focus groups

8. ~Typical clinical questions faced by a physician when providing patient care include:

A) Patient's acquaintance with medications

B) Stratification method

C) Participation in surveys

D) Attending lectures by medical specialists

E) Whether the patient is healthy or ill

9. ~Risk factors refer to:

A) Organization of sports and mass events

B) Changes in the functioning of a medical organization

C) Financing of the healthcare system

D) Typical clinical questions

E) Conducting an audit in a medical organization

10. ~Making the correct diagnosis refers to:

A) The stratification method

B) The method of conducting audits

C) The outcome of the disease

D) A clinical question

E) An observational study

11. ~Disease prognosis is:

A) A study in which patients are observed according to certain characteristics

B) A study where the studied factor is a literature review

C) One of the categories of clinical questions

D) The object of study being observed

E) A specially designed comparative study

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12. ~Treatment effectiveness is:
A) A category of clinical questions
B) An evaluation of the results of previous interventions
C) A specially designed study
D) A study conducted according to specific characteristics
E) A special type of prognostic study

13. ~Requirements for conducting clinical studies include:
A) Management of medical organizations
B) Proper organization (design) of the study and a mathematically justified method of randomization
C) Organization of a free food basket
D) Participation in an experiment to control work quality
E) Selection of an auditor

14. ~Clearly defined and observed inclusion criteria for studies refer to:
A) Requirements for conducting clinical studies
B) Probability of identifying disease outcomes
C) Comparison with another treatment option
D) Less common studies
E) Studies for procedure comparison

15. ~Properly defined and observed exclusion criteria from a study refer to:
A) Comparison with other procedures performed
B) Clinical studies and their conduct requirements
C) Identification of treatment differences
D) Less common studies
E) Comparison of scientific sources

16. ~The correct selection of disease outcome criteria under the influence of treatment or without it is:
A) Initial data on the onset of disease
B) Procedures conducted in comparison
C) Studies related to clinical ones
D) Clinical practice guidelines
E) Latin square

17. ~Making clinical decisions implies:
A) Establishing a diagnosis
B) The frequency of occurrence of this disease
C) The place of the study
D) Increased risk of the disease
E) Consequences of the disease within the family

18. ~The duration of the disease refers to:
A) A requirement imposed on medical studies
B) Searching for the most common diseases
C) Diagnosis making
D) A requirement related to increased disease risk
E) A requirement related to disease consequences

19. ~The correct use of statistical data processing methods is:
A) An important requirement imposed on medical studies
B) Determining whether the patient is healthy
C) Determining whether the patient is sick
D) Risk factors
E) Disease prognosis

20. ~Indicate the correctly formulated question to determine disease frequency:
A) What methods of disease prevention do you know?
B) How often does this disease occur?
C) What factors are associated with this disease?

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D) What factors improve the course of the disease?

E) What are the pronounced consequences of the disease?

21. ~Indicate the correctly formulated question to determine disease prognosis:

A) How do you assess the patient's health?

B) What are the consequences of disease treatment?

C) How often does this disease and its consequences occur?

D) What are the consequences of the disease?

E) What factors are associated with the consequences of the disease?

22. ~Indicate the correctly formulated question to determine disease treatment:

A) How will the course of the disease change with treatment?

B) Is the patient healthy or sick after treatment?

C) How often does this disease occur?

D) What are the consequences of the disease?

E) What factors are associated with increased disease risk?

23. ~Indicate the correctly formulated question to determine the cause of the disease:

A) Are there methods of disease prevention in healthy patients?

B) Does the course of the disease improve with early detection and treatment?

C) What factors lead to the disease?

D) What are the consequences of the disease?

E) What factors are associated with increased disease risk?

24. ~The TYPE of study is:

A) Literature review

B) Meta-analysis

C) Filling out a medical history

D) Report on a given problem

E) Treatment effectiveness

25. ~Systematic reviews are:

A) A scientific work where the object of research is the results of a number of original studies on the same problem, with the results analyzed using approaches that reduce the possibility of systematic and random errors

B) The pinnacle of evidence

C) A medical assessment of clinical effectiveness

D) A method for forming participant groups in a trial

E) Summary statistical indicators

Fundamentals of Evidence-Based Medicine
Midterm Control – 1

Variant III

1. ~The goal of a systematic review is:

A) A balanced and impartial study of the results of previously conducted research

B) A quantitative systematic review of the literature to obtain summary statistical indicators

C) A consideration of the results of original studies on a single issue

D) A science recognized as the gold standard of scientific research

E) A method used to determine the sequence of assigning participants to groups

2. ~A qualitative systematic review is:

A) A quantitative synthesis of primary data to obtain summary statistical indicators

B) A serious scientific study

C) A review of the results of original studies on one problem or system, but without performing statistical analysis

D) A clinical science recognized as the gold standard of scientific research for evaluating clinical effectiveness

E) A method used to determine the sequence of random assignment of trial participants to groups

3. ~Meta-analysis is:

A) A quantitative assessment of the overall effect established on the basis of the results of all scientific studies

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B) A quantitative systematic review of the literature or quantitative synthesis of primary data to obtain summary statistical indicators

C) A medical science recognized as the gold standard of scientific research for evaluating clinical effectiveness

D) A method used to determine the sequence of random assignment of trial participants to groups

E) A review of the results of original studies on one problem or system, but without performing statistical analysis

4. ~Randomized controlled trials are:

A) A quantitative systematic review of the literature or quantitative synthesis of primary data to obtain summary statistical indicators

B) The peak of evidence and a serious scientific study: a quantitative assessment of the overall effect established based on all research results

C) The "gold standard" — a generally recognized model of scientific research for evaluating clinical effectiveness

D) A modern medical science recognized as the gold standard of scientific research for evaluating clinical effectiveness

E) A method used to determine the sequence of random assignment of trial participants to groups

5. ~Indicate the number of patient groups required for conducting randomized controlled trials.

A) 1 group

B) 2 groups

C) 3 groups

D) 4 groups

E) 5 groups

6. ~The control group in randomized controlled trials is:

A) A group where treatment is not provided, or standard (traditional/usual) treatment or placebo is given

B) A group where treatment with proven effectiveness is conducted

C) A group of patients with major complications

D) A group of patients with repeated hospitalizations

E) A group of completely healthy patients

7. ~The active treatment group in randomized controlled trials is:

A) A group of patients where treatment is not provided, or standard (traditional/usual) treatment or placebo is given

B) A group of completely healthy patients

C) A group of patients with major complications

D) A group of patients with repeated hospitalizations

E) A group of patients receiving the treatment under investigation

8. ~Placebo is:

A) A drug effective for the studied indicator (often a "gold standard" drug — well studied, long and widely used in practice)

B) Clinical characteristics of the disease and comorbid pathology

C) Patient groups must be comparable and homogeneous

D) An inert substance (or procedure) used to compare its effects with those of the actual drug or intervention

E) Age, sex, race

9. ~Active control is:

A) An inert substance (or procedure) used to compare its effects with those of the actual drug or intervention

B) A drug effective for the studied indicator (often a "gold standard" drug — well studied, long and widely used in practice)

C) Clinical characteristics of the disease and comorbid pathology

D) Patient groups must be comparable and homogeneous

E) Age, sex, race

10. ~Criteria for determining group homogeneity:

A) Patient groups must be comparable and homogeneous in terms of comorbid pathologies

B) Patient groups must be comparable and homogeneous with healthy people

C) Patient groups must be comparable and homogeneous in family relationships

D) Patient groups must be comparable and homogeneous in their place of residence

E) Patient groups must be comparable and homogeneous by district of residence

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11. ~Representativeness of groups is:
A) The distribution of patients into groups based on participants' preferences
B) Patient groups must be comparable and homogeneous in comorbid pathologies
C) Patient groups must be comparable and homogeneous in age
D) The number of patients in each group must be sufficient to obtain statistically significant results
E) Patient groups must be comparable and homogeneous in gender

12. ~There are … types of group representativeness.
A) 1
B) 2
C) 3
D) 4
E) 5

13. ~Quantitative representativeness is:
A) The number of patients in each group must be sufficient to obtain statistically significant results
B) Determined by the number of observations guaranteeing statistically significant data
C) Distribution of patients into groups using random sampling
D) Structural correspondence between the sample and the general population
E) A procedure used to compare the effects of drugs

14. ~True criteria of treatment effectiveness are:
A) Development of national clinical guidelines
B) Selection of the required number of participants in the experiment
C) The process of enrolling participants in the experiment
D) Main indicators related to the patient's vital activity
E) The process of excluding participants from the experiment

15. ~True criteria of effectiveness include:
A) A sufficient number of patients to obtain statistically significant results
B) Structural correspondence between the sample and the general population
C) Improvement in quality of life, reduction in complication frequency, relief of disease symptoms
D) Minimizing the possibility of participants influencing the study results
E) An open clinical study

16. ~One of the true criteria of treatment effectiveness is:
A) The single-blind method
B) Laboratory and instrumental test results related to true endpoints of treatment
C) A method ensuring proportional distribution of subjects across groups
D) Minimizing the possibility of organizers influencing the study results
E) Structural correspondence of the general population

17. ~Criteria of final outcomes in randomized clinical trials include:
A) Objectivity
B) Representativeness
C) Subjectivity
D) Competence
E) Humanity

18. ~Single-blind method is:
A) The patient does not know their group assignment, but the doctor knows
B) Neither the patient nor the doctor knows the group assignment
C) A method ensuring proportional distribution of subjects across groups
D) A method minimizing conscious or unconscious influence on the study results by participants
E) Neither the patient, doctor, nor organizers (statistical analysis) know the group assignment

19. ~Double-blind method is:
A) A method where the patient does not know the group assignment, but the doctor knows
B) A method ensuring proportional distribution of subjects across groups
C) A method where neither the patient nor the doctor knows the group assignment

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D) A method minimizing conscious influence on the study results by participants

E) A method where neither the patient, doctor, nor organizers know the group assignment

20. ~Triple-blind method is:

A) A blinding method where the patient does not know the group assignment, but the doctor knows

B) A blinding method where neither the patient nor the doctor knows the group assignment

C) A blinding method ensuring proportional distribution of patients across groups considering factors affecting treatment results

D) A blinding method where neither the patient, doctor, nor organizers (statistical analysis) know the group assignment

E) A method minimizing unconscious influence on study results by participants

21. ~Open study method is:

A) The single-blind method — the patient does not know their group assignment, but the doctor knows

B) All participants are aware of the clinical trial being conducted

C) The double-blind method — neither the patient nor the doctor knows the group assignment

D) A method ensuring proportional distribution of subjects across groups considering factors that significantly affect treatment results

E) A method minimizing conscious or unconscious influence on study results by participants

22. ~A meaningful and informative rate of refusals to continue participation in randomized clinical trials is:

A) $\leq 5\%$

B) $\geq 5\%$

C) $<10\%$

D) $>10\%$

E) $\leq 10\%$

23. ~The significance and informativeness of an experiment are ensured … in a randomized clinical trial.

A) With a sufficiently long observation period

B) With a short observation period

C) With a brief observation period

D) With no observation period required

E) With a 3-year observation period

24. ~True criteria of treatment effectiveness correspond to … level.

A) Zero

B) Fourth

C) Fifth

D) Sixth

E) Secondary

25. ~Objective criteria of final outcomes in randomized clinical trials include:

A) Indicator in the general population

B) Indicators related to the patient's vital activity

C) Mortality from the given disease

D) Laboratory and instrumental test results

E) Determination of target factors in the exposed group

Fundamentals of Evidence-Based Medicine
Midterm Control – 1

Variant IV

1. ~Objective criteria for final outcomes in randomized clinical trials include:

A) overall mortality

B) reduction in complication rates

C) relief of disease symptoms

D) planned life expectancy

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E) minimizing the possibility of influence on study results by participants

2. ~Objective criteria for final outcomes in randomized clinical trials include:

A) law of large numbers

B) frequency of "major" complications

C) increased life expectancy indicator

D) use of random sampling method

E) use of the "blinding" method

3. ~A criterion for final outcomes of a randomized clinical trial is:

A) identification of factors in the exposed group

B) determination of life expectancy indicators

C) frequency of repeated hospitalizations

D) objectivity of clinical indicators

E) identification of a risk factor

4. ~Indicate the criterion of final outcomes in a randomized clinical trial.

A) infant mortality

B) age-specific mortality

C) assessment of quality of life

D) maternal mortality

E) perinatal mortality

5. ~Cohort studies are:

A) lifestyle hypothesis

B) selection of a group of patients with a similar characteristic that will be followed in the future

C) preventive measures

D) selection of a group of patients with dissimilar characteristics

E) a method that minimizes conscious or unconscious influence on study results by participants

6. ~Case-control studies are:

A) studies comparing the proportion of people not participating in the trial

B) studies of people exposed to a risk factor

C) studies of people not exposed to a risk factor

D) studies organized to identify the relationship between a certain risk factor and a clinical outcome

E) development of educational programs

7. ~Descriptive research includes:

A) cases – the presence of disease or outcome

B) several research hypotheses

C) results of laboratory and instrumental studies

D) outcome is unknown at the beginning of the study

E) key indicators related to patient's vital activity

8. ~A retrospective study is:

A) meta-analysis

B) case-control study

C) cohort study

D) literature review

E) systematic review

9. ~Define a clinical guideline.

A) an effective tool for continuous, measurable improvement of everyday medical care and quality of health services

B) description of a series of cases – study of the same intervention in individual consecutively included patients without a control group

C) a guide describing a certain number of relevant characteristics in small observed groups of patients

D) random assignment of patients to groups using random sampling to eliminate possible differences that could affect study outcomes

E) a method minimizing conscious or unconscious influence on study results by participants

10. ~Indicate the purpose of applying clinical guidelines in practice.

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A) improve quality of life, reduce complication rates, alleviate disease symptoms

B) identify key indicators related to the patient's vital activity (death from any cause or from the main disease, recovery from the disease)

C) increase treatment effectiveness, cost-efficiency, quality of care, and scientific approach to treatment

D) increase satisfaction of nursing staff

E) improve primary health care organization

11. ~Indicate the requirements for the development of clinical practice guidelines (CPG).

A) should reflect prevention and rehabilitation, diagnosis and treatment, their continuity, and improvement of quality of life with patient orientation

B) should reflect rehabilitation and quality of life improvement, resource minimization

C) should reflect improvement of quality of life, reduction of complications, alleviation of disease symptoms

D) should reflect minimization of irrational use of resources and causes of disease occurrence

E) should reflect an optimal standard of living, ensure continuity and consistency in diagnosis, treatment, prevention, and rehabilitation

12. ~Clinical practice guidelines are developed based on:

A) literature review and meta-analysis

B) best practice and clinical protocols

C) clinical protocols and laws of the Republic of Kazakhstan

D) clinical protocols and manuals

E) literature and systematic review

13. ~The most common type of clinical guidelines is:

A) extended guidelines based on statistical indicators of the disease, systematic review, meta-analysis

B) quantitative systematic literature review or quantitative synthesis of primary data to obtain overall statistical indicators

C) consensus-based guidelines, quantitative evaluation of cumulative effects established from all scientific studies

D) extended evidence-based guidelines developed from clinical protocols and consensus

E) consensus-based guidelines with quantitative assessment of cumulative effects from all studies and clinical protocols

14. ~Indicate the correct stage of clinical guideline development.

A) choosing a topic for clinical practice guidelines based on the most serious disease characteristics (morbidity, mortality, etc.)

B) conducting a systematic review of the disease, scientific studies, and statistical indicators; developing draft recommendations

C) collecting anamnesis, physician opinions, and conducting a systematic review and statistical analysis

D) quantitative systematic literature review or synthesis of primary data to obtain overall statistical indicators

E) developing draft recommendations, conducting a systematic literature review, identifying systematic errors, and conducting audits (internal and external)

15. ~Indicate the stages of evidence-based clinical guideline implementation.

A) conducting a systematic review and meta-analysis

B) conducting a systematic review of media and academic programs

C) developing draft recommendations, completing the CPG, and obtaining approval from key stakeholders

D) developing based on evidence and consensus, using statistical indicators

E) developing based on consensus and serious disease characteristics (morbidity, mortality, etc.)

16. ~Advantages of clinical guidelines:

A) used for prospective studies where patients are included in the intervention group to determine causal relationships between intervention and clinical outcome

B) used for creating concise reference materials for healthcare professionals and patient education handouts

C) used as methodological material for developing educational and informational resources

D) used for random patient allocation to groups to exclude possible differences influencing results

E) used for quantitative systematic literature review or quantitative synthesis of primary data

17. ~The statement "The process of developing and evaluating guidelines should focus on outcomes most important to consumers" defines:

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A) principle of guideline development
B) type of clinical guideline
C) principle of standard clinical guideline development
D) main principle of guideline development
E) stage of evidence-based clinical guideline development
18. ~Indicate the principle of clinical guideline development.
A) guideline development should be based on quantitative synthesis of primary data to obtain summary statistics
B) guideline development should include a dissemination and implementation plan and be prepared over 10 years
C) guideline development should be based on the analysis of conducted medical interventions
D) guidelines should be based on clinical-economic analysis results and best systematic reviews
E) guidelines should be based on the best evidence and include statements regarding the level of evidence for each recommendation
19. ~Development of a clinical protocol in a medical organization includes the following stages:
A) combining studies; introducing guidelines into medical education; forming a research group
B) organizing a research group; drafting guidelines; involving managers, health organizers, and auditors
C) forming a working group; developing the clinical protocol text; implementing the protocol in the medical organization
D) forming a research group consisting of hospital and clinic managers, auditors, and health leaders; implementing guidelines into healthcare practice
E) developing clinical practice guidelines; forming a research group; implementing them into healthcare practice
20. ~A developed clinical protocol includes the following sections:
A) patient model, remuneration model
B) patient model, list of essential and additional medicines, standard operations and procedures for protocol compliance
C) patient model, list of essential and additional medicines
D) remuneration model for healthcare workers, standard operations and procedures for protocol compliance
E) list of essential and additional medicines, standard operations and procedures for protocol compliance
21. ~Indicate the most probable content of a clinical protocol:
A) monitoring compliance with plans for introducing new treatment methods
B) standardized approaches to diagnosis, treatment, and disease prevention based on principles of evidence-based medicine
C) regulatory support for quality management systems in healthcare organizations
D) justification of government healthcare guarantee programs
E) allows the use of ineffective medicines for patients
22. ~Advantages of CPGs for practicing physicians:
A) when facing an unusual situation, a practicing physician can refer to clinical guidelines and prescribe treatment based on evidence-based medicine
B) eliminates the possibility of clinical reasoning
C) allows the use of more expensive diagnostic and treatment methods
D) excludes the use of diagnostic and treatment methods based on evidence-based medicine
E) allows the use of ineffective medicines
23. ~Indicate the advantages of using evidence-based guidelines.
A) clinical protocols created by hospital and outpatient managers, training materials for patients, based on consensus and requiring utility evaluation
B) used to develop concise clinical reference materials for healthcare professionals and other tasks
C) used as a model for developing protocols and standards by hospital and outpatient managers, for healthcare planning, staffing, and realistic budget development
D) development of realistic budgets, standards, and protocols
E) requires time to create a working group including all interested parties
24. ~Indicate the disadvantages of using evidence-based guidelines.
A) comparing all positive and negative effects of all possible approaches requires a maximum number of trial participants

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B) time is needed for random patient allocation to groups to eliminate possible differences affecting study results

C) requires a placebo substance (procedure) to compare its effects with real interventions

D) time is needed to form a working group including all interested stakeholders

E) time is required for conducting a quantitative systematic review and data synthesis to obtain overall statistical indicators

25. ~The evaluation of CPGs is conducted because:

A) high-quality CPGs play an important role in healthcare

B) poor-quality CPGs may seriously endanger many patients

C) high-quality CPGs are used to create recommendations worldwide

D) CPGs possess internal validity and generalizability

E) CPGs are not applicable in practice

PUBLIC HEALTH
Midterm Examination – 1

	1-в	2-в	3-в	4-в	5-в	6-в

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b	b	a	b	a	c
c	a	a	b	a	c
c	c	b	c	c	a
b	a	b	c	b	a
a	d	d	a	b	b
b	d	d	a	c	b
a	e	e	d	c	e
a	e	e	d	d	d
b	a	c	e	d	a
e	b	c	e	e	a
d	b	a	c	e	b
b	a	b	a	c	b
c	a	c	b	a	c
a	c	e	d	d	e
a	e	c	a	d	a
b	a	a	a	a	d
d	c	b	d	c	e
b	b	d	d	a	a
b	c	e	a	a	a
a	a	c	e	d	b
e	b	a	a	d	b
a	d	d	e	b	e
d	a	a	a	b	e
a	c	b	b	a	a
c	a	a	b	a	b

FUNDAMENTALS OF EVIDENCE-BASED MEDICINE

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Midterm Examination – 1

№	1	2	3	4
1.	b	c	a	a
2.	c	c	c	c
3.	b	b	a	a
4.	c	b	b	a
5.	c	a	c	e
6.	b	a	a	d
7.	b	b	a	c
8.	c	b	a	a
9.	b	c	a	a
10.	c	c	b	d
11.	a	b	a	a
12.	c	b	a	a
13.	c	a	e	e
14.	c	a	c	d
15.	c	a	a	a
16.	c	a	d	c
17.	b	a	a	a
18.	b	b	b	a
19.	c	a	a	e
20.	b	d	c	a
21.	a	a	e	d
22.	c	b	c	a
23.	c	d	a	b
24.	a	a	a	a
25.	a	e	d	e

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