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ORGANIZATION OF HEALTHCARE, MEDICAL SCIENCE PAND EDUCATION

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CURRENT ISSUES OF TRAINING OF DOCTORS-ORGANIZERS OF HEALTH CARE IN MODERN SOCIO-ECONOMIC CONDITIONS

The aim of the study was to identify ways and opportunities to improve the system of special training of health care managers in the specialty "Public Health and Health Care". Currently, graduates of medical universities, in addition to professional competencies, should demonstrate universal or supraprofessional competencies, including those related to the issues of competent management of medical organizations of various forms of ownership. The article presents an opinion on the ways to improve the training of specialists in the field of public health and health care, substantiates the necessity of teaching the discipline (the module) "Management" for students of medical specialties. The goals, objectives and range of issues to be studied within the discipline "Public health and public health care" at the stages of pre- and postgraduate education in medical universities of Russia are outlined. The conclusion is made that management training, including project-based learning, will allow future doctors to form competencies necessary in modern professional activity.

Keywords: medical education, health care organization, management in health care, training of managers of medical organization.

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Introduction. In modern Russia, which is purposefully developing a market economy, the issues of management personnel training are of paramount im-

portance for all spheres of professional activity and industries. This also applies to the training of modern managerial personnel, the category of which includes doctors-organizers of health care. In the training of this category of managers of medical organizations of the industry, a particularly important place is occupied by training in the specialty "Public Health and Health Care".

The purpose of this study was to identify ways and opportunities to improve the system of special training of health care managers in the specialty of "Public Health and Health Care".

Materials and methods of the study. The method of content analysis and monographic method were used in the study. Materials of special publications,

orders and legislation in the field of health care were studied, personal experience of the authors of the article was generalized.

Results of the work. Physician-organizer of health care occupies a special position among representatives of other medical specialties, and in this aspect, training at the site of postgraduate and additional professional training is a particularly important direction of his professional development and staff growth.

Speaking about the very first stage of medical education of a future doctor, i.e. his/her training at the student bench of a medical university, it is necessary to understand that this is the very first stage in the special education that the medical profession requires. A medical graduate

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at the beginning of his professional activity is very far from being able to carry out the functions that society imposes on him quite consciously and at the proper level. At this, the very first stage of his activity, the young doctor has an understanding of his place and purpose in the clinical specialty. If a young doctor, for one reason or another, loses interest in the clinical specialty, he has two ways of his further professional life, the first - to leave the field of medical activity altogether, or to keep himself in the industry as a doctor-organizer of health care. The second option of situation development for such a doctor is more attractive, especially from the point of view of his retention and use in the medical industry, because the costs invested in his training should pay off regardless of whether they are budgetary or extra-budgetary funds. Such professional reorientation with retention in the industry is possible through specialization, for example, in public health and health care.

At the stage of postgraduate education there is a need for primary specialization, which allows both to ensure the formation of the necessary knowledge and skills, and to carry out a preliminary selection of persons with abilities for managerial activity. This process simultaneously acts as a filter to assess the potential effectiveness of a doctor as a manager, to determine the vector of his professional growth - from a manager of a medical organization to a specialist of the hardware level.

According to the student survey data obtained by O.A. Bashmakov (2015), 41.9% of the respondents would like to simply complete their studies at the university in a clinical specialty (Fig. 1-2). However, more than half of the surveyed students (52.2%) expressed interest in occupying management positions in medical organizations (hereinafter - MOs), despite the lack of a clear understanding of the functional specifics of these positions. This trend can lead to the formation of a distorted perception of the role of a manager as the easiest and most prestigious trajectory of professional development, which, in turn, negatively affects the quality of management in medical organizations [1].

Ultimately, this situation may have a negative impact on the provision of the treatment and preventive sector of the industry and the market of medical organizations with qualified managers - doctors-organizers of health care.

Based on the results of the study, it can be concluded that the process of identifying and training potential man-

agers should begin already within the framework of basic medical education. The leading role in this process is played by the departments of public health and health care, whose task, in addition to the implementation of standard educational programs, should be the identification of students with high managerial potential and their extended training in the field of management, marketing, economics, law and entrepreneurship. This approach contributes to the formation of competencies necessary for a new type of physician-manager with the orientation on the implementation of his professional activity in the position of not just a medical worker - doctor-organizer of health care (doctor-methodologist, medical statistician), but a manager (manager) of one or another level of the health sector.

In the conditions of market economy development, training of specialists in the field of health care organization and

public health requires special attention, since the level of competence of these specialists determines the effectiveness and efficiency of the implementation of the State Program "Health Development" both within a particular medical organization and at the level of the entire industry.

However, the educational model of both pre-diploma and post-diploma education implemented in medical universities, which has been preserved until now, is poorly adapted to the new political and economic requirements of the modern Russian state. This leads to the fact that future graduates of medical universities in most cases intuitively choose this or that specialization and the expected place of their professional activity. I.e. their motivation in most cases is not conscious. As a result - errors in the choice of the specialty and the place of future work. The consequence of this is unsatisfactory quality of professional activity. This

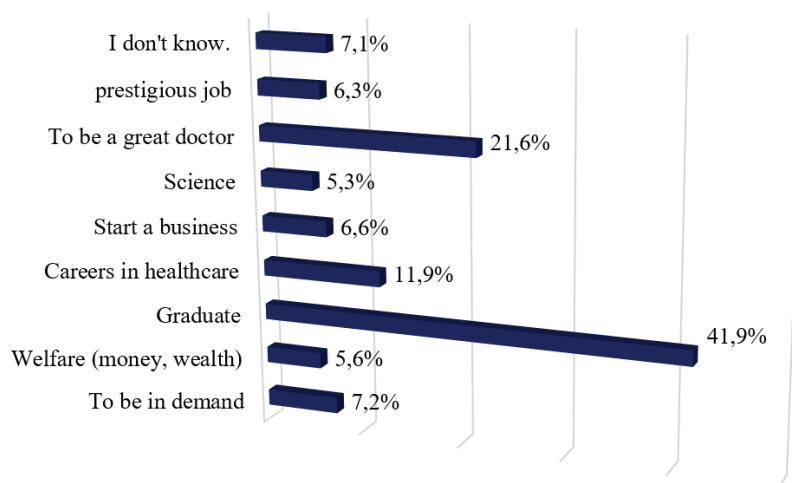


Fig. 1. Goals and objectives of students in future professional activities (%) [1]

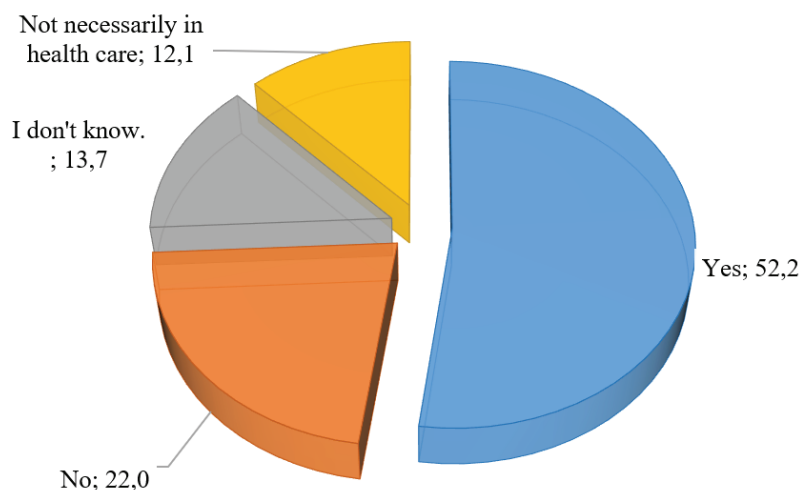


Fig. 2. Distribution of students' responses according to their attitude towards managerial work in healthcare (%) [1]

situation does not contribute both to the career growth of such doctors and their retention in the health care industry as labor resources.

This situation is especially acute in the process of training future doctors-organizers of health care. Students' motivation to obtain the specialty of health care organizer is often associated not with the presence of professionally significant qualities and competencies, but with disappointment in other medical specialties. So-called "successful" by academic performance students are 1.5 times less likely to strive for the implementation of their professional activity as doctors-organizers of health care. Less successful students just give preference in their future professional activity in health care organization.

As follows from the report of the head of the department, Doctor of Medical Sciences, Professor V.A. Reshetnikov (I.M. Sechenov PMSMU) "Modern approaches to the training of specialists in the field of health care organization and public health" [2]. [2], about 40% of all health care organizers are doctors "who by fate got to the positions in the health care industry"

This situation indicates the need for deep transformation of the training system in educational organizations of higher and additional medical education. These transformations involve updating and strengthening the role of technologies that form specialists on the basis of their personal characteristics, psychophysiological features and qualities integrated into professional potential. It is obvious that there is a need to optimize the training of specialists in new conditions using new educational technologies.

The most effective tool for assessing students' professional predisposition to management is psychophysiological testing. It allows not only to identify aptitudes to management work, but also to form individual educational trajectories that increase the effectiveness of training and contribute to the rational use of human resources in health care. In the future, this approach will contribute to the effectiveness of their career guidance and selection for further training in residency and will create prerequisites for a more effective use of human resources.

However, this is only the first step to a systemic solution of the issue concerning the development of the model of training physicians-organizers of health care. From the point of view of the modern economic model, a health care organizer is a potential head of a medical organization, i.e. a manager - manager.

The Strategy for the development of health care of the Russian Federation for the period up to 2025 (in the wording of the Decree of the President of the Russian Federation from

27.03.2023№ 202) noted the need to improve the system of medical education and staffing [3]. In the context of this document, training of managerial personnel is one of the main objectives of the health care sector. However, both in the issues of personnel training and management, both universities and medical organizations remain outdated, mostly they make decisions only at the level of managers (rectors, directors, chief physicians), strictly subordinated to the management vertical of the health sector, where any information comes from the top down. This state of affairs is a consequence of the Taylor administrative model (behavioral model), based on the principle of standardization and rigid subordination. The main disadvantage of this model is the underestimation of the human factor, reliance on optimization and rationalization of the production cycle. And although this administrative model was criticized by apologists of Marxist-Leninist philosophy, it became the dominant model throughout the USSR [4].

The head of a sectoral educational or medical organization is fully subordinate to higher apparatchiks who distribute treasury funds. He does not have sufficient power, but is directly dependent on government functionaries, who can remove him from his leadership position at any time.

Modern managers in the field of health care face a high level of administrative burden, the need for prompt decision-making, rapid adaptation to changing conditions of activity, which requires from them a high level of stress resistance. These professional qualities cannot be formed exclusively within the framework of a standard course in the discipline of "Public Health and health care". Many nuances of modern managerial activity inevitably emphasize the importance of obtaining special education beyond the traditional educational programs of medical universities. Therefore, there is a need to revise both the content and methods of training with a focus on the development of universal competencies, including project management, strategic thinking and managerial responsibility.

This state of affairs obliges the teaching staff of the departments of public health and health care to pay special attention to the need to form readiness for labor activity of future graduates of med-

ical universities in the direction of "Management".

The strategic direction of economic and social development of modern Russia at this stage of development requires the organization of training of completely new highly qualified subjects of professional activity. In the conditions of intensive development of the market economy, the foundation of which is private property with the inevitable capitalization of the results of the production of goods and services, the management of MO involves the transformation of the functions of the top administrative level into managerial ones. Simply doctors, even if trained in the residency on health care organization, do not have the necessary knowledge, skills and abilities to effectively manage such a multifaceted subject of economic turnover in the market of medical services as MO. Today, holding a managerial position, a medical worker essentially ceases to be a doctor. The socio-economic situation affecting the organization of the entire economic activity of the MO forces him to transform into a manager in the market of medical services. And this manager acts either as a hired professional manager, namely in the sector of private medicine, or as a founder and owner of his own medical production (business). At the same time, economic and managerial knowledge in his/her activity should be of fundamental importance, because the level of managerial literacy in terms of personnel, financial and economic management will determine the sustainability and performance of the managed medical organization [4].

IO leadership involves two of the most important managerial qualities:

The ability to detach and the ability to assess a situation and take a "bird's eye view" of it;

the ability to take responsibility for the performance of his subordinates.

This is the very quality of a manager that distinguishes management from traditional hardware administration. This is the main thing that distinguishes a health care manager from a functionary of the health care system.

Alas, but this is exactly what is not taught today in the departments of public health and public health care. They teach medical statistics, medical demography, criticism of bourgeois theories of medicine, rules and requirements for drawing up certificates of incapacity for work, organizational bases of medical and social expertise, normative and legislative requirements for the organization of medical care for the population

at different levels of the public sector of the industry, etc. Undoubtedly, all these sections of the discipline are necessary for obtaining basic training, are important for gaining knowledge and forming the necessary competencies in the context of public health and organization of medical care to the population in the state-municipal sector of the industry. However, in the conditions of market economy, they are absolutely insufficient for competent, qualified, competent, effective and rational organization of both medical care of the population and provision of medical care to patients.

From the point of view of the canons of scientific and educational discipline "public health and public health care", it is possible to continue to train future doctors-organizers of public health care at the specialized departments, but the fact is that, firstly, they are unlikely to rise beyond the positions of medical statisticians and medical methodologists in their professional career, and secondly, the cost of their labor in the market of specialists will be negligible or, if more delicately put, budgetary, i.e. profitless. After all, the main thing in the process of their training today comes down to the fact that the content of educational programs in the subject "public health and health care" is fully consistent with the requirements of the professional standard for the same specialty.

Today, the shortage of qualified managers in the healthcare sector is one of the most acute problems of staffing the industry. According to expert estimates, the minimum need for medical administrators and managers is not less than six positions for every 10 thousand population. However, the actual supply of managerial personnel - doctors-organizers of health care (including heads of large MOs of various forms of ownership, heads of specialized departments, managers of entrepreneurial structures), falls far short of this indicator. This deficit is especially acute in the private health care system, where the level of satisfaction of the need for professional management training is only 0.02%, and in the public sector it does not exceed 2% [5].

A paradoxical situation has developed in Russian healthcare. While for clinical and pharmaceutical specialties, higher medical schools have developed scientifically based training programs, including residency and postgraduate education stages, the management of a medical organization is often outside the scope of systematic educational training. Often physicians acquire management skills after they have been appointed to a man-

agement position, which is contrary to the principles of professional competence. In most cases, clinicians with a qualification category in one of the therapeutic or surgical specialties, who have, at best, completed short-term professional retraining courses in public health and health care programs, are appointed to managerial positions in state and municipal health care institutions. However, even so, the vast majority of them do not have specialized education in management. And this is despite the fact that the already formed market relations require from the heads of MOs to acquire new knowledge, skills and abilities, which include effective use of the mechanism of multichannel financing, economical use of limited health care resources, redistribution of functions between primary and specialized medical care, prevention, treatment and rehabilitation.

The situation is very difficult with the teaching staff of specialized departments of the specialty "public health and health care". The main staff of these educational units of medical universities are the same doctors! Some of them came to the department by one or another circumstance from clinical medicine, having defended a candidate or doctoral dissertation, someone after residency at this department entered postgraduate studies, again, to write a candidate dissertation, after the defense of which remained at the department in one or another position. But few of them during their entire pedagogical life get a second higher or additional professional education in economics, law, management, marketing and entrepreneurship. At best, such departments of medical universities can employ teachers who do not have higher medical education, but are specialists in the above-mentioned areas. This format is acceptable, but it should be understood that these teachers, who do not have professional knowledge in the field of medical sciences, will try to adjust the specifics of medicine and health care to the economic, organizational and management clichés of the sphere of production, more precisely, industrial. As a result, the process of training students with such teachers will contrast with the established canons of formation of a doctor, his culture, traditions, customs, peculiarities of psychology, the concept of medical skill with its mission and model of professional medical activity.

This state of affairs leads to the fact that in the market of educational services the niche of training modern managers of health protection sphere is filled by commercial offers of various non-medical ed-

ucational organizations of private form of ownership, providing interested medical workers with an opportunity to become holders of appropriate diplomas of so-called "health managers" for adequate, as a rule, not very big money. The level of professional knowledge of such "managers", of course, leaves much to be desired, but the potential opportunities to fill vacant positions of heads of MOs are significantly increasing.

The solution to this problem, on the one hand, lies in the context of diversification of educational programs in public health and public health care with their orientation to modern market requirements, and on the other hand, requires the creation of conditions for teachers of the same departments to undergo training in programs of additional professional education on the basis of non-medical universities. Also, programs of additional professional education should be available on the platform of medical universities for those who have received higher non-medical education. This approach will allow them to master the appropriate amount of knowledge on the organization and informatization of health care, as well as pedagogy and androgogy. In turn, this will help the management of medical universities in making effective personnel decisions related to the involvement of these specialists in professional pedagogical activities at the relevant specialized departments of medical universities.

Another important aspect is that within the framework of continuing medical education programs it is more rational to stimulate the formation and promotion of short-term cycles of thematic lectures, seminars and practical classes of those representatives of the teaching staff of the departments of public health and public health, whose scientific and methodological materials (developments) have the potential for demand from certain consumers of intellectual products. It is such specialists of the departments can make a real contribution to at least two aspects of professional pedagogical activity. First, they can and should become the main mediators of extrabudgetary activities of the departments. Secondly, being market teachers, i.e. demanded by consumers as suppliers of intellectual product, they can become drivers of marketing offers in the market of educational services to promote not only their own educational programs, but also diversified educational products taking into account modern trends and requirements of departmental programs of pre-diploma, post-diploma and additional professional education.

As international practice shows, nowadays the key role in ensuring the competitiveness of the economy and social sphere belongs to human capital, whose contribution to economic growth is determined by higher labor productivity of qualified and educated workers, but, most importantly, it acts as a source of new ideas and innovations, a factor facilitating their perception and dissemination. This largely determines the requirements to the quality of labor force and the system of personnel training. It is the interface between the sphere of labor and the sphere of professional training that is the cornerstone of the entire system of reproduction of qualified workers in the health care system.

Nowadays, qualification is increasingly associated with competencies that an employee possesses and can use effectively in labor activity.

In the West, the need for extended institutionalization of the process of reproduction of qualified workforce was quickly enough realized, which eventually led to the development and implementation of national qualification systems and professional standards. However, unlike the domestic analogues developed by the Ministry of Labor of Russia, by their functional purpose professional standards of countries with developed market economies reflect not only normative requirements for the qualification of workers, but also the prerequisites and conditions of professional activity formed by the real business environment, which stimulate a high level of qualification of the workforce, corresponding to the innovative way of development of national economies. And what is certainly important is that professional standards should fully correspond with the educational standards for training specialists, and not reconfigure them to their own regulatory and legislative content. It should be taken into account that the basic training of specialists is carried out in accordance with educational standards, but additional (postgraduate) professional education is carried out according to the thematic programs offered by universities, developed and implemented taking into account the qualifications and competencies of the pedagogical staff of the given university.

Taking into account the fact that training in VET programs is associated with the disconnection of employees from their workplaces, at present, medical universities have established a practice that allows for training on thematic courses and professional development cycles in the amount of 72, 100, 144 hours. Ed-

ucational practice shows that it is more expedient to conduct training within these cycles on a modular basis.

Thus, in the specialty "Health Care Organization and Public Health" it is more logical and rational to offer to the attention of potential students such thematic modules as "Economics of health care and medicine as an element of market economy", "Models of economic entities of economic turnover in the field of health protection", "Organization of medical business (business), types of entrepreneurship in the field of health protection", "Management, marketing and economic analysis of the activities of entities of economic turnover in the field of health protection", "Technologi

Currently, in many departments of public health and public health organization, the issue of teaching such a discipline as "Management" ("Management") is perceived differently. The traditional approach to teaching public health and public health care, based on the principle of "purity of the subject", uncompromisingly defended by teachers of the Soviet school of social hygiene and health care organization, carefully substitutes any mention of the terms "management" or "management" with such concepts as organization and administration. And only in those departments where professional economists, managers and legal scholars work in the teaching staff, the issues of teaching management (management) are given due attention.

It is likely that an effective solution to the issue of teaching this discipline, as well as a number of similar non-medical disciplines, would be properly developed in the conditions of creation in medical universities of specialized departments on management (scientific specialty 5.2.6. "Management"). Dolicensing in this discipline is not a very labor-intensive and economically costly process. This administrative maneuver of the medical school management would allow to get an answer to the burning question whether it is necessary to teach the discipline "Management" to future medical workers.

Modern challenges facing the health care system require not only updating the content of professional training, but also the introduction of innovative educational approaches, among which project-based learning plays a key role. This method, which is widely used in pedagogical and technical universities, is not yet widespread enough in medical education. At the same time, the project approach has a high potential in the formation of universal (supraprofessional) competencies, including the ability to manage a project at

all stages of its life cycle - a competency provided by the federal state educational standards for specialty and master's degree programs in health care and medical sciences. [6].

Implementation of project-based learning in the framework of physician training allows to form not only managerial, but also communicative, organizational and analytical skills that are critical for future medical leaders. As a rule, elements of the project approach are introduced into the existing disciplines of the basic part of the curriculum, in which students are offered to work in project groups. Such work includes:

- definition of the actual problem;
- formulating a project assignment;
- Drawing up a step-by-step implementation plan;
- distribution of roles and functions in the team;
- Developing criteria for evaluating the success of the project; - defense of the results in front of an expert audience [7].

These elements of project-based learning should be aimed at building project teamwork skills, as well as building basic skills in project activities and project management.

As a result, students develop not only knowledge of a specific discipline, but also sustainable skills of interdisciplinary interaction, organizational thinking, responsibility for the result and orientation towards achieving specific goals. In medical education, project-based learning can become an effective tool for training managers of a new type, focused on the integration of clinical, organizational and economic tasks in a unified health care management system.

Some educational institutions are already taking steps in this direction by implementing programs such as "Economics and Management in Medical Organizations". These programs are aimed at forming in students a holistic view of the functioning of a medical organization as a subject of market economy. They include disciplines on management, marketing, financial planning, legal support of medical activities and other aspects of key importance for the effective functioning of the health care system.

Conclusion. Thus, the inclusion of the discipline "Management" in the structure of educational programs of medical universities should be considered as an objective necessity and the most important condition for the training of highly qualified medical personnel. Only in the conditions of systematic introduction of

managerial knowledge and skills it is possible to form specialists who are able to function effectively in modern socio-economic conditions and ensure sustainable development of health care industry.

The authors declare no conflict of interest in the submitted article.

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S.S. Sleptsova, S.S. Sleptsov, T.E. Burtseva, N.A. Ilyina ORGANIZING MEDICAL CARE FOR CORONAVIRUS INFECTION IN THE YAKUT ARCTIC

The article presents a retrospective analysis of COVID-19 morbidity and mortality in the Arctic zone of the Republic of Sakha (Yakutia), and also considers key aspects of organizing medical care during a pandemic in this territory, which differs significantly in all conditions from most of the region.

In 2020, the incidence of COVID-19 in the Yakut Arctic exceeded the Russian average by 2 times, the republican average - by 1.8 times, by 2023 the share in the Arctic zone of the Republic of Sakha (Yakutia) in the overall morbidity structure decreased. For 2019-2023. In the Arctic zone of the Republic of Sakha (Yakutia), 211 deaths were recorded (6.2% of the total number in the republic), the peak of mortality occurred in 2021 (124 cases) due to the spread of the Delta strain.

The COVID-19 pandemic has clearly demonstrated that in the modern world, the inaccessibility of populated areas does not guarantee their epidemiological safety. The experience gained emphasizes the need for investment in equipping remote medical institutions, digitalization of healthcare and adaptation of anti-epidemic measures taking into account the geographical and social characteristics of the Arctic.

Keywords: coronavirus infection, COVID-19, Yakutia, Arctic zone, extreme climate, organization of medical care.

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Introduction. In the Republic of Sakha (Yakutia), the first case of COVID-19 was recorded on March 17, 2020, and according to data from March 18, 2025, 247,602 cases of the disease were registered in the region with a cumulative number of deaths equal to 2,169 cases (fatality rate 0.88%) [1, 5].

The Yakut Arctic is characterized not only by extreme climatic conditions and a vast territory, but also by poorly developed transport infrastructure. Of the 84 settlements in the Arctic zones of the Re-

public of Sakha (Yakutia), about half are located more than 100 km (by air) from their district centers, and more than 80% have no land communication with them for six months or more. For example, the village. Kharyyalakh of the Olenek district, located just 2 km from the district center, remains cut off from the Central Regional Hospital in the spring and autumn. Theoretically, these facts should have contained the spread of the infection, but this was not observed. Moreover, the organization of anti-epidemic measures, includ-