Research Article

Area of Competence of Primary Healthcare Specialists in the Implementation of Person-Centered Programs of Educational and Behavior Modification in Chronic Dermatoses

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Abstract
Due to a significant shortage in both physicians and practical nurses that is of special relevance for healthcare services in rural areas, the distribution and cooperation of health production functions are of great importance. In this context, the effectiveness of EMB is associated, on the one hand, with the patient adherence to the substantiated recommendations and, on the other hand, with the qualification level of medical personnel in the GFM ambulatories while carrying out EBM.

The objective of the research was to conduct the problem-oriented analysis of cooperating and distributing the duties of specialists in the implementation of EBM among patients with CD at the stage of primary healthcare.

Results. There was conducted the problem-oriented analysis of qualification competencies to verify the possibility of implementing EBM by practical nurses considering typical activities of professionals. The analysis revealed the compliance of the main components of professional competence of physicians and nurses with their involvement in the process of EBM implementation among patients with CD.

Keywords
chronic dermatosis; educational and behavior modification

Problem statement and analysis of the recent research
Due to a significant shortage in both physicians and practical nurses that is of special relevance for healthcare services in rural areas, the distribution and cooperation of health production functions are of great importance. Therefore, an important aspect of improving primary healthcare (PHC) delivery is the substantiation of the model of optimal scope of activity distribution [4, 5]. One of the important components of practical implementation of the strategy recommended for the European region countries by the World Health Organization (WHO) is the organization of work on the scientific basis. According to the researchers, a rational organization of the process of production activities in the health sector allows increasing the efficiency of any system without any additional costs for its maintenance [4]. It fully corresponds to modern tasks encountered at the stage of PHC in relation to patients with chronic dermatoses (CD) of different genesis [1, 12, 18].

The WHO’s priority tasks for the improvement of mental health are known ”to ensure a better quality of life and more dignity for patients. A substantial component is enabling patients to fully enjoy their rights of citizenship and ensuring that there are mental health services to help people with mental and psychosocial disabilities”. The task of ”a significant reduction in the prevalence of health-related problems and their negative impact and enabling patients to cope with life circumstances that can trigger stress” is defined separately.

Among basic strategies proposed by the WHO, there are the screening and elimination of risk factors, the development of evaluation methods for early diagnosis and correction, and the formation of professional readiness of healthcare providers - training and constant qualification improvement [13, 14]. The incidence and clinical course of CD are known to be affected by regional and ecological [1, 3], constitutional and biological [17], genealogical and familial [18] factors being medical as well as psychosocial problem [11, 15, 16]. Considering the extraordinary importance of adequate disease perception by patients with CD and their support in the strategy of overcoming its consequences (the patient’s - general family medicine (GFM) physician’s compliance), the use of educational and behavior modification (EBM) to eliminate/neutralize the effect of unfavorable factors is of great importance. In addition, according to special research studies, patients are characterized by peculiarities of the psychological state [9, 10]. In this context, the effectiveness of EMB
is associated, on the one hand, with the patient adherence to the substantiated recommendations and, on the other hand, with the qualification level of medical personnel in the GFM ambulatories while carrying out EBM.

The objective of the research was to conduct the problem-oriented analysis of cooperating and distributing the duties of specialists in the implementation of EBM among patients with CD at the stage of PHC.

1. Materials and methods

In our study, there was conducted the problem-oriented analysis of production functions of medical personnel (physicians and nurses) working in the GFM ambulatories to study the implementation of EBM programs among patients with CD considering typical activities of professionals stipulated in regulatory documents [2, 6-8]. The following methods were applied: the analytical method, the structural and logical method, and the method of organizational and methodical modelling [11, 19]. The aforementioned methods were used for functional and qualification provision of basic directions of implementing EBM among patients with CD.

2. Results and discussion

There was conducted the problem-oriented analysis of qualification competencies to verify the possibility of implementing EBM by practical nurses considering typical activities of professionals. The analysis revealed the compliance of the main components of professional competence of physicians and nurses with their involvement in the process of EBM implementation among patients with CD.

The main competencies (the codes for typical activities of nurses are presented according to [8]) are as follows:

- 2.SVD.35.PR.O.496.04 - follow-up with patients;
- 2.SVD.35.PR.O.499 - the assessment of the level of knowledge, skills and abilities in patients and their family members;
- 2.SVD.35.PR.O.498 - the determination of training content for patients and their family members;
- 2.SVD.35.PR.O.497 - the organization of training for patients and their family members;
- 2.SVD.35.PR.O.500 - the development of individual plan for training patients and their family members and its implementation;
- 2.SVD.35.PR.O.497.01 - the provision of diagnostic and therapeutic process in the medical district.

There are qualification prerequisites for redistribution of production functions between medical personnel of the GFM ambulatories, in particular regarding the implementation of EBM among patients with CD. It should be noted, that the system of nurse certification involves the principle of improving and expanding professional competencies including public health and preventive medicine. In addition, the list of competencies defined by the educational and professional training program determines qualification support for medical nurses to implement EBM, using the methods of medical and psychological impact, that, according to diagnostic and screening technologies corresponds to PHC delivery in most European countries.

Based on the main duties of family physicians, namely "provision of primary prevention care according to risk factors depending on age and gender; diagnosis and non-drug correction with the adherence to deontological and ethical principles; provision of psychological rehabilitation using the form and methods of educational and correctional activity" [6, 7] (Table 1), there were determined the following main professional competencies of physicians working in the GFM ambulatories that determine the orientation of their professional activities including those in CD [6, 7]: PF.S.12.PR.O.31 - in the district covered by a therapist - to conduct the analysis of population morbidity and identify the risk groups using statistical and laboratory methods; PF.S.12.CR.R.28 - in the healthcare institution - to analyze the health status of a certain contingent according to standard methods of comparison with the average indicators; PF.S.7.PR.O.15 - in the healthcare institution or at the patient’s home - to determine the tactics of examination and primary prevention based on the obtained data on the patient’s health status, using standard schemes and knowledge of the human, human organs and systems, adhering to the relevant ethical and legal norms, making an informed decision; PF.S.1.PR.R.1 - in the inpatient/outpatient facility or at the patient’s home - to collect the data on the patient’s complaints, medical history, other health problems according to standard scheme, using the results of patient interviewing; PF.S.1.PR.O.7 - in the healthcare institution - to promote healthy lifestyle based on the data on the health status of certain population contingents and the data on the affection of their health by the environment, using the existing methods; PF.S.1.PR.O.4 - in the healthcare institution - to implement the system of preventive measures regarding the regime of activities and recreation based on the data on the health status of certain population contingents and the data on the affection of their health by the environment, using the existing methods within the sphere of PHC; PF.D.1.PR.R.3 - in the healthcare institution - to prescribe laboratory and/or instrumental tests based on the most probable or syndromic diagnosis, using knowledge of the human, human organs and systems, adhering to the relevant ethical and legal norms, making an informed decision; PF.D.1.PR.R.2 - in the inpatient/outpatient facility or at the patient’s home - to make probable or syndromic diagnosis based on the leading clinical symptom, using the data of medical history and examination, and knowledge of the human, human organs and systems, adhering to the relevant ethical and legal norms, making an informed decision; C.02.CPR.3 - to assess personal health status and the other people’s health status, mood, the degree of mental strain when solving problems of varying complexity based on conscious goals of personal activity and its structure, adhering to the relevant ethical norms, using certain management methods and techniques, personal relationships with
other participants of activity.

Thus, EBM should be aimed at the formation of strong patient’s beliefs pertaining to the need for adherence to the work and rest regimen determined by a family physician; rational nutrition and rational moving; the development of habits of self-regulation and control of emotional state; the establishment of optimal interpersonal relationships; the elimination of negative behavioral habits and avoidance/elimination of the stress-inducing effects (Fig. 1). In addition, EBM may contain measures, criteria for evaluating the progress achievement and quality indicators that are specific for CD.

3. Conclusions

1. The analysis of the area of competence of medical personnel working in the GFM ambulatories was carried out. Using the example of CD, there was demonstrated the need for the cooperation and distribution of production functions between GFM physician and medical nurse when implementing EBM.

2. We proved that GFM physician is obliged to provide prevention (primary, secondary) of CD that can be realized through the cooperation and distribution of functions at the level of the GFM ambulatories. In addition, GFM physician has to identify the risk groups for CD, analyze the health status of population contingents in the medical district, determine the tactics of examination and primary prevention and develop the system of preventive measures based on the data on the health status and the data on its affection by the environment.

3. Production functions of medical nurses working in the GFM ambulatories were found to comply with the tasks of EBM of patients with CD to the full extent. They include: follow-up with patients, the assessment of the level of knowledge, skills and abilities in patients and their family members, the determination of training content, the organization of training for patients and their family members, the provision of diagnostic and therapeutic process.

4. Prospects for further research

Specification of EBM structure to achieve the effectiveness of the program of primary and secondary prevention among patients with CD depending on clinical forms is promising.

References


### Table 1. Area of competence of family physician and medical nurse: scheme of integration and cooperation of basic functions regarding implementing EBM in CD.

<table>
<thead>
<tr>
<th>GFM physician</th>
<th>Functional components of the area of competence regarding EBM</th>
<th>Nurse specialist</th>
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</table>
| PF.S.12.PR.O.31 | Identification of the risk groups among the population of the medical district  
|                | • follow-up with patients                                      | 2.SV.D.35.PR.O.496.04 |
| PF.S.12.ZR.R.28 | Analysis of the health status of a certain contingent         |                  |
|                | • follow-up with patients                                      | 2.SV.D.35.PR.O.496.04 |
| PF.S.7.PR.O.15  | Determination of the tactics of examination and primary prevention  
|                | • assessment of the level of knowledge, skills and abilities in patients and their family members  
|                | • determination of training content for patients and their family members  
|                | • development of individual plan for training patients and their family members and its implementation  
|                | • organization of training for patients and their family members | 2.SV.D.35.PR.O.499 |
|                | 2.SV.D.35.PR.O.498                                            |                  |
|                | 2.SV.D.35.PR.O.500                                            |                  |
| PF.S.1.PR.R.1  | Collection of the data on the patient’s complaints, medical history, other health problems according to standard scheme, using the results of patient interviewing  
|                | • follow-up with patients                                      | 2.SV.D.35.PR.O.496.04 |
|                | • assessment of the level of knowledge, skills and abilities in patients and their family members  
|                | • determination of training content for patients and their family members  
|                | • development of individual plan for training patients and their family members and its implementation  
|                | • organization of training for patients and their family members | 2.SV.D.35.PR.O.499 |
|                | 2.SV.D.35.PR.O.498                                            |                  |
|                | 2.SV.D.35.PR.O.500                                            |                  |
| PF.S.1.PR.O.7  | Promotion of healthy lifestyle  
|                | • assessment of the level of knowledge, skills and abilities in patients and their family members  
|                | • determination of training content for patients and their family members  
|                | • development of individual plan for training patients and their family members and its implementation  
|                | • the organization of training for patients and their family members | 2.SV.D.35.PR.O.499 |
|                | 2.SV.D.35.PR.O.498                                            |                  |
|                | 2.SV.D.35.PR.O.500                                            |                  |
| PF.S.1.PR.O.4  | Implementation of the system of preventive measures regarding the regime of activities and recreation  
|                | • assessment of the level of knowledge, skills and abilities in patients and their family members  
|                | • determination of training content for patients and their family members  
|                | • development of individual plan for training patients and their family members and its implementation  
|                | • the organization of training for patients and their family members | 2.SV.D.35.PR.O.499 |
|                | 2.SV.D.35.PR.O.498                                            |                  |
|                | 2.SV.D.35.PR.O.500                                            |                  |
| PF.D.1.PR.R.3  | Prescription of examination  
|                | • provision of diagnostic and therapeutic process               | 2.SV.D.35.PR.O.497.01 |
| PF.D.1.PR.R.2  | Making a syndromic diagnosis  
|                | • provision of diagnostic and therapeutic process               | 2.SV.D.35.PR.O.497.01 |
| 3.02.ZP.R.3    | Assessment of psychological state and mood, the degree of mental strain  
|                | • assessment of the level of knowledge, skills and abilities in patients and their family members  
|                | • determination of training content for patients and their family members  
|                | • development of individual plan for training patients and their family members and its implementation  
|                | • the organization of training for patients and their family members | 2.SV.D.35.PR.O.499 |
|                | 2.SV.D.35.PR.O.498                                            |                  |
|                | 2.SV.D.35.PR.O.500                                            |                  |
|                | 2.SV.D.35.PR.O.497                                            |                  |
Figure 1. Conceptual structural and functional model of EBM program: typical activities of professionals at the stage of PHC delivery to patients with CD
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