

Research Article

Organizational and methodological aspects of the work of a psychiatrist on a qualification category. Current status and prospects of psychiatric care in Russia

Shapovalova LA¹ and Shapovalov KA^{2*}

¹State Education Agency of Additional Professional Education "Komi Republican Institute for Development of Education", Syktyvkar, Komi Republic, Russian Federation

²State Education Agency of Additional Professional Education of the Republic of Komi "Komi Republican Institute for Development of Education", Syktyvkar, Republic of Komi, Russian Federation

Annotation

Introduction: Preparing a report and passing certification for a qualification category is one of the forms of improving the professional level of each medical worker.

Material and methods: The analysis of 5 qualification works of a psychiatrist (1997, 2002, 2008, 2013, and 2018) was carried out for the mandatory requirements for the preparation of documents when they were submitted to the Attestation Commission on the assignment of a qualifying medical category in psychiatry and formation methodological approaches to their implementation. The depth of research was 27 years.

Results: Methodological approaches to the design of 11 mandatory sections provided for in the certification work of a psychiatrist presented for the award of a qualification category were considered.

Discussion: The attitude to the Administrative Regulations for the provision of state services for the assignment of a qualification category to specialists engaged in medical and pharmaceutical activities should be revised in terms of its synchronization with the official duties of a doctor.

Conclusion: The dynamic development of the regulatory, organizational, methodological, and scientific aspects of medicine and psychiatry, in particular, in the period of active digitalization of healthcare, requires periodic corporate discussion and correction of the Administrative Regulations for the provision of public services for assigning a qualification category to specialists engaged in medical and pharmaceutical activities.

Attention should be paid to the insufficient statistical processing of the submitted materials by applicants for the assignment of the 1st and highest categories, the lack of calculations, references, and comparisons of confidence intervals, and the reliability of the study.

Preparing a report and passing certification for a qualification category can be the first step in introducing a practitioner to scientific work through the generalization of personal work experience, worthy of speaking at a scientific and practical conference at the level of LU and the region and publishing abstracts in collections and scientific and practical journals.

The proposed methodological approaches are purely advisory in nature and can be used by psychiatrists when working on a qualification category at their discretion.

More Information

***Address for Correspondence:** Shapovalov KA, State Education Agency of Additional Professional Education "Komi Republican Institute for Development of Education", Syktyvkar, Komi Republic, Russian Federation, Email: stampdu@rambler.ru

Submitted: December 30, 2021

Approved: February 15, 2022

Published: February 16, 2022

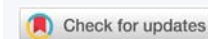
How to cite this article: Shapovalova LA, Shapovalov KA. Organizational and methodological aspects of the work of a psychiatrist on a qualification category. Current status and prospects of psychiatric care in Russia. Arch Psychiatr Ment Health. 2022; 6: 001-012.

DOI: 10.29328/journal.apmh.1001035

ORCID: orcid.org/0000-0001-7344-206X

Copyright License: © 2022 Shapovalova LA, et al. This is an open access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Keywords: Methodological approaches; Certification work; Qualification category; Psychiatrist





Introduction

Preparing a report and passing certification for a qualification category is one of the forms of improving the professional level of each medical worker. Certification of doctors for the assignment of a qualification category is voluntary and is carried out by the certification commission for three qualification categories: 2nd, 1st, highest. In modern conditions of active digitalization of healthcare, certification as a process of control over the quality of training, development, and implementation by specialists of new diagnostic and treatment technologies and the level of their provision of medical care to the population is dynamically developing [1,2].

Material and methods

The analysis of 5 qualification works of a psychiatrist (1997, 2002, 2008, 2013, and 2018) was carried out for the mandatory requirements for the preparation of documents when they were submitted to the Attestation Commission on the assignment of a qualifying medical category in psychiatry and formation methodological approaches to their implementation. The depth of research was 27 years [3-7].

The attestation commission under the Ministry of Labor and Social Development of the Russian Federation (Moscow) awarded the applicant with the highest qualification category in the specialty "Psychiatry" on 04.07.1997, which was confirmed in December 2002 by the attestation commission of the St. Petersburg Institute for Advanced Training of Medical Experts, and on 18.04.2008, 28.03.2013 and 20.02.2018 - by the Republican Attestation Commission of the Ministry of Health of the Komi Republic (RK).

When working on the material, the following methodological approaches were used: systemic, complex, dynamic, normative, quantitative, and situational. The methods of analysis included: historical, analytical, and comparison. For the analysis, the following techniques were used: grouping, continuous and selective observations.

The study was carried out on the basis of the State Autonomous Healthcare Institution of the Republic of Komi "Consultative and Diagnostic Center of the Komi Republic" (GAUZ RK "CDC RK"), which provides highly qualified consultative and diagnostic, specialized medical care to the population of the RK and organizational and methodological management of diagnostic services health care institutions within regional administrative entities. RK is located in the Far North-East of the European part of the Russian Federation (RF) and belongs to the subarctic territories. The main task of GAUZ RK "CDC RK" is to carry out high-quality comprehensive diagnostics of diseases available to the general population and provide highly qualified consultative care using highly effective medical technologies on an outpatient basis. It serves patients in 20 administrative territories of the RK and part of the Arkhangelsk region. For this, the institution has

concentrated on modern diagnostic and technical equipment, and a team of qualified specialists has been formed.

Results

The certification material must present an analysis of the doctor's work over the past 3 years. When certifying for the 2nd qualification category, the performance indicators of the certified person should be given in comparison with the work of the unit in which he works (department of a hospital or polyclinic). When certifying for the 1st qualification category - an analysis of the main indicators in comparison with the performance of the city, district, and region of residence as a whole. When certifying for the highest qualification category, the indicators of a doctor's work should be compared with the indicators of the region, the federal district, and the Russian Federation. For doctors certified for the highest qualification category, it is necessary to reflect the personal contribution to the development of the service (in the certified specialty).

The following sections should be presented in the certification work:

Section 1

The introduction includes three main subsections and begins with an autobiography of a (professional) applicant, in which it is necessary to highlight the main stages of becoming a medical specialist, indicate the types and forms of postgraduate education with reference to certificates.

Socio-demographic indicators of the service area. It is advisable to present a table indicating the region, territory, period, and indicators (in absolute numbers, % and intensive indicators): "Estimation of the resident population", highlighting urban and rural. The general characteristics of population reproduction are presented in Table. "Results of the natural movement of the population", indicating the number of births, deaths, natural increase (decrease), the number of marriages, divorces of both the entire population, as well as urban and rural. For the highest category, it is desirable to discuss fertility and mortality rates, as well as provide a description of the internal and international migration situation. All indicators must be compared with those in the federal district and the RF as a whole - Table. "Analysis of the incidence of mental disorders in the region and the RF" (Psychoses and states of dementia, including schizophrenia, non-psychotic forms, mental retardation). The nosological structure of the registered diseases can be presented in Table. "The dynamics of indicators of the general morbidity of mental disorders (per 100 thousand population) in the context of the territories of the region." The detection rate of mental disorders is presented in the form of a table. "Change in the number of contingents with the registered for the first time in their life diagnosis of mental disorder in the region." The primary incidence of mental disorders should be presented in the table. "Dynamics of indicators of



primary morbidity with mental disorders (per 100 thousand population) in the context of territories [8-10].

General information about the structure and tasks of the medical institution (MI), its equipment (material, technical and research base), the place of the institution among the medical organizations of the region. Characteristics of the MI as an independent medical and preventive institution providing highly qualified consultative and diagnostic, specialized medical care to the population and organizational and methodological management of diagnostic services of medical and preventive institutions of subordinate administrative territories. The subject of activity. The main task. Structural units.

Characteristics of the department in which the specialist works (tasks, structure, staff, fulfillment of the planned indicators of the main activities of the department over the past 3 years with an analysis of the reasons for the increase or decrease in these indicators, for hospital doctors - the characteristics of the contingent of patients who have passed through the department over the last 3 years) - according to annual reports.

Who does the attested person work by (doctor, head of the department)? The main purpose of the work of the subdivision, with which services and MI interacts.

Personnel of the department

Center for the Treatment of Epilepsy and Paroxysmal Conditions. Justification of the allocation of a structural unit. Center tasks.

Initial admission in the office is carried out in the direction of neurologists of polyclinics, other health care institutions, as well as specialists of the institution. In addition, all adult patients who received help for new-onset paroxysmal conditions in other medical institutions should be sent for examination and clarification of the diagnosis to the epileptologist's office.

An outpatient card is created for each patient, and the information is entered into a computer database. After the consultation, the doctor of the polyclinic network receives complete medical information with detailed recommendations for the further management of the patient [11-15].

Section 2

Report on personal work for the last 3 years in absolute and relative numbers. The volume of all medical work for the reporting period should be presented in the form of tables and diagrams with an analysis of the dynamics of indicators over the years. Clinical observations may be presented.

The purpose of the section is to form indicators of the population's appeal to an outpatient psychiatrist, assess the results of diagnostics and consultations of a psychiatrist,

which should become the initial statistical tool for comparing and objectifying his work. Indicate the number of patients who consulted a psychiatrist based on medical records and made up a cohort for continuous analysis.

What methodological approaches, methods of analysis, and techniques were used. The control group (as a rule, the contingent of patients for the previous period of analysis).

The material presented in the tables is preferable. They can be (specific department, MI and period, absolute numbers and % must be indicated) as follows: "The main indicators of the work of a psychiatrist"; "Structure of psychiatrist visits"; "Structure of initial and repeated visits to a psychiatrist"; "The structure of people of working age and older than working age"; "Structure of visits to psychiatrist patients by gender"; "Structure of psychiatrist visits by women and men, depending on age" in comparison with the table "Structure of the female and male population of the region"; "Structure of visits to a psychiatrist by urban and rural residents"; "Structure of psychiatrist visits by city and district"; "The structure of the pathology of the mental sphere by nosological forms, identified by a psychiatrist"; "The structure of diseases of the mental sphere (by nosological forms), first identified by a psychiatrist" "The structure of pathology of the mental sphere in connection with epilepsy identified by a psychiatrist."

Patients are treated in accordance with the procedures for the Psychiatry-Narcology profile, 38 standards approved by the Orders of the Ministry of Health of the Russian Federation. Of these, 18 define primary health care for mental pathology on an outpatient basis, 14 define specialized psychiatric medical care and 6 define the volume of emergency medical care. The work uses 12 clinical guidelines, as well as the most progressive treatment protocols for patients with epilepsy in accordance with the recommendations of the International League for Combating Epilepsy.

Psychiatrists work at the "School of Diabetes". In a sense, diabetes mellitus, especially type I, becomes stress that lasts a lifetime and requires focused self-management and continuous resistance to the influence of the disease. The patient needs psychological mobilization, constant exertion of mental strength to cope with the disease. This cannot but affect the personality of the patient. Therefore, in the classroom it is necessary: 1) To educate patients to adequately relate to active and competent participation in the treatment of diabetes mellitus; 2) Help to activate psychological defense, self-regulation, self-help; 3) Correct nosogenic reactions, behavioral disorders: eating disorders, bad habits: smoking and alcohol consumption, etc.; 4) Teach technologies to prevent the development of depression, anxiety, and other adverse effects.

Section 3

Possession of special research methods, the frequency of their use, complications. Analysis of complications and deaths.



Approbation and introduction into practice of new drugs [16].

Mastering new treatment methods.

Complications in treatment and death in patients.

Section 4

Development and implementation of new technologies for diagnostics and treatment and related specialties. It is recommended to provide information on the development of new diagnostic and therapeutic methods, as well as new diagnostic equipment of the MI for the last 3 years.

Section 5

Participation of a specialist in the implementation of the priority national project "Health", the implementation of socially significant programs, the "Healthy Generation" program, and other targeted programs at the federal and regional levels.

The main directions of the implementation of the priority national project "Health". As part of the implementation of this project, the psychiatrist at receptions regularly conducts conversations with patients about maintaining mental health, a healthy lifestyle, including reducing alcohol and tobacco consumption.

Modernization of healthcare. Financial support for the modernization program in the region. Evaluation of the effectiveness of the implementation of the modernization program. Practical results.

Social efficiency is expressed in the achievement of the following indicators: 1) Reduction of preventable health losses of the population from medical-controlled causes; 2) Decrease in disability of the able-bodied population, decrease in the number of days of temporary disability; 3) Increasing the structural efficiency of the functioning of the health care system in the region; 4) Expansion of the range of services provided at the primary level; 5) Improving the quality characteristics of medical services; 6) Increasing the availability of outpatient care; 7) Reducing the level of hospitalization and the length of stay of patients in the hospital; 8) Reducing the time of arrival of ambulance teams at the place of call, reducing the number of complications and mortality at the prehospital stage; 9) Improving the level of health of the child population and women of reproductive age; 10) Improving the staffing of health care institutions, increasing the professional training of medical personnel; 11) Strengthening the material and technical base of medical institutions, equipping them with modern medical and diagnostic equipment; 12) Improving the social status and working conditions of health workers.

Section 6

Scientific and practical work (participation in scientific and practical conferences, medical scientific societies, presentation of reports, publications).

Independent research and (or) scientific and practical work is not the duty of a doctor but is welcomed when attestation for the 1st qualification category and is desirable when applying for the highest category. For most practitioners, this section is a "stumbling block" (lat. Petra scandali, lapis offensionis) and a serious obstacle to the successful completion of certification work and assignment of the declared category [17-19].

The formation of the scientific interests of the future doctor begins in the classrooms of the medical institute in student scientific circles, and in each case, it takes place in different ways (clinical residency, postgraduate study, competition). As a rule, one of several directions is chosen, which becomes the scientific dominant and determines the face of the researcher. However, depending on situations, other effective parallel studies in various fields of medicine are often possible, if they touch on general medical issues and (or) a doctor's specialization is constantly in demand when he works in a stable scientific group on interdisciplinary problems.

The scientific work of a practicing psychiatrist of the outpatient link is difficult to assess, since, on the one hand, its implementation is of a recommendatory and not mandatory nature, on the other hand, it is very clearly characterized by an interest in analyzing the results of one's work, creative potential and scientific activity.

If a practicing doctor - a scientist or a teacher of a medical college or higher educational institution - applies for the category, then this section becomes one of the main and most advantageous.

Modern science is developing dynamically and measures the value of publications by scientometric indicators, including the number of citations. The following information should be indicated about the applicant for the qualification category of a doctor:

Membership of medical scientific societies (Union of Psychiatrists of Russia, etc.)

ORCID ID (Open Researcher and Contributor ID - a non-proprietary alphanumeric code that uniquely identifies scientific authors): 0000-0000-0000-0000.

Web of Science Researcher ID: D-0000-00000.

SPIN is the author's personal identification code in SCIENCE INDEX - information and analytical system built on the basis of data from the Russian Science Citation Index (RSCI): 0000-0000.

Author iD (SCIENCE INDEX is an information and analytical system based on data from the Russian Science Citation Index (RSCI)): 000000.

Sphere of scientific interests (to formulate):

Dissertation topics (if any):



The number of publications indicates the amount of total personal participation in copyright sheets (40,000 printed characters) according to the List of published scientific and educational-methodical works (form 3n).

Registration and number of publications, citations, Hirsch index (with an indication of electronic page addresses): 1) Russian Science Citation Index (RSCI); 2) PubMed; 3) Scopus; 4) Web of Science; 5) Others (if any).

Summary information

Participation in scientific and practical conferences; Speeches with reports. A complete list of publications and (or) abstracts of the applicant's reports in scientific journals and collections is given in section 11.2. A complete list of speeches at international, all-Russian, and republican conferences, college of public health authorities of territories, and constituent entities of the Russian Federation (section 11.4).

Thus, knowledge of the maximum modern requirements for the scientometric characteristics of the authors of scientific and educational-methodical publications allows the practitioner, the author of the certification work, to evaluate their results and present them in the most correctly designed and advantageous version. The presence of even a part of the discussed information in the qualification work gives an objective positive characteristic of the scientific and practical activities of the doctor who submitted his qualification work to the certification commission [20,21].

Section 7

Organizational and methodological work (reflects the consultative work - consultations by phone, consultations in the hospital and other medical organizations, participation in consultations, work with interns, participation in the work of the medical and control commission, the commission for the study of lethal outcomes, clinical-expert commission, field trips), methodological letters, manuals, etc.

The above-listed types of work are not fully inherent for every psychiatrist, therefore it is important to show organizational approaches to the daily medical activities of a particular specialist.

Analysis of the organization of control of the treatment process. How it is structured in a specific MI and includes an analysis of its activities and a specific department based on the results of work for the year. Conducting planning meetings with doctors and nurses, which raise issues of current work: to improve the provision of medical care to the population; examination questions; prevention of HIV infection, COVID-19, on keeping records, OSTu 42-21-2-85, safety measures, and other current organizational issues. Elaboration of orders of the Ministry of Health of the Russian Federation and other regulatory documents, guidelines with subsequent discussion in the medical team. Evaluation of

the optimization of the organization and planning of visits to specialists: in accordance with the procedures for the provision of specialized medical care and federal medical standards for nosologies, patient routing, compliance with the standards of consultative admission, participation of the MI in the Lean Clinic and (or) Lean Hospital project [22].

Expertise issues include the "Quality control system for medical care of the population", which is created to objectively assess the volume and quality of patient care results. In accordance with the "Regulations on the examination of the quality of medical care", approved by the chief physician, the institution should operate three stages of quality control of medical care provided to the population: 1) The level of the head of the department; 2) The level of the deputy chief physician for examination; 3) Conclusion of the expert council.

The work of all levels of expertise should be organized in accordance with regulatory documents. Assessment of the quality of medical care is carried out on the basis of checking outpatient cards for a completed case. Each specialist is randomly checked from 2 to 4 outpatient cards or case histories during a month.

External quality review is carried out by health insurance companies and the MHIF. The following are assessed: 1) The volume and quality of the examination, taking into account the capabilities of the MI; 2) Reasonableness of referral to GAUZ RK "CDC"; 3) The quality of treatment in MI.

If defects are detected, acts are drawn up with an analysis of the mistakes made [23].

In connection with the need to correctly refer patients to an appointment with a psychiatrist and a psychotherapist, there is an urgent need to develop targeted information letters for internists. For example 1) Indications for consultation with a psychiatrist, psychotherapist (according to ICD-10); 2) Differential diagnostic criteria for neuralgia and analgesic syndrome of latent depression; 3) Differential diagnostic criteria for the cephalalgic syndrome of latent depression and migraine; 4) Differential diagnostic criteria for the cardiologic syndrome of latent depression and cardialgia in ischemic heart disease; 5) Differential diagnostic criteria for gastric ulcer, duodenal ulcer, and abdominal latent depression syndrome.

Emergency care for patients in acute conditions during an appointment with specialists. Systematic revision of methods and updating of the material part for providing emergency care to patients in acute conditions during an appointment with a psychiatrist.

The task of organizational and methodological work is the development, coordination, and support of primary health care (PHC), improvement of the available qualified and specialized medical care to the population. The psychiatrist in dynamics studies and analyzes the results of his work, participates in



the program for collecting and processing statistical data of the advisory department, creating information support for the management of the MI for making operational and timely management decisions. Thus, the psychiatrist participates in the monitoring of medical activity, that is, in providing the information base of the management system with factual material, in particular, the system for assessing its activities in continuous dynamics and solving the main tasks of identifying, registering, and accumulating the database [24].

Brief description of the work of a psychiatrist in accordance with 1) Procedures for the provision of medical care in the profile of Psychiatry-Narcology; 2) Primary Health Care Standards Mental and Conduct Disorders (F00 - F99); 3) Clinical guidelines for the diagnosis and treatment of mental disorders.

In accordance with his official duties, a psychiatrist provides the population with mental health care, carries out a list of works and services for diagnosing diseases, assessing the patient's condition and the clinical situation in accordance with the standards of medical care. He carries out an examination of temporary disability, maintains medical documentation in the prescribed manner, takes measures to prevent relapses and complications of the disease, as well as socially dangerous acts of patients, gives recommendations on supportive therapy, labor, and social and hygienic recommendations to the patient and his relatives.

A new organizational link in the methodological training of a psychiatrist is the provision of guarantees to citizens of the Russian Federation for the provision of high-quality and safe medical care in medical organizations in accordance with international indicators.

In recent years, the number of normative legal acts, standards of the Ministry of Health of the Russian Federation, clinical guidelines, and methodological developments that are mandatory for use in the work of a practical psychiatrist has increased many times. On the one hand, a large number of normative documents regulating the actions of a psychiatrist in case of a detected illness are aimed at eliminating possible errors and incorrect diagnostics, standardizing the actions of specialists from various institutions working with patients with mental pathology. On the other hand, a clear framework of diagnostic and therapeutic actions limits clinical thinking and the use of the professional experience of a practical doctor, which can be regarded as an undesirable effect of strict regulation and standardization of the professional actions of a psychiatrist of consultative reception in the diagnosis and treatment of pathology of the mental sphere of the applied patients. But the adherence and implementation of regulatory documents in healthcare is a form of professional protection for a doctor of any specialty, including a psychiatrist, both on the part of auditing corporate medical associations and organizations, and supervisory regulatory bodies [25,26].

Continuing medical education (CME) A new organizational link in the methodological training of a psychiatrist is the provision of guarantees to the citizens of the Russian Federation of the provision of high-quality and safe medical care in medical organizations in accordance with international indicators. For this, the doctor undergoes training under advanced training programs, which begins after obtaining a specialty and lasts throughout his professional life in the CME system, and later - accreditation as a specialist. A psychiatrist can independently draw up his own individual development plan for the coming current and coming years, choosing a program of additional professional education (DPO) that is significant for him and the topic of training events and electronic educational modules. The declared principle of voluntariness of participation in CME becomes another plus in favor of the applicant when submitting a qualification work to the Attestation Commission and a promising step for integrating a psychiatrist into international European and world accreditation systems. In the Appendix to the qualification work, it is appropriate to place the CME Portfolio in the specialty, which will reflect and confirm not only educational issues but also participation in scientific and practical conferences and congresses online.

Personal results of certification, hereinafter - accreditation.

Section 8

Sanitary and educational work (reflects the work done during the reporting period, indicating the topics of lectures, publications in print, radio, and television appearances).

Preventive work in psychiatry is aimed at increasing the level of knowledge of the population about mental disorders, mastering methods of protection from stress, the harmful effects of bad habits. The outpatient counseling psychiatrist includes it in a set of educational, upbringing, agitation, and propaganda measures aimed at promoting a healthy lifestyle, preventing diseases, maintaining and strengthening health, increasing the ability of people to work, prolonging their active life, which accompanies the entire treatment process [27-31].

In the practical work of a psychiatrist, it is advisable to distinguish the following levels of prevention of mental illness:

I. Individual: Doctor-patient: 1) Psychoprophylaxis: primary, secondary, and tertiary; 2) Psychiatric education. To emphasize the primary measures for the prevention of mental illness include such actions of patients that are available to every person: a) Adequate rest and sound sleep for at least 8 hours a day; b) Moderate daily physical activity; c) Doing what you love; d) Family relationships are the most important point of good mental health; e) The intimate side of life; 3) Psychoeducation of patients with mental disorders. Associate with nosological forms identified in the patient population;



In addition to the listed methods, patients are advised to attend various psychological training. In the absence of such an opportunity, training can be conducted independently. Each person can organize neuro-emotional relaxation for himself using inexpensive affordable methods: a walk in the fresh air; active rest with physical activity (work at the summer cottage), meeting with friends. Secondary measures for the prevention of mental pathology include preventing the recurrence of pre-existing diseases. The psychiatrist prescribes them individually after the patient has undergone a course of treatment [32,33].

II. Corporate Institution: 1) Speeches (topics) at conferences: a) medical; b) nurses; 2) Lectures (topics); 3) Memo (topics); 4) Information letters (subject matter); 5) Placing specialized materials (topics) on the institution's website in specialized headings, _VK, etc.

Subordinate medical institutions

Other medical institutions (somatic profile)

Regional Ministry of Health

III. Methodical: 1) Preparation of methodological letters on specific issues of the peculiarities of diagnostics and prevention of mental illness; 2) Publications on the organization of practical work in publications of the regional, federal district, Russian federal level.

IV. Academic: 1) Participation in the development of manuals and textbooks; 2) Practical use of educational and methodological works; 3) Creation of comprehensive training programs, lecture courses, and distance learning courses.

Psychiatric education is a mandatory section of the work of every health care institution, a professional duty of every medical worker in a specialized polyclinic or hospital. It can significantly affect: 1) Prevention of diseases (through the promotion of a healthy lifestyle); 2) Early seeking medical help (through primary prevention of certain diseases); 3) Terms of recovery (in the process of constant medical supervision); 4) The effectiveness of aftercare and rehabilitation (rehabilitation); 5) Re-hospitalization (through the promotion of secondary prevention measures). Education is extremely useful when it is constructive and focused on promoting a way of recovery, rather than intimidation. Its task is to teach patients to provide themselves with possible and affordable types of preventive actions, to increase the effectiveness of the available material resources, and to improve the quality of life. Thus, psychiatric education and education can and should be considered as a type of psychological intervention aimed at achieving positive changes in the cognitive, emotional, and behavioral spheres.

Education in psychiatry in all forms contributes to wider medical prevention of the development of mental pathology, as well as the improvement of already developing diseases and the prevention of relapse of cured diseases [34,35].

Section 9

Work on medical support for civil defense and emergency situations (MS CD & ES) Psychiatry of ES, catastrophes, and terrorist acts is an independent direction and section of disaster medicine. The psychiatrist needs to analyze the main regulatory legal acts of the RF and the region in the field of civil defense and emergency situations.

The projected increase in anthropogenic, man-made, social, military, possible space disasters and emergencies attracts the attention of healthcare organizers, medical specialists and, especially, psychologists and psychiatrists in connection with the need to provide assistance to victims, as well as with the aim of developing principles, strategies, and tactics, methods, and means of providing timely psychological and psychiatric assistance.

The psychiatrist, who receives patients in the working mode according to the schedule, must, like any specialist, be prepared for any unforeseen situations and emergencies of man-made or man-made origin: turning off the light, stopping the supply of heat to the building in winter, fire, terrorist call with a warning about a bomb and the possibility of an explosion. The work of a psychiatrist in the structure of civil defense and emergency situations can be conditionally divided into four blocks: 1) Personal participation in the development of educational, methodological, and lecture materials to prepare the population for action in conditions of civil defense and emergency situations; 2) Actions of a doctor at the workplace in a medical institution in case of possible "everyday" emergencies in the event of a) A fire breaks out; b) A phone call about the laying of explosives and the threat of an explosion; c) Technical malfunction of communication facilities; d) Emergency situations in the building of a medical institution; 3) Work as part of a medical and nursing brigade of the civil defense system; 4) Participation in the structure of psychological and psychiatric assistance to the population in emergencies [36,37].

The provision of psychological and psychiatric assistance to the population in case of emergencies involves the creation in the Russian Federation of a psychological and psychiatric service, which ensures the implementation of the necessary measures (preliminary, treatment and diagnostic, rehabilitation) at the federal, regional, local level and at the epicenter of an emergency: a) Department of psychological and mental health care; b) Office of psychological and psychiatric care; c) Consultative visiting team of psychological and psychiatric assistance; d) Department of anonymous psychological and psychiatric assistance by telephone.

The volume of assistance provided, in addition to medical assistance, largely depends on the political and social conditions of the region and the epicenter of the emergency. The primary tasks of psychological and psychiatric care are 1) Identification of victims with acute psychomotor agitation;



2) Ensuring the safety of them and those around them; 3) Elimination of the atmosphere of confusion; 4) Eliminate the possibility of mass panic reactions.

From the moment an emergency occurs and until the possibility of providing the necessary highly qualified specialized assistance appears, a certain time passes. Conventionally, in terms of the volume of assistance provided, there are three phases: 1) Isolation; 2) Salvation; 3) Specialized medical care [38-41].

Section 10

Conclusions and suggestions for improvement. Tasks and prospects for the development of the service.

Section 11

References.

List of used literature.

List of publications certified in scientific journals and collections, theses of reports.

A list of guidelines and manuals for doctors (including those approved by the Ministry of Health of the RF), information letters, works published by CITI, patents for inventions, implementations in practice (attach photocopies of certificates).

List of speeches at international, RF, and RK conferences, collegiums of public health administration bodies of territories, and RK.

Applications: 1) CME Portfolio; 2) Certificates.

Discussion

The formulated requirements of the Administrative Regulations for the provision of public services for the assignment of a qualification category to specialists engaged in medical and pharmaceutical activities often lead to the creation of a "template" within the institution, which became widespread in the era without control copying and subsequent printing. (It is good if the best, highest-quality work of a certified doctor is taken as a basis and each specialist only improves it.) An error, incorrect interpretation of the stated facts by one specialist in such cases easily leads to its mass replication and false conclusions of a whole group of attested. Therefore, an applicant for a medical category is recommended to work with the primary sources of requirements for the registration of qualification work. The experience of colleagues at work is appropriate to use but as critical as possible.

Scientific work

The attitude to the Administrative Regulations for the provision of public services for the assignment of a qualification category to specialists carrying out medical

and pharmaceutical activities should be revised in terms of its synchronization with the official duties of a doctor. The provision on the obligatory conduct of scientific research should be introduced, substantiated, and provided by the employer, or be excluded from the administrative regulations as an independent section and be exclusively advisory in nature. Publications of doctors in scientific journals and collections, abstracts of reports should motivate their interest, and, within the capabilities of a medical institution, have reasonable financial support, enshrined in an employment contract. An example of a practitioner who makes a presentation at international, all-Russian, or republican congresses, congresses, and conferences is an important indicator of his professional growth, an incentive for the disclosure and development of the creative potential of the team of a medical institution and the result of his correct administrative, organizational and methodological leadership. The scientific work and publications of a practicing psychiatrist should become a weighty additional argument in favor of a positive decision on awarding the qualification category declared by him [42].

Statistical processing of collected personal work results presents significant difficulties for the practicing physician. If doctors calculate extensive indicators in the form of specific weight (share) of an indicator in an event quite successfully, then there are practically no intensive indicators (frequencies) of the phenomenon in certification works. Although all the recommendations indicate that the material should be statistically processed by applicants of the 1st and highest categories, there are no calculations, references, and comparisons of confidence intervals and the reliability of the results obtained in the works presented. One gets the impression that doctors have forgotten the content of the subject "Public health and organization of health care", which, among others, they studied at a medical university, solved practical problems, including the statistics of variation. The foundations of statistical analysis, as well as of the entire research activity of a doctor in medicine, were laid precisely at the Department of Public Health and Health Organization.

Nevertheless, preparing a report and passing certification for a qualification category can be the first step in introducing a practitioner to scientific work. The generalization of personal work experience is worthy of speaking at a scientific-practical conference at the level of LU and the region. The first publication may appear in the asset. Extension of the observation period to 5 years, adopted in traditional scientific research (and this is not at all difficult to do when a ready-made analysis of the work for three years is at hand) can become the basis for a fully-fledged article in a scientific and practical journal. If the applicant works at a clinical base of a medical educational or scientific institution, then the next step in the progressive professional movement after passing certification for a qualification category is to work on dissertation research [43].



The organizational and methodological work of a practicing psychiatrist is an important part of his activities to protect and strengthen the health of the population, improve the quality of life, prevent and treat diseases. The development, coordination, and support of primary health care is the basic basis for improving the availability of qualified and specialized medical care to the population. The psychiatrist's analysis of the medical, organizational and methodological, and socio-hygienic effectiveness of his professional activity, department, and institution as a whole provides effective monitoring for making operational and timely management decisions. A significant amount of regulatory documents on the implementation of practical medical activities and standards for specific diseases, a clear framework for diagnostic and therapeutic actions limits clinical thinking and the use of the professional experience of a practical doctor. This phenomenon can be regarded as an undesirable effect of strict regulations and standardization of the professional actions of the psychiatrist of the consultative reception in the diagnosis and treatment of the pathology of the mental sphere of the patients who applied. Compliance with regulatory documents in health care is a form of professional protection for a doctor of any specialty, including a psychiatrist, both on the part of auditing corporate medical associations and organizations, and supervisory regulatory bodies. The participation of a psychiatrist in continuing medical education is a promising step for his integration into international European and world accreditation systems.

Sanitary educational work in psychiatry is aimed at increasing the level of knowledge of the population about mental disorders, mastering methods of protection from stress, the harmful influence of bad habits. Individual health education accompanies the entire treatment process. A psychiatrist should work with every patient who has signs of mental pathology and through the dissemination of medical and hygienic knowledge, education of sanitary and hygienic skills in order to preserve and strengthen health, improve sanitary and hygienic culture, taking into account gender, age, climatic and geographical features, national customs, traditions and other factors can affect his individual health. During an outpatient appointment, all patients without exception, a psychiatrist needs to conduct individual conversations on the prevention of mental illness, during which it is important to explain to patients what pathology the patient has, what kind of treatment is required, what preventive measures for mental disorders exist (psycho prophylaxis, psychohygiene). The involvement of the patient in individual prevention and participation in the treatment of an already developed pathology in psychiatry should be carried out using various forms of health education. It should be constructive and focused on promoting ways of recovery. Psychoeducation, psychiatric education, and psycho prophylaxis, conducted by a psychiatrist, teaches patients to provide themselves with possible and affordable types of preventive actions,

increases the effectiveness of using the available material resources, and improves the quality of life. They are types of psychological intervention aimed at achieving positive changes in the cognitive, emotional, and behavioral spheres of the sick person.

The work of a psychiatrist in the structure of MS CD & ES In accordance with regulatory documents and official duties, a psychiatrist provides psychiatric assistance to the population in emergency situations and must know the organization and activities of the civil defense medical service. He must undergo special training for successful work in the basic modules of the psychological and psychiatric emergency service: 1) the Department of anonymous psychological and psychiatric help by telephone; 2) Consultative mobile team of psychological and psychiatric care; 3) Department of psychological and psychiatric care; 4) Office of psychological and psychiatric help. Medical workers who survived an emergency should be considered as victims who need comprehensive psychological and psychiatric care and careful corporate support with a gradual return to the usual workloads of professional activities. The contingent of professional rescuers in emergencies is exposed to extreme factors of the prevailing situation and is a risk group for developing affective spectrum disorders. They may develop psychopathological disorders of exogenous organic origin with a tendency to the gradual formation of variants of the psychogenic syndrome and polysystemic psychosomatic disorders. The multifaceted work of a psychiatrist in the MS CD & ES system should become a weighty additional argument in favor of a positive decision on awarding the qualification category declared by him.

Training under the additional professional advanced training program "Analysis of the professional activity of a doctor for certification to obtain a qualification category" lasting 36 hours full-time in online mode (Center for Continuing Professional Education of the Northern State Medical University of the Ministry of Health of the RF, Arkhangelsk), passed by the authors on 11.10.-23.10.2021, is an actual tool for the formation of doctors' skills in analyzing the results of activities and assessing the effectiveness of treatment measures and preventive programs, the results of the activities of medical organizations and their structural units, and critical understanding, rational interpretation of the collected data on the health status of the population and analysis of one's own professional activity (including in the form of writing a report on professional activity), the activities of medical organizations and their structural divisions. However, it does not give unequivocal answers to the constantly arising questions in the process of the doctor's personal work on the certification material.

The era of accreditation of personal medical activity. Analysis of the professional activity of a doctor for certification to obtain a qualification category is becoming an increasingly popular form of personal and corporate assessment of the work of a specific member of the MI team.



The transition from the certification form for assessing the professional competence of a doctor for admission to professional activity to accreditation involves the preparation of a report that meets certain requirements, namely:

1. Information about the organization in which the accredited person carries out professional activities (a brief description of the organization, reflecting the main directions of its activities, its structure);
2. The name of the structural unit in which the accredited person carries out professional activities, the main tasks, and functions of the specified structural unit;
3. Work experience in the specialty;
4. Description of the work performed in accordance with the labor function;
5. Work experience, including analysis of professional activities for the reporting period;
6. Increasing the level of knowledge, skills, professional skills during the reporting period;
7. Qualification category;
8. Suggestions for improving professional activity.

Thus, a doctor, having passed the initial accreditation after completing his studies at a medical institute, must continuously analyze his professional activity and, at the end of every 5 years, draw up a report for passing the next accreditation. No accreditation - no admission to work in the specialty. It should be noted that the doctor's REPORT on professional activity for the period (5 years) for accreditation in the specialty ... is synchronized with the Administrative Regulations for the provision of public services for the assignment of a qualification category to specialists carrying out medical and pharmaceutical activities and contains in a short form those the same sections as the last one (the difference is only in the periods of analysis - 3 and 5 years). Having experience working on a qualification category, a practitioner will prepare documents for accreditation without significant expenditures of labor time and will pass the correspondence form of extension of admission to professional activities that are currently applied (COVID-19 era).

A small group of doctors, which, by analogy with anti-vaccines, can be called anti-category, stands in the position of a negative attitude towards the qualification category due to professional insecurity, infantilism, and excessive employment in other personal matters. The motivation for denial is voiced as: "Why? I do not want to! I won't! Not profitable! In terms of time, it was almost a candidate's degree and only for 5 years, and then again! I will accept after admitting 2 paid patients and compensate for the losses." After the introduction of continuous accreditation, every 5

years, anti-categories will be forced to prepare reports on their professional activities, and it will not be at all difficult for them to isolate a 3-year period from it. Thus, accreditation will give all doctors more opportunities to take part in certification to obtain a qualification category. Perhaps, the issue of assigning a qualification category will in the future fall within the competence of the accreditation commission and exclude it as an independent process [41-43].

Conclusion

The dynamic development of the regulatory, organizational, methodological, and scientific aspects of medicine and psychiatry, in particular, in the period of active digitalization of healthcare, requires periodic corporate discussion and correction of the Administrative Regulations for the provision of public services for assigning a qualification category to specialists engaged in medical and pharmaceutical activities.

Attention should be paid to the insufficient statistical processing of the submitted materials by applicants for the assignment of the 1st and highest categories, the lack of calculations, references, and comparisons of confidence intervals, and the reliability of the study.

Preparing a report and passing certification for a qualification category can be the first step in introducing a practitioner to scientific work through the generalization of personal work experience, worthy of speaking at a scientific and practical conference at the level of LU and the region and publishing abstracts in collections and scientific and practical journals.

The proposed methodological approaches are purely advisory in nature and can be used by psychiatrists when working on a qualification category at their own discretion.

Acknowledgment

The authors express their sincere love to their parents. The authors are grateful to Muratova ID, Stepanov AF, Bannikova RV, Udalova LS, Kalenyuk AF, Sevostyanov AN, Ipatko IA, Nosov OP, Repina GV, Mordvinkova LV, Krastevoy-Gavrilova AG, as well as all anonymous reviewers for their support, valuable advice and useful comments.

References

1. Prikaz ot 17 iyunya 2019 goda N6/264 Ob utverzhdenii Administrativnogo reglamenta predostavleniya gosudarstvennoj usluzhi po prisvoeniyu kvalifikacionnoj kategorii spe-cialistam, osushchestvlyayushchim medicinskuyu i farmacevticheskuyu deyatel'nost' na terri-torii Respubliki Komi, v poryadke, ustanovlennom upolnomochennym federal'nym organom ispolnitel'noj vlasti (s izmeneniyami na 8 iyunya 2020 goda) (v red. Prikaza Minzdrava Respubliki Komi ot. 2020; N 6/185).
2. Prilozhenie N. 3 k Administrativnomu reglamentu predostavleniya gosudarstvennoj usluzhi po prisvoeniyu kvalifikacionnoj kategorii specialistam, osushchestvlyayushchih medi-cinskuyu i farmacevticheskuyu deyatel'nost' na territorii Respubliki Komi, v poryadke, ustanovlennom upolnomochennym federal'nym organom ispolnitel'noj vlasti.



3. Shapovalova LA. Organizaciya raboty specializirovannogo psihiatricheskogo byuro mediko-social'noj ekspertizy v 1994-1996 gg. Syktyvkar. 1997.
4. Shapovalova LA. Attestacionnye materialy vracha-psihoterapevta Respublikanskogo centra social'no-psihologicheskoy, medicinskoj reabilitacii byvshih voennosluzhashchih i invalidov. Syktyvkar. 2002.
5. Shapovalova LA. O rabote vracha-psihiatra konsul'tativnogo otdeleniya gosudarstvennogo uchrezhdeniya zdavoohraneniya «Konsul'tativno-diagnosticheskij centr Respubliki Komi» v 2005-2007 gg. Syktyvkar, 2007.
6. Shapovalova LA. Analiz raboty vracha-psihiatra konsul'tativnogo otdeleniya gosudarstvennogo avtonomnogo uchrezhdeniya zdavoohraneniya Respubliki Komi «Konsul'tativno-diagnosticheskij centr Respubliki Komi» v 2010-2012 gg. Syktyvkar, 2012.
7. Shapovalova LA. Analiz raboty vracha-psihiatra konsul'tativnogo otdeleniya gosudarstvennogo avtonomnogo uchrezhdeniya zdavoohraneniya Respubliki Komi «Konsul'tativno-diagnosticheskij centr Respubliki Komi» v 2015-2017 gg. Syktyvkar, 2018.
8. Shapovalova LA, Shapovalov KA. Demographic Characteristics of the Cohort of Patients, Receiving Outpatient Psychiatric Help in Regional Medical Consultative and Diagnostic Center of Sub-Arctic Territory. *European Psychiatry. The Journal of the European Psychiatric Association*. EPA 2017 25th European Congress of Psychiatry. 1-4 April, 2017. Florence, Italy. Abstracts of the 25th European Congress of Psychiatry. 2017; 41(Suppl. 1): 578. <http://epa-abstracts-2017.elsevierdigealedition.com/#582/z>
9. Shapovalov KA, Shapovalova LA. Structure of Psychic Sphere Pathology of Patients of the Regional Medical Consultative and Diagnostic Center of Sub-Arctic Territory. *European Psychiatry: The Journal of the European Psychiatric Association*. EPA 2017 25th European Congress of Psychiatry. 2017. Florence, Italy. Abstracts of the 25th European Congress of Psychiatry. 2017; 41 (Suppl 1): 578-579. <https://epa-abstracts-2017.elsevierdigealedition.com/files/assets/basic-html/page-583.html#>
10. Shapovalova LA, Shapovalov KA. Features pathology newly diagnosed by a psychiatrist at the reception of the regional advisory diagnostic center of subarctic territory. *European Psychiatry. The Journal of the European Psychiatric Association*. EPA 2018 26th European Congress of Psychiatry. 2018. Nice, France. Abstracts of the 26th European Congress of Psychiatry. 2018; 48 (Suppl 1): 569. <https://www.cambridge.org/core/services/aop-cambridge-core/content/view/7610F05A51DD10F090D2586BF3D180A9/S0924933800017958a.pdf/abstracts.pdf>
11. Shapovalova LA, Shapovalov KA. Pathology of the psychic sphere in patients with epilepsy, revealed by psychiatrist of the regional consultative center of the Subarctic territory. *European Psychiatry. The Journal of the European Psychiatric Association*. EPA 2018 26th European Congress of Psychiatry. 2018. Nice, France. Abstracts of the 26th European Congress of Psychiatry. 2018; 48 (Suppl 1): 718-719. <https://www.cambridge.org/core/services/aop-cambridge-core/content/view/7610F05A51DD10F090D2586BF3D180A9/S0924933800017958a.pdf/abstracts.pdf>
12. Shapovalova LA, Shapovalov KA. Characteristics of the pathology of the mental sphere of a contingent of patients on an outpatient visit to a psychiatrist of the consultative and diagnostic center of the subarctic territory. *Psychiatry, Psychotherapy and Clinical Psychology*. 2018; 9: 515-533. http://psihea.recipe.by/ru/?editions=2018-tom-9-n-4&group_id=item_0&article_id=line_5
13. Shapovalova LA, Shapovalov KA. Characteristics of mental health of patients of outpatient reception of psychiatrist. *European Psychiatry. The Journal of the European Psychiatric Association*. Abstracts of the 27th European Congress of Psychiatry. Warsaw, Poland. 2019; 56 (Suppl 1): 582-583.
14. Shapovalova LA, Shapovalov KA. The structure of the mental incidence of patients of psychiatrist consultative outpatient admission. Geneva: World Health Organization (Pubrights). 2019; 30: 1-26.
15. Shapovalova LA, Shapovalov KA. Diseases of the mental sphere revealed by the psychiatrist at contingent of patients of the consultative outpatient admission. *Arch Psychiatry Mental Health*. 2019; 3: 012-019. <https://www.heighpubs.org/hjcap/pdf/apmh-aid1005.pdf>
16. Shapovalova LA, Shapovalova LA. Approbation of new drugs and treatment methods into practice of outpatient psychiatrist at regional diagnostic center of subarctic territory. WPA 2018 World Psychiatric Associations Thematic Congress "Innovation in Psychiatry: Effective Interventions for Health & Society". 2018.
17. Shapovalova LA, Shapovalov KA. Scientific research as an integral part of the work of a psychiatrist leading an outpatient consultation in the regional diagnostic center of the Subarctic territory. *European Psychiatry. The Journal of the European Psychiatric Association*. EPA 2018 26th European Congress of Psychiatry. 2018. Nice, France. Abstracts of the 26th European Congress of Psychiatry. 2018; 48 (Suppl 1): 755-756. <https://www.cambridge.org/core/services/aop-cambridge-core/content/view/7610F05A51DD10F090D2586BF3D180A9/S0924933800017958a.pdf/abstracts.pdf>
18. Shapovalova LA, Shapovalov KA, Shapovalova PK. Nauchnye issledovaniya v prakticheskoy rabote vracha-psihiatra. *Psihicheskoe zdorov'e*. 2020; : 63-73. <http://elib.fesmu.ru/elib/Article.aspx?id=399710>
19. Shapovalova LA, Shapovalov KA, Shapovalova PK. The role and place of scientific research in the work of a psychiatrist. Geneva: World Health Organization (Pubrights). 2021; 1-30.
20. Shapovalova LA, Shapovalov KA, Shapovalova PK. Regulatory requirements and assessment of scientific research by a psychiatrist when considering the issue of assigning a qualifying doctor's category. *Archives of Psychiatry and Mental Health*. 2021; 5 :025-032. <https://www.heighpubs.org/hjcap/pdf/apmh-aid1032.pdf>
21. Shapovalov KA, Shapovalova LA, Shapovalova PK. K voprosu oformleniya razdela «Nauchno-prakticheskaya rabota» kvalifikacionnoj kategorii vracha. IX mezhdunarodnyj kongress «Orgzdrav-2021. Effektivnoe upravlenie v zdavoohranenii», Moskva. 2021: <https://www.vshouz.ru/orgzdrav2021/thesis/27197/>
22. Shapovalova LA, Shapovalov KA. Osobennosti organizacii raboty psihiatra regional'nogo konsul'tativno-diagnosticheskogo centra subarkticheskoy territorii. *Nezavisiimyj psihiatricheskij zhurnal*. 2016; 3: 68-74.
23. Shapovalova LA, Shapovalov KA. Organizacionno-metodicheskaya rabota kak sostavnaya chast' kvalifikacionnoj kategorii vracha-psihiatra konsul'tativnogo otdeleniya regional'nogo diagnosticheskogo centra subarkticheskoy territorii *Psihicheskoe zdorov'e*. 2018; 7: 3-11. <https://elibrary.ru/item.asp?id=35538397>
24. Shapovalova LA, Shapovalov KA. Organizational and methodological work in the practice of psychiatric outpatient consultative reception. *European Psychiatry. The Journal of the European Psychiatric Association*. Abstracts of the 27th European Congress of Psychiatry. Warsaw, Poland. 6-9 April 2019.; 56 (Suppl1): 552.
25. Shapovalova LA, Shapovalov KA. Organizational and methodological work in the structure of the practice of a psychiatrist consultative outpatient admission. Geneva: World Health Organization (Pubrights). 2019; 25: 1-28.
26. Shapovalova LA, Shapovalov KA. Methodological and Organizational Components of the Work of a Psychiatrist at Consultation Outpatient Admission. *Adv Psychol Res*. 2021;143:171-190. [Available at: <https://novapublishers.com/shop/advances-in-psychology-research-volume-143/> (accessed 25.10.2021)]
27. Shapovalov KA. Injuries of floating crew of Northern water pool in a state of alcohol intoxication. *International Maritime Health*. 2013; 64: 41–50. https://journals.viamedica.pl/international_maritime_health/article/view/34255/25087
28. Shapovalov KA, Shapovalova LA. Alcohol and Injuries: Causes and Consequences. *OA Alcohol (an OA Publishing London Journal)* 2013; 1: 10. <http://www.oapublishinglondon.com/images/article/pdf/1382528822.pdf>



29. Shapovalov KA, Shapovalova LA. Features of woman alcoholism. *OA Alcohol* (an OA Publishing London Journal). 2013; 1: 13. <http://www.oapublishinglondon.com/images/article/pdf/1397085756.pdf>
30. Shapovalov KA, Shapovalova LA. Traumatism in alcoholic intoxication as marker of dependence or progressive disease on example of fishermen of the Northern Water's Basin. *WPA 2018 World Psychiatric Assosiations Tematic Congres "Innovation in Psychiatry: Effective Interventions for Health & Society"*. 2018.
31. Shapovalova LA, Shapovalov KA. Alcoholic fetal syndrome as obligatory part of lecture on prevention of alcohol use of module "Fundamentals healthy lifestyle" for students of humanitarian and technical universities. *European Psychiatry. The Journal of the European Psychiatric Association. Abstracts of the 27th European Congress of Psychiatry. Warsaw, Poland. 6-9 April 2019.* 2019; 56 (Suppl 1): 482-483.
32. Shapovalova LA, Shapovalov KA. Psihoobrazovanie, psihiatricheskoe prosveshchenie i psihoprofilaktika kak sostavnye chasti raboty vracha-psihiatra ambulatornogo konsul'tativnogo priema. *Psihiatriya*. 2021; 19: 80–89. <https://www.journalpsychiatry.com/jour/article/view/589/491#>
33. Shapovalova LA, Shapovalov KA. Psychiatric education and psychoprophylaxis in the practical work of a psychiatrist. Geneva: World Health Organization (Pubrights). 2021; 23: 1-15.
34. Shapovalova LA, Shapovalov KA. Formy profilaktiki psihicheskikh zabojevanij v prakticheskoj rabote vracha-psihiatra ambulatornogo konsul'tativnogo priyoma. IX mezhdunarodnyj kongress «Orgzdrav-2021. Effektivnoe upravlenie v zdravoohranenii», Moskva. 2021; <https://www.vshouz.ru/orgzdrav2021/thesis/28459/>
35. Shapovalova LA, Shapovalov KA. The use of methods of psychiatric education in the prevention of mental pathology by a psychiatrist outpatient consultation. *Ann Psychiatry Treatment*. 2021; 5: 036-042. <https://www.peertechzpublications.com/articles/APT-5-129.pdf>
36. Shapovalova LA, Shapovalov KA. Training of psychiatrist of regional diagnostic centre of subarctic territory for work in emergency situations of catastrophes and natural disasters. *WPA 2018 World Psychiatric Assosiations Tematic Congres "Innovation in Psychiatry: Effective Interventions for Health & Society"*. 2018.
37. Shapovalova LA, Shapovalov KA. The work of the medical service of civil defense and emergency situations as an integral part of the qualification category of a psychiatrist. *Psychiatry (Moscow) (Psihiatriya)*. 2018; 16: 40–52. <https://www.journalpsychiatry.com/jour/article/view/377>
38. Shapovalova LA, Shapovalov KA. Questions of the Organization and Results of the Work of Psychiatrist of Advisory Department of the Regional Diagnostic Center of Sub-Arctic territory with Low Population Density. Geneva, World Health Organization, Pubrights. 2016; 1-25.
39. Shapovalova LA, Shapovalov KA. "Psychiatry of catastrophes" in the daily work of an outpatient psychiatrist. *European Psychiatry. The Journal of the European Psychiatric Association. Abstracts of the 27th European Congress of Psychiatry. Warsaw, Poland. 6-9 April 2019.* 2019; 56(Suppl 1): 546.
40. Shapovalova LA, Shapovalov KA. Fundamentals of disaster psychiatry in the structure of the work of a psychiatrist in an outpatient consultation. Geneva: World Health Organization (Pubrights). 2019; 1-28.
41. Shapovalova LA, Shapovalov KA. Psychiatry of disasters. Organization of the work of a psychiatrist outpatient consultative reception *Ann Psychiatry Treatment* 2019; 3: 012-022. <https://www.peertechz.com/articles/APT-3-112.pdf>
42. Shapovalova LA, Shapovalov KA. Methodological approaches to work on the qualification category of a psychiatrist. *Psikhicheskoe zdorovie. Mental Health*. 2021; 12: 3-16.
43. Shapovalova LA, Shapovalov KA. Questions of preparation of work for assignment of a qualification category by a psychiatrist. Geneva: World Health Organization (Pubrights). 2021; 8: 1-33.