



S.C. Gestione e Sviluppo delle Risorse Umane

CONCORSO PUBBLICO, PER TITOLI ED ESAMI, PER LA COPERTURA A TEMPO INDETERMINATO DI N.1 POSTO DELL'AREA DEI PROFESSIONISTI DELLA SALUTE E DEI FUNZIONARI - RUOLO SANITARIO – RUOLO SANITARIO – PROFESSIONI SANITARIE DELLA PREVENZIONE: ASSISTENTE SANITARIO

Domanda attinente al profilo

- Cosa si intende per counselling motivazionale breve e in quali contesti è applicabile.
- Descriva brevemente l'obiettivo generale degli screening oncologici che vengono offerti attualmente da Regione Lombardia
- Come gestirebbe un counselling vaccinale per una coppia di viaggiatori in partenza per un tour del Brasile
- Cosa si intende e a cosa serve l'inchiesta epidemiologica
- Allattamento al seno o allattamento con sostituti latte materno
- La vaccinazione contro l'encefalite da zecca
- Il calendario vaccinale dell'infanzia e i richiami nell'età adolescenziale
- La vaccinazione contro la febbre gialla
- Cosa definisce il DM 77 del luglio 2022
- La vaccinazione contro l'herpes zoster: criteri di offerta e raccomandazione
- Definizione di prevenzione primaria, secondaria e terziaria
- Infezione da pneumococco. Come si trasmette, quali sono indicazioni e controindicazioni alla somministrazione del vaccino
- Il vaccino anti-rotavirus: età di somministrazione ed effetti collaterali
- Differenza tra incidenza, prevalenza, mortalità e letalità di una malattia
- In caso di bambino immigrato, come si procede per ricostruire la sua storia vaccinale
- Prevenzione del disagio emotivo in gravidanza ed in puerperio
- La profilassi antimalarica in un bambino di 5 anni
- La differenza tra malattia professionale e infortunio sul lavoro
- Come si procederebbe per l'organizzazione di una campagna antinfluenzale
- Colloquio informativo-educativo ad un adolescente sui metodi contraccettivi
- Il consenso/dissenso informato in ambito vaccinale
- Cosa si intende per WHP e come può svilupparsi a livello aziendale
- Il vaccino antitetanico post esposizione da taglio/ferita
- Cosa si intende per PANFLU e quali sono le fasi di pandemia riconosciute
- Categorie di offerta gratuita del vaccino HPV
- Reazione post vaccinale: quando si parla di anafilassi e come gestirla
- Quali sono i benefici dell'allattamento? Quali sono i 10 passi per l'allattamento secondo UNICEF? Quali sono le posizioni ideali per allattare e i segni di un buon attacco?
- La vaccinazione antinfluenzale: a chi è raccomandata, quali tipi di vaccino, controindicazioni
- Le vaccinazioni consigliate alla donna in età fertile
- Colloquio di accoglienza ed orientamento a donna che richiede Interruzione volontaria di gravidanza
- Quali screening sono attualmente offerti da Regione Lombardia
- Cosa si intende per life skills Training? A chi sono rivolte?
- Il consultorio come punto di riferimento territoriale per la donna: quali servizi offre e a quale tipo di utenza
- Quali tipi di vaccinazione anti-pneumococco esistono e come vengono attualmente impiegati nel calendario vaccinale di regione Lombardia



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Domanda di informatica

- Cosa significa l'acronimo PEC?
- Quali file hanno come estensione ".xls"?
- È possibile inserire tabelle nei documenti Word?
- Come si chiama l'operazione che permette di scaricare un file da un sito internet sul proprio personal computer?
- Quale rischio si corre nell'aprire un allegato di posta elettronica?
- cos'è lo SPID?
- Nel programma Microsoft Word il simbolo del floppy in alto a sinistra serve a?
- come deve essere costruita una password per essere efficace?
- Quale non è l'estensione di un file di Microsoft Word?
- Dove si trova il comando per riavviare il sistema operativo Windows?
- È possibile installare lo stesso software su più computer?
- Uno scanner serve per?
- Il software antivirus necessita di aggiornamenti?
- Quale può essere un veicolo di virus? (software o hardware)?
- In generale è possibile recuperare anche i file cancellati dal Cestino?
- La cancellazione dei file non equivale alla rimozione effettiva di essi dal Computer
- Che cosa accade se invio un messaggio di PEC (Posta Elettronica Certificata) ad una casella tradizionale (non PEC)?
- Il backup dei dati serve ad eseguire
- Microsoft Word è?
- Microsoft Excel è?
- Cos'è una connessione wireless?
- Come si chiama l'operazione che permette di scaricare un file da un sito internet sul proprio personal computer?
- Qual è la differenza tra Hardware e Software?
- Qual è la differenza tra input e output? Fare un esempio di periferiche di input e di output.
- Che cos'è un sistema operativo?
- È possibile ripristinare un file che errore è stato spostato nel cestino?
- In cosa consiste il backup?
- Che cos'è un browser?
- Cosa si intende per stampante multifunzione?
- A cosa serve il programma Excel o Calc? Che tipo di programma è?
- Che differenza c'è tra file e cartella?
- Che cos'è l'hard disk?
- Quali sono le combinazioni rapide da tastiera per i comandi Copia Incolla Taglia?
- Cosa rappresenta l'icona a lucchetto accanto ad un indirizzo internet del browser?

Domanda lingua inglese

- Depression affects an individual's physical health and mental well-being and, in pregnant and postpartum women, has specific adverse short- and long-term effects on maternal, child, and family health
- The aim of these two systematic reviews is to identify evidence on the benefits and harms of screening for depression compared to no screening in the general adult and pregnant and postpartum populations in primary care or non-mental health clinic settings.
- Study selection for depression screening trials was performed first on title and abstract, followed by

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full-text screening. Data extraction, assessment of the risk of bias using the Cochrane risk of bias tool, and application of Grading of Recommendations Assessment, Development and Evaluation were performed by one reviewer and validated by a second reviewer.

- A total of three trials were included. All three trials were included in the general adult review, while one of the three trials was included in the pregnant and postpartum review. We did not pool results due to substantial differences between studies and high risk of bias.
- There are limitations of the evidence included in the reviews. There was moderate certainty in the evidence from one trial that screening for depression in the general adult population in primary care or non-mental health clinic settings likely results in little to no difference on reported outcomes; however, the evidence was uncertain from the other two included trials.
- The evidence is very uncertain about the effect of screening for depression in pregnant or postpartum women in primary care or non-mental health clinic settings. Well-conducted and better-reported trials are needed that meet the screening trial criteria used in this review.
- Since the release of the 2013 Canadian Task Force on Preventive Health Care (“Task Force”) guideline on depression screening in the general adult population [1, 2], other guidelines have been updated; however, the recommendations for screening are discordant.
- The 2013 Task Force guideline also considered the perinatal and postpartum population as a subgroup who may be at increased risk of depression and did not recommend routine screening which was also similar to the UK NSC postnatal depression screening recommendation, last updated in 2011
- In contrast, the 2015 guideline from the American College of Obstetricians and Gynecologists recommended screening patients at least once during the perinatal period for depression and anxiety symptoms using a standardized, validated tool, despite limited evidence of benefit
- Due to newer and discordant recommendations since the 2013 Task Force guideline on depression screening among the general adult population, the Task Force decided to update their 2013 guideline and develop an additional guideline and systematic review considering women during pregnancy and postpartum.
- Depression can affect work performance through absenteeism and presenteeism (decreased work productivity while at work), which is a large cost to employers in terms of productivity
- On a population level, it also has a large societal impact through increased health service utilization, increased burden on family members, and increased resource costs related to disability
- A US study in which women were interviewed (n = 14,549), and diagnosed using the DSM-IV criteria, found the 12-month period prevalence of MDD to be 8.4% among women who were currently pregnant or had been pregnant in the past 12 months, 9.3% among postpartum women, and 8.1% among non-pregnant women [15].
- It should be noted that the prevalence for postpartum women could include time in which they were pregnant, as this period covers the previous 12 months.
- Depression during pregnancy and postpartum has specific adverse short- and long-term effects on maternal health during pregnancy (e.g., lower rates of self-care), health outcomes for infants (e.g., preterm delivery), child health and development (e.g., social engagement), and the overall health of families (e.g., marital satisfaction).
- The intent of a screening program for depression is to identify symptomatic diseases that would not otherwise be identified or reported (e.g., by spontaneous patient self-report or careful clinical assessment) and to provide early intervention to reduce morbidity and mortality
- If effective, screening for depression would be expected to improve future health through identification and intervention in those who otherwise would not have been identified
- Our objective was to review the evidence of screening for depression among the general adult population and in pregnant and postpartum women regarding benefits and harms of screening for depression in primary care and non-mental health clinic settings
- It is intended that the results will inform the Task Force in the updating of their guideline



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recommendation on depression screening for the general adult population, and to develop recommendations for screening for depression in individuals during pregnancy and up to 1 year postpartum in primary health care settings or other non-mental health clinic settings (e.g., obstetrics and gynecology)

- We selected articles published over the past 10 years, written in English, Spanish or Portuguese found in The Cochrane Library Plus, PubMed, WOS, PsycINFO, and Scopus databases and with enough methodological quality.
- Nine studies were included in this review with a sample of 2,069 adolescents; 75.3% were female, mean age was 18 years, and mostly used Facebook and Instagram.
- Despite some positive aspects, SNS promote beauty standards in terms of thinness, allow comparisons between peers increasing concerns about weight, and create spaces that encourage anorexia and bulimia
- Social Network use plays a role in the development of eating disorders. The promotion of extreme thinness in girls makes this population more vulnerable.
- Disorders of food behavior and food intake appear defined in the fifth edition of the Manual de Diagnóstico y Estadístico de los Disorders Mentales (DSM-5) as a series of psychopathologies characterized by alterations in intake, food restriction, episodes of atracones and excessive concern about body shape and/or weight.
- While anorexia nervosa (AN) is characterized by an alteration in the perception of the body image and a persistent behavior to lose weight, in bulimia nervosa (BN) episodes of excessive intake are presented followed by the adoption of compensatory medications before the concern for body weight
- The incidence is different in both pathologies, in such a way that AN appears at younger ages, with a maximum incidence between 14 and 18 years, while BN usually appears at later ages, with its maximum incidence between 18. and 25 years
- Although the etiology is multidimensional, sociocultural determinants have a great impact on the development of these pathologies, including early experiences of adversity, the demanding and imposed practice of certain sports, and greater exposure to the influence of the media and social networks. (RRSS).
- Since the 1970s, eating disorders and food intake have been widely investigated, revealing an increase in the prevalence and incidence of these disorders, especially in developed and Westernized societies.
- According to Lindvall-Dahlgren et al, the population at highest risk are women between 12 and 21 years of age in a 9:1 ratio compared to men in the same age group, with prevalences of 0.14 to 0.9%. of AN and from 0.41 to 2.9% of BN.
- Eating behavior and food intake disorders are considered the third cause of chronic disease in adolescents, behind obesity and asthma⁶, presenting the highest morbidity and mortality among mental disorders.
- The study carried out by Baader et al⁸ during 2008 observed that 23.1% of the students at the Austral University of Chile had eating disorders, 1.7% of whom suffered from AN (including subthreshold or subclinical anorexia) and 15.7% BN (including subthreshold or subclinical bulimia).
- Delaying the identification of the eating disorder leads to greater morbidity due to late initiation of treatment and, therefore, a worse prognosis.
- In order to influence the early stages of the disorder and intervene early, it is important to identify those people at high risk by detecting symptoms and warning signs, which makes the work of primary care health professionals essential.
- The literature shows that 50% of AN cases remit completely, 20-30% partially and 10-20% become chronic, reaching a mortality of 5%. In the case of BN, the evolution is good in 60% of cases, intermediate in 29% and poor in 10%, with 1% of deaths.