

Faculty of Medicine



JSS Academy of Higher Education & Research

(Deemed to be University)

Accredited "A" Grade by NAAC

Sri Shivarathreshwara Nagar, Mysuru – 570 015

Regulation & Syllabus

Post Graduate Degree Programs
HOSPITAL ADMINISTRATION 2016

MD

Regulation & Syllabus

MD HOSPITAL ADMINISTRATION

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**REGULATION AND SYLLABUS FOR
POST GRADUATE DEGREE PROGRAMS 2016**

MD HOSPITAL ADMINISTRATION

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CHAPTER I

REGULATION FOR POST GRADUATE DEGREE AND DIPLOMA COURSES

1. Branch of study

Post graduate degree courses

Doctor of Medicine

- a) Anaesthesiology
- b) Anatomy
- c) Biochemistry
- d) Community medicine
- e) Dermatology, venereology and leprosy
- f) Emergency medicine
- g) Forensic medicine
- h) General medicine
- i) Hospital administration
- j) Microbiology
- k) Pathology
- l) Paediatrics
- m) Pharmacology
- n) Physiology
- o) Psychiatry
- p) Tuberculosis and Respiratory Medicine
- q) Radio Diagnosis

Master of Surgery

- a) General surgery
- b) Obstetrics and gynaecology
- c) Ophthalmology
- d) Orthopaedics
- e) Otorhinolaryngology

Post graduate diploma courses

- a) Anaesthesiology (DA)
- b) Child Health (DCH)
- c) Clinical Pathology (DCP)
- d) Dermatology, Venereology & Leprosy (DDVL)
- e) Medical Radio Diagnosis (DMRD)
- f) Obstetrics & Gynaecology (DGO)
- g) Ophthalmology (DO)
- h) Orthopaedics (D Ortho)
- i) Otolaryngology (DLO)
- j) Psychiatric Medicine (DPM)

2. Eligibility for admission

MD / MS Degree and Diploma courses: A candidate who has passed final year MBBS examination after pursuing a study in a medical college recognized by the Medical Council of India and has completed one year compulsory rotating internship in a teaching institution or other institution recognized by the Medical Council of India, and has obtained permanent registration of any State Medical Council, shall be eligible for admission.

3. Admission

A candidate desirous of admission to Post Graduate Medical Programmes MD/ MS / PG Diploma Courses is required to complete the application form and submit to the Deemed to be University along with prescribed documents on or before the scheduled date. Eligibility criteria, application form and details of documents to be submitted are available in the Deemed to be University website: www.jssuni.edu.in.

4. Registration

A candidate who has been admitted to postgraduate course shall register in the Deemed to be University within a month of admission after paying the registration fee.

5. Intake of students

The intake of students to each course shall be in accordance with the MCI.

6. Duration of study

MD, MS Degree Courses: The course of study shall be 3 completed years including the period of examination.

Provided that in case of students having a recognized 2 years postgraduate diploma course in the same subject, the period of training including the period of examination shall be 2 years.

Diploma courses: The course of study shall be 2 completed years including the examination period.

7. Methodology of training

The training of postgraduate for degree/diploma shall be residency pattern, with graded responsibilities in the management and treatment of patients entrusted to his/her care. The participation of the students in all facets of educational process is essential. Every candidate should take part in seminars, group discussions, grand rounds, case demonstration, clinics, journal review meetings, CPC and clinical meetings. Every candidate shall participate in the teaching and training programme of undergraduate students. Training should include involvement in laboratory and experimental work, and research studies. Basic medical sciences students should be posted to allied and relevant clinical departments or institutions. Similarly, clinical subjects' students should be posted to basic medical sciences and allied specialty departments or institutions.

8. Attendance, progress and conduct

A candidate pursuing degree/diploma course, shall work in the concerned department of the institution for the full period as full time student. No candidate is permitted to run a clinic/laboratory/nursing home while studying postgraduate course, nor can he/she work in a nursing home or other hospitals/

clinic/laboratory while studying postgraduate course.

Each year shall be taken as a unit for the purpose of calculating attendance.

Every student shall attend symposia, seminars, conferences, journal review meetings, grand rounds, CPC, case presentation, clinics and lectures during each year as prescribed by the department and not absent himself / herself from work without valid reasons.

Every candidate is required to attend a minimum of 80% of the training during each academic year of the post graduate course. Provided, further, leave of any kind shall not be counted as part of academic term without prejudice to minimum 80% attendance of training period every year.

Any student who fails to complete the course in the manner stated above shall not be permitted to appear for the Deemed to be University Examinations.

9. Monitoring progress of study

Work diary / Log Book: Every candidate shall maintain a work diary and record his/her participation in the training programmes conducted by the department such as journal reviews, seminars, etc. Special mention shall be made of the presentations by the candidate as well as details of clinical or laboratory procedures, if any, conducted by the candidate. The work diary shall be scrutinized and certified by the Head of the Department and Head of the Institution, and presented in the Deemed to be University practical/clinical examination.

Periodic tests: In case of degree courses of three years duration (MD/MS), the concerned departments shall conduct three tests, two of them be annual tests, one at the end of first year and the other at the end of the second year. The third test shall be held three months before the final examination. The tests shall include written papers, practical / clinical and viva voce. Records and marks obtained in such tests shall be maintained by the Head of the Department and sent to the Deemed to be University, when called for.

In case of diploma courses of two years duration, the concerned departments shall conduct two tests, one of them at the end of first year and the other in the second year, three months before the final examination. The tests shall include written papers, practical / clinical and viva voce.

Records: Records and marks obtained in tests shall be maintained by the Head of the Department and shall be made available to the Deemed to be University or MCI.

10. Dissertation

Every candidate pursuing MD/MS degree course is required to carry out work on a selected research project under the guidance of a recognised post graduate teacher. The results of such a work shall be submitted in the form of a dissertation.

The dissertation is aimed to train a postgraduate student in research methods and techniques. It includes identification of a problem, formulation of a hypothesis, search and review of literature, getting acquainted with recent advances, designing of a research study, collection of data, critical analysis, and comparison of results and drawing conclusions.

Every candidate shall submit to the Controller of Examinations of the Deemed to be University in the prescribed proforma, a synopsis containing particulars of proposed dissertation work within six months from the date of commencement of the course, on or before the dates notified by the Deemed to be University. The synopsis shall be sent through proper channel.

Such synopsis will be reviewed and the dissertation topic will be registered by the Deemed to be University. No change in the dissertation topic or guide shall be made without prior approval of the Deemed to be University.

The dissertation should be written under the following headings:

- a) Introduction
- b) Aims or Objectives of study
- c) Review of Literature
- d) Material and Methods
- e) Results
- f) Discussion
- g) Conclusion
- h) Summary
- i) References
- j) Tables
- k) Annexure
- l) Proof of Paper presentation and publication

The written text of dissertation shall be not less than 50 pages and shall not exceed 150 pages excluding references, tables, questionnaires and other annexure. It should be neatly typed in double line spacing on one side of paper (A4 size, 8.27" x 11.69") and bound properly. Spiral binding should be avoided. The dissertation shall be certified by the guide, head of the department and head of the Institution.

Four copies of dissertation thus prepared shall be submitted to the Controller of Examinations, six months before final examination, on or before the dates notified by the Deemed to be University.

The dissertation shall be valued by examiners appointed by the Deemed to be University. Approval of dissertation work is an essential precondition for a candidate to appear in the Deemed to be University examination.

Guide: The academic qualification and teaching experience required for recognition as a guide for dissertation work is as per MCI Minimum Qualifications for Teachers in Postgraduate Medical Education Regulations, 2000. Teachers in a medical college/institution having a total of eight years teaching experience out of which at least five years teaching experience as Assistant Professor gained after obtaining post graduate degree shall be recognised as post graduate teachers.

Co Guide: A Co-guide may be included provided the work requires substantial contribution from a sister department or from another medical institution recognised for teaching/training by JSS Deemed to be University / Medical Council of India.

Change of guide: In the event of a registered guide leaving the college for any reason or in the event of death of guide, guide may be changed with prior permission from the Deemed to be University.

A postgraduate student is required to present one poster presentation, to read one paper at a national/state conference and to present one research paper which should be published/accepted for publication/sent for publication during the period of his postgraduate studies so as to make him eligible to appear at the postgraduate degree examination.

11. Schedule of examination

The examination for MD / MS courses shall be held at the end of three academic years (six academic terms). The examination for the diploma courses shall be held at the end of two academic years.

For students who have already passed Post Graduate Diploma and appearing for MD examination, the examination shall be conducted after two academic years including submission of dissertation. The Deemed to be University shall conduct two examinations in a year at an interval of four to six months between the two examinations. Not more than two examinations shall be conducted in an academic year.

12. Scheme of examination

MD/MS

Dissertation: Every candidate shall carry out work and submit a dissertation as indicated in Sl. No. 10. Acceptance of dissertation shall be a precondition for the candidate to appear for the final examination.

Written Examination (Theory): A written examination shall consist of four question papers, each of three hours duration. Each paper shall carry 100 marks. Out of the four papers, the 1st paper in clinical subjects will be on applied aspects of basic medical sciences. Recent advances may be asked in any or all the papers. In basic medical subjects and para-clinical subjects, questions on applied clinical aspects shall also be asked.

Pattern of Theory Examination Question Paper:

Each paper shall consist of two long essay questions each carrying 20 marks, 3 short essay questions each carrying 10 marks and 6 short answer questions each carrying 5 marks. Total marks for each paper shall be 100.

Practical/Clinical Examination: In case of Practical examination for the subjects in Basic Medical Sciences Practical Examination shall be conducted to test the knowledge and competence of the candidates for making valid and relevant observations based on the experimental/Laboratory studies and his ability to perform such studies as are relevant to his subject.

Clinical examination for the subjects in Clinical Sciences shall be conducted to test the knowledge and competence of the candidates for undertaking independent work as a specialist/Teacher, for which candidates shall examine a minimum one long case and two short cases.

The total marks for Practical / clinical examination shall be 200.

Viva Voce: Viva Voce shall be thorough and shall aim at assessing the candidate knowledge and competence about the subject, investigative procedures, therapeutic technique and other aspects of the speciality, which form a part of the examination.

The total marks shall be 100 and the distribution of marks shall be as under:

- | | | |
|-----|---|----|
| i) | For examination of all components of syllabus | 80 |
| ii) | For Pedagogy | 20 |

If there is skills evaluation, 10 marks shall be reserved for Pedagogy and 10 marks for skill evaluation.

Examiners. There shall be at least four examiners in each subject. Out of

them, two shall be external examiners and two shall be internal examiners. The qualification and teaching experience for appointment as an examiner shall be as laid down by the Medical Council of India.

Criteria for declaring as pass in Deemed to be University Examination:

A candidate shall pass theory and practical including clinical and viva-voce examination separately and shall obtain 40% marks in each theory paper and not less than 50% marks cumulatively in all the four papers for post graduate degree examination to be declared as pass.

A candidate obtaining less than 40% marks in any paper and obtaining less than 50% of marks cumulatively in all the four papers for postgraduate degree examination shall be declared to have failed in the examination. Failed candidate may appear in any subsequent examination upon payment of fresh fee to the Controller of Examinations.

Declaration of class: A successful candidate passing the Deemed to be University examination in first attempt and secures grand total aggregate 75% of marks or more will be declared to have passed the examination with distinction, 65% but below 75% declared as First Class and 50% but below 65% declared as Second Class.

A candidate passing the Deemed to be University examination in more than one attempt shall be declared as Pass Class irrespective of the percentage of marks.

Post Graduate Diploma Examinations

Diploma examination in any subject shall consist of theory (written papers), Practical / Clinical and Viva - Voce.

Theory: There shall be three written question papers each carrying 100 marks. Each paper will be of three hours duration. In clinical subjects one paper out of this shall be on basic medical sciences. In basic medical subjects and Para-clinical subjects, questions on applied clinical aspects shall also be asked.

Pattern of Theory Examination Question Paper:

Each paper shall consist of two long essay questions each carrying 20 marks, 3 short essay questions each carrying 10 marks and 6 short answer questions each carrying 5 marks. Total marks for each paper shall be 100.

Practical Clinical Examination: In case of practical examination it shall be aimed at assessing competence, skills related to laboratory procedures as well as testing students ability to make relevant and valid observations, interpretation of laboratory or experimental work relevant to his/her subject.

In case of clinical examination, it shall aim at examining clinical skills and competence of candidates for undertaking independent work as a specialist. Each candidate shall examine at least one long case and two short cases.

The maximum marks for Practical / Clinical shall be 150.

Viva Voce Examination: Viva Voce examination shall be thorough and shall aim at assessing the candidate's knowledge and competence about the subject, investigative procedures, therapeutic technique and other aspects of the speciality, which shall form a part of the examination. The total marks shall be 50.

Examiners. There shall be at least four examiners in each subject. Out of

them, two shall be external examiners and two shall be internal examiners. The qualification and teaching experience for appointment as an examiner shall be as laid down by the Medical Council of India.

Criteria for declaring as pass in Deemed to be University Examination:

A candidate shall pass theory and practical including clinical and viva-voce examination separately and shall obtain 40% marks in each theory paper and not less than 50% marks cumulatively in all the three papers for post graduate diploma examination to be declared as pass.

A candidate obtaining less than 40% marks in any paper and obtaining less than 50% of marks cumulatively in all the three papers for post graduate diploma examination shall be declared to have failed in the examination. Failed candidate may appear in any subsequent examination upon payment of fresh fee to the Controller of Examinations.

Declaration of class: A successful candidate passing the Deemed to be University examination in first attempt and secures grand total aggregate 75% of marks or more will be declared to have passed the examination with distinction, 65% but below 75% declared as First Class and 50% but below 65% declared as Second Class.

A candidate passing the Deemed to be University examination in more than one attempt shall be declared as Pass Class irrespective of the percentage of marks.

13. Number of candidates per day

The maximum number of candidates to be examined in Clinical/ practical and Oral on any day shall not exceed eight for M.D./M.S. degree, eight for diploma.

CHAPTER II

GOALS AND GENERAL OBJECTIVES OF POSTGRADUATE MEDICAL EDUCATION PROGRAM

GOAL

The goal of postgraduate medical education shall be to produce competent specialists and/or medical teachers:

1. Who shall recognize the health needs of the community and carry out professional obligations ethically and in keeping with the objectives of the national health policy.
2. Who shall have mastered most of the competencies, pertaining to the specialty, that are required to be practiced at the secondary and the tertiary levels of the health care delivery system.
3. Who shall be aware of the contemporary advance and developments in the discipline concerned.
4. Who shall have acquired a spirit of scientific inquiry and is oriented to the principles of research methodology and epidemiology and
5. Who shall have acquired the basic skills in teaching of the medical and paramedical professionals.

GENERAL OBJECTIVES

At the end of the postgraduate training in the discipline concerned the student shall be able to:

1. Recognize the importance to the concerned speciality in the context of the health needs of the community and the national priorities in the health section.
2. Practice the specialist concerned ethically and in step with the principles of primary health care.
3. Demonstrate sufficient understanding of the basic sciences relevant to the concerned specialty.
4. Identify social, economic, environmental, biological and emotional determinants of health in a given case, and take them into account while planning therapeutic, rehabilitative, preventive and primitive measure/strategies.
5. Diagnose and manage majority of the conditions in the speciality concerned on the basis of clinical assessment, and appropriately selected and conducted investigations.
6. Plan and advice measures for the prevention and rehabilitation of patients suffering from disease and disability related to the specialty.
7. Demonstrate skills in documentation of individual case details as well as morbidity and mortality rate relevant to the assigned situation.
8. Demonstrate empathy and humane approach towards patients and their families and exhibit interpersonal behavior in accordance with the societal norms and expectations.
9. Play the assigned role in the implementation of national health programme, effectively and responsibly.

10. Organize and supervise the chosen/assigned health care services demonstrating adequate managerial skills in the clinic/hospital or the field situation.
11. Develop skills as a self-directed learner, recognize continuing education needs; select and use appropriate learning resources.
12. Demonstrate competence in basic concepts of research methodology and epidemiology, and be able to critically analyze relevant published research literature.
13. Develop skills in using educational methods and techniques as applicable to the teaching of medical/nursing students, general physicians and paramedical health workers.
14. Function as an effective leader of a health team engaged in health care, research or training.

STATEMENT OF THE COMPETENCIES: Keeping in view the general objectives of postgraduate training, each discipline shall aim at development of specific competencies which shall be defined and spelt out in clear terms. Each department shall produce a statement and bring it to the notice of the trainees in the beginning of the programme so that he or she can direct the efforts towards the attainment of these competencies.

COMPONENTS OF THE POSTGRADUATE CURRICULUM:

The major components of the Postgraduate curriculum shall be:

- Theoretical knowledge
- Practical and clinical skills
- Dissertation skills.
- Attitudes including communication skills.
- Training in Research Methodology, Medical Ethics and Medicolegal aspects.

(Source: Medical Council of India, Regulations on Postgraduate Medical Education, 2000)

CHAPTER III

Monitoring Learning Progress

It is essential to monitor the learning progress of each candidate through continuous appraisal and regular assessment. It not only helps teachers to evaluate students, but also students to evaluate themselves. The monitoring shall be done by the staff of the department based on participation of students in various teaching / learning activities. It may be structured and assessment be done using checklists that assess various aspects. Model checklists are given in this chapter which may be copied and used.

The learning outcomes to be assessed should include:

1. Personal Attitudes.
2. Acquisition of Knowledge.
3. Clinical and operative skills and
4. Teaching skills.

1. Personal Attitudes: The essential items are:

- a) Caring attitude.
- b) Initiative.
- c) Organisational ability.
- d) Potential to cope with stressful situations and undertake responsibility.
- e) Trustworthiness and reliability.
- f) To understand and communicate intelligibly with patients and others.
- g) To behave in a manner that establishes professional relationships with patients and colleagues.
- h) Ability to work in a team.
- i) A critical enquiring approach to the acquisition of knowledge.

The methods used mainly consist of observation. It is appreciated that these items require a degree of subjective assessment by the guide, supervisors and peers.

2. Acquisition of Knowledge: The methods used comprise of 'Log Book' which records participation in various teaching / learning activities by the students. The number of activities attended and the number in which presentations are made are to be recorded. The log book should periodically be validated by the supervisors. Some of the activities are listed. The list is not complete. Institutions may include additional activities, if so, desired.

- a) **Journal Review Meeting (Journal Club).** The ability to do literature search, in depth study, presentation skills, and use of audio-visual aids are to be assessed. The assessment is made by faculty members and peers attending the meeting using a checklist (see Model Checklist – I, Chapter III)
- b) **Seminars / Symposia.** The topics should be assigned to the student well in advance to facilitate in depth study. The ability to do literature search, in depth study, presentation skills and use of audio-visual aids are to be assessed using a checklist (see Model Checklist-II, Chapter III)

- c) **Clinico-pathological conferences.** This should be a multidisciplinary study of an interesting case to train the candidate to solve diagnostic and therapeutic problems by using an analytical approach. The presenter(s) are to be assessed using a check list similar to that used for seminar.
- d) **Medical Audit.** Periodic morbidity and mortality meeting shall be held. Attendance and participation in these must be insisted upon. This may not be included in assessment.

3. Clinical skills:

- a. **Day to Day work:** Skills in outpatient and ward work should be assessed periodically. The assessment should include the candidates' sincerity and punctuality, analytical ability and communication skills (see Model Checklist III, Chapter III).
 - b. **Clinical meetings:** Candidates should periodically present cases to his peers and faculty members. This should be assessed using a check list (see Model checklist IV, Chapter III).
 - c. **Clinical and Procedural skills:** The candidate should be given graded responsibility to enable learning by apprenticeship. The performance is assessed by the guide by direct observation. Particulars are recorded by the student in the log book. (Table No.3, Chapter III).
4. **Teaching skills:** Candidates should be encouraged to teach undergraduate medical students and paramedical students, if any. This performance should be based on assessment by the faculty members of the department and from feedback from the undergraduate students (See Model checklist V, Chapter III).
 5. **Periodic tests:** In case of degree courses of three years duration, the department may conduct three tests, two of them be annual tests, one at the end of first year and the other in the second year. The third test may be held three months before the final examination. In case of diploma courses of two year duration, the departments may conduct two tests. One of them at the end of first year and the other in the second year, three months before the final examination. The tests may include written papers, practical / clinical and viva voce.
 6. **Work diary:** Every candidate shall maintain a work diary and record his/her participation in the training programmes conducted by the department such as journal reviews, seminars, etc. Special mention may be made of the presentations by the candidate as well as details of clinical or laboratory procedures, if any conducted by the candidate.
 7. **Records:** Records, log books and marks obtained in tests will be maintained by the Head of the Department and will be made available to the Deemed to be University or MCI.
 8. **Log book:** The log book is a record of the important activities of the candidates during his training. Internal assessment should be based on the evaluation of the log book. Collectively, log books are a tool for the evaluation of the training programme of the institution by external agencies. The record includes academic activities as well as the presentations and procedures carried out by the candidate. Format for the log book for the different activities is given in Tables 1, 2 and 3 of Chapter III. Copies may be made and used by the institutions.

Procedure for defaulters: Every department should have a committee to review such situations. The defaulting candidate is counseled by the guide and head of the department. In extreme cases of default the departmental committee may recommend that defaulting candidate be withheld from appearing the examination, if she/he fails to fulfill the requirements in spite of being given adequate chances to set him or herself right.

Format of Model Check Lists

Check List-I

MODEL CHECK-LIST FOR EVALUATION OF JOURNAL REVIEW PRESENTATIONS

Name of the Student:

Name of the Faculty/Observer:

Date:

Sl No	Items for observation during presentation	Poor 0	Below Average 1	Average 2	Good 3	Very Good 4
1.	Article chosen was					
2.	Extent of understanding of scope & objectives of the paper by the candidate					
3.	Whether cross references have been consulted					
4.	Whether other relevant publications consulted					
5.	Ability to respond to questions on the paper / subject					
6.	Audio-visual aids used					
7.	Ability to defend the paper					
8.	Clarity of presentation					
9.	Any other observation					
	Total Score					

Check List – II

MODEL CHECK-LIST FOR EVALUATION OF SEMINAR PRESENTATIONS

Name of the Student:

Name of the Faculty/Observer:

Date:

Sl No	Items for observation during presentation	Poor 0	Below Average 1	Average 2	Good 3	Very Good 4
1.	Whether other relevant publications consulted					
2.	Whether cross references have been consulted					
3.	Completeness of Preparation					
4.	Clarity of Presentation					
5.	Understanding of subject					
6.	Ability to answer questions					
7.	Time scheduling					
8.	Appropriate use of Audio-Visual aids					
9.	Overall Performance					
10.	Any other observation					
	Total Score					

Check List - III

MODEL CHECK LIST FOR EVALUATION OF CLINICAL WORK IN WARD / OPD

(To be completed once a month by respective Unit Heads,
including posting in other departments)

Name of the Student:

Name of the Faculty/Observer:

Date:

SI No	Points to be considered	Poor 0	Below Average 1	Average 2	Good 3	Very Good 4
1.	Regularity of attendance					
2.	Punctuality					
3.	Interaction with colleagues and supportive staff					
4.	Maintenance of case records					
5.	Presentation of cases during rounds					
6.	Investigations work up					
7.	Beside manners					
8.	Rapport with patients					
9.	Counseling patient's relatives for blood donation or Postmortem and Case follow up.					
10.	Overall quality of ward work					
	Total Score					

Check List - IV
EVALUATION FORM FOR CLINICAL PRESENTATION

Name of the Student:

Name of the Faculty:

Date:

Sl No	Points to be considered	Poor 0	Below Average 1	Average 2	Good 3	Very Good 4
1.	Completeness of history					
2.	Whether all relevant points elicited					
3.	Clarity of Presentation					
4.	Logical order					
5.	Mentioned all positive and negative points of importance					
6.	Accuracy of general physical examination					
7.	Whether all physical signs elicited correctly					
8.	Whether any major signs missed or misinterpreted					
9.	Diagnosis: Whether it follows logically from history and findings					
10.	Investigations required <ul style="list-style-type: none"> • Complete list • Relevant order • Interpretation of investigations 					
11.	Ability to react to questioning Whether it follows logically from history and findings					
12.	Ability to defend diagnosis					
13.	Ability to justify differential diagnosis					
14.	Others					
	Total Score					

Check List - V

MODEL CHECK LIST FOR EVALUATION OF TEACHING SKILL PRACTICE

SI No		Strong Point	Weak Point
1.	Communication of the purpose of the talk		
2.	Evokes audience interest in the subject		
3.	The introduction		
4.	The sequence of ideas		
5.	The use of practical examples and/or illustrations		
6.	Speaking style (enjoyable, monotonous, etc., specify)		
7.	Attempts audience participation		
8.	Summary of the main points at the end		
9.	Asks questions		
10.	Answers questions asked by the audience		
11.	Rapport of speaker with his audience		
12.	Effectiveness of the talk		
13.	Uses AV aids appropriately		

Check List - VI

MODEL CHECK LIST FOR DISSERTATION PRESENTATION

Name of the Student:

Name of the Faculty:

Date:

Sl No	Points to be considered divine	Poor 0	Below Average 1	Average 2	Good 3	Very Good 4
1.	Interest shown in selecting a topic					
2.	Appropriate review of literature					
3.	Discussion with guide & other faculty					
4.	Quality of Protocol					
5.	Preparation of proforma					
	Total Score					

Check List - VII

**CONTINUOUS EVALUATION OF DISSERTATION WORK
BY GUIDE / CO GUIDE**

Name of the Student:

Name of the Faculty:

Date:

Sl No	Items for observation during presentations	Poor 0	Below Average 1	Average 2	Good 3	Very Good 4
1.	Periodic consultation with guide/co-guide					
2.	Regular collection of case Material					
3.	Depth of analysis / discussion					
4.	Departmental presentation of findings					
5.	Quality of final output					
6.	Others					
	Total Score					

LOG BOOK

Table 1: Academic activities attended

Name:

Admission Year:

Date	Type of Activity Specify Seminar, Journal Club, Presentation, UG teaching	Particulars

LOG BOOK

Table 2: Academic presentations made by the student

Name:

Admission year:

Date	Topic	Type of Presentation Specify Seminar, Journal Club, Presentation, UG teaching

LOG BOOK

Table 3: Diagnostic and Operative procedures performed

Name:

Admission year:

College:

Date	Name	ID No.	Procedure	Category O, A, PA, PI*

*** Key:**

O - Washed up and observed

A - Assisted a more senior Surgeon

PA - Performed procedure under the direct supervision of a senior Surgeon
PI - Performed independently

Model Overall Assessment Sheet

SI No	Faculty Member & Others	Name of Student and Mean Score*																		
		A	B	C	D	E	F	G	H	I	J									
1.	Journal Review Presentations																			
2.	Seminars																			
3.	Clinical work in wards																			
4.	Clinical presentation																			
5.	Teaching skill practice																			
	Total Score																			

Note: Use separate sheet for each year.

Signature of HOD

Signature of Principal

The above overall assessment sheet used along with the logbook should form the basis for certifying satisfactory completion of course of study, in addition to the attendance requirement.

* KEY:

Mean score : Is the sum of all the scores of checklists 1 to 7.
A, B, Name of the trainees.

Chapter IV

Medical Ethics Sensitisation and Practice

Introduction

There is now a shift from the traditional individual patient- doctor relationship and medical care. With the advances in science and technology and the needs of patients, their families and the community, there is an increased concern with the health of society. There is a shift to greater accountability to the society. Doctors and health professionals are confronted with many ethical problems. It is, therefore necessary to be prepared to deal with these problems. To accomplish the Goal and General Objective stated in Chapter II and develop human values it is urged that ethical sensitisation be achieved by lectures or discussion on ethical issues, clinical discussion of cases with an important ethical component and by including ethical aspects in discussion in all case presentation, bedside rounds and academic postgraduate programmes.

Course Contents

1. Introduction to Medical Ethics

- What is Ethics?
- What are values and norms?
- Relationship between being ethical and human fulfillment.
- How to form a value system in one's personal and professional life.
- Heteronomous Ethics and Autonomous Ethics.
- Freedom and personal Responsibility.

2. Definition of Medical Ethics

- Difference between medical ethics and bio-ethics
- Major Principles of Medical Ethics
 - Beneficence = fraternity
 - Justice = equality
 - Self determination (autonomy) = liberty

3. Perspective of Medical Ethics

- The Hippocratic Oath.
- The Declaration of Helsinki.
- The WHO Declaration of Geneva.
- International code of Medical Ethics. (1993)
- Medical Council of India Code of Ethics.

4. Ethics of the Individual

- The patient as a person.
- The Right to be respected.
- Truth and Confidentiality.
- The autonomy of decision.
- The concept of disease, health and healing.
- The Right to health.
- Ethics of Behaviour modification.
- The Physician – Patient relationship.
- Organ donation.

5. The Ethics of Human life

- What is human life?
- Criteria for distinguishing the human and the non-human.

- Reasons for respecting human life.
- The beginning of human life.
- Conception, contraception.
- Abortion.
- Prenatal sex-determination.
- In vitro fertilization (IVF).
- Artificial Insemination by Husband (AIH).
- Artificial Insemination by Donor (AID).
- Surrogate motherhood.
- Semen Intra-fallopian Transfer (SIFT).
- Gamete Intra-fallopian Transfer (GIFT).
- Zygote Intra-fallopian Transfer (ZIFT).
- Genetic Engineering.

6. The Family and Society in Medical Ethics

- The Ethics of human sexuality.
- Family Planning perspectives.
- Prolongation of life.
- Advanced life directives – The Living Will
- Euthanasia
- Cancer and Terminal Care

7. Profession Ethics

- Code of conduct.
- Contract and confidentiality.
- Charging of fees, Fee-splitting.
- Prescription of drugs.
- Over-investigating the patient.
- Low – Cost drugs, vitamins and tonics.
- Allocation of resources in health care.
- Malpractice and Negligence.

8. Research Ethics

- Animal and experimental research / humaneness.
- Human experimentation.
- Human volunteer research — Informed Consent Drug trials.

9. Ethical workshop of cases

- Gathering all scientific factors.
- Gathering all human factors.
- Gathering all value factors.
- Identifying areas of value — conflict, setting of priorities
- Working out criteria towards decisions.

Recommended Reading

1. Francis C.M., Medical Ethics, 1 Ed, 1993, Jaypee Brothers, New Delhi.
2. Good Clinical Practices:GOI Guidelines for clinical trials on Pharmaceutical Products in India (www.cdsco.nic.in)
3. INSA Guidelines for care and use of Animals in Research – 2000.
4. CPCSEA Guidelines 2001 (www.cpcsea.org.)
5. Ethical Guidelines for Biomedical Research on Human Subjects, 2000, ICMR, New Delhi.
6. ICMR Guidelines on animal use 2001, ICMR, New Delhi.

Chapter V – Syllabus

M D HOSPITAL ADMINISTRATION

Preamble:

Today the success of a hospital manager lies in multidisciplinary conceptual skill development and to protect medical profession and clients from unnecessary litigation; human resource development; quality management, risk management; environment conservation; marketing and product diversification and logistic emergency management etc.

Department of Hospital Administration conducts three years Post Graduate Course in MD Hospital Administration full time residency. The MD Hospital Administration Course training programme aims to prepare a candidate to assume the responsibilities of a hospital administrator/executive in a government or corporate or any other hospital. This training programme emphasizes on developing knowledge component, skill and attitude pertaining to Hospital Administrators. This training programme will also help the candidates in developing expertise in planning and managing different types of hospitals in our social setting and will equip the student with problem solving Techniques.

The concept of professionalization, development of specialized skills and leadership in hospital administration has further emphasized the need to rationalize the resource utilization and maximize output in health sector. Therefore, the hospital administrator of the future needs to be well equipped to meet the challenges arising out of rising health care cost; procurement, utilization, maintenance & cost effective analysis of technology import.

Therefore, the focus of the syllabus MD Hospital Administration Post Graduate course is as follow.

Goals:

- To provide opportunity of acquiring in depth knowledge of management of hospital and healthcare institutions to the individuals working in hospitals and other healthcare organizations, and those seeking career in healthcare field so to provide them with greater career opportunities.
- In view of acute scarcity of trained professional managers and administrators to manage medical and health services efficiently and effectively, create a pool of trained manpower that will enable the country to meet the challenges of providing quality healthcare at cost affordable to the people and the country.
- To practice with empathy and the highest ethical standards of the profession.
- To continue to strive for excellence by continuing medical/Managerial education throughout his or her professional career.
- To teach by sharing knowledge and skills with colleagues.
- To research and find solutions to challenges in hospitals and healthcare organizations.

Programme Objectives:

The training programme will consist of didactic lectures, seminars, workshops, project work, journal club, field visits, administrative residency and attachments in all the areas of the hospital for an integrated learning. The following are the instructional objectives.

a. General Administration and management of Hospital

- The Residents are to be exposed to the scientific approach to management in general and the hospital administration in particular.
- The candidates are to be made capable to contribute in decision-making on various management issues under the guidance of the faculty.
- Emphasis will be laid on development of conceptual skill for planning, policy formulation, resource utilization, financial management, material management & legal issues.
- The Residents are to be unveiled to human relations issues, handle work force planning and development of staffing norms to suit the needs of the organization.
- In a social institution like hospital, the Residents of hospital are to coordinate so as to integrate functioning of the hospital with other health care organizations and professionals to provide integrated care.

b. Health Administration and Medical Care

- The student will be involved in application of principles of health administration in delivering medical care in hospital and in the community through its outreach programme.
- The significance of socio-economic, cultural conditions and its impact of these on the health will be taught for planning an appropriate medical care for the community.
- The Residents are expected to learn to apply epidemiological and bio-statistical techniques to evaluate the health care programme, & to plan, organize the medical care within available resource.

c. Hospital Administration and planning of clinical and non-clinical services

- It is to be emphasized upon the Residents, the importance to guide the architects with regards to essential requirements of hospital planning for effective utilization of resources.
- The student will also be trained to look into the future & plan for different support services i.e. Nursing care, Public relations, hospital hazards, Disasters, Medico-legal issues, Disciplinary proceedings, health education, social care for the needy patients etc.
- The Residents will be sensitized to appreciate the modalities for organizing the clinical as well as non-clinical services to assess needs of the patients, physicians and other Para-medical personnel in the Health care setting.

Specific Learning Objectives

The curriculum has been designed to cover the conceptual and quantitative skills needed by future managers in high performing contemporary hospitals. The pro-

gramme is practical oriented substituted with teaching that combines classroom lectures, case studies, team discussions, presentations, and fields visits to variety of hospitals. The formal course work includes teaching modules, detailed as under.

- To understand the evolution & management concepts over the years and characteristics of management.
- To explain principles and functions of management.
- To understand the importance of planning in management and to explain the mechanics of planning and the process of decision-making.
- To explain nature and process of organizing and the underlying factors influencing organizational efforts.
- To understand the organization of an office in a health unit/hospital. Explain the principles & procedures of official communication.
- To familiarize with computers and Application of Information Technology.
- To explain the meaning and purpose of communication. To explain the process of organizational communication and ways to make it effective.
- To emphasize the importance of human resource in a hospital and to known in detail about the functions of personnel management.
- To understand the behavior of people in their work environment and its relation in team building for achieving organizational goals.
- To understand the issues & scope of financial management & it's utility as an indispensable part of administration & quality control.
- To help, learn the scientific methods, materials and equipments planning, procuring, storing and dispensing including maintenance.
- To emphasize the need for Risk Management & need for occupational safety in an organization to prevent loss of manpower & wages.
- To get an understanding about the industrial relations and its influence on the staff behavior.
- To understand the policy covering wage and salary administration, to dispose of the grievance fairly and equitably.
- To study the need of management and information together forming a system. Integration of different aspects of MIS Preparation of Information system Manual.
- To understand the quantitative methods and modern management techniques as applicable in health care setting as a tool to system development and better managerial control.
- To understand the market forces, which determine the services, rendered by the organization.
- To understand the role of marketing in health care industry, its importance in quality management & organizational development.
- To understand the basics of Health need, analyze the relation of demand & supply.
- To study the importance of society towards positive health & how it contributes to diseases.
- To emphasize the concepts of health & factors responsible for disease causation, its prevention & estimation of disease load in the community.
- To understand the scientific method of conducting research.
- To create an awareness about the health policy in India, its targets and achievements.
- To understand the role of hospitals as supportive & referral services to the national goal.
- To study the distribution of diseases in the community & the role of hospital in its prevention.

- To understand the role of statistics in the estimation of burden of disease & the methods applicable to calculate the same.
- To understand the various indicators of health, importance of health statistics in future planning for health care services & understand health information system in India.
- To understand the background and health care delivery system in India.
- To study the economics & its relation to health status of a nation. To familiarize with concept of health insurance, its scope and applicability in our country.
- To study the science of demography and its role in population policy of India.
- To give an idea about the background objectives, action plan, targets, operations, achievement and constraints of various National Health Programmes.
- To discuss the importance of effective health information system & health education towards positive health.
- To conceptualize the role of health agencies and the international health regulation.
- To give an idea about hospital and its role in health care delivery system.
- To review the history of hospitals; role of political and economic factors in the growth of hospitals & classification of hospitals.
- To outline the peculiarities of health care institutions, factors influencing hospital care and role of hospital administration in provisioning of good patient care.
- Special problems of administration of a teaching hospital, voluntary hospital, district hospital, PHC, nursing home etc.
- To study the role of nursing administration in health care delivery.
- To introduce the system concept and to outline the functional organization of a hospital.
- To define human relations, its importance in a hospital organization and methods adopted to resolve conflict through human relation approach.
- To highlight the responsibilities of the hospital to the general public.
- To understand the various factors which can affect the working of employees in hospital to improve their output.
- To explain the laws and regulations applicable to hospitals and hospital employees.
- To study the medico-legal aspects of practice of Medicine in hospital setting.
- To create an awareness about the hazards of operating a Hospital and the responsibility of the hospital for their management.
- To review major types of hospital hazards.
- To understand the significance of biomedical waste & its proper disposal.
- Definition of Disaster – To learn to identify and assess disasters in the community. To set forth policies and procedures for disaster preparedness and to prepare a disaster plan for a hospital.
- To learn about the equipment management process and its various components and their roles in hospital system.
- To learn to establish equipment management procedure for a hospital.
- To understand the concept of quality & its relation to health care scenario, its importance as regards patient satisfaction & marketing of services provided.
- To visualize into the future the needs & expectation of the community from the hospitals.

- To create awareness about the changing requirements of health services vis-à-vis hospital design, which should necessarily follow the functional, needs.
- To outline general considerations in planning and designing of hospitals what, where and how to build.
- To consider various planning & operational aspects like importance, function, local area and space, organization staffing pattern, utilization and work load, records, equipment and supplies requirements and standards and evaluation of each services.
- To consider various planning & operational aspects like importance, function, local area and space, organization staffing pattern, utilization and work load, records, equipments and supplies requirements and standards and evaluation of each services.
- To consider various aspects of planning, operating and evaluation of different utility services in hospitals.
- To understand all aspects of planning and commissioning of different types of hospital including specialty hospitals.
- To understand the process of making a project report & its implementation.

Postgraduate Training

General Rules:

- A candidate pursuing the course should work in the institution as a 'Full time Resident.'
- Each year should be taken as a unit for the purpose of calculating attendance. A minimum of 80% attendance should be put up by the candidate to be promoted to the next year.
- Post Graduate student can be rotated in all the Units of the department in the first year and final year; however in the second year, after completing the allied postings in the first six months, PG student will remain in the parent unit or the unit of his Guide in the last six months to complete the Thesis/Dissertation.
- In addition to the allied postings in the second year, PG student can work in any recognized Post Graduate institute, of his/her choice for a period of not more than three months. In any case allied postings and additional training put together should not exceed six months.
- The maternity leave period availed by the Female post graduate Residents is extendable if it does not fall within the required 80% of attendance eligibility.
- Each PG student should present a scientific paper in State level conferences.
- No candidate should be permitted to run or work in a Clinic /Laboratory/ Nursing home/ Hospital or provide services as a consultant/ associating with a consultancy while studying Post Graduate course.

Theoretical teaching: should be imparted to the Residents through:

- Lectures, seminars, symposia, Inter & intra departmental meetings CME/ Mortality/Clinical meetings and journal club. Records of these are to be maintained by the department.
- By encouraging and allowing the Residents to attend and actively participate in CMEs, Conferences by presenting papers.
- Entrusting to carry out a research project.

- Maintenance of log book
- Writing thesis / Dissertation (only for P.G. degree course)
- Active involvement in undergraduate teaching (Each PG Residents must be allotted 20 hours of under graduate teaching MHM/ Nursing/ Paramedical/ Pharmacy- Administration/ Management teaching).

Practical & Clinical Training

- Emphasis should be self-learning, group discussions and case presentations/departmental study presentations.
- Student should be trained about planning and organization different departments, department Importance, Function, Organization, Staffing pattern, Utilization and workload, Documentation and records, Workflow, Equipment and supply requirement, Standards and evaluation by posting Residents in OPD, Laboratory services, Blood bank, Radiology, EMD, CSS-D, OT, ICU, IP-Wards, Neurology, Cardiology, Nephrology, CT, Urology, Gastroenterology, Endocrinology, Plastic Surgery, Neurosurgery, Mortuary, Linen & Laundry, Stores and Pharmacy etc.
- Details of 3 years teaching in post Graduate training programme (6 semesters of 6 months each):

First Year:

1. Hospital – An Introduction
2. Hospital Administration. As a specialty
3. Development of Management Concepts
4. Management function & tools
5. Fundamentals of planning decision making
6. Organization structure and function
7. Office procedure and Disciplinary proceedings
8. Basic of Computer
9. Communication
10. Personnel Management & Human Resource Development
11. Organizational Behavior and Group Dynamics
12. Financial Management
13. Material Management
14. Risk Management
15. Industrial Relations
16. Management Information System
17. Quantitative methods of Management Modern Management Techniques
18. Marketing Management

Second year:

1. Development of health Services in India
2. Medical Sociology
3. Health & Disease
4. Research Methodology in health and hospital Administration
5. National Health Policy
6. Epidemiology, its application and use in hospitals
7. Biostatistics

8. Health statistics and Health Information System in India
9. Health care delivery system in India and various parts of world
10. Health Economics
11. Population Dynamics
12. National Health Programmes
13. Communication & health education
14. International Health

Third Year:

1. Nursing Administration
2. System approach to Hospital Administration
3. Human relations in hospital
4. Employees welfare
5. Legal issues in Hospital Administration
6. Hospital Hazards
7. Biomedical Waste Management
8. Disaster Management in hospitals
9. Equipment Management
10. Quality in Health Services
11. Future of Hospital Administration
12. Hospital Planning General consideration
13. Clinical Service Areas
14. Support Services
15. Utility services
16. Planning of different types of hospitals
17. Project Management & related case studies

Allied postings should be done during the course - for 10-12 weeks

- Educational Exchange programme to all teaching and National Institutions in the country
- Other postings

The student should attend to the duties (Routine and emergency) in:

- Administrative duties
- Night duties
- Hospital Rounds duties
- Medical Superintendent Grand Rounds duties – which are held fortnight
- 24 x 7 Control Room duties
- Administrative Meetings
- Committee Meetings at the Institute
- Clinical Combined Rounds
- Combined Grand Rounds
- Special Facility Rounds

In addition to the above the post graduate is required to be on Night duty rotation (minimum once a week) in the Hospital, for 24 hours and other emergencies in the hospital and department, post graduate student will record the days and the number of hours of work during each night duty and also the interesting problem oriented cases managed or observed in the hospital.

Structured training:

1st Semester: General Administration Management principles, Human Resource management and Materials management.

2nd Semester: Financial management, Basic accounting, cost accounting & organizational behavior. Marketing services – Business law & regulations information system management.

3rd Semester: Health administration, Health economics, Medical care systems, Medical Sociology.

4th Semester: Biostatistics, Research methodology, Health statistics. National health programmes, Epidemiology Legal aspects of health care.

5th Semester: Hospital Administration & Hospital planning, Nursing Service administration Quality assurance, Legal aspects of hospitals.

6th Semester: Administration of clinical & supportive services.

- Department Study: Each M.D. Hospital Administration student should present at least 20 department cases for discussion in the three years posting.
- Journal club: Each candidate shall present at least 24 papers on recent advances in Hospital Administration from latest journals in the journal clubs.
- Seminars: They shall participate actively in minimum of 24 subject seminars.
- They should actively undertake the undergraduate and nursing teaching programmes.
- C.M.E programmes: Shall attend CME programmes and shall present minimum of two papers in any of the scientific conferences.

MD Hospital Administration Residents have to undergo three years administrative residency which includes postings in various hospital areas & upcoming health-care facilities. Residents are encouraged to participate actively in the operational decision making processes & various activities of the institute. It prepares them for handling independently the real time management of hospitals and healthcare facilities.

Control Room:

The department runs a 24 hour Administrative Control Room, a concept which functions as an extension of the Medical Superintendent's office after office hours. It was established with the aim of providing hands-on training to the Residents in hospital management and also improves the operational efficacy of the hospital. MD Hospital Administration Residents maintain the Control Room round the clock and coordinate all the hospital activities. Control Room has proved as the nerve center of the hospital and has achieved success in solving day to day administrative problems in the hospital. It has become an inescapable requirement of JSS Medical College General & Hospital.

As a hospital administrator Residents is supposed to facilitate smooth functioning of policies and guidelines of hospital and is required to have a balanced psychosocial approach while dealing with highly skilled professionals & staff on one side and patients on the other side.

Teaching and Learning Activities:

Teaching sessions(Departemental Academic Activities)

Activity	Frequency	Moderator	Evaluator
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1	Departmental presentation & discussion	Twice in a month	Faculty	Faculty other than moderator
2	Journal club	Once in a week	Faculty	Faculty other than moderator
3	Seminar	Once in a week	Faculty	Faculty other than moderator
4	Administrative assignments/ Case study	Once a month	Faculty	Faculty other than moderator
5	Integrated teaching	Once in 2 months	Faculty	Faculty other than moderator
6	Review meeting	Daily	Faculty	Faculty other than moderator
7	Committee meeting	As per schedule	Member secretary	ChairPerson

- Every student shall attend teaching and learning activities during each year as prescribed by the department and not absent himself / herself from work without valid reasons.
- A list of teaching and learning activities designed to facilitate Residents acquire essential knowledge and skills outlined is given below:

1. Lectures: Lectures are to be kept to a minimum. They may, however, be employed for teaching certain topics. Lectures may be didactic or integrated.

a. **Didactic Lectures:** Recommended for selected common topics for P.G. Residents of all specialties. These topics may preferably taken up during the first year.

Few topics are suggested as examples:

- 1) Bio-statistics
- 2) Use of library,
- 3) Research Methods
- 4) Medical code of Conduct and Medical Ethics
- 5) National Health and Disease Control Programmes
- 6) Communication Skills etc.

b. **Integrated Lectures:** These are recommended to be taken by multi-disciplinary teams for selected topics, e.g. Management function & tools, Fundamental of Planning and Decision Making, Personal Management and Human resources, Material Management, Health Economics etc.

2. Journal Club: Recommended to be held once a week. All the PG Residents are expected to attend and actively participate in discussion and enter in the Log Book relevant details. Further, every candidate must make a presentation from the allotted journal(s), atleast 24 presentations in three years. The presentations would be evaluated using check lists and would carry weightage for internal assessment. Schedule with names of the student and the Moderator should be announced at the beginning of every month.

3. Seminars: Recommended to be held once in a week. All the PG Residents

are expected to attend and actively participate in discussion and enter in the Log Book relevant details. Further, every candidate must present on selected topics at least 24 seminar presentations in three years. The presentations would be evaluated using check lists and would carry weightage for internal assessment. A timetable for the subject with names of the Residents and the Moderator should be scheduled at the beginning of every month.

4. **Pedagogy & Training Methodology:** Unique and dynamic blends of experiential and didactic learning methods are utilized to impact, share, promote and preserve knowledge and skills. The concept of integrated learning methodology comprising lectures, case analysis, simulation exercises, syndicates, group discussions and practical project work are used to develop conceptual, analytical and decision-making skills. Resident's performance is continuously assessed through direct observations and faculty feedback system.
5. **Symposium:** Recommended as an optional multi-disciplinary programme. The evaluation may be similar to that described for subject seminar.
6. **Ward Study, Case Study, Department Presentations work:** Post graduate will examine the ward to identify problems under the watchful eyes of Professor / Assoc. Prof /Asst. Prof. and record the number of cases seen in the Log book.
7. **Ward Rounds:** Ward rounds may be study are teaching rounds.
 - i. **Ward Study Rounds:** Postgraduate Residents should do ward rounds every day for monitoring the care of the patients. Any issues observed should be worked up by the PGs and presented to the concerned Tutor/Assistant Professor/Professor on the same day or on the following day depending upon the nature of the case.
 - ii. **Teaching Rounds:** Department should have 'Grand rounds' for teaching purpose. A diary should be maintained for day to day activities by the P.G. Residents. Entries of interesting cases observed / followed in the rounds should be made in the Log book.
8. **Departmental Conference:** Recommended once in 3 months/6 months for all post graduate Residents. Presentation can be done by rotation.
9. **Inter Departmental Meetings:** Strongly recommended particularly with all departments once in a month/2months. These meetings should be attended by post graduate Residents and relevant entries must be made in the Log Book.

Working in a Team

Department of Hospital administration, apart from providing teaching & training, is also responsible for administrative work and for this reason it is important that everyone makes an effort to establish and maintain effective working relationships with all hospital functionaries & department.

During their tenure at the Department, it is expected that Resident:

- Respond positively to a request that may be made by other departments or other Residents of the Department.
- Raise any issues promptly and directly to administration and avoid causing offence or conflict with others.
- Share important information about work and offer advice in a helpful and positive way.

While working in the Department, it is expected that the Resident will...

- Help in the organization of the Department work
- Seek support to overcome difficulties
- Help colleagues & staff when they need it
- Seek ways to improve the patient care services

10. Teaching Skills: Post graduate Residents must teach under graduate Residents if posted in the department (E.g. medical, nursing, MBA students) by taking demonstrations, ward problems, tutorials, lectures etc. Each student should be given 20 sessions of one hour each of teaching the undergraduate teaching. Record of their participation is noted in the Log book. Training of post graduate Residents in medical educational technology is recommended.

11. CME Programmes: Recommended that at least two state level Continuing Medical Education programmes and one National level CME programmes should be attended by each Post Graduate student in 3 years period and the importance of attending the CME programmes even after completing the course should be stressed.

12. Conferences: Post Graduate is encouraged to attend the either the State level or National level conferences and also the CME Programmes.

13. General Duties: Residents should assist the faculty in hands-on management of various hospital activities while posted in their respective areas and in turn gain valuable experience of hospital management.

- Residents should co-ordinate the activities of clinical, non-clinical and service departments of the hospital for smooth running of patient care activities.
- They should participate actively in academic activities apart from working on the Thesis and four Dissertations assigned (in case of Junior Residents).
- They should keep a track of the teaching schedule. They should read about the topic of the class in advance for better understanding and interaction in the class.
- They are expected to contribute effectively in various activities undertaken by the department like short term and long term training of personnel from within and outside the Institute.
- Residents should actively take part in organizing & conducting seminars, workshops and conferences; coordinating visits of the international experts and delegates to the Department.

14. General Code of Conduct:

- Being punctual
- Following classroom & meeting norms/manners
- There is zero tolerance of the use of mobile phones in the Class. Mobile phones must be on silent or vibration mode before class begins
- Smoking is strictly prohibited in the hospital premises

- This is an offence and will be dealt with accordingly

Course Content

(Three Years Post – Graduate Course)

There are 52 weeks in a year. Approximately 2 weeks are Gazette/Restricted holidays. Therefore, for academic requirements 50 weeks per year are available. Hence, for a 3 year course 150 weeks are available. Out of these, 10 weeks in three years are not available for hospital for hospital work and academics due to Visits/Exchange Programmes. During summer/winter vacations, for the faculty (30 weeks i.e. 10 weeks per year) the period from 2 pm to 5 pm daily (450 hours) should be fruitfully utilized by the Residents for thesis/case study writing.

Hours Available Per Day

Monday – Friday - 8 Hrs (8 AM to 1 PM) - 8 Hrs
(2 PM to 4 PM)

Saturday - 5 hrs (8 AM to 1 PM) - 5 Hrs

No. of hours available per week- $8 \times 5 + 5$ - **45 Hrs**

Total Credit Hours Available for Academics 6750 Hrs

(No of weeks X No. of hrs. available/week – **150 Weeks x 45 Hrs = 6750**)

The number of hours available has been calculated with the timings given above.

The Break up is proposed to be as Follows:

A.	Practical	-	4050 Hrs
B.	Thesis/case study writing	-	450 Hrs
C.	Theory	-	2250 Hrs.
	Grand Total	-	6750 Hrs

a. Practical

I. Ist Year- Administrative Residency in Hospital Areas: $100 \times 30 = 3000$ hrs

Attachment for 2 years 100 weeks
Duration 5 hrs/day
Per week – 5 hrs x 6 days 30 hrs

II. IIInd Year - Attachment to administrative Offices: $20 \times 30 = 600$ hrs

Attachment for 20 weeks
Duration 5 hrs/day
Per week – 5 hrs x 6 days 30 hrs

III. III rd year -Visits/Exchange Programme with other Hospitals Offering PG Courses in Hospital Administration: $10 \times 45 = 450$ hrs

Attachment for 10 weeks

Duration

Per week – 8 hrs x 5 days + 5 hrs x 1 day 45 hrs

Note: Visits should conclude visits to other Health Care institutions including major corporate hospitals, PHCs, District Hospitals, Bureau of Indian Standards, Health

Administrative Machinery at District, State and National Level, Courts/Judiciary tribunals, Pharmaceutical Industry, Forensic Science Laboratory for gaining knowledge about organizational, administrative and operational functioning. It would be better for hospital administrators to visit various hospitals on department / process specific areas to get first hand information, rather than a whistle stop overview visit.

b. Thesis Writing

Note: - The 450 hours available the vacation period should be fruitfully utilized by the student for thesis study/completion. The observations/data collection for the research topics should be recorded during the period of attachment to different areas.

The Residents should write four Case Studies/Dissertations and one Thesis. The topics for Case Residents/Dissertations should be those having practical utility in the field of Hospital Administration and should preferably be data based. Thesis should be scientifically written adhering strictly to the approach, principles and norms of Research Methodology.

Residents should be encouraged to get their research work published in National/International Journals.

c. Theory

Total Hours Available - **2250 Hrs**

Besides interactive lectures theory includes induction, Documentation and Orientation, Journal Club, Internal Examination, Final Examination.

THE BREAK – UP OF THEORY HOURS FOR THE FOUR PAPERS ARE PROPOSED AS FOLLOWS:

Paper	Topics	No of Hours	Evaluation in Hours	Total in Hours
Paper – I	General Management	644	20	664
Paper – II	Health Administration	440	20	460
Paper – III	Hospital: Planning, project and Management issues	516	20	536
Paper – IV	Management of Clinical and Non-clinical services	395	20	415
			Total	2075
Induction	Documentation and Orientation			20
Journal Club	(Once a week for 1 hour x 110 weeks)	1 x 110		110
Examination	Internal & Final Exam			45
			Total Hours	2250

PAPER – I
General Management

1. Introduction to Management

Sr. No	Topics	Credit Hours
1.	Management: Science and Theory	20
	Definition of Management: Its Nature and Purpose	
	Managing: Science or Art	
	The Evolution of Management Thought	
	Management Theories, Patterns & analysis	
	Patterns of Management Analysis: A Management Theory Jungle?	
	The Systems Approach to the Management Process	
	Principles and Functions of Management	
	Tools and Techniques of Management	
	Co-ordination as a function of Management	
	The Systems Model of Management	
	Management as a social service including ethics issues	
	Applied aspects related to healthcare/hospitals & Case studies	
2	Planning	44
a.	Essentials of Planning and Managing by Objectives	12
	Types of Plans	
	Steps in planning	
	Objectives	
	Management by Objectives	
	Evolving concepts in Management by Objectives	
	Applied aspects related to healthcare/hospitals & case studies	
b.	Strategies, policies, and planning premises	12
	The Nature and purpose of strategies and policies	
	The strategic Management and strategic planning process	
	The TOWS Matrix: A Modern Tool for Analysis of the situation	
	The Portfolio Matrix: A Tool for allocating Resources	
	Major Kind of strategies and policies	

	Hierarchy of Organizational strategies	
	Industry Analysis and Generic competitive strategies	
	Premising and Forecasting	
	Mgmt by Exception	
	Applied aspects related to healthcare/hospitals & case studies	
c.	Decision Making	20
	The Importance and Limitations of Rational Decision Making	
	Development of alternative and the Limiting Factor	
	Evaluation of Alternatives	
	Selection an Alternative	
	Programmed and Non-programmed Decisions	
	Decision Making under Certainty, Uncertainty, and Risk	
	Creativity and Innovation	
	Quantitative Techniques for Decision Making (including OR techniques)	
	Office Procedures	
	Business Models (including Outsourcing, PPP etc)	
3.	Organizing	32
a.	The Nature of Organizing, Entrepreneuring, and Re-engineering	8
	Formal and Informal Organization	
	Organizational Division: The Department	
	Organization Levels and The Span of Management.	
	Organizational Environment for Entrepreneuring & Intra-preneuring	
	Re-engineering the Organization	
	The structure and process of Organizing	
b.	Organizational structure: Departmentation	8
	Departmentation by Enterprise Function	
	Departmentation by Product, service, customer, function, territory	
	Matrix Organization	
	Strategic business Units (SBUs)	
	Organization Structures for the Global Environment	
	The Virtual Organization	

	Choosing the Pattern of Departmentation	
c.	Line/Staff authority, Empowerment, and Decentralization	8
	Authority, Responsibility and power	
	Empowerment	
	Line and staff concepts	
	Functional Authority	
	Benefits of staff and Limitations of staff	
	Decentralization of Authority	
	Delegation of Authority and The Art of Delegation	
d.	Effective Organizing and Organizational Culture	8
	Avoiding Mistakes in Organizing by Planning	
	Avoiding Organizational Inflexibility	
	Making Staff Work Effective	
	Avoiding Conflict by Clarification	
	Ensuring Understanding of Organizing	
	Promoting an Appropriate Organization Culture	
4.	Controlling	20
	The Basic Control process	
	Control as a Feedback System	
	Real-Time Information and control	
	Feed-forward control	
	Requirements for Effective controls	
	Control Techniques and Type (including PERT, CPM)	
	Managerial control	
	Budgetary control	
	Control of Overall performance	
	Supervision	
	Crisis Management	
	Applied aspects related to healthcare/hospitals & case studies	

2. Human Resource Management

Sr. No	Topics	Credit Hours
1.	Staffing	20
	Definition of Staffing	
	The systems Approach to Human Resource Management An Overview of the staffing Function	
	Nature and Purpose of staffing	
	Situational Factors Affecting staffing	
	Characteristics of Good Recruitment policy	
	Selection: Matching the person with the job	
	System Approach to selection: An Overview	
	Position Requirements and Job Design	
	Skills and personal characteristics Needed by Managers	
	Matching Qualifications with position Requirements	
	Selection Process, Techniques, and Instruments	
	Job Description and Job Analysis	
	Orienting and Socializing New Employees	
2.	Performance Appraisal, personnel Development and Career Strategy	15
	Choosing the Appraisal Criteria	
	Appraising Managers against Verifiable Objectives	
	A Team Evaluation Approach	
	Rewards and stress Management	
	Formulating the Career Strategy	
	Personality Development	
	Time Management	
3.	Human Factors and Motivation	15
	Human Factors in Managing	
	Motivational Theories and Techniques	
	Job Enrichment and Enlargement	
	Systems and Contingency Approaches to Motivation	
4.	Leadership	15
	Defining Leadership	
	Ingredients of Leadership and Trait Approaches to Leadership	
	Leadership Behavior, Styles and Theories	
	Situational, for Contingency, Approaches to Leadership	
	Transactional and Transformational Leadership	

5.	Committees and Teams	8
	The Nature of Committees and Teams	
	Reasons for Using Committees and Teams	
	Disadvantages and Misuse of Committees	
	Successful Operation of committees	
6.	Communication	20
	Meaning and Definition	
	The Communication Process	
	Essential Elements	
	Characteristics of Good Communication	
	Importance of Communication	
	Types of communication	
	Communication in the Organization	
	Barriers and Breakdowns in communication	
	Toward Effective Communication	
	Managerial Communication	
7.	Organization Behavior and Group Dynamics	20
	Including stress Management and OB Labs	
	Johari window and Transactional Analysis	
8.	Conflict Management	15
	Reasons and origin of Conflicts	
	Theories of conflict Resolution	
	Types of conflicts	
	Conflict Resolution techniques	
	Local and international Laws governing conflict Management	
9.	Organizational Discipline	15
	Principles of disciplinary procedures	
	CCS and CCA Rules	
	Grievance Redressal Systems	
	Non-punitive techniques of ensuring discipline	
10.	Change Management	15
	Meaning and need for change	

	Theories of Change Management	
	Managing Resistance to Change	
	Process and Stages of change Management	
	Opportunities for Change	
11.	Operations Research	50
	Concepts	
	Techniques	
	Simplex Method	
	Transportation Method	
	Simulation Method	
	Queuing Theory	
	Allocation methods	
	Inventory Control	
	Linear Programming	
	Game Theory	
12.	Labour Legislation	20
	Industrial Disputes Act, 1947	
	Main provisions of Factories Act, 1948	
	Employees state insurance Act	
	Main provisions of Wages Act	
13.	Public Administration In India	10

3. Financial Management

Sr. No	Topics	Credit Hours
1	Basics concepts	3
2	Financial Accounting	3
3	Financial Statements and Ratios	4
4	Working Capital and Cash Flow Analysis	6
5	Fixed Assets and Depreciation	2
6	Accounting Analysis for Managerial Planning	10
7	Budget-Types and process of Budgeting	15
8	Resource Allocation	5

9	Fundamentals and Types of Costing Benefits of Costing Cost Containment Managing surplus Funds Pricing of Services	14
10	Financial Management in Hospitals	15
11	Mergers and Acquisitions	3
	Total	80

4. Material Management

Sr. No	Topics	Credit Hours
1	Materials Management – Basic concepts	4
2	Stores Managements	2
3	Procurement Procedure	8
4	Registration of Firms and Vendor Rating	2
5	Tendering Systems	8
6	Purchasing	4
7	Purchase, Selection and Audit Committees	2
8	Receipt and Inspection of stores and Stock Verification	2
9	Inventory Control	6
10	Stockless purchasing	2
11	Stock Verification	2
12	Codification	2
13	Standardization	2
14	Distribution	2
15	Preservation of Stores	2
16	Pilferage	2
17	Stock-outs of Hospital stores	2
18	Stores documentation	4
19	Role of computers in Store Management	2
20	Strategies of Hospital Equipment Planning and selection	2
21	Hospital Equipment Utilization	2
22	Hospital Equipment Repair and Maintenance	2
23	Condemnation and Disposal	2
24	Equipment Audit	2

25	Productivity and Hospital Stores Management	2
26	Arbitration	4
27	Legal and Ethics Aspects in Materials Management	2
28	Import Export Policy	4
29	Letter of Credit	2
30	Import of Goods, Equipment – General Considerations	4
31	Import documentation and customs clearance	2
32	Imported Medical Equipment – Procurement considerations	4
33	Continuous Quality Improvement in stores Management	4
34	Recent Trends in Hospital Stores Management	2
	Total	100

5. Marketing Management

Sr. No	Topics	Credit Hours
1	Overview of Marketing	2
2	Marketing Environment	4
3	Marketing Segmentation	2
4	Customer Demand/Sales Forecasting Customer Demands From Healthcare providers	8
5	Marketing information and Research	8
Sr. No	Topics	Credit Hours
6	Marketing planning and strategies	6
7	Social Aspects of Marketing	4
8	Marketing Mix	4
9	Persuasive Communication and Marketing	8
10	International Marketing	4
11	Marketing of Services	6
12	Marketing in Corporate & Government Health Care Institutions	8
13	Marketing Audit	4
14	Customers Relations management	4
15	Corporate Social Responsibility	4
16	Business Ethics	4

	Total	80
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6. Management of Information systems

Sr. No	Topics	Credit Hours
1	Types of IS	1
2	IT enabled Services	3
3	Fundamentals of Computer and IT	3
4	Operating systems (DOS, Windows etc.)	1
5	LAN Networking	1
6	Internet Technology and application	3
7	Multi Media and Applications: Computer Based Visualization	3
8	E-commerce Net commerce internet Business Skills	5
9	Management information system	5
10	Telemedicine	5
	Total	30

Note: The topics covered should focus on applied aspects in Hospitals.

MANAGEMENT PRINCIPLES + PERSONNEL MANAGEMENT + HUMAN RESOURCE DEVELOPMENT	-	354 hrs
MATERIAL MANAGEMENT	-	100 hrs
FINANCIAL MANAGEMENT	-	80 hrs
MARKETING MANAGEMENT	-	80 hrs
INFORMATION TECHNOLOGY	-	30 hrs
Total hours	-	644

PAPER – II Health Administration

Sr. No	Topics	Credit Hours
1	Development of Health services in India	7.5
2	Health planning and Health Committees	15
3	National Health policy	15
4	National Health programmes, NRMH, NUHM	30
5	Healthcare system in India	10
6	Healthcare systems in other countries	5
7	Epidemiology	35
8	Biostatistics	40

9	Research Methodology	50
10	Population Dynamics & Environment, National population policy	15
11	Occupational Health	10
12	Environment Health (EIA)	10
13	Health Economics & Financing including insurance	40
14	ICD & Medical informatics	10
15	Constitution of India & Health	5
16	International Health agencies	10
17	International Health Regulations	10
18	Health systems in developed & developing countries	10
19	Public private partnership in Healthcare (PPP)	25
20	Medical Ethics & Business Ethics	15
21	Corporation social Responsibility	7.5
22	E-Health	10
23	Medical sociology	15
24	Health statistics and information system	20
25	Intellectual property Rights	10
26	Medial Tourism	10
	Total	440

PAPER – III

Hospital: Planning, Project and Management Issues

Sr. No	Topics	Credit Hours
	Hospital Planning and Project Management issues	296
1	History, Evolution & classification of Hospitals	6
2	Role of Hospitals	3
3	Hospitals planning process including stand-alone facilities	24
4	Planning for Teaching and Non-Teaching Hospitals incl PHCs, CHC etc.	12
5	Planning and designing specialized of hospitals e.g cancer hospital etc	6
6	Micro and macro planning aspects of various areas of hospital	50
7	Feasibility & viability study Technical, Financial, Market & Demand Analysis	24
8	Environment impact Analysis	6

9	Planning for Hospital Engineering-Macro and Micro Aspects-Civil, Electrical Water, ETP & STP, HVAC systems	24
10	Safety issues in Hospital planning – Fire & Radiation and facility planning for physically challenged	9
11	Planning for Disasters	9
12	Integrated Building Management System including intelligent building	9
13	Legal requirements for planning and designing a hospital	8
14	Design consideration including-Evidence Based Design and Architect Brief	16
15	Hospital project Management including project Report	30
16	Commissioning of Hospital	6
17	Contractual Management	6
18	Redevelopment. Retro Fitting and Disruptive Management	18
19	Green buildings	15
20	Energy Management & Audit	15

Sr. No	Topics	Credit Hours
	Hospital Management Issues	220
1	Role of Hospital Administration	4
2	Hospital Organization Structure- Governing body, Administrative Organization, Channel of Authority	9
3	Policies and Office Procedures	6
4	Challenges and Strategic options for Hospital Administration	6
5	Corporate Hospital and Corporate Culture	6
6	Recent Trends in Hosp Management	9
7	Disaster Management including NDMA	10
8	Medico Legal Aspects related to Hospitals-Law of Contract and Torts, CPA, court procedures and Attendance RTI, MTP, PC & PNDT, Drugs & cosmetics, MCI, Organ and Transplantation & other related Acts	36
9	Human Relations in Hospital – Citizen’s charter and patients rights, Patient Relationship Management including patient info system and staff patient relationship, staff satisfaction, public Relations, press Relations including, Media Management	18
10	Hospital Management info system	15
11	Hospital Statistics and Medical audit	9

12	Quality Issues in Hospital-Concepts including structure, process and outcome variables, Tools and Techniques including Clinical Audit, Process Re-engineering, RCA, FMEA, Lean & Six Sigma and other SQC, ISO, TQM, CQI, Accreditation, NABH, NABL, NABB, NAAC etc.	38
13	Evaluation of Hospital Services including patient satisfaction	15
14	Safety Management Related Issues-Fire safety, Radiation safety, facility safety, Environment safety, Employee & visitor safety	24
15	Patient safety including Nosocomial infections and sentinel Events	15
	Total	516

PAPER - IV
Management of Clinical and Non-clinical services

Sr. No	Topics	Credit Hours
	CLINICAL SERVICES	
1.	Ambulatory and Non Ambulatory Care Services	82
	Physical Medicine and Rehabilitation	7.5
	Accident and Emergency Services	7.5
	OPD & Day care centers	7.5
	OT services	18
	Intensive care units	7.5
	Specialized ICU e.g. NICU, PICU, CCU	10
	Isolation facilities	7.5
	Nursing services	9
	Ward management	7.5
2.	Diagnostic and Therapeutic Services	75
	Imaging Services incl. Interventional radiology digital imaging services & PACS	22.5
	Hospital laboratory services	22.5
	Endoscopy services	7.5
	Nuclear medicine services	7.5
	Blood transfusion services	15
3.	Support and utility services	143
	Pharmacy services	7.5
	Medical transcription	7.5

	Laundry and Linen services	7.5
	CSSD	7.5
	Medical gases including manifold room	7.5
	Medical records and front desk operations	11
	Dietary services	7.5
	Mortuary including chaplaincy services	15
	Communication system	15
	Housekeeping and pest control	22.5
	Transportation services-intramural, extramural-Ambulance services	15
	Hospital signage system & way finding	5
	Traffic management and security	4
	Public address system	3
	Value added services	7.5
4.	Recent Trends in Management of Hospital services	15
	Management of recent trends & newer services	
5	Basic specialty services	30
	Internal medicine, surgical services, pediatric services Ophthalmology, ENT, OBG	
6	Superspeciality services	50
	Cardiothoracic sciences, Hematology and Bone Marrow Transplant services, Neurosciences, Trauma services, Orthopedics & Joint Replacement, Oncology services incl, Onco-radiation, palliative care Burns & Reconstructive surgery, Gastroenterology services, pediatric surgery, psychiatric services, Geriatric services, Dental services, Nuclear medicine, ART services, Others- Robotic surgery, Gamma knife facility, Cyber knife and minimal invasive surgery etc.	
	Total	395

In each of these, the following aspects will be covered:

- a. **Importance**
- b. **Function**
- c. **Organization**
- d. **Staffing pattern**
- e. **Utilization and workload**
- f. **Documentation and records**
- g. **Workflow**

- h. **Equipment and supply requirement**
- i. **Standards and evaluation**

Recent advances as applied to hospital administration can be incorporated in ALL THE PAPERS

PRACTICAL TRAINING:

PG Residents must have performed:

1. INDUCTION TRAINING PROGRAMME:

A formal induction training programme spread over one month is arranged for the Residents by the Department in addition to the induction programme of the Institute for the Residents of all the departments in general. The purpose of this induction training programme is to help new Residents become a part of the institute by familiarizing with its surrounding, people, job requirements, and hospital & most important of all academics.

The induction training programme of the Department has following six components:

- a. General induction And Training
- b. **Control Room Induction And Training**
- c. **Methodology For Taking Ward And Area Rounds**
- d. **Medical Contingency Preparation And Emergency Drills**
- e. **Academics And Training Methodology**
- f. **Profile Presentation By New Resident**

(Log book to be maintained)

Log Book: The log book is a record of the important activities of the candidates during his/her training. Internal assessment should be based on the evaluation of the log book. Collectively, log books are a tool for the evaluation of the training programme of the institution by external agencies. The record includes academic activities as well as the presentations and procedures carried out by the candidate.

The Professor of the concerned unit should scrutinize it every week end. Head of the Department should see and sign it once in every six months and at the end course, before the candidate appears for his / her final examination.

The training is imparted through a highly structured course syllabus. The Department uses the highly structured training methodology in the form of integrated learning modules (ILM) which focuses on overall academic & personal development of candidate with hands-on practical training experience in Hospital Administration & operations Management. The detailed syllabus of MD Hospital Administration course is provided to candidates.

2. B Pedagogy & Training Methodology:

Unique and dynamic blends of experiential and didactic learning methods are utilized to impart, share, promote and preserve knowledge and skills. The concept of Integrated Learning Methodology comprising lectures, case analysis, simulation

exercises, syndicates, group discussions and practical project work are used to develop conceptual, analytical and decision making skills. Resident's performance is continuously assessed through direct observations and faculty feedback system & internal assessment examinations.

3. Submission of Thesis Protocol/Thesis:

Thesis Protocol is to be submitted within four to five months of date of joining.

4. Administrative Residency:

MD Hospital Administration Residents have to undergo three year administrative residency which includes postings in various hospital areas & upcoming health-care facilities. Residents are encouraged to participate actively in the operational decision making processes & various activities of the Institute. It prepares them for handling independently the real time management of hospitals and healthcare facilities.

5. Control Room:

The department runs a 24 hour Administrative Control Room, a concept which functions as an extension of the Medical Superintendent's office after office hours, with the aim of providing hands-on training to the Residents in hospital management and also improve the operational efficacy of the hospital. MD Hospital Administration Residents manage the Control Room round the clock and coordinate all the hospital activities. Control Room has proved as the nerve center of the hospital and has achieved success in solving day to day administrative problems in the hospital. It has become an inescapable requirement.

As a hospital administrator resident is supposed to facilitate smooth functioning of policies and guidelines of hospital and is required to have a balanced psychosocial approach while dealing with highly skilled professionals & staff on one side and patients on the other side.

6. Medical Superintendents Grand Rounds & Administrative Meetings:

MD Hospital Administration Residents have to attend Medical Superintendent's grand rounds which are held every fortnight. Besides as a part of training, they are required to participate in various administrative & committee meetings at the Institute. These meetings besides planning for hospital services, focuses on current operational management issues in hospital.

7. CCR/CGR & SFR

MD Hospital Administration Residents are required to participate in 'Clinical Combined Round' (CCR) & 'Combined Grand Round' (CGR) which is unique teaching activities of Institute. Besides this, Department of Hospital Administration also conducts 'Special Facility Round' (SFR) which appraises MD Hospital Administration Residents to managerial functioning of various unique facilities at the Institute.

Year wise Structured Training Schedule

MD Hospital Administration Post Graduate Residents have to Observation/Involve-ment and Decision Making in the following areas.

I year

- EDP / I T Department
- Reception
- Registration
- Admission

- Billing & Discharge
- OPD Services
- Public Relation Office
- Pharmacy Services
- Stores
- House Keeping

II Year

- Laboratory Services
- Imaging Services
- Personnel / HR Dept.
- Laundry & Linen Services
- Kitchen & Dietary Services
- Marketing
- Computerized Medical Record
- Security Services
- Transportation Services
- Central Sterile Supply Dept
- Library in Hospital
- Emergency

III Year

- Critical Care Unit
- Medical Record
- Operation Theatre
- Maintenance Department
- Bio-Medical Department
- Diagnostic Imaging
- Dental Service
- Dialysis Unit
- Burn Units
- Blood Bank
- Mortuary
- Telemedicine
- Medical transcription

GUIDELINES ON THESIS / DISSERTATION:

- Topic of Thesis / Dissertation should be decided by the student in consultation with the teacher, within six months of joining the course.
- Thesis / Dissertation should be completed and should be submitted to the Deemed to be University Six months before the final examination.
- Acceptance of the Thesis / Dissertation should be prerequisite to appear for the final Examination.

DISSERTATION

Definition: In depth study of a particular topic usually as part fulfillment for degree courses. Every candidate pursuing Post Graduate degree course is required to carry out work on a selected research project under the guidance of a recognized Post Graduate teacher. The results of such a work shall be submitted in the form of dissertation. Dissertation approval is a must for qualifying for any Post Graduate Degree examination.

The dissertation is aimed to train a post graduate student in research methods and techniques. It includes identification of a problem, search and review of literature, getting acquainted with recent advances, designing of a research study, collection of data, critical analysis, and comparison of results and drawing conclusions.

The proposed topic should be a clear one without any ambiguity. It should not be a topic studied by other student. Original research work is to be encouraged. The topic should be such that the student can study within the period of the course. It should not involve too many specialties but at the same time should have necessary laboratory support. It is mandatory to have one main guide, and one or two co-guides from other departments whose services are required for the work.

REGISTRATION OF DISSERTATION TOPIC

The Dissertation topic must be registered with the Deemed to be University within the first 6 months from the date of commencement of the course duly approved by the College dissertation committee consisting of Principal, Vice-Principal, and three HOD's from each of Pre, Para, and Clinical departments and the Professor of the concerned unit who will be the Guide and Prof. & HOD of the concerned department. If the dissertation topic is not registered within 6 months except with special permission of the Deemed to be University (which will be granted only under extraordinary circumstances), the student will lose six months and will be permitted to appear for the final examination 6 months later than the regular batch.

If the Post Graduate desires to change the topic of dissertation due to unforeseen circumstances, can do so within the next six months with the permission of the Deemed to be University only. The committee should also monitor the progress of the dissertation once in 6 months. The completed dissertation must be submitted 6 months before the commencement of the Deemed to be University examinations. The Post Graduate student will not change the unit if the Professor is changed to another unit or another college. Professor who is heading the unit at the time of submission of the dissertation will sign the dissertation.

PLAN / PROTOCOL OF DISSERTATION

The dissertation should be written under the following headings apart from dedication, certificates, authentication & acknowledgements.

- Introduction
- Aims & Objectives of study
- Brief review of Literature
- Material and Methods *
- Master Chart
- Observations & Results
- Discussion
- Conclusions
- Summary
- References
- Bibliography (in Vancouver system only)
- Appendices - Proforma & Tables

* (The size of the sample should not be less than 25 and it should be equal to the number which occurs in one year)

The written text of dissertation shall be not less than 50 pages and shall not exceed 80 pages including certificates, references, tables, Photographs, Charts, Graphs and other annexure. It should be neatly typed in double line spacing on one side of (A4 size, 8.5" X 11") and bound properly. Spiral binding should be avoided. The dissertation shall be certified by the Professor (Guide) & Head of the Department. Four copies of the dissertation thus prepared shall be submitted to the Registrar, JSS Deemed to be University, Mysore, 6 months before the Deemed to be University examinations or on or before the dates notified by the Deemed to be University.

Postgraduate Examination

(Dissertation to be submitted by each candidate at least 6 months before the date of commencement of the theory examination)

a. THEORY EXAMINATION(400 marks):*Four papers of 100 marks each

PAPER I: General Management

PAPER II: Health Administration

PAPER III: Hospital Planning, Project and Management Issues

PAPER IV: Management of Clinical and Non – clinical Services

* Each paper is of three hours of duration, will have ten structured questions of 10 marks each. The student has to obtain a minimum of 50% marks in each paper to pass.

b. * PRACTICAL(200 marks) and VIVA VOCE(100 marks) EXAMINATION:

PRACTICAL: (200 marks)

- One long case(100 marks) and Two short cases (50 marks each)
- Time: 8am to 5pm
- Cases are selected by external examiners and are allotted in the presence of external examiners.
- Long case will be evaluated by all the 4 examiners together. Each examiner will assign marks independently for a maximum of 25 marks.
- Each short case will be evaluated by 4 examiners; each examiner will assign marks independently for a maximum of 12.5 marks.
- Sum total of all the marks will be the final marks.

	CASES	NO.	MARKS	TIME(in minutes)	
				EXAMINATION	DISCUS-SION
1.	LONG CASE	1	100	60	60
2.	SHORT CASE I	1	50	30	30
3.	SHORT CASE II	1	50	30	30

VIVA VOCE (100 marks)

A.	Thesis	30
B.	Log	20

C.	Pedagogy	10
D.	Department study	10
E.	Case study	10
F.	Flow charts study	10
G.	Photographs of management thinkers	10

* All examiners will conduct practicals and viva-voce conjointly on candidate's comprehensive, analytical approach, expression and interpretation of data. It includes all components of course contents. It includes discussion on dissertation also.

Maximum marks for M.D.(Hospital Administration)	Theory	Practical	Viva	Grand Total
	400	200	100	700

JSS Deemed to be University, MYSURU, KARNATAKA

SAMPLE QUESTION PAPER – I

**General Management
MD (HOSPITAL ADMINISTRATION)**

TIME: 3 hours

Total Marks: 100

Note: Answer all questions:

02x20=40

Long Essay:

1. Management is both a science and an art. Explain with reference to Fredric Taylor's contributions
2. Define planning. Enumerate the various steps in the planning process

Short Essay:

03X10=30

1. Define communication. Role of communication in Effective management of Hospital Services
2. Define organizing. What is a formal and informal organization
3. Define leadership. What briefly on the different leadership styles

Short Answer:

06X05=30

1. Define Motivation. Write briefly on the theories of motivation
2. Cost analysis.
3. PERT
4. ABC Analysis
5. Essential Services Maintenance Act (ESMA) & applicability in Hospitals
6. Job satisfaction

JSS Deemed to be University, MYSURU, KARNATAKA

SAMPLE QUESTION PAPER – II

**Health Administration
MD (HOSPITAL ADMINISTRATION)**

TIME: 3 hours

Total Marks: 100

Note: Answer all questions:

Long Essay:

02x20=40

1. What is hospital utilization statistics. The role of hospital statistics in aiding the Hospital administrator
2. Write note on the Revised national Tuberculosis Control Program. Add a note on DOTS

Short Essay:

03X10=30

1. Write in brief on the National malaria Eradication program. What was the reason for failure in eradicating this disease
2. Define the term "Disaster". How would you go about in making a Disaster Management plan for a hospital
3. Write in brief on the National AIDS control program. What is IEC and its importance in the program

Short Answer:

06X05=30

1. Write in brief on the national Health policy-2005. What are objectives and targets of this policy
2. What is progressive patient care (PPC) and its importance in a hospital
3. Fire safety protocol for hospitals
4. Cost effectiveness analysis (CEA)
5. ESI health scheme
6. Epidemic outbreak management

JSS Deemed to be University, MYSURU, KARNATAKA
SAMPLE QUESTION PAPER – III
Hospital Planning, Project and Management Issues
MD (HOSPITAL ADMINISTRATION)

TIME: 3 hours

Total Marks: 100

Note: Answer all questions:

Long Essay:

02x20=40

1. Outline the steps involved in planning a 500 bedded general hospital
2. Write in brief on the importance of Nursing Services in hospitals add a note on the organizational structure for nursing services

Short Essay:

03x10=30

1. What is Medical Negligence? Illustrate with examples
2. Write briefly on the Consumer protection Act of – 1986
3. Write is Hospital Infection Control Committee (HICC)? Role of HICC in ensuring quality in service delivery

Short Answer:

06X05=30

1. Architects brief
2. Classification of hospitals
3. Planning a 10 bedded ICU
4. Green buildings for Hospitals
5. Hospital hazards
6. Committees in hospital

JSS Deemed to be University, MYSURU, KARNATAKA
SAMPLE QUESTION PAPER – IV
Management of Clinical and Non-Clinical Services
MD (HOSPITAL ADMINISTRATION)

TIME: 3 hours

Total Marks: 100

Note: Answer all questions:

Long Essay:

02x20=40

1. Write briefly on the planning, organizing, staffing of a Medical Records Department in a tertiary care Hospital
2. What is sterilization? Write briefly on the planning, organization staffing of the CSSD services of a tertiary care setting

Short Essay:

03X10=30

1. Write briefly on the biomedical waste management for hospitals How would you ensure compliance with statutory requirements?
2. Write briefly on the planning, staffing, functioning of intensive care unit(ICU) services in the hospital. How would you ensure infection control in these areas?
3. Write briefly on the radiology services available in the hospital. Add a note on radiation protection measures adopted

Short Answer:

06X05=30

- Write briefly on the planning, organization, staffing workflow of the Accident & Emergency (A&E) services at a tertiary care centre. Add a note on handling of medico- legal cases (MLC)
- Write briefly on the planning, organization, staffing and workflow of the operation theater (OT) complex for a 1000 bedded hospital. Add a note on ventilation systems in OT
- Write briefly on setting up of blood bank services at a tertiary care hospital. Add a note on satellite outlets
- Write briefly on the planning organization staffing of hospital Engineering services. Add a note on maintenance programme
- Write note on Labour, Delivery, and Recovery and post-partum suite.
- Radiotherapy unit planning at hospital

RECOMMENDED TEXT BOOKS AND JOURNAL

A. Hospital Administration:

1. Handbook on Hospital Administration, R. K. Sarma & Yashpal Sharma, Durga Printers Jammu
2. Hospital and Health Services Administration - Principles and Practice Syed Amin Tabish, Oxford University Press
3. Managing a Modern Hospital, AV Srinivasan, Sage Publications
4. Hospital Management, SM Jha, Himalaya Publishing House
5. Hospital Administration, CM Francis & Mario C DSouza, Jaypee
6. Hospital Administration, MA George, Jaypee
7. Hospital Administration & Management, Sudhir Davra, Mohit Publications, New Delhi.
8. Principles of Hospital Administration and Planning, B. M. Sakharkar, Jaypee
9. Hospital Facilities Planning and Management, G. D. Kunders, Tata McGraw Hill
10. Hospital designs for healing, Prism Publications
11. Principles of Hospital Administration, John McGibbony
12. Hospital administration and planning, A. G. Chandorkar, Paras Publications
13. Hospital administration and human resource management, D. K. Sharma, R. C. Goyal PHI Publications
14. Hospital designing and planning, Sangeet Sharma, Purnima Publications
15. Hospital and health care administration, S. K. Gupta
16. Medical records organization and management, G. D. Mowgli, JAYPEE Publications
17. Quality management in hospitals, S. K. Joshi, Giridhar Gyani, JAYPEE Publications
18. Hospital waste management, A. G. Chandorkar, Paras Publications
19. Laws on hospital administration, Dr. Samuel Abraham, CMAI (N. Delhi)
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22. Medical audit, Anjan Prakash, JAYPEE
23. Insurance principles and practice, M. N. Mishra, S. Chand Publications
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B. General Management

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C. Organizational Behavior

1. Management of Organizational Behavior - Utilizing Human Resources, Paul Hersey Kenneth H. Blanchard & Dewey E Johnson, Prentice Hall of India
2. Organizational Behaviour, Human Behavior at work, John W Newstrom, Keith Davis, Tata McGraw Hill Publishing
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E. Operations Research:

1. Textbook on Operations Research, Gupta K, Tata McGraw Hill
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F. Basic Accounting and Cost Accounting

1. Management Accounting, Ravi Kishore, Taxman publications
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3. Hospital Management Accounting and Planning and Control, GR Kulkarni, NHMI Mumbai
4. Finance and Accounting for Managerial Competitiveness, Nand Dhameja & KS Sastry, Wheeler Publishing

G. Legal Issues in Healthcare & Business Ethics

1. Consumer Protection and Medical Profession, PC Chaubey, Jaypee
2. Medico Legal aspect of Clinical and Hospital Practice, R Basu & TK Bose, English Edition Mumbai – 22
3. Business Law for Management, K R Bulchandani, Himalaya Publishing
4. Payment of Wages Act,
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H. Industrial relations in Healthcare

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2. Personnel management and Industrial relations, Davar
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1. Marketing for Healthcare Organizations, Philip Kotler & Roberta N Clarke, Prentice Hall
2. How to market your Hospital without selling your philosophy, GD Kunders, Tata McGraw Hill
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J. Health administration and medical care

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2. Textbook of preventive and social medicine, M. C. Gupta, JAYPEE Publications
3. Textbook of community medicine, T. Bhaskar Rao, Paras Publications
4. Textbook of community medicine, Sunderlal Adarsh, CBS Publications
5. Preventive and social medicine revised, S. Vidya Sagar, Falcon Publications
6. Textbook of preventive and social medicine, Piyush Gupta
7. National health programs of india, J. Kishore, Century Publications
8. Policies and programs of health in india, G. N. Prabhakar, JAYPEE

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- Asian Hospital and Healthcare Management
- Indian Journal of Public Health
- Indian Journal of Medical Ethics
- WHO Periodicals & Bulletins
- Healthcare Financial Management
- Healthcare Management Review
- Marketing Healthcare Services
- Express Healthcare
- Modern Medicare
- Indian Management
- Asian Business Review
- Labor Law Reporter
- Chartered Secretary
- Effective Executive
- Global CEO
- HRM Review
- Marketing Mastermind
- Health Action
- Health for the Millions

- Frontiers of Health Services Management
- Health Estate Journal
- Organizational Dynamics
- World Hospitals and Health Services
- Global Healthcare
- Hospital Management International
- Harvard Business Review – HBR
- Hospital Administration
- Health Administrator

ANNEXURE 2

HOSPITAL ADMINISTRATION POSTGRADUATE TRAINING 'LOG BOOK'

1. Personal Data

Name
 Institution
 Dates of Postgraduation studies
 Joining
 Completion
 Degree
 University
 Dissertation title
 Name and Designation of Guide
 Signature of candidate
 Signature of Supervisor
 Signature of Head of Department

2. Departmental postings (Eg. OPD, IP, OT, Laboratory services)

Department: Duration: Dates of Posting: Remarks by faculty:

Any administrative problems pertaining to the department:

3. Departmental presentations

Department: Date: Grade: Moderator:

4. Seminars

Date: Topic of Presentation: Grade: Moderator:

5. Journal Clubs

Date: Topic of Presentation: Grade: Moderator:

6. Daily Administrative Review Meeting:

Date: Minutes: Supervisor:

7. Mortality meetings:

Date: Name/age/sex: Problem/ Diagnosis: Moderator:

8. Guest lectures/ inter departmental teaching

Date: Topic: Departments involved:

9. Community Activity: (eg. Blood donation camp, Vaccination camps, Outreach activities)

Date: Description of Activity: Supervisor:

10. Paper presentation (Local, State, National and International forums)

Date: Title of Paper presented: Conference: Supervisor:

11. Undergraduate Classes taken by MD candidate

Date: Topic: Supervisor:

12. Academic Meetings, CMEs, Workshops and Conferences attended:

Date: Title: Organization:

13. Training Courses

Date: Topic: Supervisor:

14. Dissertation:

Date: Progress: Remarks by guide:

15. Administrative assignments/ Case study:

Date: Assignment: Remarks by guide/ user dept:



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