



MGM INSTITUTE OF HEALTH SCIENCES

(Deemed to be University u/s 3 of UGC Act, 1956)

Grade 'A' Accredited by NAAC

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Curriculum for Masters in Hospital Administration

Approved in BOM-52/2018, Dated 13/01/2018

Amended History

1. Approved in BOM-52/2018 [Resolution No. 3.10.5] Dated 13/01/2018.

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DIRECTOR'S MESSAGE

Dear Students,

Greetings!!!!

I take this opportunity to welcome you on behalf of MGM Family to the Masters in Hospital Administration, MGM School of Biomedical Sciences (MGM SBS).

The Masters in Hospital Administration course is the threshold of Inspiring, engaging and satisfying learning experience.

This course is designed to give administrative advantages for professionals from medical, health and allied discipline. As a student at MGM SBS, you are expected to experience the culture of learning by doing. The teaching pedagogy involves mix of working in health care system and classroom sessions. In this endeavor our students become colleagues. So, your active participation in enriching the learning experience is encouraged.

The industry visits are also given a strong weightages in this program and I am sure that you will find your tenure as a student at MGM SBS academically and professionally rewarding. This Hand Book is designed to enable students to have a complete understating of the academic and practical training programmes of the course, so that you will be able to meet the needs of the pedagogy.

With Best Wishes,

Dr. Mansee Thakur

I/C Director

MGM School of Biomedical Sciences

ABOUT MGM SCHOOL OF BIOMEDICAL SCIENCES

Mission

To improve the quality of life, both at individual and community levels by imparting quality medical education to tomorrow's doctors and medical scientists and by advancing knowledge in all fields of health sciences through meaningful and ethical research.

Vision

By the year 2020, MGM Institute of Health Sciences aims to be top-ranking Centre of Excellence in Medical Education and Research. Students graduating from the Institute will have the required skills to deliver quality health care to all sections of the society with compassion and benevolence, without prejudice or discrimination, at an affordable cost. As a research Centre, it shall focus on finding better, safer and affordable ways of diagnosing, treating and preventing diseases. In doing so, it will maintain the highest ethical standards.

About – School of Biomedical Sciences

MGM School of Biomedical Sciences has been formed under MGM IHS with the vision of offering basic allied science and Medical courses for students who aspire to pursue their career in the allied health sciences, teaching as well as medical research.

School of Biomedical Sciences is dedicated to the provision of the highest quality education in basic medical sciences by offering a dynamic study environment with the labs which are well equipped and through extensive field work. The school encompasses 16 courses each with its own distinct, specialized body of knowledge and skill. This includes 7 UG courses and 9 PG courses. The college at its growing years started with just mere 100 students has recorded exponential growth and is now a full-fledged educational and research institution with the student strength reaching approximately 538.

Our consistent theme throughout is to encourage students to become engaged, be active learners and to promote medical research so that ultimately they acquire knowledge, skills, and understanding so that we provide well qualified and trained professionals in allied health sciences to improve the quality of life.

As there is increased need to deliver high quality, timely and easily accessible patient care system the collaborative efforts among physicians, nurses and allied health providers become ever more essential for an effective patient care. Thus the role of allied health professionals in ever-evolving medical system is very important in providing high-quality patient care.

Last but by no means least, School of Biomedical Sciences envisions to continuously grow and reform. Reforms are essential to any growing institution as it fulfills our bold aspirations of providing the best for the students, for us to serve long into the future and to get ourselves updated to changing and evolving trends in the health care systems.

ACADEMICS

MASTERS IN HOSPITAL ADMINISTRATION

(CHOICE BASED CREDIT SYSTEM)

To create Professionals equipped with Conceptual, Managerial and Practical skills by providing trainings in various functional areas of Hospital Industry.

Duration of the Programme: The Course shall extend over a period of 2 years with four semesters. Each year consist of 2 semesters with examinations at the end of every semester.

Eligibility for admission: Candidates admitted to the MHA should be a graduate from a recognized University with minimum 50% marks in qualifying examination. The candidates with experience will be given preference.

Faculty Qualification: Ph.D./MBA/ MHA/ MD/ PGDM/ M.Com with Industry Experience.

Scheme of Examinations: There shall be examination at the end of each semester, which will be consisting of theory, case studies and Internal Assessments.

Field Visit Students shall visit Primary Health care, Secondary Health care, and Tertiary Health care, Hospitals, Corporate Hospitals, Pharmaceutical companies, Production plant during their 1st semester field visit and produce a report which will be considered for internal evaluation. Students will also be given opportunity for an International tour to observe and study about a developed health system during their third semester (Optional). The International tour would be self sponsored tour for one week's duration.

Requirement to Appear for the Examination A candidate shall be permitted to appear for the university examination of any semester, if he/ she secure not less than 75% of attendance in the number of instructional days, failing which he/ she should redo that course of study. The criterion for appearing in IVth semester examination is to qualify all subjects of I, II and III semesters.

Medium of Instruction and Examination The medium of instruction throughout the course and the examinations shall be conducted in **English** only.

Passing Minimum A Candidate shall be declared to have passed the examination in a subject if he/she secured not less than 50% in aggregate internal and external examinations.

Conferment of Degree A candidate, who has passed all the examinations as prescribed, shall be eligible to receive the degree of —"Masters in Hospital Administration" from the MGM University of Health Sciences.

PROGRAM STRUCTURE: 2017-19

| Semester I | | | | | | | |
|-------------------|-------------------|--|-----------|----------------|---------------------|---------------|------------|
| Sr. No. | Syllabus Ref. No. | Subject | Credits | Teaching hours | Marks | | |
| | | | | | Internal Assessment | Semester Exam | Total |
| | | Theory | | | | | |
| 1 | MHA 101 T | Epidemiology | 4 | 4 | 20 | 80 | 100 |
| 2 | MHA 102 T | Health Economics | 4 | 4 | 20 | 80 | 100 |
| 3 | MHA 103 T | Demography | 4 | 4 | 20 | 80 | 100 |
| 4 | MHA 104 T | Health Care System and Policies & Health Surveys | 4 | 4 | 20 | 80 | 100 |
| 5 | MHA 105 T | Biostatistics | 2 | 2 | 10 | 40 | 50 |
| 6 | MHA 106 T | Orientation of Hospital Industry | 2 | 2 | 10 | 40 | 50 |
| 7 | MHA 107 P | Industry Posting | 4 | 8 | 20 | 80 | 100 |
| | | Total | 24 | 28 | 120 | 480 | 600 |

Semester II

| Sr. No. | Syllabus Ref. No. | Subject | Credits | Teaching hours | Marks | | |
|---------|-------------------|----------------------------------|---------|----------------|---------------------|---------------|-------|
| | | | | | Internal Assessment | Semester Exam | Total |
| | | Theory | | | | | |
| 8 | MHA 201 T | Principles of Management | 2 | 2 | 10 | 40 | 50 |
| 9 | MHA 209 T | Organizational Behaviour | 2 | 2 | 10 | 40 | 50 |
| 10 | MHA 210T | Business Communication | 2 | 2 | 10 | 40 | 50 |
| 11 | MHA 211 T | Accounting & Costing | 2 | 2 | 10 | 40 | 50 |
| 12 | MHA 212 T | Management Information system | 2 | 2 | 10 | 40 | 50 |
| 13 | MHA 213 T | Human Resource Management | 2 | 2 | 10 | 40 | 50 |
| 14 | MHA 214 T | Project Management | 2 | 2 | 10 | 40 | 50 |
| 15 | MHA 215 T | Research Methodology | 2 | 2 | 10 | 40 | 50 |
| 16 | MHA 216 T | Hospital Planning and Management | 4 | 4 | 20 | 80 | 100 |

| | | | | | | | |
|----|-----------|------------------|-----------|-----------|------------|------------|------------|
| 17 | MHA 217 P | Hospital Project | 8 | 16 | 20 | 80 | 100 |
| | | Total | 28 | 36 | 120 | 480 | 600 |

Semester III

| Sr. No. | Syllabus Ref. No. | Subject | Credits | Teaching hours | Marks | | |
|---------|-------------------|---|-----------|----------------|---------------------|---------------|------------|
| | | | | | Internal Assessment | Semester Exam | Total |
| | | Theory | | | | | |
| 18 | MHA 318 T | Core Electives (Any one): | 4 | 4 | 20 | 80 | 100 |
| | | 1. Quality Management & Accreditation in Hospital | | | | | |
| | | 2. Health Insurance & Health Economics | | | | | |
| | | 3. Public Health Management | | | | | |
| | | 4. Pharmaceutical Management | | | | | |
| 19 | MHA 319 T | Legal Framework in Hospital | 4 | 4 | 20 | 80 | 100 |
| 20 | MHA 320T | Marketing Management for Hospital | 4 | 4 | 20 | 80 | 100 |
| 21 | MHA 321 T | Material Management | 2 | 2 | 10 | 40 | 50 |
| 22 | MHA 322 T | Financial Management | 2 | 2 | 10 | 40 | 50 |
| 23 | MHA 323 T | Strategic Management | 2 | 2 | 10 | 40 | 50 |
| 24 | MHA 324T | Medical Technology management | 2 | 2 | 10 | 40 | 50 |
| | | | | | | | |
| 25 | MHA 325 P | Internship | 8 | 16 | 20 | 80 | 100 |
| | | Total | 28 | 36 | 120 | 480 | 600 |

Semester IV

| Sr. No. | Syllabus Ref. No. | Subject | Credits | Teaching hours | Marks | | |
|---------|-------------------|---------|---------|----------------|---------------------|---------------|-------|
| | | | | | Internal Assessment | Semester Exam | Total |
| | | | | | | | |

| | | Theory | | | | | |
|----|-----------|--|-----------|------------|------------|-------------|-------------|
| 26 | MHA 426 T | General Electives (Any one) | 4 | 4 | 20 | 80 | 100 |
| | | Pursuit of Inner Self Excellence (POISE) | | | | | |
| | | IPR & Bioethics | | | | | |
| | | Disaster management and mitigation resources | | | | | |
| | | Human Rights | | | | | |
| 27 | MHA 427 P | Dissertation | 8 | 16 | 20 | 80 | 100 |
| | | Total | 12 | 20 | 40 | 160 | 200 |
| | | | | | | | |
| | | Course Total | 92 | 120 | 400 | 1600 | 2000 |

Semester I

EPIDEMIOLOGY

Total Hours = 60

Unit I. Introduction to human Biology

Human life cycle, Definition & structure of cell, Tissue structure & Type, Anatomy and physiology of human organ and organ related diseases, Digestive system, 2. Respiratory system, 3. Cardiovascular System 4. Lymphoid & haemopoietic system (circulatory), 5. Nervous & the special senses, 6. Muscular and Skeletal system, 7. Excretory System 8. Urinary system 9. Reproductive System (Female and Male)

Unit II Introduction to Epidemiology

Definition, Historical developments: John snows study and Doll and Hill study, epidemiological triad, Role of epidemiology in health services.

Exposures and outcomes: Types of exposure and outcomes, sources of exposures includes questionnaires (self administered & interviewer administered), records, biological and environmental measurements

Measures of occurrence of disease and other health related events

Measures of morbidity – point & period prevalence, incidence rate, person years, age specific incidence rates, case fatality rate, Odds of a disease & exposure.

Standardization of rates- Concept, Direct & indirect methods and introduction to confounding

Unit III: Observational Study Designs

Descriptive Epidemiological Studies: Case report, Case series, Correlational studies, Cross sectional studies- Design, analysis, merits and demerits of all these studies

Analytical Epidemiological studies – Case control & Cohort

Case Control :Definition & selection of cases and controls, measuring exposure, Analysis - Odds Ratio (OR), Confidence interval for OR, Interpretation of results, Advantages & disadvantages of case control studies, advantages & disadvantages of population based case control studies over hospital based.

Matched case control studies- selection of controls, analysis, advantages and disadvantages of matching
Cohort Studies: Choice of study population, definition of cohort, choice of comparison group, measurement of exposure, outcomes, Analysis -Relative risk (RR), Rate difference, confidence interval for RR, interpretation of RR.

Methodology, analysis, merits & demerits of Nested case control studies, Case cohort studies and historical cohort studies.

Advantages & disadvantages of prospective, historical, nested case control studies

Different types of biases in epidemiological studies Association and causality: Hill's criteria - Temporal relationship, biological plausibility, consistency, strength, exposure-response relationship, specificity, reversibility, coherence

Unit IV: Dealing with confounding variables and measures of exposure effect

Dealing with confounding variables – Various methods of dealing with confounding, matching (advantages and disadvantages), propensity score matching, restricted sampling, Introduction to stratification, Mantel Haenszel summary measures - MH Odds ratio & MH risk ratio, MH Confidence interval for OR & RR

Interaction- additive and multiplicative

Measures of exposure effect – Relative and absolute measures of exposure effect

Relative measures - Risk ratio, rate ratio and odds ratio

Absolute measures – Attributable risk, Attributable risk percentage, population excess risk

Unit V: Surveillance & Screening

Basic concepts of surveillance and levels of prevention – Primary, Secondary & tertiary Screening – Definition and requirements, evaluation of screening programs, biases, Validity, Sensitivity, specificity, positive predictive, negative predictive test results, likelihood ratio positive & negative, ROC analysis.

Text books:

1. Guyton Arthur C. 1991 Textbook of Medical Physiology A Prism Book Pvt. Ltd. Bangalore
2. Horton Casey 1994 Atlas of Anatomy Marshall Cavendish Books London
3. W.Gordon Sears Robert S. Winwood and J.L. Smith 1985 Anatomy and Physiology for Nurses and Students of Human Biology Education Academic and Medicinal Publishing Division of Hodder and Stoughton London.
4. Keele Neil et.al 1991 Samson Wright's Applied Physiology Oxford University Press Delhi.
5. Gordis Leon (1996). Epidemiology Elsevier Philadelphia.
6. Greenland & Rothman Kenneth (2008). Modern epidemiology Wolters Kluwer Health (India) Pvt Ltd New Delhi.
7. Detels Roger & Others (2006). Oxford Text Book of Public Health Oxford University Press Oxford.

Reference Books

1. Last John N & Others (2001). Dictionary of Epidemiology Oxford University Press
2. Dos Santos Silva (1999). Cancer Epidemiology: Principles and Methods IARC WHO.
3. Beaglehole R & Others (2002). Basic Epidemiology WHO Geneva.
4. Knapp Rebecca G & Miller Clinton M (1992). National Medical Series for Independent Study: Clinical Epidemiology and Biostatistics; William & Wilkins Baltimore.
5. Joseph L Fleiss (1981). Statistical methods for rates and proportions John Wiley & Sons New York.
6. Park K (2009). Park's Text Book of Preventive and Social Medicine Banarsidas Bhanot Jabalpur .
7. Hennekens C H & Buring JE (1987). Epidemiology in Medicine Little Brown & Co Boston
8. Breslow & Day (1980). Statistical Methods in Cancer Research Vol. 1 : The Analysis of Case-Control Studies WHO.

9. Schlesselman JJ . Case-Control studies: Design conduct and analysis.
10. Altman Douglas G (2000). Practical Statistics for Medical Research Chapman & Hall London.
11. Wassertheil Smoller Sylvi (2004). Biostatistics and Epidemiology: A Primer for Health and Biomedical Professionals Springer Verlag New York .

HEALTH ECONOMICS

Total Hours = 60

- Unit I Basic concepts in health economics**-relationship between economics, economic development and economic aspects of health care- demand and supply in health care, health care market, market failure and public goods
- Unit II Production function**, laws of production, production in health care, externalities in health care markets, resource allocation in health care- both in private and public sector.
- Unit III Supply and demand for health care personnel**, hospitals, technology. The trade-offs between quality and quantity- demand for health care services.
- Unit IV Health output and input indicators**- and their correlation with the level of economic development and with public expenditure on health.
- Unit V Application of cost-benefit analysis and cost-effectiveness** - the role of health in economic development- value of output lost due to number of sick days- a review of per capita private and public expenditure on health. Cost concept- short term and long -term costs, economies of scale, various types of economic evaluation used in health care, consumer impact assessment.
- Unit VI Measuring health outcomes**-human life and quality adjusted years of life, cost-utility analysis, Quality adjusted life years(QALYs) and Health year equivalents (HYEs).Economics of prevention and public health, understand the principles of economic evaluation as applied to health care, quality of life and statistics in health economic evaluation(including QALY and DALY).
- Unit VII Efficiency and equity in health**: health care and welfare state, private versus public health care, public-private partnerships in health care, equity in healthcare delivery, efficiency and effectiveness in health care, case studies.
- Unit VIII Health care financing**- national health accounting, sources and use of funds, health budgeting, interrelationship between epidemiological transition and health expenditure, sources of health care spending.
- Unit IX Health insurance**- private health insurance, regulation of health insurance, government as health insurer in India, recent developments in developed and developing countries, Case studies - RSBY, Aarogyasree, etc.
- Unit X Health sector reforms**- International and Indian experiences, regulation of health sector including pharmaceutical industry, access to health care with quality, health care utilization.

Text Books:

1. Banerjee D. (1982) Poverty class and Health Culture in India Vol. 1 Parchi Prakashan New Delhi.

2. Indian Council of Social Science Research and Indian Council of Medical Research (1981) Health for All by 2000 A. D. ICSSR Delhi.
3. Madan T.N. (1969) "Who Chooses Modern Medicine and Why" Economic and Political Weekly pp. 1475-84.
4. Feldstein M.S. (1977) Economic analysis of Health Service Efficiency North-Holland Amsterdam.
5. Cutler and Zeckhauser (1999) The Anatomy of Health Insurance NBER Working Paper # 7176.
6. Levy and Deleire (2002) What do People Buy When They Don't Buy Health Insurance? Working Paper Harris School University of Chicago.
7. Schoen and DesRoches (2000) "Uninsured and Unstably Insured: The Importance of Continuous Insurance Coverage" Health Service Research 35 (1 Part II): 187-206.
8. Manning *et al.* (1987) "Health Insurance and the Demand for Medical Care: Evidence from a Randomized Experiment" American Economic Review 77(3): 251-277.
9. Grossman (1972) "On the Concept of Health Capital and the Demand for Health" Journal of Political Economy 80(2): 223-255.
10. Philipson (1999) "Economic Epidemiology and Infectious Diseases" NBER Working Paper # 7037.
11. Cuyler Anthony J. and Joseph P. Newhouse (2000) Handbook of Health Economics Volumes 1A and 1B North-Holland Elsevier Science.
12. Folland Sherman Allen C. Goodman and Miron Santo(2004) The Economics of Health and Health Care Prentice Hall.
13. Wagstaff Adam (1986). "The Demand for Health: Theory and Applications" Journal of Epidemiology and Community Health 40(1) 1-11.
14. Deaton Angus. (2003). "Health Inequality and Economic Development" Journal of Economic Literature 41(1) 113-158.
15. Bloom David David Canning and Jaypee Sevilla. (2001). The Effect of Health on Economic Growth: Theory and Evidence NBER Working paper 8587.

DEMOGRAPHY

Total Hours = 60

1. Sources of Demographic/Population Data

- 1.1 Population census; Vital registration National Sample Survey (NSS) Sample Registration System (SRS) and Demographic Health Surveys (DHS) and National Fertility and Health Survey (NFHS) (4-rounds).

2. Basic Concepts and Measures

- 2.1 Demography Population Studies and their Linkages with Health Science
- 2.2 Basic Measures of Population Change (Rates Ratios & Proportions)
- 2.3 The Balancing Equation of Population Change
- 2.4 The Lexis Diagrams and Understanding of Period and Cohorts Rates
- 2.5 The Concept of Cohort and Person-years
- 2.6 Probabilities of Occurrence of Events

3. Age-specific Rates and Probabilities

- 3.1 Period Age-specific Rates
- 3.2 Standardization of Rates (Direct Standardization and Indirect Standardization)
- 3.3 Decomposition of Difference between Rates or Proportions
- 3.4 Age-specific Probabilities
- 3.5 Probabilities of Death Based on Mortality Experience of a Single Calendar Year

4. The Life Table and Single Decrement Process

- 4.1 Cohort and Period Life
- 4.2 Steps of Construction of Cohort and Period Life Table

- 4.3 Interpretation of Life Table Functions
- 4.4 Applications of Life Tables
- 4.5 Model Life Tables
- 5. **Measures of Fertility Reproduction and Nuptiality**
 - 5.1 Measures of Period Fertility Rates
 - 5.2 Measures of Cohort Fertility Rates
 - 5.3 Gross Reproduction Rate (GRR)
 - 5.4 Net Reproduction Rate (NRR)
 - 5.5 Measures of Nuptiality [Mean Age (from direct data on age at marriage) & Singulate Mean Age at Marriage (Estimated using indirect method from Census data on marital status by age)]
 - 5.6 Concept of Marriage Squeeze and Double Marriage Squeeze
- 6. **Measures of Mortality**
 - 6.1 Crude Death Rate (CDR) Age-specific death Rate (ASDR)
 - 6.2 Infant and Child Mortality Rate (IMR U5MR)
 - 6.3 Neonatal Pre and post Natal Rates
 - 6.4 Measures of Pregnancy Wastage
- 7. **Dynamics of Age-sex and Ageing**
 - 7.1 Demographic Transition and its Effects on Age-sex Structure
 - 7.2 Factors Affecting Sex Ratio of a Population
 - 7.3 Measures of Ageing (Index of Ageing; Young Dependency Ratio; Old Age Dependency Ratio; Total Dependency Ratio)
- 8. **Population Estimates and Projection**
 - 8.1 Intercensal Estimates Post-censal Estimates Projections and Forecasts
 - 8.2 Mathematical Methods of Population Projection
 - 8.3 The Cohort Component Method
 - 8.4 The Projection Matrix and its Analysis
 - 8.5 Accuracy of Projections
- 9. **The Stable and Stationary Population Models**
 - 9.1 Stable Stationary and Non-Stable Populations
 - 9.2 Lotka's Stable Population Model
 - 9.3 The Relationship between Intrinsic Growth Rate and the Net Reproduction Rate (NRR)
 - 9.4 The Effects of Change in Fertility and Mortality on Age Structure Growth Rates Birth Rates and Death Rates

Text Books

1. Samuel H. Preston Patrick Henveline and Michel Guillot (2001) *Demography: Measuring and Modeling* Blackwell Publisher.
2. Nathan Keyfitz (1968) *Introduction to the Mathematics of Population Addison - Wesley Publishing Company* Reading Massachusetts
3. Jacob S. Siegel and David a. Swanson (2004): *The Methods and Materials of Demography* Second Edition Chapters 1 2 3 7 9 10 Elsevier Science USA.
4. Asha A. Bhende and Tara Kanitkar (2003) *Principles of Population Studies Sixteenth* Revised Edition Himalaya Publishing House Mumbai.
5. John R. Weeks (2005) *Population: An Introduction to Concepts and Issues* Ninth

Edition Wadsworth Publishing Company Belmont California

6. Pathak K.B and F.Ram(1998): *Techniques of Demographic Analysis 2nd Ed* Himalaya Publishing house Bombay(Chapters 2 & 3).
7. United Nations (1974): *Methods of Measuring Internal Migration Manual VI* UN New York.
8. United Nations (2004): *World Urbanization Prospects The 2003 Revision* New York.

HEALTH CARE SYSTEM AND POLICIES & HEALTH SURVEYS

Total Hours = 60

Unit I Identify the structure, components and characteristics of global health care system. Understanding the needs and goals for various policies related to public health, policy environment, frameworks for policy analysis. Basic models and functions of health services, health care systems, international experience.

Unit II Health infrastructure and health delivery system in India- public, private, NGOs, Indigenous health systems. Public health system- A re-appraisal and SWOT analysis, a critique on the health delivery system- problems related to structural, functional and management of public health care services. National health programmes- Public health preparedness.

Unit III Health care system- stakeholders in health care system, human capital and health, role of government in providing health care, improving access to health care with quality. Health care legislations in India: Legal aspect of health care, MTP Act, biomedical waste Rules, COPRA Act, PNDT Act, Transplantation of human organs Act, etc. Principles of planning and management of health programmes- monitoring and evaluation- quality assurance- health impact assessment- five year plans.

Unit IV Health services- Community needs assessment, Decentralization of health facilities. Sustainability of public health intervention- Concept and mechanism of sustainability, models and examples of sustainability, community ownership, Public-private mix.

Unit V Introduction to health services and research policies - Perspectives- methodological approach. Major public health problems – A critical review and analysis, identification of major areas of public health requiring interventions, ongoing public health interventions in India. Health system reforms and their impact

Text Books

1. Lassey M Lassey W and Jinks M. (1997). Health Care Systems around the World: Characteristics Issues and Reforms. Prentice-Hall Inc.
2. Graig Laurene A. (1999) Health of Nations: An International Perspective on US Healthcare Reform. 3rd Edition Congressional Quarterly Inc.
3. Bodenheimer Thomas S. Kevin Grumbach. *Understanding Health Policy*
4. Fort Meredith Mary Anne Mercer and Oscar Gish (Editors). *Sickness and Wealth: The Corporate Assault on Global Health*
5. Govt. of India (2002)-National Health Policy-2002 Ministry of Health and Family Welfare New Delhi.
6. Govt. of India (2005) Report of the National Commission on Macroeconomics and Health Ministry of Health and Family Welfare New Delhi.
7. Peters et.al (2002) Better Health System for India's poor: Findings Analysis and Options: The World bank New Delhi
8. Reddy K.S. et.al (2011)" Towards achievement of universal health care in India by 2020 : A Call of Action" www.thelancet.com
9. Banerjee D. (1982) Poverty class and Health Culture in India Vol. 1 Parchi Prakashan New Delhi.

10. Indian Council of Social Science Research and Indian Council of Medical Research (1981) Health for All by 2000 A. D. ICSSR Delhi.
11. Madan T.N. (1969) "Who Chooses Modern Medicine and Why" Economic and Political Weekly pp. 1475-84.

BIOSTATISTICS

Total Hours = 30

Unit I: Frequency distribution: Measures of central tendency, Arithmetic mean, Median, Mode, Percentiles, Geometric Mean, Harmonic mean, Measures of Dispersion, Range, Mean Deviation, Standard error, standard Deviation, Coefficient of Variation, Simple problems.

Unit II: Sampling-Methods of Sampling, types of population, sample size, sampling distribution and statistical inference, type I & II Errors. Correlation and Regression, Scatter diagram, Correlation Coefficient, Test of significance, Chi square tests.

Unit III: Probability-Measurement of probability and Laws of probability for independent events, Conditional probability, Bayer's theorem and application of probability, probability distribution, Binomial, Poison, Normal "t".

Reference:

1. Daniel WW. Biostatistics: A foundation for analysis in the health sciences. 10th edition. John Wiley & Sons. 2013.
2. Mood, A.M., Graybill, F.A., and Boes, D.C. : Introduction to the Theory of Statistics, Third edition. McGraw Hill.
3. Goon, A.M., Gupta, M.K., and Dasgupta, B. : An Outline of Statistical Theory, Vol 2. The World Press Publishers Pvt. Ltd., Calcutta.
4. Roa, C.R.: Linear Statistical Inference and Applications, Revised edition. Wiley Eastern.

ORIENTATION OF HOSPITAL INDUSTRY

Total Hours = 60

Unit I: Global Overview of Hospital Industry in the US, Europe, Australia and Japan, Overview of Indian health care and hospital industry in India, Classifications of Hospitals, Market size, Major players

Unit II: Regulatory environment in Hospital Industry: Ministry of Health & Family Welfare Role of State Governments Other Regulators (Medical Council of India, Dental Council of India, Pharmacy Council of India, Indian Nursing Council), laws related to hospital, Role of WHO & International Agencies

Unit III: Opportunities, Issue and Challenges in hospital industry.

Unit IV: Industrial Posting Schedule

INDUSTRIAL POSTING SCHEDULE

Total Hours: 120

| Department | Observation |
|--|--|
| Out Patient Department (OPD), In Patient Department (OPD), Emergency and Front Office, Critical Care Department, Mahatma Jyotirba Phule Jivan Daayi Arogya Yojna | Functions, Policies, Physical facilities, procedures, staffing, Infection Control measures, Disaster management approach, security and management, Fire Hazard measures, Nursing services, Housekeeping services, patient management and grievances handling, equipments and Inventories, drainage and sanitation, waste management, |

Reference:

1. BM Sakharkar, *Principles of Hospital Administration and planning* – Jaypee brothers Publications.
2. Francis CM, Mario C de Souza ; *Hospital Administration* – Jaypee brothers Medical Publishers (P) Ltd., New Delhi, 2000
3. Modgli GD: *Medical Records, Organization and Management*, Jaypee brothers Medical Publishers (P) Ltd., New Delhi, 2001
4. Sakharkar BM: *Principles of Hospital Administration and planning* , Jaypee Brothers Medical Publishers (P) Ltd., New Delhi, 1999
5. McGibony JR: *Principles of Hospital Administration*, GP Putnam's sons ' New York, 1969
6. Rowland H.S. Rowland BL: *Hospital Administration Handbook*, Aspen System Corporation: Rockville, 1984
7. Grants Method of Anatomy: A Clinical Problem solving approach - John V. Basmajian and Charles E. Slonecker,

Semester II

PRINCIPLES OF MANAGEMENT

Total Hours: 30

Unit I: Introduction to management –Definition of Management, Science or Art, Management and Administration, Development of Management Thought, Contribution of Taylor and Fayol, Functions of Management, Types of Business Organization. Evolution of management thoughts, contribution of selected management thinkers, various approaches to management, contemporary management practice, managing in global environment, managerial functions.

Unit II: Planning: importance of planning, types of planning, decision making process, approaches to decision making, decision models, pay off matrices, decision trees, break even analysis. Nature & Purpose, Steps involved in Planning, Objectives, Setting Objectives, Process of Managing by Objectives, Strategies, Policies & Planning Premises, Forecasting, Decision-making.

Unit III: Organizing: Departmentation, span of control, delegation, centralization and decentralization, committees, line and staff relationships, recent trends in organization structures. Nature and Purpose, Formal and informal organization, Organization Chart, Structure and Process, Departmentation by difference strategies, Line and Staff authority, Benefits and Limitations, De-Centralization and Delegation of Authority, Staffing, Selection Process, Techniques, HRD, Managerial Effectiveness.

Unit IV: Directing: Scope, Human Factors, Creativity and Innovation, Harmonizing Objectives, Leadership, Types of Leadership Motivation, Hierarchy of needs, Motivation theories, Motivational Techniques, Job Enrichment, Communication, Process of Communication, Barriers and Breakdown, Effective Communication, Electronic media in Communication.

Unit V: Staffing: Process of recruitment, selection, induction training, motivation, leading, leadership styles and qualities, communication, process and barriers.

Unit VI: Controlling: Managements control systems, techniques, types of control. System and process of Controlling, Requirements for effective control, The Budget as Control Technique, Information Technology in Controlling, Use of computers in handling the information, Productivity, Problems and Management, Control of Overall Performance, Direct and Preventive Control, Reporting, The Global Environment, Globalization and Liberalization, International Management and Global theory of Management.

Reference:

1. Management – A competency building approach – Heil Reigel / Jackson/ Slocum
2. Principles of Management – Davar
3. Good to Great – Jim Collins
4. Stoner, Freeman & Gulbert: Management (Prentice Hall India)
5. V.S.P. Rao & V. Hari Krishna: Management Text & Cases (Excel Books)
6. Heinz Weirich: Management (Tata McGraw Hill)
7. Certo: Modern Management (Prentice Hall India)
8. Management – Principles, Processes and Practices – Anil Bhat and Arya Kumar – Oxford Publications

9. Management – Theory & Practice – Dr Vandana Jain – International Book House Ltd
 10. Principles of Management – Esha Jain – International Book House Ltd
 11. Management Today – Principles & Practice – Burton – McGraw Hill Publications

ORGANISATIONAL BEHAVIOUR

Total Hours: 30

Unit I: Organizational Behavior: Concept, Nature, Characteristics, Conceptual Foundations and Importance, Models of Organizational Behavior, Management Challenge, A Paradigm Shift, Relationship with Other Fields, Organizational Behavior: Cognitive Framework, Behaviouristic Framework and Social Cognitive Framework.

Unit II: Perception and Attribution: Concept, Nature, Process, Importance, Management and Behavioral Applications of Perception; Attitude: Concept, Process and Importance, Attitude Measurement. Attitudes and Workforce Diversity; Personality: Concept, Nature, Types and Theories of Personality Shaping, Personality Attitude and Job Satisfaction; Learning: Concept and Theories of Learning.

Unit III: Motivation: Concepts and Their Application, Principles, Theories, Employee Recognition, Involvement, Motivating a Diverse Workforce; Leadership: Concept, Function, Style and Theories of Leadership-Trait, Behavioral and Situational Theories, Analysis of Interpersonal Relationship, Group Dynamics: Definition, Stages of Group Development, Group Cohesiveness, Formal and Informal Groups, Group Processes and Decision Making, Dysfunctional Groups.

Unit IV: Organizational Power and Politics: Concept, Sources of Power, Distinction between Power, Authority and Influence, Approaches to Power, Political Implications of Power: Dysfunctional Uses of Power; Knowledge Management & Emotional Intelligence in Contemporary Business Organization; Organizational Change: Concept, Nature, Resistance to change, Managing resistance to change, Implementing Change, Kurt Lewin Theory of Change. Organizational Design: Structure, size, technology, environment of organization; Organizational Roles : Concept of roles; role dynamics, Conflict: Concept, Sources, Types, Functionality and Dysfunctionality of Conflict, Classification of Conflict Intra, Individual, Interpersonal, Intergroup and Organizational, Resolution of Conflict, Meaning and Types of Grievance and Process of Grievance Handling; Stress: Understanding Stress and Its Consequences, Causes of Stress, Managing Stress.

Unit V: Organizational Culture: Concept, Characteristics, Elements of Culture, Implications of Organization culture, Process of Organizational Culture; Organization Development: Organizational Change and Culture, Environment, organizational culture and climate; contemporary issues relating to business situations. Process of change and Organizational Development.

Reference :

1. Understanding Organizational Behavior – Udai Pareek
2. Organizational Behavior – Fred Luthans
3. Organizational Behavior – L. M. Prasad (Sultan Chand)
4. Organisational Behaviour – Dipak Kumar Bhattacharya – Oxford Publications
5. Organisational Behaviour – Dr Chandra sekhar Dash – International Book House Ltd

6. Organisational Behaviour – Meera Shankar – International Book House Ltd
7. Management & Organisational Behaviour – Laurie Mullins – Pearson Publications
8. Organisational Behaviour, Structure, Process – Gibson – McGraw Hill Publications

MANAGERIAL COMMUNICATION Total Hours: 30

Unit I: Introduction to managerial communication, understanding the component of communication, small group and team communication, business and professional communication.

Unit II: Written Analysis and communication, Spoken Business communication

Unit III: Cultural Identity and intercultural communication, difficult communication

Unit IV: Intercultural communication competence, Organizational communication

Unit V: Persuasive Communication, Barriers to communication

Reference:

1. Cottrell, S. (2003) The study skills handbook – 2nd Ed Macmillan
2. Payne, E. & Whittaker L. (2000) Developing essential study skills, Financial Times – Prentice Hall
3. Turner, J. (2002) How to study: a short introduction – Sage
4. Northledge, A. (1990) The good study guide The Open University
5. Giles, K. & Hedge, N. (1995) The manager's good study guide The Open University
6. Drew, S. & Bingham, R. (2001) The student skills guide Gower
7. O'Hara, S. (1998) Studying @ university and college Kogan Page
8. Buzan, T. & Buzan, B. (2000) The Mind Map Book BBC Books
9. Svantesson, I. (1998) Learning maps and memory skills, Kogan Page
10. Theosarus – Merrilium – Oxford
11. Sen: Communication Skills (Prentice Hall India)
12. J. V. Vilanilam: More effective Communication(Sage)
13. Mohan: Developing Communication Skills(MacMillan)
14. Business Communication – Hcry Sankar Mukherjee – Oxford Publications
15. Business Communication – Sangeeta Magan – International Book House Ltd
16. Corporate Communications – Argenti – McGraw Hill Publications

ACCOUNTING & COSTING Total Hours: 30

Unit I: Introduction- Origin of Accounting & its importance, Different disciplines in Accounting, Difference between Accounts, Costing, Finance, Taxation, Audit, etc.

Unit II: Double Entry System of Accounts-Transactions – Debit & Credit, Classification of Accounts, Rules of Accounts, Convention, concepts & norms of Accounts, Advantages of Double Entry System of Accounts

Unit III: Journal & Ledger: Types of Journals/Subsidiary Books, Passing of Journal Entries, writing of narrations, Posting in Ledger, Balancing of Ledger Accounts

Unit IV: Depreciation- Why depreciation, Mode of Depreciations

Unit V: Preparation of Trial Balance & Final Accounts-Correction of mistakes in Trial Balance, Difficulties in locating the mistakes & its consequences, Profit making Hospitals, Non-profit making Hospitals.

Unit VI: Working Capital Management- Needs of Working Capital, Estimation of Working Capital requirement, Different sources of funds, Norms to be considered for Bank Loans

Unit VII: Changes in Financial Statements-Ratio Analysis, Limitation of Ratio Analysis.

Unit VIII: Budgetary Control-Difference between Budget, Estimate & Projection, Types of Budget – with special reference to Functional Budget, How to monitor a Budget

Unit IX: Elements of Cost of a Product/Service-Direct & Indirect Cost, Allocation of Overhead Cost, Analysis of Marginal Costing & Unit Costing. Accounting for manufacturing operations, classification of manufacturing costs, Accounting for manufacturing costs

Reference:

1. Management Accounting for profit control – Keller & Ferrara
2. Cost Accounting for Managerial Emphasis – Horngreen
3. T. P. Ghosh: Financial Accounting for managers(Taxmann).
4. Management Accounting – Paresh Shah – Oxford Publications
5. Cost Accounting – Dr N.K Gupta & Rajiv Goel – International Book House Ltd
6. Cost Accounting – A Managerial Emphasis – Charles T Horngren – Pearson Publications
7. Management Accounting – Debarshi Bhattacharya – Pearson Publications

MANAGEMENT INFORMATION SYSTEM Total Hours: 30

Unit I: Basic Information Concepts and Definitions

- Need for Information and Information Systems (IS) in an Organization
- Characteristics of Information and Organisation with respect to organization form, structure , philosophy, hierarchy etc

Unit II: Types of IS – Transaction

- Operational Control
- Management Control
- Decision Support
- Executive Information Systems

Unit III: Determining Information Needs for an Organisation/Individual Manager

- Overview of use of data flow method, analysis of information for decision processes etc.

Unit IV: Strategic use of Information and IS – Use of Information for Customer Bonding

- For Knowledge Management
- For innovation,
- For Managing Business Risks
- For Creating a new business models and new business reality.

Unit V: Information Security –

- Sensitize students to the need for information security
- Concepts such as confidentiality, Integrity and Availability.
- Types of threats and risk, overview of some of the manual,
- procedural and automated controls in real life IT environments.

Reference:

1. MIS a Conceptual Framework by Davis and Olson
2. Analysis and Design of Information Systems by James Senn
3. Case Studies : Case on ABC Industrial Gases – Author : Prof Pradeep Pendse Mrs Fields Cookies – Harvard Case Study Select Business Cases identified by each Group of Students for work thru the entire subject 2-3 Cases on Requirements Management – Author : Prof Pradeep Pendse
4. O'brien: MIS (TMH)
5. Ashok Arora & Bhatia: Management Information Systems (Excel)
6. Jessup & Valacich: Information Systems Today (Prentice Hall India)
7. L. M. Prasad : Management Information Systems (Sultan Chand)
8. Management Information Systems – Girdhar Joshi – Oxford Publications
9. Management Information Systems – M.Jaiswal & M.Mittal – Oxford Publications
10. Management Information Systems – Hitesh Gupta – International Book House Ltd
11. Management Information Systems – Dr Sahil Raj – Pearson Publications
12. Introduction to Information Systems – Leon – McGraw Hill Publications

HUMAN RESOURCE MANAGEMENT

Total Hours: 30

Unit I: Perspectives in human resource management - Evolution of human resource management – the importance of the human factor – objectives of human resource management – role of human resource manager – human resource policies – computer applications in human resource management

Unit II: The concept of best fit employee – Importance of human resource planning, Job Analysis, Job Description & Specifications, forecasting human resource requirement – internal and external sources. Selection process-screening – tests - validation – interview - medical examination – recruitment introduction – importance – practices – socialization benefits.

Unit III: Training and executive development – Types of training, methods, purpose, benefits and resistance. Executive development programmes, common practices, benefits, self development, knowledge management.

Unit IV: Sustaining employee interest – Wage Administration, Salary Administration. Employee Benefits & Social Security compensation plan, reward, motivation, theories of motivation, career management, development, mentor, protege relationships.

Unit V: Performance evaluation and control process - Method of performance evaluation, feedback, industry practices, Promotion, demotion, transfer and separation, Employee Turnover, implication of job change. The control process- importance, methods, requirement of effective control systems grievances – causes, implications, redressal methods.

Unit VI: Industrial Relations-Unions & their role, Settlement of disputes, Industrial Dispute Act, Collective bargaining.

Unit VII: Issues Relating to Management of Professionals-Consultants, Specialists, Medical Officers, Nursing Staff, Other Paramedical Staff.

Unit VIII: Discipline- Punctuality, Dress code, Identification, Behaviors of staff, Disciplinary action, Law of natural justice.

Unit IX: Brief introduction to Rules and regulations:-Minimum wages act, The ESI Act–1948-the maternity benefit act–1961–the workmen’s compensation act–1923-the payment of gratuity act-1972–Employee provident funds and miscellaneous provisions act–1952. Retirement, health and life insurance, The Trade Unions Act

Reference:

1. Human Resource Management – P.Subba Rao
2. Personnel Management – C.B. Mammoria
3. Dessler: Human Resource Management(Prentice Hall India)
4. Personnel/Human Resource Management: DeCenzo & Robbins (Prentice Hall India)
5. D. K. Bhattacharya: Human Resource Management (Excel)
6. VSP Rao – Human Resource Management(Excel)
7. Gomez: Managing Human Resource (Prentice Hall India)
8. Human Resource Management – Dr P Jyothi and Dr D.N Venkatesh – Oxford Publications

PROJECT MANAGEMENT

Total Hours: 30

Unit I: Project Planning - Project Management scenario, Project Asset – issues & problems, Gantt Chart & LOB, Network Analysis, PERT / CPM, Resource Monitoring & Control.

Unit II: Contract Management : principles of Project Contracts, compilation of Project Contracts, practical aspects of Contract, legal aspects of Project Management, global tender, negotiations for Projects, insurance for Projects.

Unit III: Project Buying: Projects Procurement Process, Life – cycle Costing, Project Cost Reduction methods, Project Stores, organization & HRD issues, Computerization.

Unit IV: Investment Feasibility Studies: managing Project Resources Flow, Project Feasibility studies, Project Cost –Capital & Operating, Forecasting Income, Estimation of Investment & ROI, Project Evaluation, Financial Sources, Appraisal Process.

Unit V: Issues in Project Management: Project Audit, Project Monitoring & MIS, Cost Control, Real Time Planning, Intangibles.

Reference:

- Sunil Chopra and Peter M, SCM-Strategy, Planning & Operation, PHI
- Rahul V Attekar, SCM – Concepts & Cases , PHI

RESEARCH METHODOLOGY

Total Hours: 30

Unit I: Concept of Research – objectives, Motivation , Importance & types of research; Social research – Native scope importance & limitations , functional areas of management; Scientific method – steps involved in a process of research.

Unit II: Process of formulating research problem-Defining problem, Hypothesis formation, Sources, Qualities of workable hypothesis, Importance of Hypothesis,

Unit III: Research Design-Criteria of a good research design, Types of research design

Unit IV: Sampling– Meaning , Advantages , and disadvantages , Sampling Design, Different types of sampling designed used for social research.

Unit V: Measurement in research – Possible sources of error in measurement, Tests of sound measurement.

Unit VI: Scaling – Techniques used in social research – classification of scaling- scale contraction techniques

Unit VII: Methods- Observation – meaning & characteristics, types, advantages & disadvantages; Experimental method – Definition, characteristic, and steps involved, Difficulties in experimental method, advantages & limitations; Schedule & questionnaire- Meaning Types of schedule, Evaluation of schedule, questionnaire – advantages & limitations, construction of questionnaire, layout of questionnaire, essentials of a good questionnaire, Interview – meaning & role, objectives, types of interviews, the process of interviews advantages & disadvantages of interviews.

Unit VIII: Sources of data – Primary data - advantages & disadvantages-sources of primary Data; Secondary data – advantages & disadvantages- sources of secondary data; Processing & analysis of data procuring operations, Editing, coding, classification, tabulation, parts & types of the table , Graphics & diagrammatic presentation of data types of diagrams – Histogram, Polygon, Bar & pie charts, Pictographs. Statistical Maps

Unit IX: Report writing-, Layout of report, Steps, Use of computers in research, Essential qualities of research report,

Reference:

1. Business Research Methods – Cooper Schindler
2. Research Methodology Methods & Techniques – C.R.Kothari
3. D. K. Bhattacharya: Research Methodology (Excel)
4. P. C. Tripathy: A text book of Research Methodology in Social Science (Sultan Chand)
5. Saunder: Research Methods for business students (Pearson)
6. Marketing Research –Hair, Bush, Ortinau (2nd edition Tata McGraw Hill)
7. Marketing Research Text & Cases – (Wrenn, Stevens, Loudon Jaico publication)
8. Marketing Research Essentials – McDaniels & Gates (3rd edition SW College publications)

HOSPITAL PLANNING AND MANAGEMENT

Total Hours: 60

Unit I: Introduction- evolution of hospital planning, Changing health care concept in planning / designing, need for planning health care facilities, health care facility planning in India

Unit II: Steps in Hospital Planning-Need Assessment, Planning process, Appointment of Planning Teams/Consultants, Preparation of Project Report, sources of finance, site selection Appointment of Architect, Architect Report, Size of the Hospital, Design of the Hospital, Selection of the Contractor, tender documents

Unit III: Architect Report- Preparation of Architect's Brief, Selection of the Size, Preparation of the Master plan, Layout, Grouping, Zoning & Phasing of Activities, Circulation & Movements of Patients, Staff, Visitors, functional and space programming, hospital design, departmental layouts, inter-relationships between services

Unit IV: Types of Hospital Organisation & Statutory Requirements for Planning- Planning of 30,100,250 bedded hospital (general/specialty), Planning of 500, 750 and above bedded hospital (teaching/super-specialty/non-teaching specialty hospitals); Hospital standards and design: Building requirement- Entrance & Ambulatory Zone, Diagnostic Zone, Intermediate Zone, Critical zone, Service Zone, Administrative zone; Voluntary & Mandatory standards – General standards, Mechanical standards, Electrical standards, standard for centralized medical gas system, standards for biomedical waste

Unit V: Project Management: PERT/CPM techniques, managing finance and other resources, equipment planning and procurement process, record-keeping, commissioning the facilities

Unit VI: Departmental Planning: Planning for Out Patient Department/Accident/Emergency, Indoor accommodation, Ward design, Bed wise planning, special requirements of certain departments such as ICU, OT, Pediatric, Maternity ward; Planning for Water supply, Electricity, Drainage & Sewage disposal; Planning for Equipments & Purchase.

Unit VII: Engineering Services and Utilities-Electrical system; water supply and sanitary system; air-conditioning and fresh air systems (HVAC); fire protection systems; centralised medical gas system; telecommunication system; transportation system; illumination.

Unit VIII: Environmental Control and Safety-General environmental control; infection control; radiological health; accidental injury prevention programme; occupational health; solid waste

management; hospital safety programmes; bomb threat; alarm system; disaster preparedness; code blue procedures.

Unit IX: Manpower Planning-Planning for various categories of Staff, Administrative action for Appointment, Training

Unit X - Hospital Clinical Services: Meaning and scope of patient care services – significance of patient care – role of administration in patient care – classification of Hospitals. Ambulatory Services, Diagnostic Services, Therapeutic Services, Nursing Services, Rehabilitative Services, General, Specialty Services, Role of clinical services in the hospital services system, Professional Staff Management

Unit XI: Hospital Support Services: Administrative care Unit, Hospital Store & Pharmacy, Engineering Department, Hospitality Services, Central Sterile Supply Department, Hospital Information System, Medical Record Department, Public relation in hospital-process & practices of patient relationship, counseling, patient doctor relationship,, Security Services- Staff, Patients, New born unit, Female staff/Patients, Stores; Transport Services (External & Internal), Mortuary

Reference:

1. Hospital Planning, WHO, Geneva, 1984.
2. Kunders G.D., Gopinath S., and Katakam A. Hospital Planning, Design and Management, Tata McGraw Hill, New Delhi, 1999
3. Arun Kumar, (ed) Encyclopedia of Hospital Administration and Development, Anmol publications, New Delhi, 2000.
4. Srinivasan, A.V. (ed), Managing a Modern Hospital, Chapter 2, Response Books, New Delhi, 2000.
5. Padmanand V. and P.C. Jain, Doing Business in India, Response Books, New Delhi, 2000.
6. Madhuri Sharma, *Essentials for hospital support services and physical infrastructure*, Jaypee Brothers Publications.
7. Sakharkar BM, *Principles of hospitals administration and planning*, Jaypee Brothers publications.
8. Francis CM, Mario C de Souza: *Hospital Administration*, New Delhi, 2000.
9. Reaction of patients towards evening OP services in Delhi Hospitals, *Hospital Administration*, 14 (13), 1977.
10. Chakravarthy S: *Planning of Surgical Suites*, National workshop on hospital planning and Design, AIIMS, New Delhi, 1987.

HOSPITAL PROJECT

Total Hours: 240

Project work based on given responsibilities in the department

In this Phase students would be identifying some issues or challenges at the hospital and will be applying comprehensive research approach and submit the project in consultation with the academic as well as Hospital Mentor. The student will make report and presentation for the project work during the practical examination.

Schedule: Jan'18 to April'18 (Monday to Friday-Time: 10 am to 1.00 pm)

SECOND YEAR

Semester III

CORE ELECTIVES

1. QUALITY MANAGEMENT & ACCREDITATION IN HOSPITAL INDUSTRY

Total Hours:60

Unit I: Evolution of quality movement- Quality assurance, total quality management, continuous quality improvement, Theories & principle of Quality Assurance: Principles, Juran, Trilogy, Kaizen, Philip Crosby's principle,

Unit II: Quality management initiatives in health care- Need & Benefits for quality management in healthcare, Quality Management Programme, ISO clauses, quality manual, quality of clinical services, Critical Pathways, Medical Audits, , Performance review – Assessment / Methods, Quality Management of diagnostic facilities, Assessment of Client satisfaction

Unit III: Bench marking of quality standard- Quality Circle of India, Role of Quality Council of India (QCI) , NABL, NABH, JCI, BIS, ACHS Accreditation

Unit IV: Implementation strategies for Quality Programmes- Top Management Commitment, Organizing Implementation, Action Plan, Group Meeting, Training, documentation, internal audit, application for certificate, final audit, Leadership issues. Selection of pilot projects, Quality initiatives in Indian Health Care Organisation.

Reference:

1. Sundara Raju, S.M., Total Quality Management: A Primer, Tata McGraw Hill, 1995.
2. Srenivasan, N.S. and V. Narayana, Managing Quality – Concepts and Tasks, New Age International, 1996.
3. Shailendra Nigam, *Total Quality Management (An Integrated Approach)*, Excel Books, New Delhi, 2005.
4. James R Evans, James W Dean, Jr., *Total Quality (Management, Organisation and Strategy)*, Excel Books, New Delhi, 2nd Edition.

2. HEALTH INSURANCE

Unit I: Introduction to insurance industry- Health insurance reforms, health insurance in developing and developed countries, Health insurance in India, Insurance as a Risk Management Technique: Principle of Indemnity, Insurable Interest, subrogation, utmost good faith. Requisites of insurable risks. Characteristics of Insurance contract, cooling off period concept, co-pay concept

Unit II: Functions of Insurers- Production, Underwriting, Rate Making, Managing Claims and Losses, Investment & Financing, Accounting & Record Keeping and other miscellaneous functions, Types of Insurers, Reinsurance: the concept, uses and advantages. Marketing channels: Agents & brokers

professionalism, remuneration, responsibilities, classification, criteria for appointment and capital adequacy norms for broker, an overview of IRDA.

Unit III: Form of Health Insurance in India- Social Health Insurance (mandatory health insurance schemes or government run schemes) - Central Government Health Schemes (C G H S) Employee and State Insurance Schemes (E S I S), Other Government Initiatives, Health insurance initiatives by State Governments, nonprofit social insurance scheme in India, , Actuarial Insurance; Employer based Scheme; Voluntary health insurance schemes or private-for-profit schemes- Bajaj Allianz, ICICI Lombard, Royal Sundaram Group, Cholamandalam General Insurance; Insurance offered by NGOs / community-based health insurance (nonprofit social insurance scheme in India) - ACCORD/ ASHWINI Health Insurance Scheme, Aga Khan Health Services, ASSEFA (Association of Sarva Sewa Farms Kottar Social Service Society (KSSS), Mathadi Hospital Trust Medinova Health, Card Scheme, Raigarh Ambikapur Health Association (RAHA), Medical Insurance Scheme, Self Employed Women's Association (SEWA), Tribhuvandas Foundation, Students Health Home

Unit IV: Health Insurance in US-indemnity based insurance, managed indemnity, HMO, PPO, POS

Unit V: Micro-Insurance in India- Need, financing, role of private sector, present product, long term sustainability, major problem in traditional model

Unit VI: Concerns, Challenges and the Way Ahead- Different Health Insurance Policies – Analysis and Management, Concept of combined Life Insurance and Health Insurance, GOI & State Govt. Policy in implementation of Health insurance, Hospitals / TPA / Insurance Company / Relationship and Problems

Unit VII: Government's Role in Health Care: Need for Government intervention in the market - Price Controls - Support Prices and Administered Prices - Prevention and control of monopoly - Protection of consumers' interest - Economic Liberalization - Process of disinvestments - Need and methods - Policy planning as a guide to overall business development

Unit VIII: Health Sector Reform in India, Health and economic development, Pharmacoeconomics, Health care financing in India

Reference:

1. Dwivedi, D.N. : Micro Economic Theory, Vikas Publications, New Delh, 1996.
2. James Henderson : Health Economics and policy - South Western College publishing, International Thomson Publishing, USA 1999.
3. Paul S. : Readings in Economics, Tata McGraw Hill, New Delhi ,1992.
4. Rexford E. Santerre : Health Economics Dryden Publishers, Florida (U.S.A),2000.
5. Mills.A.& Lee,K : Economics of Health, OUP Oxford, 1983
6. UNDP : Human Development report, OUP, Newyork (recent three Years)

3. HOSPITAL SUPER-SPECIALTY SERVICES

Unit One: Introduction: Need for planning super speciality services in hospital, key forces driving planning and organization of superspeciality services

Unit Two: Management of Super-specialty Services-Classification of super specialty services and sub-specialty services; special requirements of super specialty Departments;

Unit Three: Operation Management: organization and management of various super-specialty departments within a multi specialty hospital

Unit Four: Issues and Challenges: Feasibility, Affordability, Manpower Issues

4. SERVICES MANAGEMENT

Unit One: Services Culture: Responsiveness, accountability, tangibility, accessibility,

Unit Two: Customer Relationship Management (CRM) – Identification of customer, Classification into internal and external customer, customer satisfaction, customer value, maintaining relationship

Unit Three: Crisis Management: Handling difficult situation for both internal as well as internal customer, Grievances Handling

LEGAL FRAMEWORK IN HOSPITAL

Total Hours: 60

Unit I: Introduction & Legal Procedures-Court, Affidavit, Evidence, Complaint, Investigation, Oath, Offence, Warrant, Summons; Inquest-Police Inquest, Magistrates Inquest; Criminal Courts in India & their Powers, General Important Legal Knowledge Pertaining to IPC, CRPC, Civil PC, Evidence Act; Introduction to Indian Constitution, Consumer Protection Act 1986.

Unit II: Fundamental Rights- Rights & Responsibilities of Medical Person, Hippocratic Oath, Declaration of Geneva; List of Offences & Professional Misconduct of Doctors as per Medical Council of India; Medical Negligence & Compensation, Error & Commissions, Medical Ethics/Doctor Patient Relationship; Preventive Steps for Doctors/Hospitals to Avoid Litigation- Consent Form, Life Support, Dying Declaration, Death Certificate, High Risk, Post Mortem, Medico Legal Aspects of Emergency Services.

Unit III: Laws relating to Hospital formation- Promotion & Forming society, Nursing Home-Registration Act, The Companies Act, Law of Partnership, A Sample Constitution for the Hospital, The Tamil Nadu Clinics Act, Bombay nursing home act, Indian medical council act, State medical council, homeopathic medical council act, 1989, dentist act. Nursing council act,

Unit IV: Laws relating Purchases and funding- Law of contracts, Law of Insurance, Export Import Policy, FEMA-Exemption of Income Tax for Donations-Tax Obligations: Filing Returns and Deductions at Source.

Unit V: Laws pertaining to Health- Central Births and Deaths Registration Act, 1969- Recent amendments; Medical Termination of Pregnancy Act, 1971; Infant Milk Substitutes, Feeding Bottles and Infant Food Act, 1992, Mental health act, laws relating to communicable diseases, International health

regulations, epidemic diseases act, . Environmental protection act, 1986, The air (prevention and control of) pollution act 1981, international standards of drinking water

Unit VI: Laws pertaining to Hospitals-Transplantation of Human Organs Act, 1994, Pre-natal Diagnostic Techniques (Regulation and Prevention of Misuse) Act, 1994; The Biomedical Waste (Management and Handling) Rules-Radiation Safety System; Insurance Policy-General Claims Procedure, Rules relating to blood bank

Reference:

1. Consumer Protection Act. 1986.
2. Francis D., Government and Business, Himalaya Publishing House, 1988.
3. Gupta D and Gupta, S. Government and business, Vikas Publishing House 1987
4. Varma, D.P.S Monopolies, Trade Regulations and Consumer Protection, Tata McGraw Hill, New Delhi, 1985.
5. R.K. Chaube, Consumer Protection and the Medical Profession, Jaypee Publishing, New Delhi, 2000.
6. Steven D. Edwards, Nursing Ethics, A Principle Based Approach, Macmillan Press Ltd., London, 1996.
7. Indian Penal code, Indian Evidence Act, Criminal Procedure Code
8. Industrial Disputes Act, Indian Companies Act
9. Indian Medical Council Act.
10. Andhra Pradesh Private Medical care (Establishment, registration and regulation Act, 2002

MARKETING MANAGEMENT FOR HOSPITAL Total Hours: 60

Unit I: Service marketing concepts- Introduction, Growth of the Service Sector, The Concept of Service, Characteristics of Services- Four I's of services - Intangibility, Inconsistency, Inseparability and Inventory; Classification of Services, Designing the Service, Services marketing mix, 3Ps of service marketing-People- Physical evidence: -Process-Service quality; Service quality dimensions, Distinctive nature of services marketing

Unit II: Strategic Marketing Management for Services- Matching Demand and Supply through Capacity Planning and Segmentation, Role of HR & Internal Marketing of a Service, External versus Internal Orientation of Service Strategy.

Unit II: Delivering quality services-- Causes of Service-Quality Gaps: The Customer Expectations versus Perceived Service Gap, Factors and Techniques to Resolve this Gap -Gaps in Service - Quality Standards, Factors and Solutions - The Service Performance Gap -Key Factors and Strategies for Closing the Gap - External Communication to the Customer: the Promise versus Delivery Gap - Developing Appropriate and Effective Communication about Service Quality

Unit IV: Pricing of Health services- Definition of price-cost-value-Factors to be considered for pricing of services - Pricing Objectives- profit oriented -Market skimming -Market penetration -Operations and Patronage oriented objectives -Pricing Strategies - Cost based pricing-Competition based pricing - Demand based pricing--Price discounting-Odd pricing-Place differentiates-Quantity differentiates-Penetration pricing- Value pricing-Complementary pricing-Price bundling-Market segmentation and pricing.

Unit V: Marketing Hospital Services- Developing a positioning strategy, Marketing and medical ethics, promotional method in hospital sector, medical camp, conferences, internet medicine, public interest programmes, Corporate marketing, referral doctor system, Marketing for TPA and Cash Patients, advertising media – press, radio, television, films, hoardings, etc – media relations.-Branding, Customer Relationship Management (CRM), Marketing of Hospital Services of Non Profit Organizations

Reference:

- Kotler Philip, Marketing Management (Millennium Edition), PH1, New Delhi, 2001.
- Zeithaml Bitner, yalarie A., Services Marketing – Cases in Marketing Management , McGraw Hill, New York, 1996.
- Srinivasan.R, Services Marketing (The Indian context), Prentice- Hall India, New Delhi.
- Bhattacharya .C., Services Marketing, Excel Books, New Delhi, 2006.
- Ravi Shankar, Services Marketing (Indian Perspective), Excel Books New Delhi 2004.
- Christopher Lovelock & Jochen Wirtz, Services Marketing (People, Technology and Strategy), Person Education, New Delhi, 2004.
- Saxena, Rajan, Marketing Management, Tata McGraw Hill, new Delhi, 1997.
- Still, Richard R. Edward W. Cundiff and Norman A.P. Govani, Sales Management PH1, New Delhi, 1997.
- Milica Z.Bookman, Karla R.Bookman; Medical Tourism in Developing Countries., Palgrave Macmillan. 2007

MATERIAL MANAGEMENT

Total Hours:30

Unit I: Introduction of Material Management- Definition, Scope & Functions, Objectives, principles

Unit II: Materials Planning- Classification of Materials-Consumable, Non consumable; Working out quantities required, forecasting; budgeting, concept of Just in time and Central purchasing.

Unit III: Purchase Management-Objectives, Purchase system-Centralised, Decentralised, Local purchase; Legal aspects of purchasing; Out Sourcing of Services; Purchase Procedures-Selection of Suppliers, Tendering procedures, Analysing bids, Price negotiations, Issue of purchase orders, Rate Contracts, Follow up action, Import formalities relating to Medical Equipments, Letter of credit, service contracts, Foreign currency payments.-Import documentation

Unit IV: Receipt of Materials-Inspection of materials, Preparation of defect/Discrepancy Report, Disposal of rejected items, Stocking of accepted items, Accounting of materials

Unit V: Store Management-Organisation & layout, Functions of Store Manager, Materials handling, Flow of goods/FIFO, Computerisation of inventory transactions, Security of stores, Disposal of scrap/unserviceable materials, Sub-stores in various departments, Physical stock taking, Codification and Classification of materials

Unit VI- Inventory Control-Aims & objectives, Scope of Inventory Control, Lead-time, Buffer stock, Reorder level, Economic order quantity, safety stock, Two Bin System; Tools & Techniques of Inventory Control-Classification of Inventory, Techniques of Inventory Control- ABC, VED, Others.

Unit VII: Medical Stores-Functions, Storage condition/Monitoring, Expiry Dates & Action, Cold Chain, Role of drug Review Committee-Hospital formulary, Obsolescence

Reference:

1. BM Sakharkar, *Principles of Hospital Administration and planning* – Jaypee brothers Publications.
2. Francis CM, Mario C de Souza ; *Hospital Administration* – Jaypee brothers Medical Publishers (P) Ltd., New Delhi, 2000
3. Modgli GD: *Medical Records, Organization and Management*, Jaypee brothers Medical Publishers (P) Ltd., New Delhi, 2001
4. Sakharkar BM: *Principles of Hospital Administration and planning* , Jaypee Brothers Medical Publishers (P) Ltd., New Delhi, 1999
5. McGibony JR: *Principles of Hospital Administration*, GP Putnam's sons ' New York, 1969
6. Rowland H.S. Rowland BL: *Hospital Administration Handbook*, Aspen System Corporation: Rockville, 1984
7. Grants Method of Anatomy: A Clinical Problem solving approach - John V. Basmajian and Charles E. Slonecker,

FINANCIAL MANAGEMENT

Total Hours: 30

Unit – I: The Finance function: Nature and Scope; Evolution of finance function – Its new role in the contemporary scenario –Goals of finance function – maximizing vs. satisfying; Profit vs. Wealth vs. Welfare; the Agency relationship and costs; Risk-Return trade off; Concept of Time Value of Money – Future Value and Present value.

Unit – II: The Investment Decision: Investment decision process- Project generation, project evaluation, project selection and project implementation. Developing Cash Flow; Data for New Projects; Using Evaluation Techniques – Traditional and DCF methods. The NPV vs. IRR Debate; Approaches for reconciliation. Capital budgeting decision under conditions of risk and uncertainty; Measurement of Risk – Risk adjusted Discount Rate, Certainty Equivalents and Beta Coefficient, Probability tree approach, Sensitivity analysis.

Unit – III: The Financing Decision: Sources of finance – a brief survey of financial instruments; Capital Structure Theories, Concept and financial effects of leverage; The capital structure decision in practice: EBIT – EPS analysis. Cost of Capital: The concept – Average vs. Marginal Cost of Capital; Measurement of Cost of Capital – Component Costs and Weighted Average Cost of Capital

Unit – IV: Current Assets Management and Dividend Decision: Concept of current assets, characteristics of working capital. Factors determining working capital. Estimating working capital requirements. Working capital policy. Management of current assets: Cash Management, Receivables Management and Inventory Management. Bank norms for working capital financing. The Dividend Decision: Major forms of dividends – Cash and Bonus shares. The theoretical backdrop – Dividends and valuation; Major theories centered on the works of Gordon, Walter, and Lintner. A brief discussion on dividend policies of Indian companies.

Unit – V: Corporate Restructuring and Corporate Governance: Corporate Mergers, acquisitions and takeovers: Types of mergers, Economic rationale of Mergers, motives for mergers; Financial evaluation of mergers; Approaches for valuation: DCF approach and Comparable Company approach (No practical exercises). Corporate Value based management systems. Approaches: Marakon approach and McKinsey approach; Principles of good corporate Governance.

Reference:

1. Financial Management - Brigham
2. Financial Management - Khan & Jain
3. Financial Management - Prasanna Chandra
4. Financial Management - Maheshwari
5. Financial Management – S.C.Pandey
6. Van Horne & Wachowiz: Fundamentals of Financial Management (Prentice Hall India)
7. Sharan: Fundamentals of Financial Management (Pearson)
8. Financial Management – Rajiv Srivastava & Anil Misra – Oxford Publications
9. Financial Management – Chandra Hariharan Iyer – International Book House Ltd
10. Fundamentals of Financial Management – Sheeba Kapil – Pearson Publications
11. Strategic Financial Management – Prasanna Chandra

STRATEGIC MANAGEMENT

Total Hours: 30

Unit I: Concepts of Strategic management- SM Process, Vision & Mission, External Environmental Analysis, General Environment, Industry Environment, Porters 5 Forces, Internal Environmental Analysis- Components, Resources, Capabilities, Competence, Competitive Advantage, Value Chain Analysis.

Unit II: Evaluation of strategy:- SWOT, PEST, and other similar ways of analysis, CAPA, fishbone diagram and other similar tools for corrective and preventive steps.

Unit III: Business Level Strategy- Customers, Segments, Markets, Cost Leadership, Differentiation, Competitive Rivalry & Competitive Dynamics

Unit IV: Corporate Level Strategy- Diversification, Integration, Restructuring, M&A, New market and product development, Corporate Social Responsibility and Corporate governance.

Unit V: Outsourcing as a strategy:- Various activities for outsourcing, Benefits of outsourcing, growth and drivers of outsourcing, when and what to outsource.

Reference:

1. Strategic Management – Thompson & Strickland McGraw, Hill Irwin
2. Competitive advantage – Michael Porter
3. Competitive strategy – Michael Porter
4. Strategic Management – N Chandrasekaran & P.S Ananthanarayanan – Oxford Publications
5. Understanding Strategic Management - Anthony Henry – Oxford Publications
6. Concepts in Strategic Management & Business Policy – Toward Global Sustainability – Thomas L. Wheelen, J David Hunger – Pearson Publications

MEDICAL TECHNOLOGY MANAGEMENT

Total Hours: 30

Unit I: Planning and forecasting the need of medical technologies in hospital- Justification of purchase proposal, Hospital Need Assessment, Estimation of Breakeven point and Profit – Projection in hospital budget, Local, National and International availability of Medical Equipments

Unit II: Procurement of equipment- Equipment selection guideline, Estimation of cost and Q.C. Planning, Purchase / Installation / Commissioning of Medical Equipments

Unit III: Equipment maintenance & condemnation- History sheet of equipment, preventive maintenance, master maintenance plan, repair of equipment, Inventory management, Quality management of medical technology, Replacement of old equipments and Buyback Policy, Condemnation & disposal, Procedure for condemnation

Unit IV: Issues and challenges- Role of Biomedical Engineering Department, Risk Management, Disaster Management, financial issues,

Unit V: Common Medical Equipments used in Hospital- Critical care equipment, OT equipment, Laboratory equipment, Diagnostic equipment, New inventions

Reference:

1. Hospital Planning, WHO, Geneva, 1984.
2. Kundurs G.D., Gopinath S., and Katakam A. Hospital Planning, Design and Management, Tata McGraw Hill, New Delhi, 1999
3. Arun Kumar, (ed) Encyclopedia of Hospital Administration and Development, Anmol publications, New Delhi, 2000.
4. Srinivasan, A.V. (ed), Managing a Modern Hospital, Chapter 2, Response Books, New Delhi, 2000.
5. Padmanand V. and P.C. Jain, Doing Business in India, Response Books, New Delhi, 2000.

INTERNSHIP (May-June)

Total Hours: 128

The students are placed for 8 weeks in various hospitals and healthcare organizations throughout the country or abroad for hands-on training.

Student has to maintain the logbook throughout and submit at the time of reporting back to the college post internship.

During the Internship, there would be two presentations in the respective organization where student is posted by the faculty in-charge from the college and in presence of organizational mentor. Students have to make thesis based on the project during internship, which should be approved by faculty in charge and the organizational mentor.

In case, if student fails to qualify the same, he/she has to appear for the university examination during the next semester examination.

Semester IV

GENERAL ELECTIVES

PURSUIT OF INNER SELF EXCELLENCE (POISE)

Total Hours: 60

UNIT I: Spiritual Values for human excellence : The value of human integration; Compassion, universal love and brotherhood (Universal Prayer) ; Heart based living ; Silence and its values, Peace and non-violence in thought, word and deed ; Ancient treasure of values - Shatsampatti , Patanjali's Ashtanga Yoga , Vedic education - The role of the Acharya , values drawn from various cultures and religious practices - Ubuntu, Buddhism, etc.; Why spirituality? Concept – significance ; Thought culture

UNIT II: Ways and Means : Correlation between the values and the subjects ; Different teaching techniques to impart value education; Introduction to Brighter Minds initiative; Principles of Communication; Inspiration from the lives of Masters for spiritual values - Role of the living Master.

UNIT III: Integrating spiritual values and life: Relevance of VBSE (Value Based Spiritual Education) in contemporary life ; Significant spiritual values ; Spiritual destiny ; Principles of Self-management; Designing destiny

UNIT IV: Experiencing through the heart for self-transformation (Heartfulness Meditation): Who am I? ; Introduction to Relaxation; Why, what and how HFN Meditation?; Journal writing for Self-Observation ; Why, what and how HFN Rejuvenation (Cleaning)? ; Why, what and how HFN connect to Self (Prayer)?; Pursuit of inner self excellence ; Collective Consciousness-concept of *egregore effect*.

IPR & BIOETHICS (Multidisciplinary / Interdisciplinary)

Total Hours: 60

UNIT I Ethics: Benefits of bioscience, ELSI of bioscience, recombinant therapeutic products for human health care.

UNIT II Patenting: Patent and Trademark, bioscience products and processes, Intellectual property rights, Plant breeders rights, trademarks, industrial designs, copyright in developing countries. Biosafety and its implementation, Quality control in bioscience.

UNIT III Introduction to quality assurance, accreditation & SOP writing : Concept of ISO standards and certification , National regulatory body for accreditation, Quality parameters, GMP & GLP, Standard operating procedures, Application of QA in field of genetics, Data management of clonal and testing laboratory

UNIT IV: Funding of bioscience business(Financing alternatives, VC funding, funding for biotech in India, Existstrategy, licensing strategies, valuation), support mechanisms for entrepreneurship (Bio-entrepreneurship efforts in India, difficulties in India experienced, organizations supporting bioscience growth, areas of scope, funding agencies in India, bioscience policy initiatives), Role of knowledge centers and R&D (knowledge centers like universities and research institutions, role of technology and up gradation)

DISASTER MANAGEMENT AND MITIGATION RESOURCES Total Hours: 60

UNIT I: Introduction- Definition of Disaster, Emergency; Type of Disasters, Disaster Codes, Incident Management Team (IMT), Community partners, Hazard Vulnerability Assessment – mitigation, Preparedness, response, recovery;

UNIT II: Communication- Notification of Disaster situation, Disaster/emergency announcement, Internal and External Information

UNIT III: Emergency Patient Management-Triage, First aid center, Assessment and transportation of injured persons, Categorization of casualties, Disaster Tags, Evacuation, Hospital preparedness for mass admissions of patients,

UNIT IV: Disaster plan of a hospital- Basic Requirements, Components of disaster plan : pre-hospital and hospital; Organization and Structure of Management in the Hospital, Alarm and Mobilization, Competencies and Emergency Rights, Admission and Treatment Capacities, Admission and Registration of Patients, Predefined Patient Transportation Routes, internal disaster plan-evacuation of hospital

UNIT V: Staff Responsibilities- General, Incident commander, hospital administrator, Clinicians, Chief Nursing Officer, Chief of Security, Facility Manager, Food Service Manager, Pharmacy Incharge, Front Desk Staff, Information, Training, Exercise- Mock exercise on disaster management in Hospital

References:

1. Shailendra K.Singh : Safety & Risk Management, Mittal Publishers.
2. J.H.Diwan : Safety, Security & Risk Management,APH.
3. Stephen Ayers & Garmvik: Text Book of Critical Care, Holbook and Shoemaker.

HUMAN RIGHTS

UNIT I: Background: Introduction, Meaning, Nature and Scope, Development of Human Rights, Theories of Rights, Types of Rights

UNIT II: Human rights at various level: Human Rights at Global Level UNO, Human Rights – UDHR 1948 – UN Conventions on Human Rights: International Covenant on civil and Political Rights 1966, International Convent on Economic, Social and Cultural Right, Racial Discrimination -1966 International, Instruments: U.N. Commission for Human Rights, European Convention on Human Rights.

UNIT III: Human rights in India: Development of Human Rights in India, Human Rights and the Constitution of India, Protection of Human Rights Act 1993- National Human Rights Commission, State Human Rights Commission, Composition Powers and Functions, National Commission for Minorities, SC/ST and Woman

UNIT IV: Human Rights Violations: Human Rights Violations against Women, Human Rights Violations against Children, 35 Human Rights Violations against Minorities SC/ST and Trans-genders, Preventive Measures.

UNIT V: Political issues: Political Economic and Health Issues, Poverty, Unemployment, Corruption and Human Rights, Terrorism and Human Rights, Environment and Human Rights, Health and Human Rights

Books

1. Jagannath Mohanty Teaching of Human sRights New Trends and Innovations Deep & Deep Publications Pvt. Ltd. New Delhi 2009
2. Ram Ahuja: Violence Against Women Rawat Publications Jewahar Nager Jaipur. 1998.
3. Sivagami Parmasivam Human Rights Salem 2008
4. Hingorani R.C.: Human Rights in India: Oxford and IBA New Delhi.

DISSERTATION (Feb-April)

The students are placed for 12 weeks in various hospitals and healthcare organizations throughout the country or abroad for hands-on training. The students will be required to complete a satisfactory thesis based on the project assigned to them. The thesis must be approved by Industry and faculty members. Students have to maintain the logbook throughout and submit at the time of reporting back to the college post dissertation. During Dissertation, there would be two presentations in the respective organization where student is posted in presence of faculty in-charge from the college and the organizational mentor. The university exam would be as per the following format:

In case, if student fails to qualify the same, he/she has to appear for the university examination during the next semester examination.

TEACHING, LEARNING & EVALUATION

FINAL THEORY marks will be 100 Marks OR 50 Marks

| (80 marks University Theory exam + 20 Marks Internal assessment) | | | | |
|---|----------------|--------------------|----------------------------|---------------------|
| Section | Question types | Marks distribution | Marks allotted per section | Marks |
| Sec A | MCQ | 10 x 1 M | 10 | 10 |
| Sec B | SAQ | 5/6 x 8 M | 40 | 40 |
| Sec C | LAQ/Case Study | 2/3 x 15 M | 30 | 30 |
| | | | | Total = 80 M |
| OR | | | | |
| (40 marks University Theory exam + 10 Marks Internal assessment) | | | | |
| Section | Question types | Marks distribution | Marks allotted per section | Marks |
| Sec A | MCQ | 5 x 1 M = 5 | 5 | 5 |
| Sec B | SAQ | 3/4 x 5 M = 15 | 15 | 15 |
| Sec C | LAQ/Case Study | 2/3 x 10 M = 20 | 20 | 20 |
| | | | | Total = 40 M |

FIELD POSTING marks will be 100 Marks

(80 marks University exam + 20 Marks Internal assessment)

Industry Posting/Hospital Project/Internship/Dissertation: Total 80 marks

| Exercise | Description | Marks |
|----------|-------------------------|---------------------|
| Q No 1 | Presentation | 30 M |
| Q No 2 | Report | 20 M |
| Q No 3 | VIVA | 20 M |
| Q No 4 | Continuous Assessment # | 10 M |
| | | Total = 80 M |

Continuous Assessment will be based on Mid-term presentation during the posting (5 marks) & attendance (5 marks) of the student. It was decided that weightage be given to attendance as per following scheme:

| Attendance percentage | Marks |
|-----------------------|-------|
| < 75 | Zero |
| 75 | 2.5 |
| 76-80 | 3.0 |
| 81-85 | 3.5 |
| 86-90 | 4.0 |
| 91-95 | 4.5 |
| 96-100 | 5.0 |

Evaluation schedule for Industry Posting/ Hospital Project/Internship/Dissertation

| | |
|------------------|--|
| Industry posting | : First semester University Examination |
| Hospital Project | : Second Semester University Examination |
| Internship | : Third Semester University Examination |
| Dissertation | : Fourth Semester University Examination |

INTERNAL ASSESSMENT (IA) Marks will be 20 Marks OR 10 Marks

For 100 Marks (Theory OR Field Posting) = 80 marks Theory + 20 Marks IA
For 50 Marks (Theory) = 40 marks Theory + 10 Marks IA

| Description | Marks (20) | OR | Marks (10) |
|---|--------------|----|--------------|
| Mid-term Internal exam I (at dept/Industry)* | 10 marks | | 5 marks |
| End-Term Internal exam II (at dept/Industry)* | 10 marks | | 5 marks |
| | Total = 20 M | | Total = 10 M |

*Mid-Term or End-Term Internal exam can be a presentation, written test or case study

Dissertation:-

MHA student should submit a suitable dissertation topic forwarded by the guide to the School of Biomedical Sciences by 6th September in III semester of the course. Approval of ethics & scientific committee, work should be carried out. Completed dissertation should be submitted by 31st march in IV semester.

Evaluation

Credit : Unit by which the course work is measured

Letter Grade: Index of the performance of students in a said course.

O, A+, A, B+, B and F.

After adding the internal marks (max. 20%) & external marks (max.80%), the marks secured by a student form maximum 100 will be converted into letter grade. The grade points are the numerical equivalent of letter grade assigned to a student in the 06 point scale as given below:

| % Marks Range | Grade Point | Letter Grade |
|---------------|-------------|-------------------|
| 96-100 | 10 | O Outstanding) |
| 86-95 | 9 | A+ (Excellent) |
| 76-85 | 8 | A (Very Good) |
| 66-75 | 7 | B+ (Good) |
| 56-65 | 6 | B (above Average) |

| | | |
|--------------|---|-------------------|
| 46-55 | 5 | C (Below average) |
| 45 and below | 0 | F (Fail) |

Calculation of SGPA per semester (to be calculated as per below)
(26 Credits)
Example for calculation

SGPA

| Paper | P1 | P2 | P3 | P4 | P5 | P6 | Total |
|--------------------------------|------|------|------|------|------|------|-------|
| Max Marks | 100 | 100 | 100 | 100 | 100 | 100 | 600 |
| % Marks Obtained (for example) | 68 | 69 | 80 | 79 | 85 | 88 | 469 |
| Grade Points Earned (G) | 7 | 7 | 8 | 8 | 8.5 | 9 | - |
| Credits for the Course (C) | 4 | 4 | 4 | 4 | 4 | 4 | 24 |
| Credit Points (CP= GxC) | 28.0 | 28.0 | 32.0 | 32.0 | 34.0 | 36.0 | 190.0 |

Semester Aggregate Marks: $469/600 = 78.17\%$
 Classification of results: First class distinction
 SGPA = Total CP // Total Credits = $190.0 / 24 = 7.92$

| Semester | I | II | III | IV | Total |
|---------------------------|-----|-----|-----|-----|-------|
| Total Marks per semester | 700 | 700 | 600 | 600 | 2600 |
| Total Marks Secured | 500 | 560 | 469 | 510 | 2039 |
| Semester Alpha Sign Grade | A | A+ | A | A+ | - |
| Semester GPA | 7.3 | 8.0 | 7.9 | 8.7 | - |
| Semester Credits | 26 | 26 | 24 | 24 | 100 |
| Semester CP | 189 | 208 | 190 | 208 | 795 |

Semester Alpha Sign Grade: A

Cumulative Grade Point Average (CGPA)

Aggregate percentage of Marks = $2036 / 2600 = 78.42\%$
 Classification of Result: First Class Distinction
 Cumulative Grade Point Average (CGPA) =
 Total of Semester CP / Total Credits for the programme = $794.7 / 100 = 7.947$
 Programme Alpha Sign Grade = A

LEARNING RESOURCE CENTERS

Hospital

- MGM Hospitals at Navi Mumbai campus is 850 bedded hospitals with 90 critical care beds. The basic specialty services include Medicine, Surgery, Paediatrics, Orthopaedics, Obstetrics & Gynaecology, ENT, Respiratory medicine, Dermatology, Psychiatry.
- The super specialty services cover Cardiovascular Thoracic Surgery (CVTS), Cardiology, Urology, Paediatric Surgery, Neurology, Endocrinology, Neurosurgery, Plastic surgery, Interventional Pain Management etc.
- The hospitals have well equipped surgical suites for minor and complex surgeries. Operation Theatre (OTs) are located with close proximity to all ICUs, Cath lab, Central Sterile Services Department and Generic Pharmacy.
- Casualty Department in the hospital of both campuses has 20 beds each and is well equipped to provide prompt services to critically ill and accidental cases.
- ICUs in both campuses are equipped with multi-parameter monitors, ventilators, defibrillators, central oxygen, suction, IABP and facility for dialysis within ICU.
- Central lab facilities are well maintained and are NABL accredited.
- Sleep Medicine and Research Centre is in Collaboration with University of Pennsylvania Health System, USA.
- Modern CT Scan, MRI machine, Endoscopy, laparoscopy equipments, digital x-ray, automatic analyser, colour Doppler, 2D echo, cath lab etc.

Library

- Library has 14423 bound volumes, 1163 thesis, 757 e-books, 2033 CDs and DVDs and 95 computers in Computer library.
- Working Hours - Monday to Saturday is 8 am to 11 pm and on Sunday and Holiday 10 am to 8 pm
- Seating capacity for both students and staffs in library is as per the statutory council norms.
- Access to Shodhganga and National Digital Library.
- MUHS digital library, EBSCO Host Medline, book bank, access to previous question papers, Journal room, e-library, xerox, tea and coffee vending machine is available. Separate sections for UG and PG, e learning section and group discussion room.

Seating Capacity

| Reading room capacity | Navi Mumbai |
|-----------------------|-------------|
| UG Students | 285 |
| PG Students | 100 |
| Faculty | 58 |

RESULTS & CONVOCATION

RESULTS:

Prior to external examination, students will be informed of their performance at internal assessments. Students are required to verify the marks obtained. Queries shall be discussed & sorted-out with Programme Head. Students are also required to duly sign and confirm the correctness of the internal marks. Every student will be given semester-wise consolidated grade sheet. On successful completion of the programme, consolidated grade sheet, passing certificate & transcript will also be issued to each student.

CONVOCATION:

Convocation of MGMIHS as per the schedule and intimated to all. All students who become eligible for obtaining the Degree Certificate need to submit their application by due date and follow the respective guidelines.

CO-CURRICULAR ACTIVITIES

1. Industry Visits
2. International Tour (Optional)
3. Certificate Program
4. Work-sops and training
5. Social service
6. Guest lectures
7. Participation in social initiatives

STUDENTS' COMMITTEES

FACILITIES

- Hostel
- Mess
- Food court
- Disaster & Emergency evacuation management plan
- Health Care

MGM Institute of Health Sciences and MGM Trust

Mahatma Gandhi Mission (MGM) Trust was established in 1982, with a view to propagate education, research and service to humanity following the cherished principle, advocated by Mohandas Karamchand Gandhi. In the course of last 25 years, MGM trust has established a number of educational institutions running mainly in medical, dental, nursing, engineering, architecture, management, law, journalism, Indian Languages, music, dance etc.

The Institutes are located at Navi Mumbai, Aurangabad, Nanded, and Prabhani in Maharashtra and NOIDA in UP having strength of more than 15,000 students. The institutions under MGM trust have achieved a mark of excellence in their respective areas over the years.

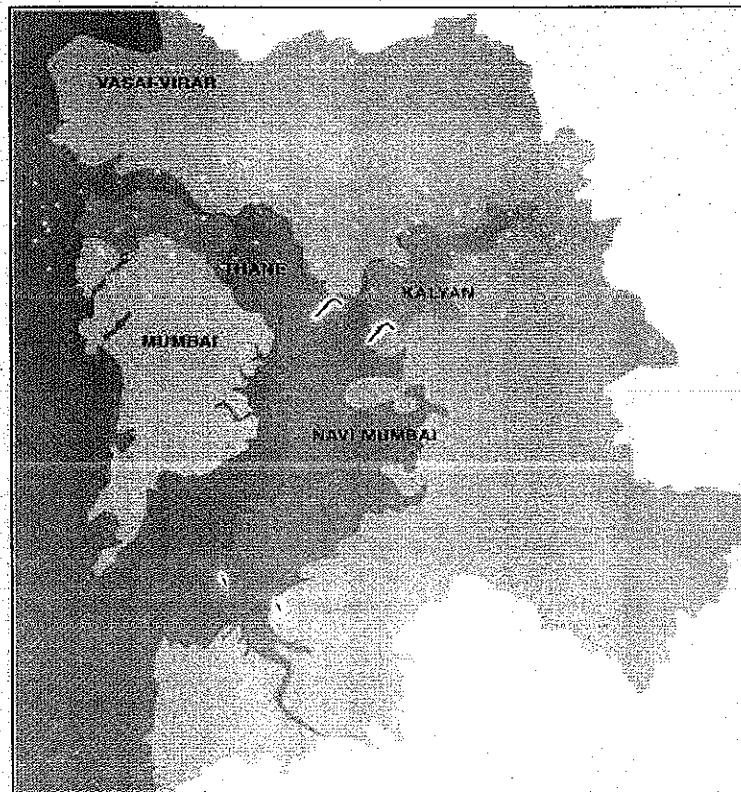
Mahatma Gandhi Mission trust has conceptualized an academic unit as MGM Institute of Health Sciences, Navi Mumbai. It is deemed university established vide notification of Ministry of Human Resource Development, New Delhi, vide its no. F.9-21/2005-U.3 (A) dt. 30.8.2006 on the recommendations of University Grants Commission, New Delhi having two educational campuses at Navi Mumbai and Aurangabad as —Centers of Excellence|| by creating the state of the art teaching, diagnostic and research facilities.

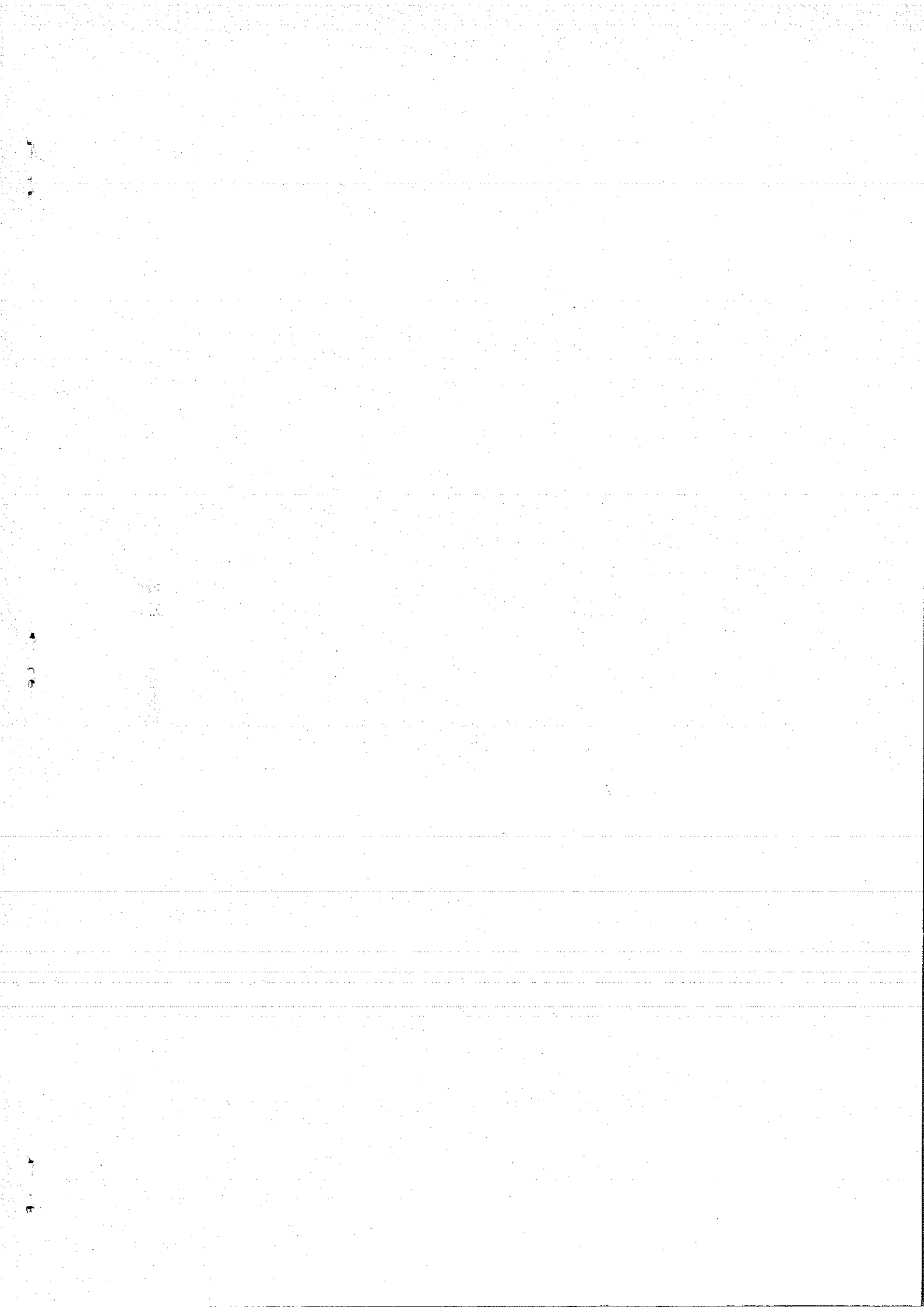
To keep up with the trend in providing higher education in other areas in Maharashtra, MGM Institute of Health Sciences proposed to start postgraduate course awarded to Masters in Hospital Administration in the academic year 2017-18.

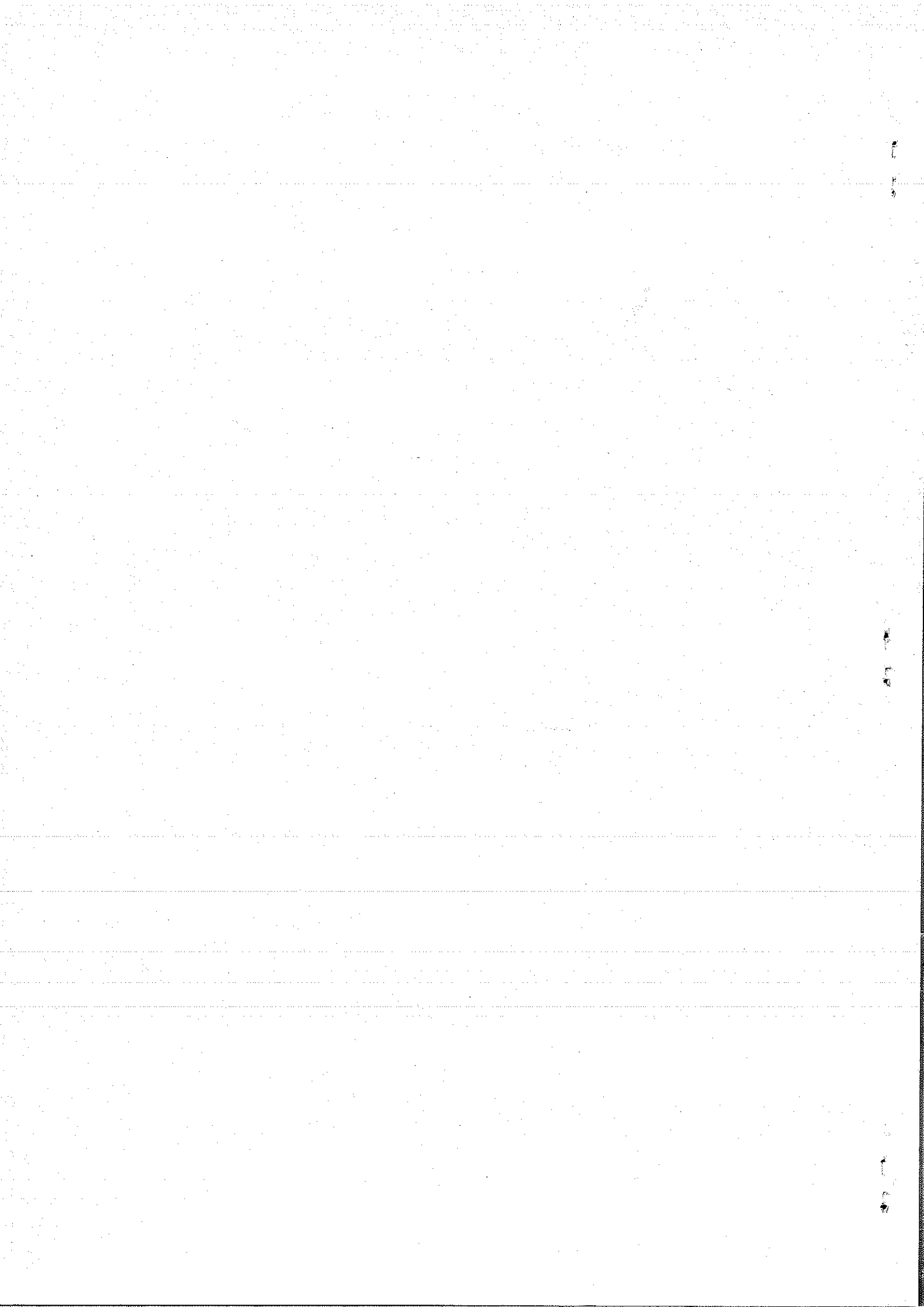
About Navi Mumbai City

Navi Mumbai or **New Bombay** is a planned township of Mumbai off the west coast of the Indian state of Maharashtra in Konkan division. The city is divided into two parts, North Navi Mumbai and South Navi Mumbai, for the individual development of Panvel Mega City, which includes the area from Kharghar to Uran. Navi Mumbai has a population of 1,119,477 as per the 2011 provisional census.

The area was mooted in 1971 to be a new urban township of Mumbai by the Government of Maharashtra. For this purpose a new public sector undertaking was established that is the CIDCO. Navi Mumbai is situated across two districts namely Thane and Raigad. The remaining newly developed and developing nodes in the Raigad district are administered by the CIDCO. Navi Mumbai is widely considered an entry point to Mumbai. Its location and infrastructure coupled up with affordable housing and low pollution makes Navi Mumbai the most preferred choice for new immigrants coming from in and out of Maharashtra seeking good living conditions outside Mumbai, despite facing daily hardship in these living conditions. The city has been ranked 12th among 73 cities surveyed for cleanliness and hygiene by the Union Ministry of Urban Development (MoUD) and Quality Council of India (QCI) as a part of Swachh Bharat Abhiyan.









MGM INSTITUTE OF HEALTH SCIENCES

(Deemed to be University u/s 3 of UGC Act, 1956)

Grade 'A' Accredited by NAAC

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