



**MAHATMA GANDHI UNIVERSITY**  
*of*  
**MEDICAL SCIENCES & TECHNOLOGY**  
JAIPUR

# Syllabus

## **MD – HOSPITAL ADMINISTRATION**

**(3 Years Post Graduate Degree Course)**

## Notice

1. Amendment made by the Medical Council of India in Rules/ Regulations of Post Graduate Medical Courses shall automatically apply to the Rules/ Regulations of the Mahatma Gandhi University of Medical Sciences & Technology (MGUMST), Jaipur.
2. The University reserves the right to make changes in the syllabus/ books/ guidelines, fees-structure or any other information at any time without prior notice. The decision of the University shall be binding on all.
3. The Jurisdiction of all court cases shall be Jaipur Bench of Hon'ble Rajasthan High Court only.

**RULES & REGULATIONS**  
**MD (Hospital Administration)**  
**(3 Years Post Graduate degree course)**

**TITLE OF THE COURSE:**

It shall be called Doctor of Medicine (Hospital Administration)

**ELIGIBILITY FOR ADMISSION:**

No candidate of any category (including NRI quota) shall be eligible for admission to MD/MS courses, if he or she has not qualified NEET PG (MD/MS) conducted by National Board of Examinations or any other Authority appointed by the Government of India for the purpose.

**1. General Seats**

- (a) Every student, selected for admission to postgraduate medical course shall possess recognized MBBS degree or equivalent qualification and should have obtained permanent Registration with the Medical Council of India, or any of the State Medical Councils or should obtain the same within one month from the date of his/her admission, failing which the admission of the candidate shall be cancelled;
- (b) Completed satisfactorily one year's rotatory internship or would be completing the same before the date announced by the University for that specific year as per MCI rules after passing 3rd professional MBBS Part II Examination satisfactorily.
- (c) In the case of a foreign national, the Medical Council of India may, on payment of the prescribed fee for registration, grant temporary registration for the duration of the postgraduate training restricted to the medical college/institution to which he/she is admitted for the time being exclusively for postgraduate studies; however temporary registration to such foreign national shall be subject to the condition that such person is duly registered as medical practitioner in his/her own country from which he has obtained his basic medical qualification and that his degree is recognized by the corresponding Medical Council or concerned authority.

**2. NRI Seats**

- (a) Students from other countries should possess passport, visa and exchange permits

valid for the period of their course of study in this Institution and should also observe the regulations of both central and state governments regarding residential permits and obtain no-objection certificate from the same.

(b) The candidate should have a provisional "Student Visa". If he comes on any other visa and is selected for admission, he will have to first obtain a student visa from his country and then only he will be allowed to join the course. Therefore, it is imperative to obtain provisional student visa before coming for Counseling.

(c) This clause is applicable to NRI/Foreign Students only.

### **CRITERIA FOR SELECTION FOR ADMISSION:**

#### **1. NRI Quota**

(a) 15% of the total seats are earmarked for Foreign National / PIO / OCI/ NRI / Ward of NRI/NRI sponsored candidates who would be admitted on the basis of merit obtained in NEET PG or any other criteria laid down by Central Government/MCI.

#### **2. Remaining Seats (Other than NRI Quota Seats)**

(a) Admissions to the remaining 85% of the seats shall be made on the basis of the merit obtained at the NEET conducted by the National Board of Examinations or any other Authority appointed by the Government of India for the purpose.

(b) The admission policy may be changed according to the law prevailing at the time of admission.

### **COUNSELING/INTERVIEW:**

1. Candidates in order of merit will be called for Counseling/Interview and for verification of original documents and identity by personal appearance.

2. Counseling will be performed and the placement will be done on merit-cum-choice basis by the Admission Board appointed by the Government of Rajasthan.

### **RESERVATION:**

Reservation shall be applicable as per policy of the State Government in terms of scheduled caste, scheduled tribe, back ward class, special back ward class, women and handicapped

persons.

### **ELIGIBILITY AND ENROLMENT:**

Every candidate who is admitted to MD/MS course in Mahatma Gandhi Medical College & Hospital shall be required to get himself/herself enrolled and registered with the Mahatma Gandhi University of Medical Sciences & Technology after paying the prescribed eligibility and enrolment fees.

Candidate shall have to submit an application to the MGUMST for the enrolment/eligibility along with the following original documents with the prescribed fees (upto November 30 of the year of admission without late fees and upto December 31 of the year of admission with late fees) –

- (a) MBBS pass Marks sheet/Degree certificate issued by the University (Ist MBBS to Final MBBS)
- (b) Certificate regarding the recognition of medical college by the Medical Council of India.
- (c) Completion of the Rotatory Internship certificate from a recognized college.
- (d) Migration certificate issued by the concerned University.
- (e) Date of Birth Certificate
- (f) Certificate regarding registration with Rajasthan Medical Council / Medical Council of India / Other State Medical Council.

### **REGISTRATION**

Every candidate who is admitted to MD/MS course in Mahatma Gandhi Medical College & Hospital shall be required to get himself/herself registered with the Mahatma Gandhi University of Medical Sciences & Technology after paying the prescribed registration fees.

The candidate shall have to submit an application to the MGUMST for registration with the prescribed fees (upto November 30 of the year of admission without late fees and upto December 31 of the year of admission with late fees).

### **DURATION OF COURSE:**

The course shall be of 3 years duration from the date of commencement of academic session.

**PERIOD OF TRAINING:**

The period of training for obtaining Post graduate degree, MD (Hospital Administration), shall be three completed years including the period of examination.

**MIGRATION:**

No application for migration to other Medical Colleges will be entertained from the students already admitted to the MD (Hospital Administration) course at this Institute.

**METHODS OF TRAINING FOR MD/MS:**

Method of training for MD (Hospital Administration) courses shall be as laid down by the Medical Council of India.

**ONLINE COURSE IN RESEARCH METHODS**

1. All postgraduate students shall complete an online course in Research Methods to be conducted by an Institute(s) that may be designated by the Medical Council of India by way of public notice, including on its website and by Circular to all Medical Colleges. The students shall have to register on the portal of the designated institution or any other institute as indicated in the public notice.
2. The students have to complete the course by the end of their 2nd semester.
3. The online certificate generated on successful completion of the course and examination thereafter, will be taken as proof of completion of this course
4. The successful completion of the online research methods course with proof of its completion shall be essential before the candidate is allowed to appear for the final examination of the respective postgraduate course.
5. This requirement will be applicable for all postgraduate students admitted from the academic year 2020-21 onwards

**ATTENDANCE, PROGRESS AND CONDUCT:****1. Attendance:**

- (a) 80% attendance is compulsory. Any one failing to achieve this, shall not be allowed to appear in the University examination.
- (b) A candidate pursuing MD (Hospital Administration) course shall reside in the campus

and work in the respective department of the institution for the full period as a full time student. No candidate is permitted to run a clinic/work in clinic/laboratory/nursing home while studying postgraduate course. No candidate shall join any other course of study or appear for any other examination conducted by this university or any other university in India or abroad during the period of registration. Each year shall be taken as a unit for the purpose of calculating attendance.

- (c) Every candidate shall attend symposia, seminars, conferences, journal review meetings, grand rounds, CPC, CCR, case presentation, clinics and lectures during each year as prescribed by the department and not absent himself / herself from work without valid reasons. Candidates should not be absent continuously as the course is a full time one.

## **2. Monitoring Progress of Studies- Work diary/Log Book:**

- (a) Every candidate shall maintain a work diary in which his/her participation in the entire training program conducted by the department such as reviews, seminars, etc. has to be chronologically entered.
- (b) The work scrutinized and certified by the Head of the Department and Head of the Institution is to be presented in the University practical/clinical examination.

## **3. Periodic tests:**

There shall be periodic tests as prescribed by the Medical Council of India and/ or the Board of Management of the University, tests shall include written papers, practical/clinical and viva voce.

## **4. Records:**

Records and marks obtained in tests will be maintained by the Head of the Department and will be made available to the University when called for.

## **THESIS:**

1. Every candidate pursuing MD (Hospital Administration) degree course is required to carry out work on research project under the guidance of a recognized post graduate teacher. Then such a work shall be submitted in the form of a Thesis.
2. The Thesis is aimed to train a postgraduate student in research methods & techniques.

3. It includes identification of a problem, formulation of a hypothesis, designing of a study, getting acquainted with recent advances, review of literature, collection of data, critical analysis, comparison of results and drawing conclusions.
4. Every candidate shall submit to the Registrar of the University in the prescribed format a Plan of Thesis containing particulars of proposed Thesis work within six months of the date of commencement of the course on or before the dates notified by the University.
5. The Plan of Thesis shall be sent through proper channel.
6. Thesis topic and plan shall be approved by the Institutional Ethics Committee before sending the same to the University for registration.
7. Synopsis will be reviewed and the Thesis topic will be registered by the University.
8. No change in the thesis topic or guide shall be made without prior notice and permission from the University.
9. The Guide, Head of the Department and head of the institution shall certify the thesis. Three printed copies and one soft copy of the thesis thus prepared shall be submitted by the candidate to the Principal. While retaining the soft copy in his office, the Principal shall send the three printed copies of the Thesis to the Registrar six months before MD (Hospital Administration) University Examinations. Examiners appointed by the University shall evaluate the thesis. Approval of Thesis at least by two examiners is an essential pre-condition for a candidate to appear in the University Examination.
10. Guide: The academic qualification and teaching experience required for recognition by this University as a guide for thesis work is as laid down by Medical Council of India/ Mahatma Gandhi University of Medical Sciences & Technology, Jaipur.
11. Co-guide: A co-guide may be included provided the work requires substantial contribution from a sister department or from another institution recognized for teaching/training by Mahatma Gandhi University of Medical Sciences & Technology, Jaipur/ Medical Council of India. The co-guide shall be a recognized postgraduate teacher.
12. Change of guide: In the event of a registered guide leaving the college for any reason or in the event of death of guide, guide may be changed with prior permission from the University.

**ELIGIBILITY TO APPEAR FOR UNIVERSITY EXAMINATION:**



The following requirements shall be fulfilled by every candidate to become eligible to appear for the final examination:

1. Attendance: Every candidate shall have fulfilled the requirement of 80% attendance prescribed by the University during each academic year of the postgraduate course. (as per MCI rules)
2. Progress and Conduct: Every candidate shall have participated in seminars, journal review meetings, symposia, conferences, case presentations, clinics and didactic lectures during each year as designed by the department.
3. Work diary and Logbook: Every candidate shall maintain a work diary for recording his/her participation in the training program conducted in the department. The work diary and logbook shall be verified and certified by the Department Head and Head of the Institution.
4. Every student would be required to present one poster presentation, to read one paper at a National/State Conference and to have one research paper which should be published/accepted for publication/ sent for publication to an indexed journal during the period of his/her post graduate studies so as to make him/her eligible to appear at the Post Graduate Degree Examination.
5. Every student would be required to appear in and qualify the Pre-University Post graduate degree Mock examination. Post graduate students who fail to appear in or do not qualify the Pre-University Post graduate degree Mock examination shall not be permitted to appear in the final examination of the University.

The certification of satisfactory progress by the Head of the Department/ Institution shall be based on (1), (2), (3), (4) and (5) criteria mentioned above.

#### **ASSESSMENT:**

1. The progress of work of the candidates shall be assessed periodically by the respective guides and report submitted to the Head of the Institution through the Head of the Department at the end of every six months. The assessment report may also be conveyed in writing to the candidate who may also be advised of his/her shortcomings, if any.
2. In case the report indicate that a candidate is incapable of continuing to do the work of the desired standard and complete it within the prescribed period, the Head of the Institution

may recommend cancellation of his/her registration at any time to the University.

3. Formative Assessment:

(a) General Principles

- i. The assessment is valid, objective, constructive and reliable.
- ii. It covers cognitive, psychomotor and affective domains.
- iii. Formative, continuing and summative (final) assessment is also conducted.
- iv. Thesis is also assessed separately.

(b) Internal Assessment

- i. The internal assessment is continuous as well as periodical. The former is based on the feedback from the senior residents and the consultants concerned. Assessment is held periodically.
- ii. Internal assessment will not count towards pass/fail at the end of the program, but will provide feedback to the candidate.
- iii. The performance of the Postgraduate student during the training period should be monitored throughout the course and duly recorded in the log books as evidence of the ability and daily work of the student.
- iv. Marks should be allotted out of 100 as per Note hereunder.

Note:-

1. Personal Attributes - 20 marks

- (a) Behavior and Emotional Stability: Dependable, disciplined, dedicated, stable in emergency situations, shows positive approach.
- (b) Motivation and Initiative: Takes on responsibility, innovative, enterprising, does not shirk duties or leave any work pending.
- (c) Honesty and Integrity: Truthful, admits mistakes, does not cook up information, has ethical conduct, exhibits good moral values, loyal to the institution.

2. Clinical Work - 20 marks

- (a) Availability: Punctual, available continuously on duty, responds promptly on calls and takes proper permission for leave.

- (b) Diligence: Dedicated, hardworking, does not shirk duties, leaves no work pending, does not sit idle, competent in clinical case work up and management.
  - (c) Academic Ability: Intelligent, shows sound knowledge and skills, participates adequately in academic activities and performs well in oral presentation and departmental tests.
  - (d) Clinical Performance: Proficient in clinical presentations and case discussion during rounds and OPD work up. Preparing Documents of the case history/examination and progress notes in the file (daily notes, round discussion, investigations and management) Skill of performing bed side procedures and handling emergencies.
3. Academic Activities - 20 marks
- (a) Performance during presentation at Journal club/ Seminar/Case discussion/Stat meeting and other academic sessions. Proficiency in skills as mentioned in job responsibilities.
4. End of term theory examination - 20 marks
- (a) End of term theory examination conducted at end of 1st, 2nd year and after 2 years 9 months.
5. End of term practical examination - 20 marks
- (a) End of term practical/oral examinations after 2 years 9 months.
  - (b) Marks for personal attributes and clinical work should be given annually by all the consultants under whom the resident was posted during the year. Average of the three years should be put as the final marks out of 20.
  - (c) Marks for academic activity should be given by the all consultants who have attended the session presented by the resident.
  - (d) The Internal assessment should be presented to the Board of examiners for due consideration at the time of Final Examinations.
  - (e) Yearly (end of 1st, 2nd & 3rd year) theory and practical examination will be conducted by internal examiners and each candidate will enter details of theory paper, cases allotted (2 long & 2 short) and viva.
  - (f) Log book to be brought at the time of final practical examination.

### **APPOINTMENT OF EXAMINERS:**

Appointment of paper setters, thesis evaluators, answer books evaluators and practical & viva voce examiners shall be made as per regulations of the Medical Council of India.

### **SCHEME OF EXAMINATION:**

Scheme of examination in respect of all the subjects of MD (Hospital Administration) shall be as under :

1. The examination for MD (Hospital Administration) shall be held at the end of three Academic Years.
2. Examinations shall be organized on the basis of marking system.
3. The period of training for obtaining MD (Hospital Administration) degrees shall be three completed years including the period of examination.
4. The University shall conduct not more than two examinations in a year for any subject with an interval of not less than 4 months and not more than 6 months between the two examinations.
5. The examinations shall consist of:
  - (a) Thesis:
    - i. Thesis shall be submitted at least six months before the main Theory examinations.
    - ii. The thesis shall be examined by a minimum of three examiners – one Internal and two External examiners who shall not be the examiners for Theory and Clinical/Practical.
    - iii. In departments where besides the two earmarked practical/clinical examiners no one else is a qualified PG teacher, in that case the Thesis shall be sent to the third external examiner who shall actually be in place of the internal examiner.
    - iv. Only on the acceptance of the thesis by any two examiners, the candidate shall be eligible to appear for the final examination.
    - v. A candidate whose thesis has been once approved by the examiners will not be required to submit the Thesis afresh, even if he/she fails in theory and/or practical of the examination of the same branch.
    - vi. In case the Thesis submitted by a candidate is rejected, he/she should be required

to submit a fresh Thesis.

(b) Theory papers:

i. There shall be four theory papers :

Paper I - General Administration and Management of Hospital

Paper II - Health Administration and Medical Care

Paper III - Hospital Administration and Hospital Planning

Paper IV - Administration of Clinical and Non-Clinical Services

ii. Each theory paper examination shall be of three hours duration.

iii. Each theory paper shall carry maximum 100 marks.

iv. The question papers shall be set by the External Examiners.

v. There will be a set pattern of question papers.

Every question paper shall contain five questions. All the questions shall be compulsory, having no choice. Question No 1 and 2 shall be of long answer type carrying 20 marks. Question No 3 and 4 shall carry 15 marks each. Each part will be required to be answered in detail. Question No. 5 shall be of five short notes carrying 06 marks each.

vi. The answer books of theory paper examination shall be evaluated by two External and two internal examiners. Out of the four paper setters, the two paper setters will be given answer books pertaining to their papers and the answer books of the remaining two papers will be evaluated by two Internal Examiners. It will be decided by the President as to which paper is to be assigned to which Internal Examiner for evaluation.

vii. A candidate will be required to pass theory and practical examinations separately in terms of the governing provisions pertaining to the scheme of examination in the post graduate regulations. The examinee should obtain minimum 40% marks in each theory paper and not less than 50% marks cumulatively in all the four papers for degree examination to be cleared as “passed” at the said Degree examination.

(c) Clinical/ Practical & Oral examinations:

i. Clinical/Practical and Oral Examination of 400 marks will be conducted by at least four examiners, out of which two (50%) shall be External Examiners.

ii. A candidate will be required to secure at least 50% (viz. 200/400) marks in the

Practical including clinical and viva voce examinations.

6. If a candidate fails in one or more theory paper(s) or practical, he/she shall have to reappear in the whole examination, i.e., in all theory papers as well as practical.

**GRACE MARKS**

No grace marks will be provided in MD (Hospital Administration) examinations.

**REVALUATION / SCRUTINY:**

No Revaluation shall be permitted in the MD (Hospital Administration) examinations.

However, the student can apply for scrutiny of the answer books as per University Rules.

## **GUIDELINES FOR COMPETENCY BASED POSTGRADUATE TRAINING PROGRAMME FOR MD (HOSPITAL ADMINISTRATION) (.....)**

### **Preamble:**

Modern day hospital is a complex matrix organization with amalgam of social architecture and latest technology. It is important to strike a balance between internal operations and external connections with emphasis on planning, development, efficient operation and cost containment. There is a growing demand of qualified hospital administrators/ managers in the health care sector to improve the quality and patient safety. Department of Hospital Administration has been established in Mahatma Gandhi Medical College and Hospital (MGMCH) on 04 April 2019.

Department is recognized by MCI to start MD (Hospital Administration) from the academic session 2020 - 2021 with permission to take 02 (two) students per year. Thus, MGUMST becomes pioneer institute to start MD (Hospital Administration) in Rajasthan. It is envisaged to evolve the Department into a centre of excellence for teaching, training and research in the field of Hospital Administration and Management.

The MD (Hospital Administration) training program aims to prepare a candidate to assume the responsibilities of a hospital administrator/executive in a government or corporate or any other hospital. This training program emphasizes on developing knowledge component, skill and attitude pertaining to Hospital Managers. This training program will also help the candidates in developing expertise in planning and managing different types of hospital in our social setting and will equip the student with problem solving devices. The concept of professionalisation, development of specialized skills and leadership in hospital administration has further emphasized the need to rationalize the resource utilization and maximize output in health sector. Therefore, the hospital administrator of the future needs to be well equipped to meet the challenges arising out of rising health care cost; procurement, utilization, maintenance & cost effective analysis of technology import. Therefore, the focus of the syllabi of MD (Hospital Administration) course is as follows:

### **SUBJECT SPECIFIC COMPETENCIES**

**By the end of the course, the student should have acquired knowledge (cognitive domain), and professionalism (affective domain) as given below:**

## **A. Cognitive domain**

**At the end of the course, the student should have acquired following theoretical competencies:**

### **Paper I: General Administration and Management of Hospital**

- i. The student should be able to conceptualize the strategic plan formulation and decision making in administration of hospitals, which emerge from judicious and meaningful combination of technological, economic, social, political and psychological processes.
- ii. The student should follow scientific approach to management in general and the hospital administration in particular.
- iii. The student should be able to work independently in financial & materials management. He will be able to assess on sound basis the total financial needs of a hospital and thus plan and measure the results scientifically.
- iv. After the student is exposed to the techniques of inventory control, he on his own should be able to evolve economic quantity orders and methods for proper storage and flow of drugs and dressings, which is a must for smooth running of a hospital.
- v. The student should be able to solve the problem pertaining to interhuman relations
- vi. i.e. the tension between the workers and the managements, as he will be fully conversant with the principles of personnel management.
- vii. The student should be able to handle man-power planning, personnel selection, job analysis, job specifications and development of staffing pattern to suit the needs of an organization.
- viii. The student should be fully conscious of the fact that the hospital is a social institution; and should be able to integrate the job of different professionals to work as a team to run the hospital efficiently and meet the health needs of the community.

### **Paper II: Health Administration and Medical Care**

- i. The student should be able to apply health administration principles in delivering medical care in the hospital as well as through its outreaches in the community.
- ii. The student should be able to assess socio-economic and cultural conditions, and their impact on health and disease for planning of appropriate medical care to the community generating their participation.



- iii. The students should be able to work independently in studying the patterns of diagnosis and treatment both preventive and curative of the diseases in the hospital as well as in the community, and be able to organise medical care within the resources as per availability with appropriate measures to control cost.
- iv. The student should learn epidemiological and bio-statistical techniques to help proper planning of the medical care programme incorporating appropriate disciplines of medical, health and health related sciences.
- v. The student should be able to plan, organise, direct, and evaluate urban as well as rural medical care, with special reference to the medical care provided by a hospital.

### **Paper III: Hospital Administration and Hospital Planning**

- i. The student should be able to acquire an idea about hospital and its role in health care delivery system, review the history of hospitals, role of political and economic factors in the growth of hospitals and classification of hospitals.
- ii. The student should be able to outline the peculiarities of health care institutions, factors influencing hospital care and role of hospital administration in providing of good patient care including special problems of administration of a teaching hospital, voluntary hospital, district hospital, PHC, nursing home, etc.
- iii. While applying the principles of hospital administration, the student should be able to plan for a new hospital commensurate with the needs of the community and would be the most suitable person to know what, where and how to build. He should be able to guide the architects regarding the essential requirements in hospital planning and constructions and get effective utilization of space at minimum cost. The student would thus be able to plan and design a hospital from the smallest to the largest ones as per the needs and resources of the community. He should also become competent to modernize, modify and extend the existing ones as needed.
- iv. The student should acquire training in maintenance of the buildings and organise hospital engineering services.
- v. The student should acquire competencies to resolve conflicts through human relation approach.
- vi. The student should acquire knowledge of the laws and regulations applicable to

hospitals and hospital employees, understand medico-legal aspects of practice of Medicine in hospital setting and the laws applicable to setting up of a new hospital.

- vii. The student should acquire knowledge of major types of hospital hazards, hazards of biomedical waste and its proper disposal.
- viii. The student should acquire knowledge of types of disasters in the community, and be able to set forth policies and procedures for disaster preparedness and be able to execute disaster management plan for a hospital.
- ix. The student should be able to learn to establish equipment management process and its various components for a hospital.
- x. As a future hospital administrator, the student should be able to plan how to manage various administrative support areas of the hospital and to visualize into the future needs and expectations of the community from the hospital.

#### **Paper IV: Administration of Clinical and Non-Clinical Services**

- i. The student should be able to assess clinical and non-clinical needs of the patients, physicians and other para-medical personnel and organize appropriate services.
- ii. The student should be able to improve patient care and augment quality of services by his leadership, determination and foresight.
- iii. The student should acquire knowledge of planning, operational aspects of hospital eg., staffing pattern, utility services, work load and staff utilization, maintenance of records, equipments and supplies.
- iv. The student should acquire knowledge of planning and commissioning of different types of hospitals including specialty hospitals.
- v. ix) The student should to make a project report and supervise its implementation.

#### **B. Affective Domain**

**At the end of the course, the student should have acquired the following attitudinal competencies:**

- i. Demonstrate self-awareness and personal development in routine conduct.
- ii. **Behavior and Emotional Stability:** Dependable, disciplined, dedicated, stable in

emergency situations, shows positive approach.

- iii. **Motivation and Initiative:** Takes on responsibility, is innovative, enterprising and does not shirk duties or leave any work pending.
- iv. **Honesty and Integrity:** Is truthful, admits mistakes, does not cook up information, has ethical conduct and exhibits good moral values.
- v. **Interpersonal Skills and Leadership Quality:** Has compassionate attitude towards patients and attendants, gets on well with colleagues and paramedical staff, is respectful to seniors, has good communication skills.
- vi. Should be able to maintain confidentiality with regards to history, physical examination and management of patients.
- vii. Identify social, economic, environmental, biological and emotional determinants of patients, and institute diagnostic, therapeutic, rehabilitative, preventive and promotive measures to provide holistic care to patients at individual and community level against skin, venereal disease and leprosy.
- viii. Recognize the emotional and behavioral characteristics of patients and keep these fundamental attributes in focus while dealing with them.
- ix. Demonstrate empathy and humane approach towards patients and their families and respect their sensibilities.
- x. Demonstrate communication skills of a high order in explaining management and prognosis, providing counseling and giving health education messages to patients, families and communities.
  - Organize and supervise the desired managerial and leadership skills.
  - Should be able to function as a part of a team, develop an attitude of cooperation with colleagues, and interact with the patient and the clinician or other colleagues to provide the best possible diagnosis or opinion.
  - Always adopt ethical principles and maintain proper etiquette in dealings with patients, relatives and other health personnel and to respect the rights of the patient including the right to information and second opinion.

## **SYLLABUS**

### **Programme Structure and Course Contents:**

#### **I. PROGRAMME STRUCTURE**

##### **Paper I - General Administration and Management of Hospital (GA)**

- GA1. General Management
- GA2. Human Resource Management
- GA3. Materials Management in a Hospital
- GA4. Basic Accounting
- GA5. Financial Management
- GA6. Cost Accounting
- GA7. Organizational behaviour
- GA8. Marketing Services
- GA9. Information Systems
- GA10. Business Law and Regulations

##### **Paper II - Health Administration and Medical Care (HE)**

- HE1. Medical Sociology
- HE2. Health Economics
- HE3. Health Administration in India
- HE4. Medical Care Systems
- HE5. Biostatistics
- HE6. Research Methodology
- HE7. National Health Programmes
- HE8. Epidemiology - General
- HE9. Health Information Systems
- HE10. Legal Aspects of HealthCare
- HE11. International Health
- HE12. Community Health Administration

##### **Paper III - Hospital Administration and Hospital Planning (HA)**

- HA1. Hospital Organisations
- HA2. Hospital Planning
- HA3. Nursing Service Administration
- HA4. Quality Assurance

- HA5. Legal Aspects of Hospitals
- HA6. Human Relation in Hospitals
- HA7. Hospital Hazards including Disaster Management and Fire-Safety management
- HA8. Biomedical Waste Management
- HA9. Equipment Management
- HA10. Recent Trends

**Paper IV - Administration of Clinical and Non-Clinical Services (AS)**

- AS1. Hospital Planning – General consideration
- AS2. Organization & administration of clinical services.
- AS3. Organization & Administration of Supportive & Utility Services.
- AS4. Project Management and related case studies

**II. Course Contents**

**Paper I - General Administration and Management of Hospital (GA)**

**GA.I: Management Principles: General Management**

- Introduction
- Definition
- Characteristics of Management
- Management – A Profession
- Principles of Management
- Management and Administration
- Evolution of the management theory: Traditional Versus Modern
- Management as a behavioral Science
- Functions of Management
- Principles of Scientific Management
- Modern Management – Systems Approach.

**Managerial Planning:**

- Introduction
- Nature of Planning
- Objectives of Planning
- Limitations of Planning
- Process of Planning

- Types of Planning
- Strategies of Planning
- Policies
- Rules
- Procedures
- Programmes
- Budgets

**Mechanics and Dynamics of Organising:**

- Process of Organising
- Principles of Organising
- Formal and Informal Organisation
- Span of Control
- Line and Staff Authority Relationship
- Line Organisation
- Line and Staff Organisation
- Functional Organisation
- Need of Flexibility in an Organisation

**Authority & Delegation:**

- Introduction
- Authority defined
- Bases of Authority
- Modern Context
- Types of Organizational Authority
- Delegation
- Barriers of Delegation
- Encouraging Delegation
- Conclusion

**Direction & Leadership:**

- Importance of Direction
- Principles of Direction
- Element of Direction
- Leadership
- Nature of leadership

- Leadership and Management
- Leadership Styles
- Leadership as a Continuum
- Functions of Leadership
- Importance of Leadership
- Theories of Leadership
- Qualities of a Good Leader

**Management Control:**

- Process of Controlling
- Requirement of Adequate Control
- Significance of Control
- Techniques of Managerial Control
- Traditional Techniques
- Budgetary Control
- Non budgetary Control
- Modern Control or Network Techniques
- PERT (Programme Evaluation & Review Technique)
- CPM (Critical Path Method)

**MBO:**

- Introduction
- Objectives
- Key Result Areas(KRA)
- Top Man's commitment
- Conclusion

**Communication:**

- Introduction
- What is communication
- Basic concepts
- Types of communication
- Major problems in communication
- Barriers of communication
- Principles of good communication

- The manager and the communication network

### **Tools and Techniques of Modern Management:**

- Introduction
- Application of newer management techniques for healthcare
- Methods of modern management techniques

### **Operational Research:**

- Concepts
- Techniques
- Applications of OR techniques in Hospital
- Simplex Method
- Transportation Method
- Simulation models
- Queing theory
- Inventory Control
- Definition of operational research(OR)
- Techniques of applying modern mathematical model

### **Office procedures**

- Definition of office
- Drafting official letters
- Office procedures
- Service rules and procedure
- Conduct rules
- Disciplinary proceedings
- Conclusion

### **GA. 2: Human Resources Management Personnel Management in Hospitals:**

- Definition and importance
- Needs of employees
- Essence of personnel management
- Policies
- Elements of personnel programme
- Need for continue devaluation
- Conclusion



**Man Power Planning:**

- Introduction
- Importance of manpower planning
- Types of planning
- Methods and factors involved in planning
- Manpower control and review
- Manpower management
- Practice in India
- Limitations of manpower planning
- Conclusions

**Industrial Relations:**

- Introduction
- Evaluation of Industrial Relations
- Definition, scope and disputes of industrial relations
- Scope and aspects of industrial relations
- Objectives of industrial relations
- Causes of dispute
- Trade Unions
- Functions of Trade Unions in India
- Approach to Industrial relations
- Scope of the Industrial Relations Functions
- Functional requirement of successful industrial relation programme
- Organs of industrial peace
- Industrial relations in health services industries
- Reasons why health care employees join union
- Industrial laws relating to the hospitals in India
- Role of the administration in labour relations

**Wage fixation and negotiation techniques:**

- Individual bargaining
- Formalized machinery
- Collective bargaining
- Requisites for collective bargaining

- Position in India
- Joint negotiating committee
- Limitations of collective bargaining
- Statutory methods of wage fixation
- Some important judicial findings
- Conciliation Officers
- Wage Board
- Industrial courts, industrial tribunals and national tribunals.

### **Employees Welfare:**

- Introduction
- Differences between wages and fringe benefits
- Benefits and services
- Objectives of fringe benefits
- Theory of individual protection
- Factors influencing employees benefit and services
- Coverage of benefits
- Classification
- Employee services
- Problems raised by benefit programme
- Stress Management
- Safety in hospitals
- Grievance redressal, occupational

### **Performance Appraisal:**

- Introduction
- Meaning and purpose of appraisal
- Methods of appraisal
- MBO approach to appraisal
- Layout of a model proforma
- Conclusion

### **Counseling:**

- Introduction
- Counseling for H.R.D.

- Situations demanding counseling
- Structural requirements
- Counseling as a process
- Skill for counseling
- Conclusions
- Human relation
- Absenteeism in hospitals

### **GA. 3: Materials Management In Hospitals**

- Equipments, planning, procuring, storing and dispensing including maintenance.
- Concept of stores
- Importance of stores in the hospitals
- Storing
- Types of stores - medical, surgical, linen ,general
- Supply and replacement of stock
- Cardex systems and use of bincards
- Stock verification
- Control of pilferage
- Inventory control - meaning, scope, definition
- ABC/VED Analysis
- Economic order quantity
- Lead time
- Safety stock
- Quality control oversupplies
- Purchase controls
- Pricing - rate contract ,tendering
- Purchase of capital equipments
- Purchase verses leasing
- Import policies, procedures
- Customs and excise and exemptions
- Letter of credit
- Maintenance of equipments, plants, property
- Preventive maintenance ,repair
- Maintenance contract
- Store audit

- Materials planning
- Disposal of unserviceable articles
- Price forecasting
- Inspection
- Dispensing/distribution
- Condemnation

#### **GA.4: Basic Accounting**

- Principles of Bookkeeping
- Accounting concepts
- Importance and scope of financial accounting
- Books of accounts, accounting entries
- Cash and accrual accounting, revenue and capital Expenditure
- Income and expenditure accounts
- Trial balance
- Operation of bank accounts, bank reconciliation
- Preparation of final accounts with adjustments for positions
- Issues in the determination of income
- Depreciation
- Inventory valuation
- Audit of final accounts of companies
- Analysis and interpretation of financial statement

#### **GA.5: Financial Management**

- Functions of finance
- Management of current assets
- Dividend decisions
- Concept in taxation of income
- Internal control and internal audit
- Budgeting and control - budget for revenues, inpatient revenue, special service revenue, cash budgets, capital reporting income and financial expenditure budgets
- Forecasting
- Financial information system
- Short term and long term financing
- Issue of shares, debenture bonds

- Convertible debentures
- Loan from commercial, industrial banks
- Lease financing

**Structures:**

- Concepts of financial management and their application in hospitals.
- Trends in financing of health and hospital services
- Sources of financing
- Resource mobilization and preparing proposals for financing
- Capital investment analysis
- Capital finance decisions
- Allocation of resources
- Capital and operating expenditure
- Budgeting and control - Budget for revenues, inpatient revenue, special service revenue, cash budgets, capital expenditure budget, techniques of analysis, budgeting process, forecasting and planning for bed-need and other facilities.

**GA. 6: Cost Accounting**

- Introduction to cost systems
- Resources, cost centres ,products
- Systems for operational control and performance measurement
- Activity based cost systems in service functions
- Activity based cost systems to influence behaviour
- Hospital rate setting
- Break even analysis

**Structures:**

- Cost of healthcare
- Costing of the hospital services
- Hospital financial management
- Hospital financing
- Resource generation
- Cost containment
- Role of gate keeping in hospitals
- Impact of finances on the high technology medical - Health economics equipment

decision

- Decentralisation of financial resources

### **GA.7: Organizational Behaviour**

- Basics of sociology.
- Basics of anthropology Basics of Psychology
- Concepts and issues
- Application of behavioural sciences concepts in hospitals
- Dynamics of organizational behaviour
- Human behaviour
- Formal and informal groups
- Motivation process Motivation:
- Meaning
- Process of motivation
- Importance of motivation
- Principles
- Techniques
- Importance of behavioural sciences and Sound motivation system
- Theories of motivation
- Maslows need hierarchy theory
- Herzburg' s two factor theory
- McGregor's theory X and theoryY
- Morale
- Joharry window
- Briggs-Myers scale of personality test
- Personality assessment tests
- Team building skills
- Concepts of political sciences
- Machivilien principles *vis-a-vis* Hippocratic oath
- Organizational climate and design
- Conflict management
- Organizational dynamics and change
- Stress management
- Organizational Development (OD) - concept, objectives and goals, process, behavioural science approach to O.D

- Teambuilding
- OB Labs

### **GA. 8: Marketing Management**

Meaning and importance of marketing

- Marketing concept and issues - nature, importance, purpose policy
- Business cycle
- Marketing strategies
- Strategies evaluation and control
- Marketing management principles
- Marketing information and research
- Source of marketing information
- Measurement and scaling
- Environment analysis and research
- Marketing research
- Consumer analysis-
- Planning a marketing mix of hospital services
- Service Pricing policy and professional fee
- Demand analysis, cost analysis, competitive analysis
- Promotion of hospitals services-advertisingetc
- Marketing *of* health services
- Developing new services
- Customer relationship management(CRM)
- Public relations in hospitals
- Social marketing
- Patient satisfaction
- Marketing ethics
- Privatisation of health and hospital services

### **GA.9: Information Systems Management**

Fundamentals of Computers

- Input to computer
- Storage Devices
- Central Processing Unit
- Computer Output

## Data Communication and Networks

- Electronic Mail
- Data Communication
- Local Area Networks
- Wide Area Networks Systems Software
- Microsoft Disk Operating System -Compilers
- Interpreters
- Windows Application Software
- Word Processing
- Electronic spreadsheet
- Database Management software
- Graphics

## Basics of Programming

- Programming Languages
- Flow Charts
- Structural Programming

## Computer Applications

- Hospital Information Systems
- Office Automation
- Decision Support Systems
- Expert Systems
- Multimedia
- Microsoft office (Microsoft word, excel, power point, one point),Internet,
- Searching scientific databases (e.g. Pubmed, Medline, Cochrane reviews).

## Image Archiving

- Computer Applications in Medicine
- Desk Top Publishing Computer ResourcesManagement
- Planning for Computerization.
- Selection of computers.
- Selection of Software packages
- Computer manpower
- Uninterrupted Power Supply for Computers - Protection from Computer Viruses
- Computer Maintenance

## Introductory concepts of System Analysis and Design



## **GA.10: Business Law & Regulations**

- Law of contracts
- Special contracts
- Sale of good sact
- Types and characters of negotiable instruments
- Companies act
- MRTTP, Monopolies, restrictive and unfair trade practices
- Pollution control

## **Paper -II: Health Administration and Medical Care (HE)**

### **HE.1: Medical Sociology**

- Introduction to Sociology of Health (Medical Sociology) Branches of Medical Sociology.
- Sociological perspectives of Health, illness and Healing.
- Culture, Health and illness
- Sick role behaviour
- Illness behaviour

Psychosocial models of illness behaviour.

- The profession of Healing (a phenomenological approach)

Doctor-patient interaction

Making of a Health Care Professional

- The institutional perspective.
- Dynamics of institutional behaviour.
- Hospital as an institution
- Medicine as an institution
- Medicine as an institution of Social Control.
- Organizational perspective
- Organizational culture
- Case study of organisations.
- Health and illness (a philosophical perspective) - Alternatives for the future
- Social issues and health
- Doctor patient relation

## **HE. 2: Health Economics:**

- Basic economics
- Analysis of Demand and supply.
- nature of demand of hospital services and its determinants
- Economic aspects of health care in India.
- Budgets of central & state Governments.
- Health insurance in India-schemes and TPA's,, health insurance in other parts of the world, evolution of DRGs and its prerequisites.
- Concept of managed care

## **HE.3: Health Administration In India:**

- Health in Indian constitution.
- General introduction to organisation of health services in India - Central, State, Defense, Railways & other public sector undertakings and voluntary health agencies.
- Evolution of corporate hospitals.
- Review of Reports on HealthCare:  
Bhore Committee, Mudaliar Committee, Jain Committee, Mukherjee Committee, Rao Committee, Kartar Singh Committee and Srivastava Committee reports.
- Five year plans with special reference to health plans.
- National health policy.

## **HE.4: Medical Care System:**

- Need and Demand for Medical Care
- Availability and cost of Medical Care
- Study of the entire hospital and medical care system of the country in the context of the overall community health service
- Primary care
- Rural Medical Care
- Urban Medical Care

- Medical care system in Metropolitan cities
- Relationship of the medical care provided by hospitals with medical care services that are provided through dispensaries and primary health centres. Study of the Administration of Health Insurance Schemes like C.G.H.S. and E.S.I., Social security measures
- Medical Care System in other countries which should include health care delivery system, types of hospitals, cost of care, accreditation of hospitals system of levying charges and health insurance schemes in other developing countries.
- Quality of Medical Care – Medical Audit
- Progressive patient care
- Organisation and administration of better medical care
- Indigenous system of Medical Care
- Alternative health Strategy
- Comprehensive Health Projects with rural development
- Regionalization - Organisation and functioning
- Rehabilitation
- International organizations related to health services

#### **HE. 5: Biostatistics and Health Statistics:**

- Basic concepts - Introduction, definitions
- Elementary ideas
- Basis of Medical Research
- Presentation of data
- Frequency distribution
- Measurements of central tendency Mean, Median, Mode.
- Measurement of dispersion-mean and standard deviation,
- Sampling.
- Testing of hypothesis.
- Tests of significance, Normal test, “t” test a square test
- Fisher’s exact test, Non-parametric tests of significance, One-way and two-way analysis of variance, Multivariate analysis, Survival analysis-log rank test, Relative risk calculation – Odd’s ratio, familiarity with commonly used statistical software.

#### **HE. 6: Research Methodology:**

- Introduction

- Planning a research project and selecting a research problem, Research Design
- Bibliographical data.
- Field data.
- The schedule & questionnaire.
- The interview.
- Observations - unstructured & structured.
- The case study.
- Measurement & analysis of data.
- Interpretation and report writing.

### **HE. 7: National Health Programmes:**

Control of communicable diseases:

- Leprosy
- Malaria
- T.B.
- polio
- Helminthiasis
- Filaria
- Trachoma
- S.T.Diseases
- Cholera
- AIDS, diabetes, Cancer control programmes, RNTCP
- Family Welfare
- Immunization
- Family Welfare
- MCH/RCH
- National Rural Health Mission

### **HE. 8: Epidemiology:**

- Evaluation and uses of epidemiology
- Definitions and terminology
- Natural history of disease and role of hospital in various levels of prevention
- Types of epidemiology
- Methods of epidemiological studies

- Socio-economic status and occupation as determinant in disease distribution
- Cause and effect relationship
- Age as variable in epidemiology
- Epidemiology of an acute infectious disease(Cholera)
- Epidemiology of a chronic disease (Rheumatic Heart Disease)
- Epidemiology of a non disease entity(accidents)
- Epidemiology of hospital infection
- How to investigate an epidemic and role of the hospital in its control
- Common diseases in India - their epidemiology and prevention
- Common causes of disability resulting in dependency and non productivity - Screening and surveys
- Concept of Health indicators

#### **HE. 9: Health Statistics:**

- Need for health statistics
- Methods of registration - fallacies and difficulties and model and sample registration scheme
- Common rates and ratios in India
- Incidence and Prevalence rates
- Morbidity Statistics - problems of measurement, sources of morbidity and morbidity surveys
- Health reports
- ICD
- Notifiable diseases
- Health Management Information Systems
- National Health Accounts

#### **HE.10: Legal Aspects of Health Care:**

- Laws relating to communicable diseases
- International Health Regulations
- Notifiable diseases
- Vaccination certificates
- AIDS Bill.
- Environmental Protection Act
- Occupational Hazards

- Food and drug laws
- Law relating to vital events - central births and death registration act
- Mental health bill
- CPA, Industrial Laws
- Labour Laws
- Ethical issues in healthcare

### **HE.11. Community Health Administration**

- Concept in Community Health
- Health for All and Primary HealthCare
- Basics of Epidemiology and Biostatistics
- Occupational Health
- Health Insurance

### **HE.12. International Health**

- International Health agencies /NGOs
- International Health Regulations

## **Paper - III : Hospital Administration and Hospital Planning (HA)**

### **HA.1.Hospital Administration:**

- Introduction to the hospital field
- Definitions - hospitals and medical care institution, types, control
- Functions - Medical Care, Prevention, Professional education and Research - Role of hospital in Health Spectrum
- History and Development of Hospitals
- Hospitals of India today
- Number, Type, Size, Distribution, Ownership, Utilization Ratios, Trends, Problems Features and distinction between Govt., Corporate, Private, Voluntary and Public Under taking hospitals

### **Management of a hospital**

- Responsibilities
- Hospital Organisation: Organizational Structure
- The Governing Authority
- The Administrator

- Clinical Aspects
- Channels of authority and communication
- Different models of organizational structures in various types of hospitals
- Merits and Demerits of different models
- Job description of various positions
- Chain of authority, authority responsibility and operational relationship between various positions.
- The Hospital Administrator:
  - Qualification
  - Responsibilities
  - Authority Relationship
  - Motivation
  - Role
  - Functions
- Medical Director v/s Chief Executive. Job description and operational relationship. Medical v/s Non Medical Administrator.

### **Specialized Hospitals:**

- Chronic diseases hospital
- Cancer hospital
- Infectious disease hospital
- Psychiatric hospital
- Ayurvedic hospital
- Children' hospital
- Maternity hospital
- Geriatric hospital
- Problems of hospital administration
- Case Method Study of Hospital Problems
- Nursing Problems in Hospital
- Human relations in Hospital
- Importance of public understanding and support Techniques of Public Relationships
- Health Education in Hospital-responsibilities of the hospital to the general public,

### **Methods of health education in Hospital and their importance**

- Hospital Hazards and Fire Safety

- Disaster programmes
- Administration of a teaching hospital, special problems
- Administration of a voluntary hospital including private nursing homes
- Administration of a General Hospital, District Hospital, Taluk Hospital and Municipal Hospital
- Recent trends in hospital administration
- Training of medical manpower in hospitals
- Administrative & Biosocial Researches in hospitals - Hospital Management Information System
- Hospital Statistics
- Evaluation of hospital care and methods of evaluation

## **HA.2: HOSPITAL PLANNING:**

### General Introduction:

- Community Diagnosis
- Planning of the hospital in general:
- What to build, where to build and how to build
- Bed allotment

### Hospital Planning - Role of Hospital Consultant:

- Strategic planning
- Project conceptualization
- Enumeration and description of project as an entity: laws/legalities associated with setting up of hospitals
- Space programming
- Adjoin cydelineation
- Functional requirements
- Preparing architects briefs
- Operations planning
- Human resource planning
- Equipment planning
- Functional zoning of hospital building
- External and internal traffic inside the campus
- Internal functional layout
- Functional specific input for structural design
- Rodent and pest control for hospital building



- Hospital furniture planning
- Computer networking in hospital building
- Communication and P.A. system in hospital building.

Role of the Architect:

In the planning stages, preliminary sketches, final plans, working drawing, specifications, cost estimates, construction problems and contract modifications.

Site Survey:

Physical environment, possibility for expansion utilities water, electricity, sewer lines, telephone, transportation and others.

### **Hospital Buildings:**

- External Architectural aspects
- Internal arrangements
- External services
- Residential accommodation
- Hospital hygiene - importance thereof
- Hospital lighting
- Ventilation
- Planning of individual services and departments
- Landscaping in hospitals
- Role of administrator in building a hospital
- Processing a hospital project

### **Planning of specific hospitals:**

- 1000 bed hospital teaching or general
- 200 bed hospital
- 500 bed hospital (district level)
- Other specialized hospitals
- Taluka Hospital
- Tuberculosis hospital
- Long term care hospitals
- Primary health Centre
- day care centre
- trauma centres
- Taking over and commissioning a new hospital

- Alteration and additions in an existing hospital

#### **Planning the maintenance department:**

- Engineers Office
- Workshop of various types
- Repair and Maintenance schedule

#### **Preparing equipment list for the new hospital:**

- Built in equipment
- Non expendable, locally available or to be Imported
- Expendable equipment

#### **Medical Equipment Plans**

- Need identification
- Enumeration, description and specification of each equipment
- Market Survey
- Tender Notification
- Short listing of suppliers
- Technical evaluation of equipment
- Negotiation
- Purchase
- Installation and Commissioning
- After sales maintenance Mechanical services in hospitals: Lifts, boilers, incinerators, A.C. plants etc.
- Utility items in hospitals
- Hospital planning and indigenous system of medicine

#### **HA.3: Nursing Service Administration:**

- Nursing profession
- Definition and Classification
- Professional & Hierarchical classification
- Nursing Education Scenario

Job description of nurses at various levels and various Departments

- Nursing Organisation structure

- National, State Hospitals and Community levels.
- Nurses and doctors relationship
- Nurses and patients relationship
- Nurse as a social and professional entity
- Staffing norms in various types of hospitals and different departments - Service condition of hospital
- Recent trends in nursing profession and nursing practices

#### **HA.4: Quality in Hospital Services**

- Medical audit and evaluation of healthcare
- Quality concept
- Quality assurance in various hospital services, medical
- Verifiable standards and parameters in evaluation of quality
- Evaluation as a tool of quality assurance programmes
- Legislation, certification, grading , accreditation
- Accreditation process and bodies offering accreditation
- Concept of concurrent evaluation
- Cyclic evaluation
- Terminal evaluation

#### **HA.5: Legal Aspects of Hospitals:**

- Introduction of hospital as an Industry
- Similarities and distinction between production industry and hospitals
- The comparative similarities and distinctive features between workers (workforce) in production industry and hospital. – Medico-legal procedure requirements and patient care conflict - Broad introduction to medical jurisprudence. Consent.

#### **Negligence, Law of Torts**

- Legal position regarding patient confidentiality and ownership of medical records.
- Laws and regulations applicable to hospitals
- Labour Laws
- Workman Compensation Act, 1923
- Minimum Wages Act, 1948
- Delhi Nursing Home Registration Act, 1953 (& similar statelaws)

- Employees State Insurance Act,1948
- Essential Services Maintenance Act,1968
- Court procedure and attendance in court
- Settlement of Disputes
- BARC Guidelines
- Emergency services in hospital – Supreme Court guidelines
- Permits and Licences in hospitals
- Pre Conception Pre Natal Diagnostic Techniques Act,1994
- Medical Termination of Pregnancy Act,1971
- Transplantation of Human Organs & Tissues Act,1994
- Environmental Protection Act,1986
- Clinical Establishment Act,2010
- Case law on Medical Negligence – British & Indian
- Consideration of complaints for professional misconduct by State Medical Council & medical Council of India
- Drugs & Cosmetics Act,1940
- Mental Health Act,1987

#### **HA.6: Human Relation in Hospitals**

- Public Relations and hospital
- Training of medical and paramedical manpower in hospitals
- Interpersonal relationship
- Conflict management

#### **HA.7: Hospital Hazards Including Disaster Management**

- General Safety
- Fire Safety
- Hospital Hygiene
- Hospital Acquired infection
- Definition, types
- Components of Disaster plan – Pre hospital and hospital
- Disaster preparedness
- Disaster plan formulation and implementation

### **HA.8: Biomedical Waste Management**

- BMW management and handling rule
- Segregation
- Collection
- Transportation
- Disposal
- Modern technology for handling BMW
- Radioactive waste handling

### **HA.9: Equipment Management**

- Demand estimation
- Strategies of Hospital Equipment Planning and Selection
- Purchase procedure
- Installation and commissioning
- Hospital Equipment Utilization and Audit and Maintenance
- Quality control in equipment planning

### **HA.10: Recent Trends**

- Recent trends in hospital administration
- Challenges to administrators
- Reengineering
- Outsourcing
- Telemedicine
- Artificial intelligence
- Accreditation
- Recent trends in nursing profession and nursing practices
- Medical Tourism

## **Paper- IV: Administration of Clinical and Non-Clinical Services (AS)**

### **AS 1: Hospital Planning and General Consideration**

- Changing system of Health Services concepts in planning, designing and space
- Site surveys for planning a hospital
- Hospital buildings – an overview
- External architectural aspects

- Internal arrangements
- Hospital Hygiene
- Lighting and Ventilation
- Role of administrator in building a hospital

**AS2: Organisation and Administration of Clinical Services:**

- Outpatient Department
- Medical Services (including STD, Leprosy & Chest Diseases)
- Surgical services (Orthopaedics, reconstructive, Urology, Cardiothoracic, Eye & ENT)
- Operating Department
- Paediatric Services
- Dental Services and Maxillofacial surgery
- Psychiatric Services
- Radiological and other imaging services
- Casualty and Emergency Services
- Hospital Laboratory Services
- Anaesthesia Services
- Obstetrics and Gynaecology services including IVC
- Neurosurgery Services
- Neurology Services
- Pediatric Surgery services
- Intensive care unit
- Acute cardiac care Unit
- Special clinics
- Cardio-respiratory services
- Gastroenterology services
- Endocrinology services
- Nuclear Medicine Department including PET and other developments
- Physical Medicine Department
- Burns, Paraplegic and Malignant Diseases Treatment Centre
- Nephrology Services
- Renal dialysis unit
- Trauma services

- Radio-Imaging (MRI,CT)
- Cardiac Cath Lab

### **AS. 3: Organisation and Administration of Supportive and Utility Services**

- Enquiry ,Registration
- Admission Office
- Transfer to other hospitals including Sanatoria
- Medical Superintendent's Office, Reports and Returns, Medical Boards, Entitlement of treatment, filing and bookkeeping
- Hospital standing orders
- Hospital welfare service including canteen stores
- Indian Red Cross Society and Hospitals
- Ward management
- Medical Stores and Pharmacy Services
- Pharmacy & Drug and Cosmetics Act
- Manufacturing in hospitals
- Blood Bank and Transfusion services
- Central Sterile Supply department(C.S.S.D.)
- Oxygen Manifold/Concentrator
- Hospital Risk Management
- Dietary Services
- Hospital Laundry
- Hospital gardens
- Medical Records
- Death in hospital: Brought in dead
- Fatal documents
- Mortuary
- Maintenance and repair including sophisticated equipments
- Pest and Rodent Control
- Inspection, Medical Superintendent's rounds
- Purchase Dept
- House Keeping Services
- Hospital Engineering Services Hospital maintenanceservices
- Hospital Stores

- Medical Records, Admission, enquiry and registration
- Hospital establishment and offices
- Cafeteria services
- Welfare services
- Mortuary

#### **Transportation in hospital:**

- Intramural
- Extramural
- Staff, Patient, Visitors, Vendors
- Administrative measures for control of Hospital Infection
- Exit interview & discharge procedure

#### **AS4: Project Management**

- Feasibility study
- Project conceptualization
- Functional requirements
- External and Internal traffic
- Space Programming Adjoincydelineation
- Architects brief
- Enumeration and description of project as an entity
- Human Resource Plan

### ***TEACHING AND LEARNING METHODS***

#### **Teaching & Learning Methods**

The following methods will be used by the departments of hospital administration to impart training in this course:

1. **Lectures** by the faculty members and experts from different fields to update their knowledge of hospital/General Management. These may be a combination of both didactic and interactive types.
2. **Symposia/seminars** to familiarize newer developments and emerging trends in hospital administration.
3. **Journal clubs** to familiarize with research methodologies and analysis of the result. The resident to whom the journal is allotted should present the journal summaries (as



photocopies) to the group where each article is fully discussed. They are expected to show their understanding of the aspect covered in the article and on which the other residents are questioned by each other and clarification sought by the faculty. Such discussion enables the residents to prepare for general discussion in the class.

4. **Practical Competencies/exercises:** Under the supervision of faculty in charge, each candidate will be posted in different areas of the hospital, where he/she will have to critically examine the infrastructure and operational mechanism of the area, etc., find out the lacunae in the services and provide constructive suggestions to improve the services on the latest available guidelines/works which are nationally/internationally accepted. These observations will be presented by the post graduates at the end of their posting in the class room session.

## 5. Case Studies

6. Students will be individually attached in rotation to the different departments/services of affiliated hospitals. Students will spend 18 hours per week (3 hours daily on all days) except in the first 12 weeks.
7. Each student will study the allotted department as comprehensively as possible and will write out a case study report (minimum four dissertations) of approximately 3000 words, which shall be presented to the rest of the group and the subject will be discussed by members of the faculty and the students.

A list of suggested departments for case studies is given below: This list is illustrative but not exhaustive.

- Outpatient department including emergency services
- Medical Superintendent' soffic
- Stores-general including furniture
- Medical Stores and Pharmacy
- Dietary Services
- Linen and Laundry Services
- Nursing Services and ward management
- OT, ICU, Specialized Service

Clinical Areas:

- Imaging Services
- Invasive/Non invasive Cardiac Diagnostic Laboratory
- Medically Assisted Reproduction Centres

- Bed Utilization.

Support services:

- Blood Bank Services
- Laboratory Services
- Pharmacy and Manufacturing
- Hospital Gas Supply
- Medical Records

Behavioural and Sociological Aspects:

- Absenteeism in Nursing / sanitation / housekeeping Staff
- Emergency call system and response pattern
- Patient satisfaction
- Visitors satisfaction
- Communication to patients and their relatives
- Patient Guidance System
- Effectiveness of Medico Social Department

Operation Research Techniques:

- Scheduling of patients for operations Scheduling of patients for special investigations
- Transmission of patient samples and reports

Administrative Areas:

- Admission/discharge procedures
- Investigation procedures of patient' scomplaints
- Administrative office procedures
- Decision making procedures in administrative areas
- Waste disposal and universal precautions. Financial Areas:

- Billing Section
- Pricing of diagnostic/therapeutic procedures

Legal:

- Medico-legal cases
- Consumer forum cases

Legal cases relating to personnel matters

1. **Attendance at Scientific meetings, CME programmes**
2. The post graduate students are expected to attend meetings related to their discipline,

present papers/posters in these meetings.

3. **Paper/poster presentation:**

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

5. **Teaching skills:**

6. The post graduate students shall be required to participate in the teaching and training programme of undergraduate students and interns.

7. A **logbook** should be maintained recording the duration of posting, the period of absence, if any, skills performed, and remarks if any by the teacher/faculty member. The logbook should also record journal clubs, seminars attended and partaken as well as undergraduate teaching activities the post graduate student has participated and should be signed by the faculty in charge.

8. Department should encourage e-learning activities

9. **Special administrative attachments**

The aim of the attachment is to familiarize the students with the special features and functioning of various types of medical institutions and medical administrative offices (Government / Non-Government). One, two or three or more days will be allotted depending upon the size and importance of the place.

Medical Institutions to be visited will be contacted in advance and purpose of the visit/attachment explained so that a responsible person conducts these students and explains things adequately.

**Suggested Places of attachment**

- Hospital for chest diseases
- Dental College
- Artificial Limb Centre
- Manufacturing Section
- School of Nursing
- A Taluk Hospital

- A Rural Health Centre and peripheral centres
- An Urban Health Centre
- A multi specialty/single specialty corporate hospital
- Maternity and Child Welfare Centre
- Government Hospital
- Taluk Office for Vital Registration
- ESI Hospital
- Transfusion Centres
- An Ayurveda Hospital
- Office of Drug Controller
- Any other Institutions decided by the Department.

## *ASSESSMENT*

**FORMATIVE ASSESSMENT, ie., assessment during the training,**

**Formative assessment should be continual and should assess medical knowledge, patient care, procedural & academic skills, interpersonal skills, professionalism, self directed learning and ability to practice in the system.**

**Quarterly assessment during the MD training should be based on:**

1. Journal based / recent advances learning
2. Patient based /Laboratory or Skill based learning
3. Self directed learning and teaching
4. Departmental and interdepartmental learning activity
5. External and Outreach Activities /CMEs

**The student to be assessed periodically as per categories listed in postgraduate student appraisal form (Annexure I).**

The case study reports, dissertations, seminars and general performance of the students will be evaluated by internal examiners/faculty members at regular intervals, preferably on a semester basis. This will be noted down on Report cards/Log Book made for each student individually and will have the name of the paper/case study/dissertation/report/seminar/journal club, date of presentation and marks/remarks awarded by the evaluating faculty.

### **Checklist: Model Check List For Evaluation Of Teaching Skill**

Name of the student:    Date:

Name of the faculty/ Observer:

SL. No.		Strong Point	Weak point
1	<b>Communication of the purpose of the talk</b>		
2	<b>Evokes audience interest in the subject</b>		
3	<b>The introduction</b>		
4	<b>The sequence of ideas</b>		
5	<b>The use of practical examples and /or illustrations</b>		

6	<b>Speaking style (enjoyable, monotonous, etc., specify)</b>		
7	<b>Summary of the main points at the end</b>		
8	<b>Ask questions</b>		
9	<b>Answer questions asked by the audience</b>		
10	<b>Rapport of speaker with his audience</b>		
11	<b>Effectiveness of the talk</b>		
12	<b>Uses of AV aids appropriately</b>		

**Checklist: Model Check List for Project Work / Case Study Presentations**

Name of the student: Date:

Name of the faculty/ Observer:

SI No.	Points to be considered	Poor 0	Below average 1	Average 2	Good 3	Very Good 4
1	Interest shown in selecting topic					
2	Appropriate review					
3	Discussion with guide and other faculty					
4	Quality of protocol					
5	Preparation of proforma					
<b>Total score</b>						

**Checklist: Continuous Evaluation of Project Work by Guide/Co-Guide**

Name of the student: Date:

Name of the faculty/ Observer:

SI No.	Items for observation during presentation	Poor 0	Below average 1	Average 2	Good 3	Very Good 4
1	Periodic consultation with guide/ co-guide					
2	Depth of Analysis/ Discussion					
3	Department presentation of findings					
4	Quality of final output					
5	Others					
<b>Total score</b>						

**Overall Assessment Sheet**

Date:

Check list No.	Name of the students
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	A	B	C	D
1				
2				
3				

Signature of the HOD      Signature of the Principal

**The above overall assessment sheet used along with log book should form the basis for certifying satisfactory completion of course of study, in addition to the attendancerequirement.**

**KEY**

Mean score: **Is the sum all the scores of checklists 1 to 5**

A, B, C : **Name of the student**

**LOG BOOK**

**Table 1: Academic activities attended:**

Name: Admission Year: College:

<b>Date</b>	<b>Type of activity: Specific Seminar, Journal club, presentation, UGteaching</b>	<b>Particulars</b>

**Table 2: Academic presentations made by the student**

Name: Admission Year: College:

<b>Date</b>	<b>Topic</b>	<b>Type of activity, Specific Seminar, Journal club, presentation, UG teaching</b>



## **SUMMATIVE ASSESSMENT, ie., at the end of training**

The summative examination would be carried out as per the Rules given in POSTGRADUATE MEDICAL EDUCATION REGULATIONS, 2000.

The examination shall be in three parts:

### **1. Thesis**

Thesis shall be submitted at least six months before the Theory and Clinical / Practical examination. The thesis shall be examined by a minimum of three examiners; one internal and two external examiners, who shall not be the examiners for Theory and Clinical examination. A post graduate student shall be allowed to appear for the Theory and Practical/Clinical examination only after the acceptance of the Thesis by the examiners.

### **2. Theory examination:**

Students will be assessed theoretically by a written theory examination. These papers are as follows:

Paper I - General Administration and Management of Hospital

Paper II - Health Administration and Medical Care

Paper III - Hospital Administration and Hospital Planning

Paper IV - Administration of Clinical and Non-Clinical Services

### **3. Clinical/Practical and Examination:**

The following methods will be used to assess the student in the practical examination

- i. **Long case** - A long case will be given to students for which they will answer specific questions theoretically and may be examined by a viva voce regarding this case
- ii. **Short case** - A short case will be given to students for which they will answer specific questions theoretically and may be examined by a viva voce regarding this case
- iii. **Spots** - Spots will be given to students and they will have to answer specific questions regarding the spot.
- iv. **Viva voce** - The student will be assessed by a viva voce examination on topics pertaining to Hospital Administration.

**E. Suggested Reading Books (latest edition)**

1. Charney William: Handbook of Modern Hospital Safety-Lewis Publishers Pvt Ltd, London.
2. DF Buck: Basic Hospital Finance Management.
3. Davies Llewellyn R & Macaulay HMC: Hospital Planning and Administration, Jaypee Brothers, New Delhi.
4. Francis CM: Medical Ethics, Jaypee Brothers, New Delhi.
5. Guy Carrin and Marc Vereecke: Strategies for Healthcare Finance in Developing Countries, Macmillan, London (Case Studies).
6. Gupta Shakti & Kant Sunil: Hospital Stores Management - An Integrated Approach, JP Brothers, New Delhi.
7. Goel, SL: Healthcare Systems and Management, Vol 1-4; Deep And Deep Publications, New Delhi
8. Hyman Stanley: Supplies Management in Healthcare.
9. Jain & Narang: Cost Accounting, S Chand & Co, New Delhi.
10. JE Park & K Park: Text Book of Preventive and Social Medicine, Banarisdas Bhanot, Jabalpur.
11. Kulkarni, GR: Managerial Accounting for Hospitals, Mumbai.
12. Knight Bernard: Legal Aspects of Medical Practice.
13. Kunders, GD: Facilities Planning and Arrangement in Healthcare, Prism Books Pvt Ltd, Bangalore.
14. Kunders, GD: Designing for Total Quality in Healthcare, Prism Books Pvt Ltd, Bangalore
15. National Commission on Macro Economics and Health: Ministry of Health and Family Welfare, GOI. Financing and Delivery of Healthcare Services in India, NCMH New Delhi.
16. Pena, Jesus: Hospital Quality Assurance.
17. Quality Management in Health Care, Principles and Methods, Donald Lighter and Douglas C Fair, Jones and Bartlett Publishers.
18. Rajkumar: Acts applicable to hospitals in India.
19. Srinivasan AV: Managing a modern hospital, Response Books, New Delhi.
20. Sarma RK, Sharma Yashpal: A handbook on hospital Administration, Durga Printers, Jammu.
21. Sharma, Madhuri: Essentials for Hospital Supportive Services, Jaypee Brothers, New Delhi.

22. Tabish, Syed Amin: Hospital Planning, Organisation and Management.

23. James R Evans: Total Quality Management - South Western Publishers.

### **Journals**

**3 -5 International and 2 National (all indexed) Journals**

**Annexure I**

**Postgraduate Students Appraisal Form Clinical Disciplines**

Name of the Department/Unit :

Name of the PG Student :

Period of Training :FROM.....TO.....

Sr. No.	PARTICULARS	Not Satisfactory		Satisfactory		More Than Satisfactory	Remarks
		1	2 3	4	5 6		
1.	Journal based / recent advances learning						
2.	Patient based /Laboratory or Skill based learning						
3.	Self directed learning and teaching						
4.	Departmental and interdepartmental learning activity						
5.	External and Outreach Activities / CMEs						
6.	Thesis / Research work						
	Log Book Maintenance						

**Publications Yes/No**

**Remarks\***

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**\*REMARKS: Any significant positive or negative attributes of a postgraduate student to be mentioned. For score less than 4 in any category, remediation must be suggested. Individual feedback to postgraduate student is strongly recommended.**

**SIGNATURE OF ASSESSEE  
OF HOD**

**SIGNATURE OF CONSULTANT SIGNATURE**

**MODEL PAPER**

**MD**

**MD Examination Month, Year  
HOSPITAL ADMINISTRATION**

**MD-1**

Paper I

**General Administration and Management of Hospital**

Time : Three Hours

Maximum Marks : 100

Attempt all questions

All the parts of one question should be answered at one place in sequential order.

Draw diagrams wherever necessary

**Q.1** How do conflicts get generated in an organizational situation? How does it impact the group behaviour and functioning of the organization ? Explain with relevant examples.

**20**

**Q.2** Briefly describe different skills required for a manager and discuss the role of a manager in Institution Building.

**20**

**Q.3** Explain the process of conflict and different strategies of conflict management in organizational context. Give examples.

**15**

**Q.4** What are the various determinants of organizational culture? How does leadership influence the culture of an organisation?

**15**

**Q.5 Write short notes :**

**6x5=30**

(a) Forecasting.

(b) Channels of communication.

(c) Johari Window

(d) Line and Staff functions

(e) Theory X and Y

## MODEL PAPER

MD

MD Examination Month, Year  
HOSPITAL ADMINISTRATION

MD-2

Paper II  
Health Administration and Medical Care

Time : Three Hours  
Maximum Marks : 100

Attempt all questions  
All the parts of one question should be answered at one place in sequential order.  
Draw diagrams wherever necessary

- Q.1** Write about the implications of health insurance on the society. **20**
- Q.2** How would you basically design a hospital care system for a typical metro city incorporating the recent advances? Explain Briefly. **20**
- Q.3** Explain briefly about critically organize the healthcare system for a diverse country like India. **15**
- Q.4** Being a Hospital Administrator what criteria should you look for before screening for any disease? **15**
- Q.5 Write short notes :** **6x5=30**
- (a) What is Accreditation?
  - (b) Give some examples of epidemic diseases which have occurred in India recently?
  - (c) What is the difference between simple and stratified random sampling?
  - (d) What is DOTS-Plus?
  - (e) What is Pulse Polio programme?

**MODEL PAPER**

**MD**

**MD Examination Month, Year  
HOSPITAL ADMINISTRATION**

**MD-3**

**Paper III  
Hospital Administration and Hospital Planning**

Time : Three Hours  
Maximum Marks : 100

Attempt all questions  
All the parts of one question should be answered at one place in sequential order.  
Draw diagrams wherever necessary

- Q.1** Discuss Planning and Organizational management of for outpatient services of a tertiary health care institute. **20**
- Q.2** Discuss Energy conservation in hospitals. **20**
- Q.3** How preventive maintenance is planned, forecasted and budgeted to ensure smooth functioning of a hospital? **15**
- Q.4** Mention a few parameters that have to be considered while designing a hospital. **15**
- Q.5 Write short notes :** **6x5=30**
- (a) How to ensure the safety of air conditioners in hospitals?
  - (b) What is preventive maintenance?
  - (c) Quality Assurance of Laboratory Services.
  - (d) Principles of Disaster Planning
  - (e) Management issues in sanitation and waste management

**MODEL PAPER**

**MD**

**MD Examination Month, Year  
HOSPITAL ADMINISTRATION**

**MD-4**

**Paper IV  
Administration of Clinical and Non Clinical Services**

**Time : Three Hours  
Maximum Marks : 100**

**Attempt all questions  
All the parts of one question should be answered at one place in sequential order.  
Draw diagrams wherever necessary**

- Q.1** Staffing, physical facilities, policies and procedures involved in mortuary services. **20**
- Q.2** Write in detail about the legal aspects in hospital management. **20**
- Q.3** Discuss briefly Principles of hospital planning consideration in relation to the fire hazards and fire safety in hospitals. **15**
- Q.4** Policies, Procedures, Managerial issues in Pharmacy Services of a Hospital. **15**
- Q.5 Write short notes :** **6x5=30**
- (a) Consumer Protection Act and its implications in medical practice
  - (b) Nursing Audit
  - (c) Standard Operating Procedures for Blood Transfusion Services in Hospitals
  - (d) Types of hospital waste
  - (e) Methods of sterilization used in hospitals