

# **Syllabus**

# MASTERS IN HOSPITAL ADMINISTRATION (MHA)

(2 Years (Four Semesters) Post Graduate Degree Course, Full Time, Regular)
(Choice Based Credit System)

# Course in Mahatma Gandhi College of Hospital Administration (MGUMST)

**Academic Session 2022-24** 

#### TITLE OF THE COURSE

The title of the course shall be "Masters in Hospital Administration" (MHA).

The prescribed course will be an intensive full time program, which will include classroom lectures and practical training in various departments in a Hospital or any healthcare organization.

The programme will be conducted at a Mahatma Gandhi University of Medical Sciences and Technology. Candidates shall abide by the stipulated timings, discipline, rules and regulations of the University.

#### **DURATION OF THE COURSE/PERIOD OF TRAINING:**

This course will be of Two Years duration, Full Time and Regular. There will be semester system of examination. The student, upon successful completion of the course, will be awarded "Masters in Hospital Administration" from MGUMST.

#### **ELIGIBILITY FOR ADMISSION:**

- Recognized Bachelor's Degree (like MBBS/ BDS/ BHMS/ BAMS/ BUMS/ BVSc & AH/ BHA/ B.Sc./ B.Pharma/ BPT/ BOT/ BBA/ BA/ B.Com/ BCA, etc.) of minimum three years duration with at least 50% marks in aggregate for general category, 45 % marks for General PH and 40% marks for candidate belonging to SC, ST, OBC NCL and MBC NCL.
- 2. Candidates will be required to produce evidence of their passing Graduation latest by the day of Personal Interview.
- 3. Candidates with relevant work experience are encouraged to apply. Working professionals will be considered for admission only after submitting NOC from their employer for two years' full time regular MHA Course.

#### **RESERVATION:**

Reservation of seats shall be applicable in accordance with Rajasthan State Government reservation policy.

#### APPLICATION PROCEDURE

Prospectus cum Application Form can be downloaded from University website (www.mgumst.org) or obtained physically from Admission Office, MGUMST.

#### CRITERIA FOR SELECTION

Selection of Candidates: Selection for MHA Courses shall be done by an Admission Board of the University strictly on merit. It will consist of three-step process –Written Entrance Examination followed by Group Discussion and Personal Interview (PI).

- 1. Students matching eligibility criteria can apply for MHA Course.
- 2. All applicants will have to appear for Written Entrance Examination to be conducted by MGUMST. The medium of Written Entrance Examination shall be English.
- 3. Candidates who appear in Written Entrance Examination but fail to produce proof of their passing graduation with the criteria mentioned above will not be allowed to attend the GD and PI.
- 4. Written Entrance Examination will be of Two Hours duration. It will consist of 100 MCQs in

- General knowledge, Logical Reasoning, Quantitative Techniques, English comprehension and Current affairs.
- 5. A candidate will be eligible for GD and Personal Interview only if he has appeared in Written entrance examination.
- 6. PI will be conducted by Admission Board. A candidate will be eligible for GD and PI only if he has appeared in Written Entrance Examination.
- 7. Merit list shall be prepared on the basis of marks obtained by the candidates combined in Written Entrance Examination, GD and Personal Interview.

#### COMMENCEMENT OF THE COURSE

The Course shall commence from the 1st August of every Academic year

#### **MEDIUM OF INSTRUCTION**

The Medium of instruction will be English.

#### **ATTENDANCE**

Minimum 75% attendance is mandatory in each semester, both, for theory and practical classes. Student with deficient attendance either in theory or practical will not be permitted to appear in University Examination. in that subject. Special classes conducted for any purpose shall not be considered for the calculation of percentage of attendance for eligibility of exam

#### **ENROLMENT AND REGISTRATION:**

- (i) Every student who is admitted to MHA Course in Mahatma Gandhi College of Hospital Administration (MGCOHA) shall be required to get himself/herself enrolled with the Mahatma Gandhi University of Medical Sciences & Technology after paying the prescribed eligibility/enrolment fees.
- (ii) The student shall have to submit Application Form, duly filled-in, to the University through Principal of the College for Enrolment/ Eligibility/ Registration along with the original documents and prescribed fees (up to September 30 of the year of admission). MGUMST norms of registration and enrollment will be applicable to all students enrolled in courses MGCOHA courses.

#### DISSERTATION

- (i) Every student will be required to write a dissertation involving primary research in his/her area of interest. The dissertation includes a critical review of literature pertaining to the specific area of interest, data collection and analysis of the selected problem.
- (ii) One faculty member will be assigned as Guide to each student.
- (iii) Synopsis/protocol of the Dissertation shall be submitted by the student during the second semester of MHA course to Institutional Ethics Committee (IEC).
- (iv) Dissertation duly completed and signed by Guide shall be submitted to Principal, MGCOHA, at least three months before the fourth semester Exam.

- (v) Dissertation will be examined during Practical Examination by all the three examiners. Marks will be awarded as per the assessment done by these examiners.
- (vi) A student will be considered fit for award of degree only if the Dissertation is evaluated by these examiners.

#### INTERNAL ASSESSMENT

#### Internal Assessment - 40 marks.

- (a) The Internal Assessment may be continuous consisting of multiple components on discretion of subject in charge as detailed by him/ her in the course pack that would be shared in the beginning of the academic year.
- (b) Internal Assessment (carrying 40% weightage) will be conducted in every semester. Internal Assessment will consist of Departmental Examinations, Hospital Posting Evaluations, participation in Seminars and conducting 04 (four) Case Studies/ Project Repots. The objective is to allow students to have hands on experience. It would also help students to develop managerial skills and competencies. It is compulsory to secure 40% marks in each Semester Exam individually to pass.
- (c) If a student fails in any internal assessment examination except fourth semester, she/he will be allowed to write Examination before writing the 4<sup>th</sup> end semester exam. However, she/he will be promoted to next Semester.
- (d) If a student fails in fourth semester examination, she/he will be allowed to write supplementary exam as and when conducted by the university.
- (e) Consolidated Score Sheet of Internal Assessment will be submitted by Principal, MGCOHA to MGUMST within 15 days of conclusion of fourth semester examination.

#### **ELIGIBILITY FOR EXAMS**

- (a) Minimum 75% attendance is mandatory in each semester, both, for theory and practical classes. Student with deficient attendance will not be permitted to appear in University Examination.
- (b) The scheme of "Carry forward" (for the subjects in which the student has failed/ abstained) will be allowed for the current academic year in the universities and every student will be promoted to next semester/year. However, such students may clear the examination for the course in which he/ she has failed/ remained absent, whenever the examination is held next. Student will be allowed to appear in the END SEMESTER EXAM OF FINAL SEMESTER EXAMS ONLY IF HE/SHE HAS CLEARED ALL PERVIOUS SEMESTER AND INTERNAL EXAMS.

#### **EXAMINATION ASSESSMENT**

(a) The course of MHA needs to be completed in a maximum time duration of four years respectively. President has the power to extend it by one more year under the category of

- MERCY EXAM. The formula is N+2, where N is actual tenure of degree course and 2 is additional years.
- (b) Students would accumulate credits to clear exams in each class. If a student is unable to appear in the End Semester Exam and does not clear all the subjects and does not obtain credits in that Semester, the remaining subjects will have to be cleared and credits will have to be accumulated by him in subsequent exams of that Semester whenever they are conducted by the University.
  - (c) Student will need to pass in Internal Assessment and Semester End Exams separately and obtain minimum 40% marks in each. Internal assessment weightage is 40 % hence a student needs to get 16 Marks as minimum and Semester End Exam has 60% weightage, hence a student needs to get 24 marks as minimum.

#### UNIVERSITY EXAMINATION

#### (a) THEORY

- (i) Theory Examination will consist of 05 papers in each semester (three core and two electives).
- (ii) Each theory paper shall be of 03 hours' duration.
- (iii) If a student fails in any paper in University Semester Examination, she/he will be allowed to write the exam whenever the next semester exam is conducted by the University till N+2 criteria is valid. For any subsequent attempt her/his Internal Assessment (IA) marks secured will be carried forward.
- (iv) Each Theory paper will carry maximum 60 marks.

# MHA FIRST SEMESTER SUBJECTS

CODE NO	CORE SUBJECTS	THEORY	LECTURES/WEEK	CREDITS
MHA22101	HOSPITAL ORGANISATION AND MANAGEMENT THEORY	YES	4	4
MHA22102	BIO STATS	YES	4	4
MHA22103	HOSPITAL ACCOUNTING SYSTEM	YES	4	4
ELI	ECTIVE SUBJECTS( CHOOS	E ANY IWO	AMONGSI IHKEE)	
MHA22104	HEALTH CARE SERVICES AND ITS APPLICATIONS	YES	3	3
MHA22105	LEGAL AND MEDICAL ISSUES IN HOSPITALS	YES	3	3
MHA22106	PRINCIPLES OF MARKETING	YES	3	3
	TOTAL		21	21

# MHA SECOND SEMESTER SUBJECTS

CODE	CORE SUBJECTS	THEORY	LECTURES/WEEK	CREDITS
NO				
	HEALTH	YES	4	4
MHA22201	ECONOMICS			
MHA22202	OPERATIONS	YES	4	4
	RESEARCH AND			
	RESEARCH			
	METHODOLOGY IN			
	HOSPITALS			
MHA22203	HOSPITAL	YES	4	4
	FINANCIAL			
	MANAGEMENT			
ELI	ECTIVE SUBJECTS( CHO	OOSE ANY TWO	O AMONGST THREE)	
MHA22204	HEALTH INSURANCE AND MEDICAL TOURISM	YES	3	3
MHA22205	MANAGEMENT OF	YES	3	3
	HOSPITAL			
	SERVICES			
MHA22206	CONSTITUTION OF	YES	3	3
	INDIA			
	TOTAL		21	21

# MHA THIRD SEMESTER SUBJECTS

CODE NO	CORE SUBJECTS	THEORY	LECTURES/WEEK	CREDITS
	HOSPITAL	YES	4	4
MHA22301	PLANNING			
MHA22302	TOTAL QUALITY	YES	4	4
	MANAGEMENT IN			
	HEALTH CARE			
MHA22303	HUMAN	YES	4	4
	RESOURCE			
	MANAGEMENT			
]	ELECTIVE SUBJECTS( CI	HOOSE ANY TW	O AMONGST THREE)	
MHA22304	PATIENT CARE MANAGEMENT	YES	3	3
MHA22305	HOSPITAL	YES	3	3
	EQUIPMENET			
	MANAGEMENT			
MHA22306	ENVIRONMENT	YES	3	3
	AND ECOLOGY			
	TOTAL		21	21

# **MHA FOURTH SEMESTER SUBJECTS**

CODE	CORE SUBJECTS	THEORY	LECTURES/WEEK	CREDITS
NO				
	BIO MEDICAL WASTE	YES	4	4
MHA22401	MANAGEMENT AND			
	ENVIRONMENTAL			
	HEALTH			
MHA22402	ENTREPRENEURSHIP	YES	4	4
	AND CONSULTANCY			
	IN HEALTHCARE			
	MANAGEMENT			
MHA22403	INVENTORY CONTROL	YES	4	4
	AND PURCHASE			
	MANAGEMENT IN			
	HEALTH CARE			
EL	ECTIVE SUBJECTS( CHOO	OSE ANY TWO	AMONGST THREE)	
MHA22404	STRATEGIC MANAGEMENT IN HEALTH CARE	YES	3	3
MHA22405	HOSPITAL	YES	3	3
	INFORMATION			
	SYSTEM			
MHA22406	NUTRITION	YES	3	3
	TOTAL		21	21

- 1. DISSERTATION AT THE END OF FOURTH SEMESTER OF 5 CREDITS OF 50 MARKS (MHA22408)
- 2. CASE STUDIES (FOUR IN TWO YEARS) 10 CREDITS OF 100 MARKS (MHA22-409)
- 3. GRAND VIVA AT THE END OF FOURTH SEMESTER OF 5 CREDITS OF 50 MARKS (MHA22410).
- 4. HOSPITAL ATTACHMENT STARTS FROM 2 SEMESTER AND ENDS IN 4 SEMESTER WILL HAVE 10 CREDITS (MHA22407)

#### (b) PRACTICAL AND VIVA VOCE

- (i) The practical examination will consist of skill test (long case), presentation on Dissertation and viva voce.
- (ii) Board of Examiners for University Practical and Viva Voce Examination will be as under:
  - o Principal, MGCOHA
  - o 01 x Faculty, MGCOHA/ Department of Hospital Administration, MGMCH
  - o 01 x External Examiner

#### APPOINTMENT OF PAPER SETTER/ EXAMINER AND EVALUATION

- 1. The President will appoint two Internal Examiners and one External Examiner for Practical & Viva Voce. External Examiner will be invited from other recognized University/ Institution in the state of Rajasthan or outside the state of Rajasthan.
- 2. Question Papers will be evaluated by three Internal and two External Examiners and they shall be appointed by the President.
- 3. Answer books will be evaluated by Internal and External Examiners.
- 4. Qualification of the Paper setter / Examiner: Professor/ Additional Professor/ Associate Professor/ Assistant Professor of any other University/ Institution conducting MHA / MBA (Hospital and Health Management)/ MD (Hospital Administration) or similar Course.
- 5. Paper setter can be an examiner.

#### Re-VALUATION, GRACE MARKS AND NUMBER OF ATTEMPTS

- 1. Revaluation of Answer Books is not permitted. However, scrutiny of Answer Books is allowed as per MGUMST rules.
- 2. There will be grace marks to the tune of 1% of total marks awarded in that class. (if total is 500 marks in first semester, grace marks to be awarded if needed will be maximum up to 5 marks and in two papers and practical only).
- 3. It will be incumbent upon a student to qualify for award of degree of MHA within a period of 04 (four) years from the date of admission, failing which his/ her name will be struck off from the Rolls of University.

#### SCHEME OF EXAMINATION:

There shall be five examinations at the end of each semester.

The Examination will be of 2200 marks divided into 4 parts as per details given below:

- i. MHA First Semester Aggregate marks 500
- ii. MHA Second Semester Aggregate marks 500
- iii. MHA Third Semester Aggregate marks 500
- iv. MHA Fourth Semester Aggregate marks 700

CODE NO	MAIN SUBJECTS	EXTERNAL PAPER		IA	TOTAL
		Duration	Marks	Marks	
	FIRST SE	MESTER			
	CORE SUBJECTS				
MHA22101	HOSPITAL ORGANISATION AND MANAGEMENT THEORY	3 Hours	60	40	100
MHA22102	BIO STATS	3 Hours	60	40	100
MHA22103	HOSPITAL ACCOUNTING	3 Hours	60	40	100
	SYSTEM  EVECTORE SAID MECTIC (CHOOSE	E ANY THYO AND			
	ELECTIVE SUBJECTS (CHOOSI	E ANY TWO AMO	UNGSTIHRE	E)	
MHA22104	HEALTH CARE SERVICES AND ITS APPLICATIONS	3 Hours	60	40	100
MHA22105	LEGAL AND MEDICAL ISSUES	3 Hours	60	40	100
	IN HOSPITALS				
MHA22106	PRINCIPLES OF MARKETING	3 Hours	60	40	100
	TOTAL				500

# **SECOND SEMSETER**

CODE NO	MAIN SUBJECTS	EXTERNAL PAPER		IA	TOTAL
		Duration	Marks	Marks	
MHA22201	HEALTH ECONOMICS	3 Hours	60	40	100
MHA22202	OPERATIONS RESEARCH AND RESEARCH METHODOLOGY IN HOSPITALS	3 Hours	60	40	100
MHA22203	HOSPITAL FINANCIAL MANAGEMENT	3 Hours	60	40	100
	ELECTIVE SUBJECTS( CHOO	SE ANY TWO	AMONGS'	Γ THREE	
MHA22204	HEALTH INSURANCE AND MEDICAL TOURISM	3 Hours	60	40	100
MHA22205	MANAGEMENT OF HOSPITAL SERVICES	3 Hours	60	40	100
MHA22206	CONSTITUTION OF INDIA	3 Hours	60	40	100
	TOTAL				500

# THIRD SEMESTER

CODE NO	MAIN SUBJECTS	EXTERNAL PAPER		IA	TOTAL
		Duration	Marks	Marks	
MHA22301	HOSPITAL PLANNING	3 Hours	60	40	100
MHA22302	TOTAL QUALITY	3 Hours	60	40	100
	MANAGEMENT In HEALTH				
	CARE				
MHA22303	HUMAN RESOURCE	3 Hours	60	40	100
	MANAGEMENT				
	ELECTIVE SUBJECTS( CHOOS)	E ANY TWO AM	ONGST THRE	E)	
MHA22304	PATIENT CARE MANAGEMENT	3 Hours	60	40	100
MHA22305	HOSPITAL EQUIPMENET	3 Hours	60	40	100
	MANAGEMENT				
MHA22306	ENVIRONMENT AND	3 Hours	60	40	100
	ECOLOGY				
	TOTAL				500

#### FOURTH SEMESTER

CODE NO	MAIN SUBJECTS		EXTERNAL PAPER		TOTAL
		Duration	Marks	Marks	
MHA22401	BIO MEDICAL WASTE	3 Hours	60	40	100
	MANAGEMENT AND				
	ENVIRONMENTAL HEALTH				
MHA22402	ENTREPRENEURSHIP AND	3 Hours	60	40	100
	CONSULTANCY IN				
	HEALTHCARE MANAGEMENT				
MHA22403	INVENTORY CONTROL AND	3 Hours	60	40	100
	PURCHASE MANAGEMENT IN				
	HEALTH CARE				
]	ELECTIVE SUBJECTS( CHOOS	SE ANY TWO	AMONGST	THREE)	
MHA22404	STRATEGIC MANAGEMENT IN HEALTH CARE	3 Hours	60	40	100
MHA22405	HOSPITAL INFORMATION	3 Hours	60	40	100
	SYSTEM				
MHA22406	NUTRITION	3 Hours	60	40	100
MHA22408	DISSERTAION	-	-	-	50
MHA22409	CASE STUDY	-	-	-	100
MHA22410	GRAND VIVA	-	-	-	50
	TOTAL				700
	TOTAL				

- 1. HOSPITAL ATTACHMENT STARTS FROM 2nd SEMESTER AND ENDS IN 4th SEMESTER WILL HAVE 10 CREDITS (MHA22407)
- 2. DISSERTATION AT THE END OF FOURTH SEMESTER OF 5 CREDITS OF 50 MARKS (MHA22408)
- 3. CASE STUDIES (FOUR IN TWO YEARS) 10 CREDITS OF 100 MARKS (MHA22409)
- 4. GRAND VIVA AT THE END OF FOURTH SEMESTER OF 5 CREDITS OF 50 MARKS (MHA22410).
- 5. TOTAL CREDITS IN MHA COURSE ARE 102 OVER A SPAN OF FOUR SEMESTERS (TWO YEARS).

#### SCHEME OF CLASSES

The course would run for 20 weeks in a semester and there would be four hours of teaching and three hours of hospital immersion / attachment and the same would be factored in the time table.

- 1. There would be four lectures per day for the subjects for all six days in a week. Total hours would be 24 in a week and for 20 weeks they would total to 480 hours of teaching (SEMINARS, VISITS, CONFERENCES ETC. INCLUDED IN THESE CONTACT HOURS) for semester. Similarly, there would be three hours of hospital attachment for all six days in a week. Total hours would be 18 in a week and for 20 weeks they would total to 360 hours of training. Also the hospital department attachment would be segmented year wise and bifurcated in slots of six months so that all the coverage and learning is comprehensive. Hospital Attachment would be awarded Grades. Though this is more on the job training, still we can build a mechanism for this.
- 2. Normally 1 credit is one (1) hour of contact teaching in a week. The subjects are of four (4) Credits with four (4) hours of contact classes in a week. Since minimum teaching days are between 90 to 110 in a semester of connect. Semester would mean 26 weeks and 3 to 4 weeks would be utilized for two internal assessments, one end semester exam and other holidays. Hence effectively 22 to 24 weeks would be available. An MHA course would ideally have 80 to 120 credits in two years inclusive of all academic activities.
- 3. Theory: 1 credit is = 1 contact hour per week

Practical / Field Work (sessional): 1 credit = 2 contact hours per week

: 2 credits = 3 contact hours per week

# **Declaration of pass**

**a. Main Subjects:** A candidate is declared to have passed the examination in a subject, if He /She secures 50% of marks in University Theory exam and Internal assessment added together, provided the candidate has to secure a minimum of 40% marks in the University conducted written examination and a minimum of 40% marks in internal assessment separately. For practical exam 50% marks in each component is needed to pass.

#### **Declaration of Class**

- **a.** A candidate having appeared in all the subjects in the same examination and passed that examination in the first attempt and secures 75% of marks or more of grand total marks prescribed will be declared to have passed the examination with Distinction.
- **b.** A candidate having appeared in all subjects in the same examination and passed that examination in the first attempt and secures 60% of marks or more but less than 75% of grand total marks prescribed will be declared to have passed the examination in First Class.

- **c.** A candidate having appeared in all the subjects in the same examination and passed that examination in the first attempt and secures 50% of marks or more but less than 60% of grand total marks prescribed will be declared to have passed the examination in Second Class.
- **d.** A candidate passing the university examination in more than one attempt shall be placed in Pass class irrespective of the percentage of marks secured by him/her in the examination

#### Eligibility for the award of Degree

A candidate shall have passed in all the subjects of first to fourth semester to be eligible for award of degree.

# FIRST SEMESTER CORE SUBJECTS

#### MHA22101: Hospital Organization & Management Theory

**Objective**: This subject focuses on acquainting the student with the principles and practices essential for managing a hospital organization. With an objective of imbibing a professional approach amongst students towards hospital management, the subject encompasses management principles, functions and processes, discussing their significance and role in effective and efficient management of health care organizations.

#### **Contents:**

#### Unit I:

Definition of management; Productivity, Efficiency and Effectiveness; Managerial Skills

Evolution of management thought: Frederic W.Taylor's scientific management, Henry Fayol's principles of management, concept of bureaucracy, human relations approach, Behavioral approach, systems theory of organization, contingency theory of organization, management by objectives (MBO),

#### Unit II

**Management functions:** Nature of management process and managerial functions —

#### **Planning**

- Types (mission, purpose, objective or goals, strategies, policies, procedures, rules, programs, budgets)
- Steps in planning.
- Decision Making

#### **Organizing**

- Meaning and purpose
- Types:
- a) formal and informal
- b) functional and matrix
- c) line and staff
- d)departmentation
- Authority & Power
- Centralization & Decentralization
- Delegation of Authority

#### **Staffing**

• Recruitment & Selection (Basic Concepts)

#### **Directing**

- Manager vs Leader
- Motivation (Concept)
- Leadership (Concept)

#### **Controlling**

- Basic control process
- Control as a feedback system
- Real time information and control
- Control techniques
- Concept of budgeting

#### **<u>Unit-III:</u>** Behavioral concepts and theories:

- Concept of OB.
- Challenges and opportunity for OB

#### **<u>Unit-IV:</u>** Motivational Theories

- Maslow's Need hierarchy,
- Theory X and Theory Y,
- Two factor theory
- Mc Cleland's theory of needs
- Equity Theory
- Expectancy theory

#### **UNIT-V:**

#### **Perception**

- Concept and factors influencing perception
- Attribution theory
- Frequently used shortcuts in judging others.

#### Leadership

#### Group

- Basic approaches to leadership.
- Trait theory.
- Behavioral Theory
- Types.
- Formation.

#### References:

Syed Amin Tabish, Hospital and Health services administration ~ principles and practice, *oxford* university press, New Delhi, 2001.

Graw Hill, New Delhi, 1998

James A.F.Stoner, R.Edward Freeman and Denier R. Gilbert Jr., Management, Prentice Hall India, New Delhi, 1997.

Kountz Harold, Heinz Weihrich, Management - A global perspective, 19th edition, Mc Graw Hill International, New Delhi, 2005.

Srinivasan A.V. Japanese management - The Indian context, Tata Me Oraw Hill, New Delhi, 2000.

Koontz Harold, Heinz Weihrich, Essentials of management, Mc Oraw Hill Intenational, New Delhi, 2004.

L.M.Prasad, Principles and practice of Management, 6th edition, Sultan Chand Pilblisher, New Delhi, 2001.

#### MHA22102: Bio Stats

#### **Objective**

This subject intends to familiarize the student with basic statistical tools and techniques and the use of inferential statistics in analyzing quantitative data in the Hospital System. More emphasis should be given on managerial implication instead on the computation acumen.

#### Content

#### Unit-I

Statistical Measures and Presentation of Data- Basic concepts of statistics – utility and limitations of Statistics

Measures of central tendency- Arithmetic Mean, Weighted Arithmetic Mean, Median, Mode, Quartiles; Measures of Variation, Standard Deviation (basic formula and problems)

Presentation of data- Bar Diagram, Histogram, Frequency Polygon, Frequency Distribution Curves, Ogive and their managerial implications

#### <u>Unit – II</u>

**Probability** 

Concepts and definitions of probability, Additive and Multiplicative laws, Conditional probability.

#### **Unit-III**

Probability distributions: Discrete – Binomial and Poisson; Continuous-Normal, emphasizing on their applications to hospital environment.

#### <u>Unit – IV</u>

Simple Correlation and Simple Regression.

Time Series – components, fitting a trend line by least squares method.

#### References:

Gupta S.P., Stastical methods, Sultan Chand, New Delhi, 1993.

Levin, R.I. and Rubin. D.S., Statistics for management, Prentice Hall, New Delhi, 1988. Sunder Rao, P.N.S. and Richard, J., An introduction to biostatistics: A manual for students in health sciences, Prentice Hall, New Delhi, 1996.

Milton S.J., Statistical methods in the biological and health sciences, McGrew Hill, Singapore, 1992.

Hill B.A., Medical statistics, Hodder & Stoughton, London, 1984.

John T. Mentzer, Sales Forecasting Management, Response Books, New Delhi, 1998.

Periodicals: Health Information of India, Government of India; Hospital Information Review.

#### MHA22103: Hospital Accounting System

#### **Contents:**

#### Unit-I:

#### Financial Accounting

- Nature & scope
- Accounting principles
- Capital expenditure, Revenue expenditure, Capital income, Revenue income and capitalized expenditure.
- Journal, Ledger & Trial Balance
- Preparation of Final Accounts & Balance Sheet

#### Unit II:

#### **Cost Accounting**

- Nature and Scope
- Cost classification & their concept
- Preparation of cost sheet for hospital bed charges, food charges and various medical services.
- Cost control & Cost reduction
- Operating costing for the Hospital industry.

#### **Unit-III:**

#### **Management Accounting**

- Nature & scope
- Cost-Volume-Profit (CVP) Analysis
- Cash Flow Analysis
- Fund Flow Analysis
- Ratio Analysis
- Budgeting & Budgetary control- preparing the budget and flexible budgeting.

#### **References**

Maheswari, S.N., An Introduction to accounting, Vikas Publications, New Delhi, 1994, Horngren, C.T., Gary L. Sundem, Introduction to Management Accounting, Prentice Hall India, New Delhi, 1986.

Grewal, T.S., Introduction to Accountancy, S.Chand & S. Chand & Sons, New Delhi 1994.

Jain, S.P., K.L. Narang, Advanced Accountancy, Kalyani Publishers, Ludhiana, 1995.

Rickettsdon, Jackgrey, Managerial Accounting, Houghton Mifflin Company, Boston, 1991.

Accounting For Managers by CA C.Rama Gopal (New Age International Publishers)

Cost Accounting by Jawahar Lal (McGraw Hill)

Cost & Management Accounting by Hanif & Mukherjee (McGraw Hill)

# **ELECTIVE SUBJECTS FIRST SEMESTER**

#### MHA22104: Healthcare Services and its Application

**Objective:** To provide the students a basic insight into the main features of Indian health care delivery system and how it compares with the other systems of the world.

#### **Contents:**

#### Unit-I

#### **Health and Disease**

Concept, Definitions & Dimensions of health, Wellbeing, Determinants of health, Evolution of medicine, Public Health, Health indicators, Health service philosophies, Disease & causation, Natural history of disease, Disease control & prevention, Changing patterns of disease.

Medical sociology –Introduction Sociological perspective of health, illness and healing. Institutional perspective and Organizational perspective.

#### **Unit-II**

#### **Public and Private Health Care Services in India**

Evolution of public health systems in India (ancient, colonial & post-independence), Health Planning in India (Committees, Planning commission, Five year plans, National Health Policies), Public health systems in India (Center, State, District & Village level), Rural development, Corporate philosophy, Evolution and organization of private health systems in India and Current trends in private health care in India.

#### **Unit-III**

**WHO-** Objective, functions, **UNICEF-** objective and functions. Different Model of Healthcare-The Beveridge Model, The Bismarck Model, The National Health Insurance Model, The Out-of-Pocket Model. Brief Introduction of Health System of different countries: USA, UK, Canada, Australia, Sweden, and Germany.

#### **Unit-IV**

#### **Population Health**

Introduction to population studies, Issues of Indian society & culture, Nuptiality & Fertility, Reproductive health, Population and Development (policies, programs & evaluation), introduction 20

to epidemiology (concept, terms, aims & uses), definition of epidemic, endemic, pandemic, sporadic. Prevalence and Incidence. Epidemiological methods- basic idea of Cohort study, Case Control study and RCT. Epidemiology of communicable diseases (TB, STDs, Diarrhoea & HIV/AIDS) and Epidemiology of Non communicable diseases (CHD, Cancer, Diabetes, Hypertension & Obesity).

#### **Unit-V**

#### **Contemporary Issues in Health Services Management**

National Health Policy; Reproductive, Maternal, Newborn, Child, and Adolescent Health (RMNCH+A); National Vector Borne Disease Control Programme (NVBDCP)

#### References:

Park K: 2005. *Text Book of Preventive and Social Medicine*. Banarsidas Bhanot Publishers: Jabalpur. 18<sup>th</sup> Ed.

Beaglehole R & Bonita R. 1997. *Public Health at the Crossroads: Achievements and Prospects*. Cambridge University Press: United Kingdom

Gupta M C, Chen L C & Krishnan T N. 1996. *Health Poverty and Development in India*. Oxford University Press: Bombay

White K. 2006. *The Sage Dictionary of Health and Society*. Sage Publications: New Delhi Kumar R. 1998. *Medicine and the Raj: British Medical Policy in India* (1835-1911). Sage Publications: New Delhi

Goel S L. 2001. *Health Care System and Management: Primary Health Care management*. Deep & Deep Publications: New Delhi. Vol 4

Harris M G & Assoc. 2003. *Managing Health Service: Concepts & Practices*. Maclennan + Petty: Sydney

Beaglehole R, Bonita R & Kjellstrom T. 1993. Basic Epidemiology. WHO: Geneva

Gwatkin D R, Wagstaff A & Yazbeck A S. 2005. *Reaching the Poor with Health, Nutrition & Population Services: What works, what doesn't & Why.* WB: Washington DC

Bhende A & Kanitkar T. 1992. *Principles of Population Studies*. Himalaya Publishing House: Bombay. 5<sup>th</sup> Ed.

#### MHA22105: Legal and Medical Issues in Hospitals

#### **Objective:**

To acquaint the students with various legal aspects concerning type and character of the health care organizations and its duties towards patients and its employees. To familiarize the students in

matters of liability of hospital medical negligence and medical malpractice in diagnosis, administration of drugs, surgery etc.

#### **Contents:**

#### Unit I

Law and establishment of hospitals-private / public hospitals, legal requirements under medical council Acts. West Bengal Clinical Establishment Act and rules 2017 (as amended till date).

#### **Unit-II**

Essentials of contract Act. Contractual obligations in hospital services - requisites of a valid contract - hospital as 'bailer' - sale and purchase of" goods- duties towards patients - code of ethics - violation legal consequences.

#### <u>Unit-III</u>

Legal aspects relating to organ transplantation, MTP Act, 1971, Basics of Drugs and Cosmetic Acts, anesthesia. ESI Act, PNDT Act, AERB, ICMR Guideline of Scientific Research Members, clinical trials.

#### **Unit-IV**

Legal liability of hospitals - criminal, civil and tortuous; liability for negligence, consumer protection law, absolute liability and vicarious liability, legal remedies available to patients: remedies under contract law, tort, criminal law and consumer protection' Act. Medical Jurisprudence.

#### **Unit-V**

Medical ethics – basic issues, importance, process of developing and implementing ethics and values in an institution – codes of conduct: Hippocrates oath and declaration of Geneva 2006 – NMC regulation – professional conduct, etiquette and ethics.

#### References:

Anoop Kaushal K, Medical negligence and legal remedies, 3rd edition, universal law Pllblishcr.5. New Delhi, 2004.

Avtar singh, company law, 13th edition, Taxmann publishers, Lucknow, 2001.

Consumer Protection Act 1986

Francis D., Government and Business, Himalaya publishing House, 1988

Gupta D and Gupta, S. Government and business, Vikas Publishing House, 1987 Varma, D.P.S, Monopolies. Trade Regulations and Consumer Protection, T-ata McGraw Hill, New Delhi, 1985. R.K. Chaube, consumer protection and the Medical profession, Jaypee Publishing, New Delhi, 2000.

Steven, D. Edwards, Nursing Ethics, a principle Based Approach, Macmillan Press Ltd., London, 1996.

Indian Penal code, Indian Evidence Act, Criminal Procedure Code

Industrial Disputes Act, Indian Companies Act

Indian Medical council act.

Goswami, Labor law.

Commercial Laws – N.D.Kapoor.

#### **MHA22106: Principles of Marketing**

#### **Objective:**

This subject will provide an exposure to the conceptual framework of marketing in general and specific to hospitals. This learning will enable the students to understand the need, relevance and necessity of marketing in today's competitive market environment, facilitates them operationalizing and implementing marketing as an integral function in a Healthcare scenario.

#### **Contents:**

#### Unit I

#### **Introduction to Marketing:**

Meaning and importance of marketing, role of marketing in modern organizations, basic concepts of marketing, evolution of marketing, scanning the marketing environment, Marketing Mix

#### **Unit II**

#### **Product and Pricing strategies:**

Constituents of a product, classification of products, Product life cycle as a tool for marketing strategy, classification of new products, Objectives of pricing, Methods of pricing, Selecting a final price.

#### **Unit III**

#### Distribution and Communication strategies:

Distribution: concept and importance, Channel management decisions, franchisee handling Promotion-mix, managing advertising, sales promotion, publicity and public relations, Sales force, Word of Mouth, e-commerce

#### **Unit IV**

#### **Market Segmentation, Targeting and Positioning:**

Identification of market segments, Consumer and business clientele, Segmenting consumer markets, Segmentation basis, selecting target market, developing and communicating a positioning strategy.

#### Unit-V

#### **Service Marketing**

Characteristics of services and their marketing implications, Service Mix decisions, concept of Internal marketing, Managing Service Quality (SERVQUAL), Gap Model, Concepts of consumer satisfaction, zone of tolerance.

#### Unit VI

#### **Marketing Implementation and control:**

Marketing implementation, control of marketing performance- annual plan control, profitability control, efficiency control, strategic control.

#### **References:**

- 1. Marketing Management by Philip Kotler, Pearson publishers, 2003
- 2. Marketing Management by Rajan Saxena, TMH, 2005.
- 3. Marketing-the best practices by K.Douglar, Hoffman&Czinkota, Thomson, 2004
- 4. Basic Marketing by William D. Rerreult&Mc Carthy, TMH,2005
- 5. Marketing Management by V.S.Ramaswamy, Namakumari, Macmillan, 2006

# **CORE SUBJECTS SECOND SEMESTER**

# **MHA22201: Health Economics**

#### **Objective:**

The primary aim of this subject is to provide a clear, concise introduction to micro economic concepts, health economics as applied to hospital and health care sector.

#### Unit-I:

**Introduction**: Definition of Economics, Circular flow of economic activity, Relation between Economics and Health Economics, Importance of Health Economics.

**Theory of Utility**: Definition and concept of Utility, Total and Marginal Utility, Laws of diminishing and equi-marginal utility, concept of consumer's surplus.

**Theory of Indifference Curve**: Concept, Properties, Equilibrium, Price, income and substitution effect and derivation of demand curve, Concept of PCC and ICC.

Theory of Demand: Law of demand, Nature of goods, concept of price-income-cross price elasticities.

#### **Unit-II**

**Theory of Production**: Concept, factors and its implications. Production function- short and Long run. Laws of diminishing marginal returns and variable proportions.

**Theory of cost**: Short and Long run cost function. Fixed and Variable costs- Opportunity Cost- Average and marginal cost, Shape of SAC, SMC, LAC and LMC.

#### **Unit-III**

#### Market Morphology:

Market- its concept in economics, Perfect competition- nature, short and long run equilibrium, concept of break even and shut down point, Impact of internality and externality on industry supply.

Monopoly- Definition, short and long run equilibrium, Price discrimination. Monopolistic competition-Short and Long Run equilibrium, Concept of product differentiation.

Oligopoly- Definition, Characteristics, Cournot and Sweezy Model.

#### **Unit-IV**

**Theory of Distribution**: Theory of wage, equilibrium wage determination in perfection and imperfection in both product and factor market. Concept of exploitations, Theory of Interest- Keynesian Liquidity Preference.

**Macro Economics**: Inflation- Demand pull and cost push, Impact and remedial measures, Fundamental concept of National Income.

#### Unit-V

#### **Health Economics**

Indian scenario, effect of globalization and privatization, Importance of PPP Model, Problem faced by health industry, changing scenario of health industry, Public initiative to eradicate difficulties, Prospects. Alternative Models of Hospital Behavior-Utility Maximizing Model, Physician Control Models, The Trend towards Multi Hospital Systems.

#### Reference:

- 1. Health Economics for Hospital Management- Shuvendu Bikash Dutta- Jaypee Brothers Publication.
- 2. Microeconomics Theory- A. koutsoyiannis
- 3. Economics- Asish Banerjee and Debasish Majumdar
- 4. Managerial Economics- D.N. Dwivedi
- 5. Macroeconomics- H.L Ahuja
- 6. Health Economics- N.K Anand and S Goyel

#### MHA22202: Operations Research and Research Methodology in Hospitals

#### **Objective:**

To cover the Operations and Maintenance aspects with reference to mum Utilization of resources in a hospital. To provide basic understanding towards research principles and methods. To introduce important analytical tools for research data analysis. To assist in the development of research proposals/reports.

#### **Contents:**

#### Unit I

#### Introduction to Research:

Nature of Research – meaning, Purpose, Characteristics - types of research – Process of research – Selection and specification of research problem –difficulties in health care research

#### **Unit II**

#### Methods of Research:

Research Design, Types of Research Design and their applicability, Sources of Error, Brief idea of Clinical Trial – Phase I, Phase II, and Phase III.

#### **Unit III**

#### **Data Collection and Presentation:**

Data vs Information, kinds of data and their limitations.

Methods of collecting data – census vs sampling, Primary vs Secondary Data

Methods of sampling and sampling designs.

Techniques of Primary data collection: Questionnaire, interview, Observation; Measurement and scaling techniques – rating scales – attitude scales.

Presentation of data – Editing, coding, classification, Tabulation, graphic and diagrammatic presentation of data.

#### **Unit IV**

#### **Interpretation and Report Writing:**

Interpretation – essentials for interpretation – Precautions in interpretation – conclusions and generalization – statistical fallacies – objectivity in interpretation

Report Writing: Meaning and types of reports – stages in preparation of report – characteristics of a good report – structure of a report – documentation – foot notes – bibliography – style and literary presentation

#### <u>Unit V</u>

Hypothesis Testing: Hypothesis, Null vs alternative, level of significance, Type I type II error

Z test- basic formula and problems

T test- basic formula and problems

Chi square- basic formula and problems

ANOVA- theoretical concept

#### **Unit-VI**

# **Linear Programming Problem**

Various types of LPP and its application in hospital environment.

#### **Unit VII**

#### **Network Analysis**

PERT, CPM, shortest route algorithm

#### **Unit- VIII**

**Game Theory**- simple two-person zero-sum games.

**Queuing Theory**- Essential features and characteristics, M/M/I queue model, application in hospital sector (description only).

#### References:

#### Research Methodology:

Hair J F, Bush R P & Ortinai D J. Marketing Research: with a change of information environment. 3<sup>rd</sup> Ed. Tata MeGraw Hill, New Delhi: 2006.

Cooper D & Schinder P. Business Research Methods. 8<sup>th</sup> Ed. Tata McGraw-Hill Publishing Company Ltd. New Delhi: 2003

Newman W L. Social Research Methods: Qualitative and Quantitative Approaches. 5<sup>th</sup> edition. Allyn and Bacon. Bosto; London: 2006

Trochim W M K. Research Methods. 2<sup>nd</sup> Ed. Biztantra. New Delhi; 2003

Paul G E, Tull D S & Albaum G.Research for Marketing Decisions Prentice Hall. New Delhi: 1996

David L J & Wales H G. Market Research. Prentice Hall of India. New Delhi: 1999

Beri G C. Marketing Research. 3<sup>rd</sup> Ed. Tata McGraw Hill Publishing Company Ltd. New Delhi: 2000

Das.lal Practise of Social Research. Rawat Publication, Jaipur:2000

Das, Lal Designs of Social Research, Rawat Publiction, Jaipur 2005

Kothari C R. Research Methodology Methods & Techniques. New Age International Private Ltd., New Delhi:2000

#### **MHA22203: Hospital Financial Management**

#### **Objective:**

The objective of this subject is to expose the students to decision making by corporate board in the areas of finance function. It will equip the student with concepts, technical and analytical tools for optimal management of financial resources of a business enterprise.

#### **Contents:**

#### Unit I

Financial Management – an overview, Nature, scope, functions, goals, sources of finance-an overview

#### **Unit II**

Fundamentals of valuation concepts.

- Time value of money
- Risk & Return-trade off (Elementary idea)

#### **Unit III**

Working Capital Management including

- Cash Management
- Receivables Management
- Inventory Management

#### **Unit IV**

#### **Investment decisions**

- Capital Budgeting- NPV, IRR, PI, ARR.
- Cost of Capital-overall vs. specific cost of capital

#### Unit V

Dividend decisions-dividend theory, dividend policy

#### **Unit VI**

Long term financing- issue of shares, debentures, other modes of financing.

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#### **References:**

Khan and Jain, Financial management, fourth edition, Tata Mc Graw Hill, New Delhi, 2004. Pandey I.M., cases in Financial management, Tata Mc Graw Hill, second edition, New Delhi, 2003...

William N. Zelman, Michael J. McCue, Alan R. Millikan, Alan R. Milikan, Financial Management of Health Care Organizations: An Introduction to Fundamental Tools, Concepts, and Applications, Blackwell Publishers; January 1998.

<u>Bruce R. M.W.</u> John, Fundamentals of financial management, Prentice Hall India New Delhi, 1995

James C. V. and M.W. John, Fundamentals of financial management, Prentice Hall India.

# **ELECTIVE SUBJECTS SECOND SEMESTER**

# **MHA22204: Health Insurance and Medical Tourism**

#### **Objective:**

The primary aim of this subject is to acquaint students to the concept of health insurance, product development, and various health insurance products-both at individual and group level, the economic services of health insurance, underwriting. of health insurance policies, marketing of insurance policies, claims management, third-party administration etc.,

#### **Content:**

#### Unit I

#### Introduction:

History of Health Insurance, Principles of Health Insurance, Health Insurance Products, Group Insurance Products, Product design, Development and Evaluation, current trends in Health Insurance - International and Indian scenario. Concepts of insurance, life and nonlife, Government Health Insurance Scheme (State & Central Level).

#### **Unit II**

Operations in Health Insurance: Introduction to Claims management, significance of claims settlement, nature of claims from various classes of insurance, role of Third Party Administrators.

#### **Unit III**

Economic and financial management of Health Insurance

Risk assessment, underwriting and premium setting, tax planning.

#### **Unit IV**

Marketing and servicing of Health Insurance,

Different elements of insurance marketing, uniqueness of insurance markets, distribution Channels for selling insurance: role of regulatory authority in supervising promotional activities

#### Unit V

IT Applications and Legal framework in Health Insurance, Information Technology and Insurance, legal framework and documentation, ethical issues.

#### **Unit VI**

Medical Tourism- concept, need, competitive advantage, Indian Challenges, Global Scenario and trends, Role of marketing in medical tourism.

#### References:

Kenneth Black, Jr. Ilarold D.Skipper, Jr, Lire and Health Insurance, thirteenth edition, Pearson Education Pte. Ltd., Delhi, 2003.

Board of editors, Group and Health Insurance vol. I -III, the ICFAI University Press, Hyderabad, 2004.

U.Jawaharlal (editor), Insurance IndustIy, the current scenario, the ICFAI University Press, Hyderabad, 2005.

Journals:

Insurance Chronicle, ICFAI Publications, Hyderabad.

The Insurance Times, Kolkata, India, Website: www.prgindia.com.

Insurance Management - Dave

National Insurance - Monographs on Insurance Management IRDA Guidelines on Health Insurance - Govt. of India

# MHA22205: Management of Hospital Services

# **Objective:**

To enable the students, gain insights into various aspects like importance, functions, policies and procedures, equipping, controlling, co-ordination, communication, staffing, reporting and documentation of both clinical and non-clinical services in a hospital.

#### Unit- I

#### Overview

Hospital operations management, role and decisions, Difference of hospital operations from other service and manufacturing organizations.

#### Unit – II

#### **Outpatient Services**

Overview of the department, day care, accident and emergency services, physical medicine and rehabilitation, occupational therapy unit, physiotherapy department

#### Unit – III

#### **In Patient Services**

Nursing service and ward management, critical care services – ICU, CCU, NICU, medical services, surgical services – operation theater, nuclear medicine, burn unit, nursing services and administration.

#### <u>Unit – IV</u> Specialty Services

Pediatrics, OBG & GYN, ENT, Ophthalmology, Orthopedic, Psychiatry, Anesthesia, Dental

#### Unit - V

#### **Super-specialty Services**

Cardiology, Thoracic Surgery, Neurology, Neurosurgery, Nephrology- Dialysis Unit, Transplantation Services.

#### **Unit-VI**

#### **Support Services**

Diagnostic-Radiology & Imaging Services, Hospital Laboratory etc, Blood Bank & Transfusion Services, Ambulance Services, Pharmacy, CSSD, Oxygen Manifold/ Concentrator, Dietary Service, Hospital Laundry and Linen, Medical Social Worker, Marketing and Public Relations, Finance and Administrative Departments, Outsourcing.

#### Unit - VII

#### **Utility Services**

Housekeeping, Hospital Engineering and Maintenance, Biomedical Department, Central Stores and Purchase Department, Medical Records-confidentiality of records, reception, enquiry, registration and admission, central billing and accounts, Cafeteria/canteen, Mortuary.

#### **Unit-VIII**

#### **Miscellaneous**

Hospital Acquired Infection (HAI)- Committee formation and reporting, Fire safety in a hospital-classification of fire, procedure for evacuation. Telemedicine- introduction, importance, practice guidelines-protocols & Standards as per NMCN.

# References:

Joshi, DC; Joshi, Mamta (2009), Hospital Administration, Jaypee Brothers Medical Publishers (P) Ltd.

Kunders, G.D.(2004)-Facilities Planning and Arrangement in Healthcare, Prism Books Pvt Ltd. Bangalore.

Davies Llewellyn R & macaulay H M C(1995)- Hospital Planning and Administration, Jaypee Brothers, New Delhi.

Sakharkar, BM (1998)-Principles of Hospital Administration & Planning-jaypee Publishers New Delhi.

Goel, S L (2001 Vol 1-4)-Healthcare Systems and Management, Deep and Deep Publications, New Delhi

Srinivasan A V (2002)- Managing a modern hospital, Response Books, New Delhi

Sharma K R, Sharma Yashpal(2003)- A handbook on Hospital Administration, Durga Printers, Jammu

Sharma, Madhuri(2003)-Essentials for Hospital Supportive Services, Jaypee Brothers, New Delhi

Tabish, Syed Amin-Hospital Planning, Organization and Management

## MHA22206: CONSTITUTION OF INDIA

#### **Unit-I:**

Meaning of the team 'Constitution' making of the Indian Constitution 1946-1940.

#### **Unit-II:**

The democratic institutions created by the constitution Bicameral system of Legislature at the Centre and in the States. 32

#### **Unit-III:**

Fundamental Rights and Duties their content and significance.

#### Unit – IV:

Directive Principles of States Policies the need to balance Fundamental Rights with Directive Principles.

#### Unit - V:

Special Rights created in the Constitution for: Dalits, Backwards, Women and Children and the Religious and Linguistic Minorities.

#### **Unit-VI:**

Doctrine of Separation of Powers - legislative, Executive and Judicial and their functioning in India.

#### **Unit – VII:**

The Election Commission and State Public Service commissions.

#### <u>Unit – VIII:</u>

Method of amending the Constitution.

#### Unit – IX:

Enforcing rights through Writs.

#### $\underline{\text{Unit} - \mathbf{X}}$ :

Constitution and Sustainable Development in India.

# **MHA22207: Hospital Attachment**

# **CORE SUBJECTS THIRD SEMESTER**

# **MHA22301: Hospital Planning**

#### **Objective:**

To expose the students to planning and operation of hospitals in a detailed manner which will include all facets of hospital planning activities covering every department that is involved both in clinical care as well as supportive services. A chapter on research in Hospital Services and Resources is also added to give impetus for research in this field.

#### Contents:

#### Unit-I

Introduction to hospital planning

Conception of idea, formation of hospital planning team, market survey, feasibility study, selection of location, Financial planning of hospitals,

Macro level planning, Conception to commissioning-site development, equipment planning, facility planning (NABH), bed distribution, space allocation, interior designing and construction of building-commissioning, shake down period, documents required to establish a hospital and authorities.

#### **Unit-II**

Planning for the outpatient services, accident and emergency services, and day care services

Planning for patient care units –Inpatient services and intensive care units

Planning for surgical suites.

Planning for labor and delivery suites-LDRP suites

#### **Unit -III**

Planning for laboratory service and blood banking

Planning for imagological services-x-rays, ultra-sonography, MRI, CT-scan PET scan and other advances in imagological services

#### **Unit-IV**

Planning for advanced facilities

Cardiac catheterization laboratory, various endoscopy units, Extra corporeal shock wave lithotripsy, radiotherapy unit, IVF unit, Dialysis unit

#### Unit-V

Planning for supportive services-medical gasses, HVAC, housekeeping, CSSD, Food and beverages,

#### **References:**

Shakti gupta sunil kant,chandra sekhar and sidharth satpathy, Modern trends in planning and design of hospitals,Jaypee brothers New delhi

Hospital Planning, WHO, Geneva, 1984

Kunders G.D., Gopinath S., and Katakama a., Hospital Planning, Design and Management, Tata Mc.Graw Hill, New Delhi, 1999.

Arun Kumar, (ed) Encylopedia of Hospital Administration and Development, Anmol Publications, New Delhi, 2000.

Srinivasan A. V. (ed), Managing a modern hospital, Chapter 2, Response Books New Delhi, 2000

Padmanand V. and P.C. Jain, Doing Business in India, Response Books, New Delhi, 2000

# **MHA22302: Total Quality Management in Healthcare**

#### **Contents:**

#### Unit-I

#### Quality

Definition, Value concept of Quality, Dimensions of Quality

#### **Unit II**

#### **Quality Management concepts**

Definition, Objectives of Quality Management

Quality Gurus and their contribution – Juran, Deming, Ishikawa, Taguchi, Crosby Quality management – Quality Planning, Quality Control, Quality Improvement

#### **Unit III**

# **Statistical Quality Control**

What is SQC, Difference with 100% Inspection

Statistical process Control – Control chart for variable (Xbar, R chart), Control chart for Attributes (p & c Chart)

Process Capability, Six Sigma

Acceptance Sampling -Simple and Double sampling

#### **Unit IV**

#### **Total Quality management**

Definition, Principles of TQM, Quality Council

Concept of Internal supplier & Internal Customer

Kaizen, Quality Circle, Quality Improvement Teams,

Seven basic QC Tools - check sheet, Histogram, Scatter diagram, Process Mapping, Cause and Effect diagram, Pareto analysis, control charts,

Cost of Quality

Bench Marking

#### Unit V

#### **Quality management System**

**Quality Manual** 

Introduction to National quality control guideline 2013 by NRHM NABH, NABL, JCI

#### **Quality Audit**

#### **Unit VI**

#### **Current trends in TQM**

Quality in healthcare

#### References:

Bester field H.Dale, Total Quality Management, Pearson New Delhi, 2005. Sridhar Bhat, Total Quality Management, Himalaya House publications, Mumbai, 2002 Sundara Raju, S.M., Total Quality Management: A Primer, Tata McGraw Hill, 1995.

# MHA22303: Human Resource Management (HRM)

#### **Objective:**

In today's competitive world, organizations can only thrive on human resources as their cutting edge. Good people management helps the organizations to leverage their strengths and attain a sustainable growth. Any HR intervention taken up, as such should be in line with the long term and short term goals and strategies of the organization.

This subject acquaints the students with major functions of HRM aligned with the business strategy, as HR is the function that can link people and strategy to achieve organizational performance.

#### **Contents:**

#### Unit-I

#### **Introduction to HRM**

HRM Meaning, roles in an organization, difference with personnel management, HR planning, concepts and methods.

#### **Unit II**

#### **Human Resource Planning (HRP)**

Definition, Importance, Demand Forecasting (Delphi Technique, Ratio-trend analysis), Supply Forecasting (Skill inventories, Replacement Charts), Human Resource Information System (HRIS), Job description-job specification-job analysis and job design.

#### **Unit III**

#### **Human Resource Development (HRD)**

Recruitment, Selection, Placement, sources of recruitment, methods of selection, promotion and transfer, implementation of selection methods in Hospital.

#### **Unit IV**

#### **Training and Development**

Training concepts, differences, importance, organizing training programmes and evaluation, systems of training and development in Hospitals, methods of training.

#### Unit V

#### **Performance Appraisal and Wages and Salary**

Meaning, objectives, different theories of PA, techniques of PA, wages and salary administration, concepts, principles in determining enrolment techniques.

#### **Unit VI**

#### **Disputes and Grievance handling**

Framework for employer-employee relations, grievance procedure, principles and guidelines for grievance handling.

Impact of trade unions on industrial relations.

Discipline in organization, Red Hot Stove Rule.

Causes of industrial disputes, remedial measures- collective bargaining- industrial disputes and settlement machinery.

#### **Unit VII**

#### **Morale Work Environment**

Meaning and importance, factors influencing morale, impact of morale on employees, safety in an organization, fatigue.

#### **References:**

S.Sadri, SJayashree, M.Ajgaonkar, Geometry of HR, Himalaya Publishing house, Mumbai, Anthony P.William Strategic Human Resource Management, Dryden publishers, 1993 Robbins, P.Stephen, David A.Decemzo, Personnel/Human Resource Management, Prentice hall, New Delhi, 1996.

Subba Rao, P., Essentials or lluman Resource Management and Industrial Relations, Himalaya Publishing House, 1997.

Dessler Gary, Human Resource Management, Prentice Hall, New Delhi, 2000.

Debi S.Saini, Human Resources Management perspectives for the New era, Response books, New Delhi, 2000.

Bohlander, shell, Sherman, managing Human resources, Thomson -south western publishing Syed Amin Tabish, Hospital and Health Services administration-principles and practice, Oxford University press, New Delhi, 2001

# **ELECTIVE SUBJECTS THIRD SEMESTER**

# **MHA22304: Patient Care Management**

#### **Objectives:**

To understand the processes and details related to effective patient care and to further increase the satisfaction levels of patients

#### **Contents:**

#### Unit I

#### Patient centric management

Concept of patient care, Patient-centric management, Organization of hospital departments, Roles of departments/managers in enhancing care, Patient counseling & Practical examples of patient centric management in hospitals.

#### Unit- II

Patient safety and patient risk management, Basic Life Support, Patient Satisfaction, feedback and grievances.

#### **Unit-III**

#### Patient classification systems and the role of case mix

Why do we need to classify patients, Types of patient classification systems, ICD 10 (CM, PM), Casemix classification systems, DRG, HBG, ARDRG, Casemix innovations and Patient empowering classification systems?

#### **Unit IV**

#### Medical ethics & auditory procedures

Ethical principles, Civic rights, Autopsy, Vicarious liability, Use of investigational drugs, Introduction/need & procedures for medical audit, Audit administration & Regulating committees. Confidentiality and professional secrecy, ethics of trust and ethics of rights – autonomy and informed consent, under trading of patient rights – universal accessibility – equity and social justice, human dignity.

#### Unit V

#### **Disaster preparedness**

Policies & procedures for general safety, disaster plan and crisis management. Basics of disaster management and Mass casualties, Components of disaster plan: pre-hospital and hospital, Disaster alertness in Hospital, Disaster management planning and implementation, Severity of illness amongst disaster victims and risk assess, Triage, different color coding related to disaster.

#### **Unit VI**

#### **Patient Medical Records**

Policies & procedures for maintaining medical records. e-records, legal aspects of medical records, its safety, preservation and storage.

#### **References:**

Goel S L & Kumar R. 2004. Hospital Core Services: Hospital Administration of the 21<sup>st</sup> Century. Deep Deep Publications Pvt Ltd: New Delhi

Gupta S & Kant S. 1998. Hospital & Health Care Administration: Appraisal and Referral

Treatise. Jaypee: New Delhi

Harris M G & Assoc. 2003. *Managing Health Service: Concepts & Practices*. Maclennan + Petty: Sydney

Kelly D L. 2006. Encyclopedia of Quality Management in Hospitals & Health Care Administration. Vol 1-6. Pentagon Press: Chicago

Kilpatrick A O & Johnson J A. 1999. Handbook of Health Administration & Policy. Marcel

Dekkes Inc: New York

Kumar A. 2000. Encyclopedia of Hospital Administration & Development: Volume I. Anmol

Publications Ltd: New Delhi.

Ransom S B. Joshi M S & Nash D B. 2006. The Health Care Quality Book: Vision, Strategy &

Tools. Standard Publishers Distributors: Delhi

Reddy N K S. 2000. Medical Jurisprudence & Toxicology. ALT Publications: Hyderabad Rao M S. 1992. Health & Hospital Administration in India. Deep & Deep Publications: New Delhi

# **MHA22305: Hospital Equipment Management**

**Objective**: Subject is intended to cover the Operations and Maintenance aspects with reference to minimum Utilization of resources in a hospital.

#### Unit-I

List of common medical equipment's-

- 1. Image- Digital X-ray, MRI, CT Scan, USG, PET Scan, 3D, Echo.
- 2. Laboratory- Semi+ Full auto-analyzer, ABG.
- 3. Ventilator, Multi-channel Monitor, Syringe pump.
- 4. Bronchoscope, Endoscope, Laparoscope
- 5. Robotics and iOT.

Justification of purchase proposal, hospital need assessment (Capex)

Equipment selection guideline, estimation of cost and planning, purchase, installation, commissioning.

Replacement and Buy back policy.

International and Indigenous standards.

#### **Unit II**

#### **Maintenance Management**

Objectives, types of maintenance systems, equipment maintenance, quality and reliability, maintenance planning, maintenance information system, maintenance and monitoring of biomedical equipment's, predictive maintenance, equipment availability, spares management, replacement policy, depreciation and loss of value, economic life, costing, cost of standby, maintenance in hospital.

#### **Unit III**

Bio-Medical Technology, application in hospital environment, calibration tests, maintenance features, hazards.

#### **Unit IV**

Medico-legal issues related to hospital equipment.

#### **References:**

Medical Technology, application in hospital environment, calibration tests, maintenance of hazards Srinivasan A.V. (ed), Managing a modern hospital, Chapters 12, Response Books, New Delhi, Barry, Jay Hazier, Principles of Operations Management, Prentice Hall, New Jersey, Roger G.,

Operations Management - Decision Making in Operations Function, rawHiII., New Delhi.

l, Elwood S. and Sarin, Rakesh K., Modern Production/Operations Management, John Wiley illS, Singapore, 1987.

Lee J. and Larry p. Ritzman, Operations Management - Strategy and Analysis, 'ton - Wesley Publications.

International Journal of Operations and Quantitative Management, (IJOQM) released by Nirma Institute of Management – Ahmedabad.

#### MHA22306 ENVIRONMENT AND ECOLOGY

#### <u>Unit –I</u>

General meaning of environment, relevance of the subject environment, ecology for hospital administrators.

#### <u>Unit –II</u>

Brief outline of the environment (protection) act 1986 & its importance for hospital administration, Legislation vs. Social obligation of hospitals, Role of ngo's like green peace in environmental protection.

#### **Unit –III**

Ecology - brief outline on elements of ecology; brief discussion on ecological balance and consequences of change, principles of environmental impact assessment. Environmental impact assessment report (eia).

#### Unit –IV

Air pollution and control - factors responsible for causing air pollution in hospitals, sources & effects of air pollutants in the hospital context. Primary & secondary pollutants, greenhouse effect, depletion of ozone layer. Brief discussion on the air (prevention & control of pollution) Act 1989.

#### Unit –V

Water pollution and control - brief discussion on hydrosphere, natural water, pollutants: their origin and effects, river/lake/ground water pollution, the financial implication of water pollution control and steps required to be taken e.g. Sewerage treatment plant, water treatment plant. 49 Standards and control in Relation to the effect of legislation by central and state boards for prevention and control of water pollution.

#### **Unit -VI**

Land pollution- Brief understanding of lithosphere, pollutants, municipal, industrial, commercial, agricultural, hospital, hazardous solid waste); their original effects, collection and disposal of solid waste, recovery & conversion methods in relation to a hospital enterprise with discussion about the financial implication.

#### **Unit -VII**

Noise pollution - Sources, effects, standards & control

# MHA22307: Hospital Attachment

# **CORE SUBJECTS FOURTH SEMESTER**

# MHA22401: Biomedical Waste Management and Environmental Health

**Objective**: To understand the significance of nosocomial infections, biomedical waste and its proper disposal.

#### **Contents:**

#### Unit-I

- Definition of Biomedical Waste
- BMW Segregation, collection, transportation, disposal
- Liquid BMW, Radioactive waste, Metals / Chemicals / Drug waste
- BMW Management & methods of disinfection
- Modern technology for handling BMW
- Monitoring & controlling of cross infection (Protective devices)- Dosimeter, HIV Protective measure.
- BMW from Administrative point (Budget, Health check-up, Insurance)
- Hand washing

#### **Unit-II**

BMW-2002

CPCSEA Guidelines.

#### **Suggested Reading**

- 1. Principles of Hospital Management S. A. Tabish
- 2. Hospital Management S. L. Goel
- 3. Hospital Administration Francis
- 4. Bio-Medical Waste Act & Rules Govt. of India
- 5. Current Issues in BMW Waste Handling-ISHA, Bangalore
- 6. UGC Guidelines for Environmental Health.

# MHA22402: Entrepreneurship & Consultancy Management

#### **Objective**

To create interest to start a venture, learn the intricacies of starting an enterprise, the joy and fulfillment of being economically independent, identifying opportunities, inculcate enterprising values with orientation towards setting up own enterprises, learn to write project report to obtain funding and satisfying regulating agencies, and equip the student to take consultancy work in various facets of hospital management.

#### **Contents:**

#### **Unit-I:**

**Overview:** Definition and meaning of entrepreneurship, Characteristics of entrepreneur, Importance and Limitations of entrepreneurship; Entrepreneurial Laboratory; Entrepreneurship Games; Ventures and Startups

Idea generation: Brain storming in teams for project ideas, Nominal Group Teclmique; Creativity, Lateral Thinking; Research & Development, Reverse engineering, IPR, Patenting; Environment scanning, Opportunities in health care; NGO collaboration.

#### **Unit II:**

**Feasibility study**: Operational feasibility, technical feasibility, market feasibility, financial feasibility, economic forecasting, project report writing. Support systems for new enterprise creation, new enterprise identification and selection, enterprise establishment and management.

#### **Unit III:**

**Sources of Finance**: Commercial Banks, Development agencies, Indian and International funding organizations, Capital market, venture and Startup capital, Basics of Public Health Management System by NRHM.

#### **Unit IV:**

**Overview:** Consulting Industry\_with specific reference to Hospital and Health care consulting perspective. Professionalism & Ethics in consulting, Consultant, Client Relationship, Behavioral roles of consultants.

#### Unit V:

The Consulting Process:

Entry: Initial contracts – preliminary problem diagnosis – terms and references – assignment strategy and plan – proposal to the client – consulting contract.

Diagnosis: Conceptual frame work of diagnosis – diagnosing purposes and problem – defining necessary facts - sources and ways of obtaining facts – data analysis – feed back

Action Planning: Possible solutions - evaluating alternatives - presentation of action. Implementation & Termination: Consulting in various areas of Hospital Management Brief concept of Green field, Brown field, Gantt chart, Gap Analysis.

#### References

J.B.Patel and D.G.Allampally, A Manual on How to Prepare a Project Report, Entrepreneurship Development Ir.stitute, Ahmedabad.

J.B. Patel and S.S. Modi, A Manual on Business Opportunity Identification & Selection, Entrepreneurship Development Institute, Ahmedabad.

Edward Bono, Lateral Thinking, Penguin Books, London 1990.

Holt H. David, Entrepreneurship, Prentice Hall India Publishers, New Delhi 2001 Anil Kumar S., Entreneurship Development, New Age Publications, New Delhi, 2003

The Journal of Entrepreneurship, Entrepreneurship Development Institute, Ahmedabad. Management consulting:Milan kubr (A guide to the profession (3<sup>rd</sup> revised edition) published by ILO.

#### MHA22403: Inventory Control and Purchase Management in Healthcare Contents:

#### Unit - I

#### **Materials Management**

Overview, the modern concept, scope and objective, special features of materials management applied to hospitals, Documents used in the material function.

#### **Unit II**

#### **Purchase Management**

Purchasing function- objectives and scope of purchasing in service organizations, responsibilities of purchase department, centralized and decentralized purchasing activities.

- Purchasing cycle, concept of 5Rs'.
- Negotiation in purchasing: Purpose and objectives
- Letter of Credit, confirmed and unconfirmed L/C
- Types of hospital imports, import and export procedures, government policy, Documentation, Legal aspects of purchasing

#### **Unit III**

#### **Hospital Inventory Management**

Definition of inventory- Need of control, objectives of inventory control, impact on profitability of the organization, different types of hospital inventories, categories of materials in hospital as unexpendable and expandable, classification of un-expandable items, hospital maintenance items, spare parts stocking policies for capital items.

#### **Unit-IV Inventory Control**

Selective inventory controls- concept of selective inventory control, basis and use of different types of selective controls-ABC, VED, FSN, SDE, composite methods. Brief introduction on HML, GOLF, XYZ system. Current system in Hospitals- brief concept.

Costs associated with inventories – Ordering cost, carrying cost, over-stocking cost, under-stocking cost, Relevance of service level.

Derivation of EOQ formula, reasons to modify EOQ to suit to real life situations, effect of quantity and price discounts on EOQ.

Just in time

Lead-time analysis, elements of lead-time

Inventory models: safety stocks, fixation of re-order level and desired inventory level, designing of Q and P models of inventory control.

Supply Chain Management (SCM): Concept of SCM, components, hospital supply chain management, global competitive scenario.

#### Unit – V

# **Hospital Stores Management**

Hospital Stores Organization: Objective, function, relevance and importance of store keeping, functions and responsibilities of stores, elements of good stores organization, stores organization in hospitals: centralized and decentralized stores.

Stores layout, principles for building designs for stores, factors influencing stores layout, storage facility, bin location,

Stock accounting and stock recording different methods of stock verification, investigation of discrepancies, reconciliation, stock adjustment, write off and stock valuation.

Stock valuation methods -LIFO, FIFO, Brief Introduction of Simple and weighted average method.

Standardization and codification.

#### <u>Unit – VI</u>

#### **Hospital Material Handling**

Principles of good material handling, Major equipment of material handling in hospital Condemn Board- basic concept.

#### **References:**

Shakti Gupta, Sunilkanth – Hospital Stores Management, Jaypee Brothers

Srinivasan A.V. (ed), Managing a modem hospital, Chapters 6, 7, 8, 9, Response Books, New Delhi, 2000.

Gopalakrishna, P., Materials Management, Prentice Hall, New Delhi, 1997.

Gopalakrishna, P., Purchasing and Materials Management, Tata McGraw Hill, New Delhi, 1995

# **ELECTIVES SUBJECTS FOURTH SEMESTER**

#### MHA22404: Strategic Management in Healthcare

#### **Objective:**

This subject will integrate all management concepts to look at the organization from futuristic – both long and short term point of view. The emphasis will be on organizational analysis, planning and formulation of strategies

#### **Contents:**

Unit I

#### **Introduction to strategic management**

Organizational mission: Philosophy, policy, Strategic Intent, vision, mission, values.

Defining Strategy, Strategic management process, Strategic objectives, Porter's value chain: concept and applications

#### **Unit II**

#### **SWOT** analysis

Industry characteristics analysis: PEST analysis, Porter's five force

Organizational analysis: Capability factors: Financial, Marketing, Operational, Personnel, General

#### Management

#### **Unit III**

#### **Level of strategy**

Corporate Level Strategy: Grand Strategy, Portfolio analysis: BCG Matrix, Business level Strategy: Generic Business Strategy

Functional strategy analysis: Plans and policies: Financial, Marketing, Operational, Personnel, Information Technology and Integration

#### **Unit IV**

Implementation: Corporate culture, structure, human resource, rewards. Strategic Evaluation: Brief concept of Benchmarking and Balanced Scorecard. Control of strategies: strategic diagnosis, operational diagnosis.

CSR: Management and society, culture and management, management ethics, social objectives and responsibilities of management, corporate social responsibility- hospitals and social responsibility.

#### References:

Oster Sharon M. Strategic Management for nonprofit organizations, Oxford publishers, New Delhi.

Lawrence R. Jauch and WF Glueck, Business Policy and strategic management, 6th edition, Frank brothers, New Delhi, 2003.

Srivastava; Management Policy and Strategic Management; Himalaya Publications, Mumbai. Allio, Robert J; The practical Strategist - Business and corporate strategy for 1990s, Indus publications, 1994.

Kazhmi, Business Policy and strategic management, Tata Mc Graw Hill, New Delhi, 2002.

# **MHA22405: Hospital Information System**

# **Objective**

This subject will provide models of HIS and help the student develop a subsystem for healthcare management.

#### **Contents:**

#### Unit I

#### **Information System**

Overview, structure of MIS specific to hospital; information and data; information for control, decision, statutory needs, feedback; hierarchy of management activity; decision making process; document preparation, data capture, POS method.

#### **Unit II**

#### **Project Life Cycle**

Physical systems design, physical data base design; Programme development, procedure development; input-output design, online dialogue; design of files, data communication; Project life cycle, installation and operation, conversion, operation, documentation, training, maintenance, post audit system evaluation.

#### **Unit III**

#### **Approaches to HIS**

Patient based, functional organization based, user department based, clinician based HIS, Medical records, nursing information system; appointments scheduling, dissemination of tests and diagnostic information, general administration, productivity. Concept of DSS and ESS.

#### **Unit IV**

#### **Application of HIS in Hospitals**

Back office & Front Office- IPD & OPD- Patient Registration, Appointment Scheduling, Admission Discharge Transfer (ADT)- Wards Management Module, Computerised Physician Order Entry (CPOE), Nursing Workbench- Clinic Specialities- Roster Management- Laboratory Information System, Radiology Information System- CSSD, Pharmacy, Blood Bank, Operation Theatre, Dietary, Pharmacy- Medical Records- Patient Billing, Insurance, and Contract Management.

#### References:

Davis, G.B. and M.H.Oslon, Managent Information Systems-Conceptual Foundations, Structure and Development, TMH, 1998

Mudford, Eric, Effective systems design and requirements analysis, Mc Graw Hill, 1995

A. V. Srinivasan, Managing a Modem Hospital, Chapters 10 and II, Response Books, New Delhi, 200C Hospital Information Systems by S.A Kelkar, PHI

Management Information System by Ashok Arora & Akshaya Bhatia, Excel Book.

# **MHA22406: NUTRITION**

1.Basic concept on Food, Nutrition and Nutrients.

Classification of Food, Classification of Nutrients.

- 1. Carbohydrates Definition, Classification, Structure and properties. Monosaccharides glucose, fructose, galactose. Disaccharides Maltose, lactose, sucrose Polysaccharides Dextrin, starch, glycogen, resistant starch.
- 2. Carbohydrates Sources, daily requirements, functions. Effects of too high and too Low carbohydrates on health. Digestion and absorption of carbohydrate.
- 3. Lipids -Definition, Classification & Properties. Fatty acids-composition, properties, types. Lipids sources, daily requirements, functions. Digestion & Absorption of nutrients. Role & nutritional significances of PUFA, MUFA, SFA, W-3 fatty acid. 3. Proteins- Definition, Classification, Structure & properties. Amino acids Classification, types, functions.
- 4. Proteins Sources, daily requirements, functions. Effect of too high too low proteins on health. Digestion & absorption. Assessment of Protein quality (BV, PER, NPU). Factors affecting protein bio-availability including anti-nutritional factors.
- 5. FNT-A-CC-1-1-P: FOOD SCIENCE (PRACTICAL) 1. Identification of Mono, Di and polysaccharides 2. Identification of Proteins 3. Identification of glycerol. 2 CREDITS

#### **MHA22407: Hospital Attachment**

# **MHA22408: Dissertation**

## **Objective**

To impart the practical knowledge through research methods, help formulate a rigorous research problem related to hospital on the basis of their observation from hospital Practical's, help do an independent study, and encourage working in a team

#### **Pedagogy**

Identifying several situations amenable to dissertation work, writing a proposal and making a presentation to the Dissertation faculty advisory committee. Reporting to the committee on the progress of research work periodically. Making use of a variety of research methods. Defending the inference before the Examining Committee.

#### **Contents**

Every student will do a detailed study on the topic selected for the dissertation, and is expected to prepare two or three proposals which he intends to take up for the Dissertation. Faculty will examine this and decide on the topic of the dissertation.

#### The Process involves:

- 1. Formulation of objectives and hypothesis
- 2. Review of literature
- 3. Designing the tool for data collection
- 4. Data collection
- 5. Coding, classifying and analysis of data
- 6. Inferences, conclusions and recommendations
- 7. Preparing a bibliography
- 8. Writing the dissertation and submission

The process will commence in the second year

#### **EVALUATION PHASE**

A three-member panel consisting of an expert from Healthcare industry, one from other Hospital Management Institute approved by MGUMST and the other from the mother Institute will conduct the viva voce examination. The allocation of marks is

25 marks for the content and approach to the dissertation

25 marks for defending the dissertation in the Viva Voce examination

# MHA22409: CASE STUDY

#### **Objective**

To provide on the job experience, as an understudy in a hospital, to help the student Understand systems and procedures and learn to make decisions considering the Hospital as an integral unit.

#### **Pedagogy**

Four Case studies in two years to be presented every six months.

#### **Evaluation**

Evaluation will be done every six months. Format for evaluation will be provided to the host

administrator. He will be requested to send the performance evaluation scores of the student to the institute, which in turn will compute the average of the evaluations to arrive at the final marks. The evaluation of the host administrator is limited to 80 marks and the institute for regular submission of monthly reports and activities undertaken in the hospital will constitute 20 marks.

#### **Contents**

Introduction to the hospital

During this period the student will be assigned to administrator the hospital functions and services under the guidance of hospital administrator.

The student is expected to work in minimum two select departments of the hospital, preferably from their area of interest, i.e. based on their area of specialization.

The students will work on a selected area of their choice or, alternately, or as indicated by the host administrator and prepare a detailed report on various activities on the selected area. A copy of the reports submitted to the host administrator will have to be invariably submitted to the institute.

Finally, a consolidated report on the projects of the hospitals has to be prepared and presented to the panel of experts.

### MHA22410: Grand Viva

#### **Objective**

To evaluate the overall performance of students in all subjects of MHA course.

#### **Evaluation**

Grand Viva will be in all subjects of two years and will be taken by a team consisting of one member from mother institute, one expert from healthcare industry and other from outside institute with approval from MGUMST. Total marks in Grand Viva are 50.

# **Hospital Attachment /PRACTICAL TRAINING**

#### **Second Semester**

- 1. EDP/IT Department
- 2. Reception
- 3. Registration
- 4. Admission
- 5. Billing & Discharge
- 6. OPD Services
- 7. Public Relation Office
- 8. Pharmacy Services
- 9. Stores
- 10. House Keeping
- 11. Laboratory Services
- 12. Imaging Services
- 13. Personnel / H R Dept.
- 14. Laundry & Linen Services
- 15. Kitchen & Dietary Services
- 16. Marketing
- 17. Computerized Medical Record
- 18. Security Services
- 19. Transportation Services
- 20. Wards

#### **Third Semester**

- 1. Central Sterile Supply Dept.
- 2. Library in Hospital
- 3. Emergency
- 4. Critical Care Unit
- 5. Medical Record
- 6. Operation Theatre
- 7. Maintenance Department
- 8. Bio-Medical Department

#### **Fourth Semester**

- 1. Dental Service
- 2. Dialysis Unit
- 3. Burn Units
- 4. Blood Bank
- 5. Mortuary
- 6. Telemedicine
- 7. Medical transcription