

**COURSE AND CURRICULUM OF MASTER  
OF HOSPITAL ADMINISTRATION (MHA)  
COURSE**

**KERALA UNIVERSITY OF HEALTH AND ALLIED SCIENCES**

# KERALA UNIVERSITY OF HEALTH AND ALLIED SCIENCES

## MASTER OF HOSPITAL ADMINISTRATION (M.H.A.)

### Course Regulations and Course Structure

#### Objectives of the Programme

- To provide adequate practical and theoretical knowledge and training in all the areas of hospital administration
- To maximize the utilisation of the MBBS persons in clinical administration rather than placing them for general administration.

#### Duration of the Programme

The duration of the **MASTER OF HOSPITAL ADMINISTRATION (M.H.A.)** shall be two years. It is a full time course.

#### Infrastructure Requirements:

##### Instructional Area:-

Instructional area includes two classrooms with audiovisual including LCD projection facilities, library with on-line facility, seminar hall etc. The carpet area requirement of the classrooms depends upon the number and type of seating arrangements for the students with provision for a platform, writing board, a table and a chair for faculty.

Type of Rooms	Carpet area requirements in Sq.m/ student		
	Classification of size	Minimum	Desirable
Classroom for 20 students	1.3	1.5	20-26

**Administrative area in Sq.m:-** (When the centre is a stand alone Institute and not attached to a college)

Principal's Room	20
Principal's Office	12
Conference Room	50
Main Office	25
HOD & Faculty room	30
Reception	10
<b>Total</b>	<b>147 sq. m</b>

•Basic Medical Sciences laboratory cum museum to display and teach various specimens, exhibits, charts, models etc.

**Administrative area in Sq.m:-** (When the centre is attached to a college)

Administrative area comprises of HOD's office of 10 sq. m, and staff room of 30 sq.m. and basic medical sciences laboratory cum museum to display and teach various specimens, exhibits , charts, models etc.

### Library

Library should have a space requirement of 22 Sq.M to occupy 20 students at a time for reference studies and general reading and related academic works. The library should be linked to internet with all library software packages linking all major libraries to execute references, and research studies.

Once the programme is in full swing there should be minimum 15-20 number of titles in each subject offered/taught and total minimum of nearly 250 titles.

At the initial stage the institution need to have a minimum of 200 titles and to add up in the next three years.

Minimum 3 specific topic related magazines/journals/periodicals needs to be subscribed.

### Staff Requirement :

SI No	Designation	No Of Posts	Qualification	Experience
1.	Professor and HOD	1	MD (HHM) / DNB(HHM)/ M. Phil (HHSM) / MHA	10 years teaching experience at post graduate level OR 12 years managerial experience in hospital, of which at least 5 years at senior level comparable to that of an Administrator of 500 bedded multi specialty hospital and 3 years teaching experience at post graduate level.
2.	Associate Professor	1	MD (HHM) / DNB(HHM)/ M.Phil(HHSM) / MHA	8 years teaching experience, of which minimum three years at post graduate level OR 10 years managerial experience in hospital, of which at least 5 years at senior level comparable to that of an Administrator of 500 bedded multi specialty hospital and 3years teaching experience at post graduatelevel.

3.	Assistant Professor	2	MD (HHM) / DNB(HHM)/ M.Phil(HHSM) / MHA	5 years teaching experience of which minimum three years at post graduate level OR 7 years managerial experience in hospital, of which at least 3 years at senior level comparable to that of an Asst.Administrator of 500 bedded multi specialty hospital and 1 year teaching experience at post graduate level.
4.	Lecturer	6	MD (HHM) / DNB(HHM)/ M.Phil(HHSM) / MHA / PG with LL.B / LL.M / MBA / MHRM / MA (PM&IR) / CA MSW / M.Com. M.Sc.(Anatomy) M.Sc.(Physiology)/MPT/M.Sc Microbiology)	1 year teaching experience at post graduate level OR 2 years managerial experience in hospital.
5.	Asst. Lecturer/ Tutor	2	MD (HHM) / DNB(HHM)/ M. Phil (HHSM) MHA / PG with LL.B / LL.M / MBA / MHRM / MA (PM&IR) / MCA /CA M.Com/M.Sc.( Med. Docu.) B.Tech. M.Sc.(Anatomy) M.Sc.(Physiology) M.Sc.(Microbiology)/MPT	

## **Qualifications of Staff**

The following qualifications can be considered as prescribed qualifications to handle various theoretical and practical programmes in Hospital Administration & Management.

- MBBS & MD (Hospital & Health Management)
- MBBS & DNB (Hospital & Health Management)
- M. Phil (Hospital and Health Systems Management)
- Master of Hospital Administration (MHA)
- Postgraduate Degree with LL.B., or LL.M.,
- Master of Business Administration (MBA)
- Master of Human Resource Management (MHRM / MA (PM & IR))
- Master of Social Work (MSW)
- M.Com. (Master of Commerce)
- M.Sc.(Physiology) (Microbiology)
- M. Sc.(Medical Documentation)
- M.C.A
- M.Sc. (Anatomy)
- MPT
- CA
- B.Tech (Bio medical / Computer)

## **Practical Training Programmes**

Substantial percent of the academics should be devoted to practical exposure in management learning. In this regard, the institution must have its own hospital of the following specifications to conduct Hospital Management programme.

### **Facilities required at the hospital are:**

- There should be a minimum of 500 beds in the hospital
- The hospital should be within 7 K.M. radius of the teaching institution.
- All main medical and surgical specialties including general medicine, general surgery, obstetrics, and gynecology, paediatrics, ENT, Ophthalmology, Orthopaedics, Dermatology, Causality, etc. should be there.

- At least five major super specialties like Cardiology, Neurology, Nephrology, Urology, Neurosurgery, Cardiothoracic surgery, etc should be there.
- All administrative, supportive and ancillary departments like Administration,-Materials Management, Stores, - Personnel – Public Relations – Finance – Accounts – Registration – Medical Records – Bio Medical – Radiology – CSSD – Corporate Relations – Insurance – Billing - Pharmacy – Canteen – Plumbing – Electrical – Civil – Laundry – Waste Management – ETP – Incinerator – Physiotherapy – Medical and Psychiatric Social Work – OPD– ICUS – Security – Casualty – Laboratory – Microbiology – Bio Chemistry – Blood Bank – Haematology – Histopathology, Pathology.etc should be there.

### **Teaching and training requirements**

- Class Room Boards
- Class Room chairs with writing boards.
- Overhead Projector, screen and marker: Two Numbers
- Liquid Crystal Display: two Numbers with supportive facilities

### **Eligibility**

Candidates for MHA course should possess a Bachelors Degree recognized by any of the Universities approved by U.G.C with at least 50 percent marks in optional subjects or a Post Graduate Degree. For candidates with Postgraduate degree or a postgraduate diploma, 10% marks will be given as grace marks along with the total marks at degree level. Candidates from statutory reservation categories are eligible for relaxation in percentage of marks as per government and university norms.

### **Selection to the Programme**

Selection of candidates to MHA programme is primarily based on their marks obtained in the qualifying examination and personal interview. If the number of candidates applying for the course is four times higher than the seats allotted to the college, the college may conduct a preliminary screening test of objective type to assess the candidate's general awareness, attitude, intelligence, and analytical competence. This can be followed by a group discussion which brings out the leadership qualities in an individual.

**Intake**

15 seats for 500 beds capacity and for every additional 50 beds one seat each subject to a maximum of 25 seats. Admission is to be made strictly once a year.

**Pedagogical Approaches**

The proficient and lively theory classes shall be equally blended with various practical applications and group activities. Activities aimed at the overall development of the students shall be included. Hospital visits, regular visits to different administrative sections of the hospital, visits to various service organizations and community programme and camps and organizing seminars and conferences etc also shall be done to improve the overall capacity of the candidates.

**Internship Placements**

Various practical training programmes have been keenly incorporated throughout the MHA course. In addition to the two major placements, students are exposed to the management of various public and private sector institutions as well as voluntary organizations and community Health programme.

Within six months' of induction to the course, students shall do an organization study of 15 days' duration for which students can select a hospital with minimum 100 beds as their target of study.

In the first year students shall undertake a project which shall be done in established hospitals within and outside the state. The duration is 15 days. The students have to select any special department or management issue as the topic of work. The report is to be prepared as per research methods.

The final year placement extends over 45 days and is done in major hospitals with more than 300 beds. The student is expected to study a particular topic or issue relating to hospital administration. Satisfactory completion of project placement and presentation in the form of a project report is mandatory for appearing the viva voce examination in each year. Weightage in marks will be given for project reports for appropriate application of the methods and techniques of statistics and operations research.

## **Scheme of Examination and Syllabus**

The university examinations will be held at the end of respective years.

The internal marks will be awarded by the HOD on the basis of the assessment done by the faculty relating to the class tests, assignments, performance in the seminar, class participation etc.

No candidate shall be admitted to the university examination unless he/she possess 75% attendance of the total theory and practical sessions.

The viva voce examination and valuation of project report will be conducted at the end of each year by a board constituted by the university with at least 2 internal examiners (one of which shall be the HOD) and one external examiner.

A candidate will be declared to have passed the whole examination in II class, if he/she secures 50% marks in aggregate for all the written papers and project report and viva voce together of all the semesters and with an individual minimum of 50% marks for each written paper (section wise minimum of 50% is required for each section of the written paper for all papers where A & B sections are given ie papers 3,4,5,&7 of first year and 2,3,4,&5 of second year), project report and viva voce, at the university examination. Those candidates who secure more than 60% but below 75% marks in aggregate of all the semester examinations will be placed in 1<sup>st</sup> class. Candidate securing marks at the tune of 75% and above in aggregate will be declared as passed with distinction. There will be no supplementary examination.

A candidate who secures highest marks in aggregate of all the examinations will be declared as first rank holder provided he/she passes all the examinations in the first appearance itself.

A candidate, on the event of failure in any one or more project report and viva voce, he/she may reappear and pass the concerned project report and viva voce before the final examinations results are passed by the Board of examiners constituted by the university for the purpose with at least one internal examiner, one external examiner and the HOD/ Chairman.

Apart from the above regulations, common regulations to post graduate programme of Kerala University of Health and Allied Sciences will also be applicable to this course. The year wise details regarding the name of papers components and marks are detailed in tables as under.



**First Year**

SL. No.	No. And Name of papers component	Internal Assessment	University Examination		Minimum for pass (Internal+ Uni. Exam)	Total	Contact Hours
			Min	Max			
1	Paper I General Management	20	50	100	60	120	150
2	Paper II Hospital Administration Part I	20	50	100	60	120	150
3.	Paper III						
	Research methodology -Part A	10	25	50	30	120	150
Biostatistics - Part B	10	25	50	30			
4.	Paper IV						
	Medical Records - Part A	10	25	50	30	120	150
Medical Equipment -Part B	10	25	50	30			
5.	Paper V						
	Organisational Behaviour –Part A	10	25	50	30	120	150
Managerial Communication-Part B	10	25	50	30			
6.	Paper VI Operations Research	20	50	100	60	120	150
7.	Paper VII						
	BMS –Part A	10	25	50	30	120	150
Epidemiology-Part B	10	25	50	30			
8.	Paper VIII Organization Study ( Internal)	60			30	60	15days
9.	Paper IX Hospital Project	50	50	100	75	150	15days
10.	Paper X project Defense & Viva Voce		75	150	75	150	
	<b>TOTAL</b>	250		950		1200	

Second year

Sl. No.	No. And Name of papers component	Internal Assessment	University Examination		Minimum for pass (Internal uni. Exam)	Total	Contact Hours
			Min	Max			
1	Paper I <b>Hospital Administration Part 2</b>	20	50	100	60	120	150
2	Paper II Hospital Economics –part A	10	25	50	30	120	150
	<b>Finance- Part B</b>	10	25	50	30		
3.	Paper III Management Accounting – Part A	10	25	50	30	120	150
	Cost Accounting -PartB	10	25	50	30		
4.	Paper IV Materials Management -Part A	10	25	50	30	120	150
	<b>TQM -Part B</b>	10	25	50	30		
5.	Paper V Marketing for Health care Services - Part A	10	25	50	30	120	150
	<b>Strategic Management - partB</b>	10	25	50	30		
6.	<b>Paper VI Legal Framework for Hospitals</b>	20	50	100	60	120	150
7.	Paper VII Skills Development in Hospital Administration ( Internal)	80			40	80	200
8.	Paper VIII Hospital Project	100	100	200	150	300	45days
9.	Paper IX project Defense & Viva Voce		100	200	200	300	
	<b>TOTAL</b>	300		1000		1300	

## **I Year**

### **PAPER 1 : GENERAL MANAGEMENT**

#### **Objectives**

##### **Management**

This module will introduce students to the field of management. It covers the historical emergence of management as a professional field and academic enterprise. Students will be confronted with the core competence areas of management.

##### **Human Resource Management**

This module enables the student to get a perspective on human resource. Further it familiarizes the students with various concepts, issues and practices in dealing with people in health sector organizations.

#### **CONTENTS:**

##### **Management**

History and growth of management concepts- Evaluations of management theories. Scientific management school - classical organization theory school - The behavioral school- Management science school - Systems approach - Contingency approach.

Management Levels and Skills-Management- Organizational Effectiveness -

Planning- organizational planning- steps- Environment -Environmental factors

Environmental Analysis -SWOT Analysis- objective setting – Types of plans – Forecasting – Barriers in effective planning

Decision Making – Types of decisions – steps.

Organizing – Process – Departmentalization – Delegation – Decentralization – span of control – formal and informal organization – line and staff functions – Authority – Power

Staffing – Manpower planning –recruitment– Selection – Training and Development

Controlling – Organizational control – Control techniques

Directing –Orders- job satisfaction – morale-

Coordinating- types-techniques-difficulties

Management by objectives - Office management-Time management

Discipline -disciplinary proceedings.

Case studies—Hospital visits.

## **Human Resource Management**

Concepts : definition – Scope of human resource management – Role of personnel function – Objectives – Advisory function – Relation to other departments – Typical organization set up of a personnel department.

Manpower planning – Job Analysis - Job description – Placement – Source of labor supply – Methods of selection – Tests in selection – Induction.

Training and Development – Objectives – Types – Methods.

Management Development – Meaning – Scope – Methods.

Motivation

Performance appraisal

Counseling

Work environment – Fatigue – Safety and accident prevention – Accident records.

Morale – Employee attitudes- Behavior – Significance of employees productivity – Job satisfaction – Job change – Job rotation – Job enlargement – job enrichment.

Collective bargaining – Employee participation in management

Wage and salary administration – Principles and techniques of wage fixation – Job evaluation –

Merit rating methods of wage payment – Incentive schemes.

Trade unions – Organization structure – Policies – Joint consultation

Grievances

Organizational disputes

Organizational exit – Planning for retirement

Industrial safety

Social Security

Case studies

**References**

Harold Koontz, Heinz, weimrich: Management

James A.F., Stones, R. Edward : Management

Rustom S. Daver : Priciples of Management

Tripathi P.C and Reddy P.N.: Principles of Management

James A Willian : Hospital Management., Mac Millan Education Ltd., New Delhi.

Rao U.S., Narayanan P.S.: Management Concepts and Thoughts

Basu C.R: Business Orgaisation & Management, Tata McGraw Hill

Ivancevich, Donnelly & Gibson: Management Principles & Functions, AITBS Publishers

Chattergee NN: Management of Personnel in India Enterprises, Allied Book Agency, Calcutta

Dale S. Beach : Personnel., Mac Millan Publishing Co.,

Finley RT: Personnel Manager and his job., American Management Association., New York.

Mammoria C.B.: Personnel Management, Himalaya Publishers

Tripathi P.C. : Personnel Management and Industrial Relations., Sultan Chand & Co.,

J.B. Miner and M.G.Miner: Personnel and Industrial Relations – A managerial Approach.

Jyothi P & Venkatesh D.N: Human Resource Management, Oxford

## **PAPER II- HOSPITAL ADMINISTRATION -I**

### **Objective**

To enable the students gain insight in to 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.

The course enables the students to plan in advance to face the various problems related to hospital administration and to take preventive actions accordingly. This also enables the students to acquire knowledge about the concepts for provision of good facilities for patient care and to assure best possible return on investment in health facility through good planning.

### **Contents**

#### **Hospital Administration**

Definition and Dimension of health – Evolution of modern medicine – Review of different committee reports on health care – Bhole committee report, Muddiar committee report, Chadha committee report, Mukherjee committee, Jungal walta committee, KartarSingh committee and Srivastav committee reports.

Introduction to hospital in the health system – definitions – hospital and medical care institutions – types and functions – medical care.

History and development of hospitals – hospitals as an organization – hospital as part of social system - its role in primary health care to achieve health for all beyond.

Hospital organization – governing authority – administrator – business aspects – clinical aspects – channels of authority – communication.

Hospital administrator – qualifications – responsibilities- authority – relationship – motivation – role – functions.

Hospital hazards – disaster management programme.

Administration – multi specialty hospital – teaching hospital – private hospital – voluntary hospital – district hospital – taluk hospital – primary health care – standards stipulated by IMC and state council.

Recent trends in hospital administration – professional – educational – research – service Public relations in hospital – importance – understanding – support – techniques hospital utilization and evaluation.

Biomedical waste management and handling- rule- collection – Transportation and disposal – Radio active waste handling – Liquid, metals, chemicals and drug wastes.

Security management of hospitals – General security – fire gas – Theft.

Problems in hospital administration case studies evaluation – solutions.

## **Hospital Planning**

Planning – Measuring the community needs – Services required – Services available external – Internal factors.

Role of architects – requirement – Preliminary sketches – Final sketches – Models – Working drawings – Specifications – Cost estimates – Construction problems – Control modifications – Buildings, rules and bye laws.

Site examinations – Physical environment – Expansion possibilities – Utilities – Water – Electricity – Sewer lines – Telephones – Transportation – Permits – License.

Hospital building – external – Internal arrangements – Architectural aspects – Residential accommodation.

Role of administrator in building a hospital – Physical planning of departments – OP- IP – Laboratory – dietary – Laundry – MRD – Nursing – Operation theatre – Emergency services – Blood bank – Intensive care units.

Equipment requirements – Built in equipment – Locally available – Expandable

Planning and management of support services-

CSSD – MRD – Clinical Laboratories-Laundry – Radiological services- Security services – Medical records- Transportation services – Front office – Guest relations – Ambulatory care – Medical gas supply services – Hospital stores- Mortuary – Kitchen services – Dietary – Hospital Sanitation – Pollution – Waste disposal – Control of insects and rodents – House keeping – Safety and hygiene – Energy conservation –Water conservation.- Maintenance – Types –Policy organization for maintenance – Electrical –Civil – Medical and hospital associated equipment.

## **References**

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Deegum II & Arthur : Management by Objectives., Maryland, Aspen 1977.
- Desai VA: Hospital Administration Vol. 1, Madurai, 1989.
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Commentary., Michigan
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- Sharma, Madhurai (2003) – Essentials for Hospital Supportive Services, Jaypee Brothers, New  
Delhi
- Tabish, Syed Amin – Hospital Planning, Organisation and Management.
- John Rea., Jeffer J. Frommelt: Buildings a Hospital – A prime for administrators.
- James Lifton., Ownen B. Hardy: Site Selection for health care facilities.



## **PAPER III – Research Methodology & Biostatistics**

### *Objective*

#### **Research Methodology**

The topic is intended to provide an adequate knowledge about research methods to help them in research work settings wherever survey design and secondary data analysis is involved in the health system.

#### **Biostatistics**

To assess health status and needs of the community, for planning, implementation and evaluation of health programme for hospital/health management. It also enables to analyse the performance of the hospital.

### *Contents*

#### **Research Methodology**

Research methods – Historical perspectives – meaning – types – objectives – nature – scope

Scientific research – role of theory in research – research problem – concepts – formulation – identification – selection of research problems in management

Research design-types- explorative – descriptive – experimental

Sampling techniques: Criteria of a good sample – sampling designs – simple random sampling – stratified sampling – systematic sampling – multi phase & multi stage sampling – sample size – use of sampling – errors in sampling.

Methods of data collection – classification of data – construction of frequency distribution table – tabulation of data – general rules of tabulation – types of tabulation.– source-methods-tools – observation – personal interviews-interview schedule

Presentation of data – diagrammatic – graphic – types – line-bar-pie-scatter-pictogram-spot map-histogram-frequency polygon-frequency curve - Ogive

Content analysis - Data processing and analysis-problems-types of analysis-inferences-planning-evaluation

Interpretation and report writing – meaning – techniques of report writing

Action research programmes – Practical: Project work and seminars

#### **Bio Statistics**

Statistics – definition – meaning – branches – biostatistics – health statistics – vital statistics, Application and uses of biostatistics in health management and epidemiology.

Classification of data – construction of frequency distribution table – tabulation of data – general rules of tabulation – types of tabulation - Presentation of data – diagrammatic – graphic – types – line-bar-pie-scatter-pictogram-spot map-histogram-frequency polygon-frequency curve - Ogive

Measures of central tendency – mean (calculation for individual, discrete and continuous series) median (Calculation for individual, discrete and continuous series – mode (for individual series). - Empirical relation connecting mean, median and mode. Merits and demerits of each type.

Measures of dispersion: Range and Mean deviation (for individual series) – Standard deviation (Calculation for individual, discrete and continuous series.) Co-efficient of correlation – uses – different types of correlation – scatter diagram – correlation coefficient – rank correlation coefficient. Regression – basic concepts – linear regression – lines of regression – estimation using lines of regression.

Hypothesis – testing of hypothesis – bias.

Probability – basic concepts. Normal distribution – binomial distribution – characteristics – standardized normal variate.

Tests of significance – uses – sampling distribution – standard error – null hypothesis – levels of significance – test for large sample – normal test – test for proportion – test for small sample – simple test – paired test – unpaired t test – chi-square test (for a 2 x 2 table)

Estimation – basic concepts – interval estimation – population mean and proportion.

### **References**

Sarantakos: Social Research., Macmillan Press., Australia

Festinger and Katz: Social Research., Longman., London

Jathoda Marie et al: Research Methods in Social Relations., Free Press., New York.

Kothari C.R.: Research Methodology – Methods and Techniques., Wiley Eastern Limited., Delhi.

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Leius A.E: Biostatistics in Medicine Little Brown & Co. Boston

Hill A.B. Principles of Medical Statistics, Oxford University Press., New York

Lwanga S.K & Cho-Yook-Tye: Teaching Health Statistics Twenty Lesson & Seminar Outlines., CBS Publisher

## I YEAR

### PAPER IV – MEDICAL RECORDS & MEDICAL EQUIPMENTS

#### Objective

##### Medical Records

The main objective of this course is to provide a through knowledge and familiarity on the importance of medical record sciences, medical terminology. Various theoretical and practical issues in the context of the above areas are covered here.

##### Medical Equipments

The main objective of this course is to provide a through knowledge and familiarity on the importance of equipment management and maintenance in hospital.

#### Contents

##### 1. Medical Terminology

1. Objectives
2. Basic concepts
3. Elements of medical terms
  - (a) Root/stem
  - (b) Prefixes
  - (c) Suffixes
  - (d) Colours
  - (e) Numerals
  - (f) Symbols
  - (g) Abbreviation
4. General and special practices in medicine
5. Suffixes, words and phrases on operative terminology
6. Terms pertaining to body as a whole

##### II. Health Information Management

1. Historical Development of Medical Record.
2. Uses and values of medical record
3. Medical record forms – basic and special
4. Flow of medical record
  - Registration
  - Numbering – unit, serial, serial –unit
  - Deficiency checking
  - Assembling

- Coding – ICD X, ICD 9-CM, CPT – 4, ICP, ICD - 0
- Indexing – master – patient ,disease index, physician, operative
- Filing – alphabetic, terminal digit, middle digit, straight numeric.
- 5. Format types – source oriented (SOMR), problem oriented (POMR) integrated
- 6. Mental health record
- 7. Analysis of medical record – Qualitative, Quantitative and statistical
- 8. Committees – executive; credential; safety; infection surveillance, prevention and control; medical record; audit
- 9. Legal importance of medical record: Consent, release of information, legal cases, medical record as legal document.
- 10. Electronic Medical Record (EMR)

### **Medical Equipments**

Bio-medical equipments – requirements – function – allocation to various therapeutic and investigative departments.

Radiology: X-ray –fluoroscopy – CT – MRI-PET SCAN. /Biochemistry – Calorimeter – flame Photometer – Spectrometer – Coulter counter – Blood gas analyser – Auto analyser.

Physiotherapy: Muscle stimulator – short wave diathermy – ultrasonic and microwave diathermy./

Urology – haemodialysis – lithotripsy./ Cardiology – ultrasound scanner and Echocardiogram-

Angiogram – Tread Mill –ECG monitor and recorder. /Neurology – EEG – EMG – VEP. /ENT:

Audiometer. /Cardiac care Unit – pacemakers – defibrillator – ventilator – infusion pumps –

patient monitoring system. /Ophthalmology: Fundus camera – Nd – YAG & argon lasers –

perimeter. /Operation Theatre – ECG monitor – anaesthesia machine – pulse oxymeter suction

apparatus – endoscopes – electrosurgical unit – heart lung machine – oxygenators – autoclave –

sterilisers.

Maintenance – preventive – breakdown. Electrical safety of medical equipments – accident prevention – psychological effects of electrical current – diagnosis – calibration – repair of equipments – radiation safety – effects of radiation – safety precaution – protection methods – hospital safety. Trouble shooting biomedical equipments.

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Leslee Cromwell: Biomedical Instrumentation and Measurement

Park K: Park's Text Book of Preventive and Social Medicine.,M/s Banaridas, Jabalpur.

**I YEAR**  
**PAPER V – ORGANIZATIONAL BEHAVIOUR & MANAGERIAL**  
**COMMUNICATION**

**Objective:-**

**Organisational Behaviour:**

To familiarize the students with the behavioral patterns in various context in an organization and to develop insight into ones own self and the functioning of others.

**Managerial Communication:**

The topic is intended to provide knowledge and skills about various communication proceedings involved in the management process and also to acquaint them the need of effective public relations.

**Contents:-**

**Organisational Behaviour:**

Organizational behaviour: nature – scope – meaning – significance – importance – classification.

Organizational Goal- importance – individual goals – group goals

Individual behaviour: Personality – learning – attitudes- perception – motivation – job satisfaction

Motivation – theories – frustration – conflict management – stress management

Job satisfaction – theories – promoting job satisfaction – problems of absenteeism and turnover

Group behaviors: Types – formal – informal – group process – characteristics- group culture – group formation – social influence – group dynamics – group conflict – interpersonal – inter group – sociometry – interaction analysis.

Leadership and supervision – concepts – theories – functions – models – factors influencing leadership role – essentials – styles – supervision – pattern of supervision.

Decision making – process – types – influencing factors – management techniques.

Division of labour – principles – group in organization – co-ordination – inter and intra coordination.

Team Building – need in health sector – team meeting.

Organizational dynamics and change – types – sources – change process – human elements in change.

Organizational development: Concept- objectives – goals – process – behavioral sciences approach to OD- power and politics – control – organizational effectiveness – organizational climate – organizational culture.

Industrial engineering – Ergonomics – Work simplification – Job enlargement – Job enrichment – Value analysis – time study- Motion study.

Application and cases with special reference to hospital / health administration

Practical : OB lab experiments

### **Managerial Communication:**

Communication in management process – effectiveness – Communication opportunities – Choice of media – Formal – Informal – Types – techniques.

Group communication –Methods – Problems – Solutions – Meetings – Committees – Conference responsibilities of chairman – Reporters – Participants – Reporters role.

Speeches – Structure of speech – Drafting of speech – Speeches for different occasions

Report writing – Types of report – Structure – Methods of collecting and preparing material drafting of report – Preparing a press release – Press conference

Business correspondence – Drafting of letters – Circulars – Answering letters.

Office orders – Office circulars – Office notes – Suggestions – Complaints – Office memorandums.

Meeting of Board of Directors – Board report – Chairman's speech

Meeting documentation – Notice of the meeting – Agenda – Chairman's speech – Recording meetings – Writing minutes – Minute book – Writing meeting reports – Assignment – Writing annual report

Organizational communication-its evaluation

Research communication

Electronic Media and communication

Public relations – Scope – Tools – Public relation as a catalyst for change

Public relations – With individual – Group organization – Press – Government departments.

Press language – News – News writing – Publicity – Media planning

Group process lab: Workshop – Seminar – Media and advertising lab Self development and assessment – Self assessment- self awareness – perception and attitudes – values and belief system – personal goal setting – career planning – self esteem – Building self confidence.

Planning, preparation, delivery, feed back and assessment of – public speaking, group discussion and oral presentations.

Interview – Listing and observation skills – Body language.

Managing time-

Improving personal memory – rapid reading, notes taking – complex problem solving – creativity.

Team Building- TOT

Stress Management

Setting skills.

Case presentation and practical in the above areas.

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Rajendra Pai & Bhatnagar OP: Education and Communication for department

Raymond V Lesikar John., D. Pettit Jr & Lakshman C Arya: Business Communication, All India Traveller Book Seller., New Delhi.

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## I YEAR

### PAPER VI – OPERATIONS RESEARCH

#### **Objective**

The course is intended to guide students to understand the various OR techniques applicable to hospitals which helps to improve the effectiveness and efficiency of hospital services.

#### **Contents**

Introduction to OR – Concepts in statistical analysis – Forecasting techniques.

Applications – Need of OR in the field of health – Areas of application – Materials Management – Patient scheduling – Patient waiting – Equipment replacement – Resource allocation.

The methodology of quantitative approach – Determining the nature of the problem – Classification of problem – Formulation of mathematical model – Solution – implementation.

Decision theory – Decision making under conditions of uncertainty – Conditions of risk – The value of perfect information – Decision making under conditions of certainty.

Linear programming – Graphical method – Simplex methods –artificial method- Duality application in administration

Transportation – Assignment – Models and problems. Routing problems – Application in administration.

Inventory Control – Deterministic model- probabilistic model- ABC analysis.

Sequencing – Sequencing of  $n$  job and 2 machines –  $n$  jobs and 3 machines –  $n$  jobs and  $m$  machines.

Network models – PERT – CPM – Analyzing the PERT network – Critical path method – CPM analysis – Cost analysis.

Replacement theory – Replacement of items that deteriorates – replacement of items that fail completely – Group replacement.

Waiting line models – Structure of waiting line system – Single server Poisson queuing models – Two server Poisson queuing models – Infinite capacity.

Simulation – Formulation – Running and performance appraisal simulation models – Simple problems in inventory – Replacement problem. Games and strategies.

**Reference**

- Israel Brosh : Quantitative Techniques for Managerial Decision Making., Prentice Hall Co.,
- Dharani Venkatakrishnan S. Operations Research., Keerthi Publishing House., Coimbatore
- Kenneth S. Brown Jack B. Revelle: Quantitative Methods for Managerial decisions Addison.
- Srivasthava. U.K. Shenoy G. V, Sharma S.C: Quantitative Techniques for Managerial Decisions.
- Handy A Taha: Operations research , Sultan Chand & Sons.
- Sharma S.D: Operations Research for Management Decisions, Kedar Nath Ram Nath & Co
- Sharma J.K: Operations Research theory & applications Macmillan

## I YEAR

### PAPER VII – BASIC MEDICAL SCIENCES & EPIDEMIOLOGY

#### *Objectives*

##### **Basic Medical Science**

The course enables the students to perceive the biological structure and basis of human biology and pathogens and to understand the spectrum of health and disease to evolve health promotion strategies in health system management.

##### **Epidemiology**

To apply the tools of epidemiology for the prevention of disease, the promotion of health and formation of national policies of social relevance. To use epidemiological research to detect association between modifiable, hereditary, social and Environmental factors and specific disease prevention.

#### *Contents*

##### **Basic Medical Science**

Introduction to biological sciences – living and nonliving – evolution of life – plants and animals – position of man in animal kingdom

Concept of basic human biology – anatomical position – medical – lateral – superior – inferior – physiological and biochemical normalcy and variations – name of tests and methods – nutrition – metabolism – anabolism – catabolism – ageing – cells – tissues – organ system – degeneration. Fundamentals of genetics – genes – chromosomes – heredity – chromosomal disorders – congenital diseases.

Introduction to Anatomy – Terms used in Anatomy – General Histology- Cell Structure – Cell division.- Overview of various human systems – Anatomical & Physiological perspective – musculoskeletal system – thorax and abdomen – respiratory system – nervous system – gastro intestinal system – urogenital system – nervous system – cardiovascular system – lymphatic system – endocrine system.

Introduction to microbiology – history – definitions – classification of microbes – parasites – vectors – disease causes and transmission.

Common pathogenic bacteria – viruses – fungi – parasites – protozoa – helminthes.

Entomology – Vector of malaria – filaria – plague – rodents

Sterilization – methods – applications – home – hospital – community. Bacteriology of water – milk – food – pasteurization – chlorination – water sanitation.

Practical and assignments

Display of anatomical systems and identification : Microscopic slide demonstration

Demonstration of laboratory investigation procedure and preparation of report. Visit to a major hospital, primary health centre and institutions of health importance.

### **Epidemiology**

The scope and uses of health research, especially epidemiological research and its evolution to modern concepts and areas of application.

Fundamental measures of disease frequency (prevalence, cumulative incidence, incidence density) and of risk factors – disease association (risk, relative risk, attributable risk, odds ratio) Applied measures of disease frequency.

Guidelines for the development of a well conceived research question

Overview and detailed aspects of the most relevant types of epidemiological study design: ecological design, cross sectional design, case control design, prospective and retrospective cohort design, experimental design. Similarities and dissimilarities between epidemiological research and social science research types.

Core principles of health measurement and diagnosis (validity, reliability, sensitivity to change, feasibility). Development of Health measurement scales. Principles and applications of screening for disease.

Source of bias in the interpretation of etiological, prognostic and diagnostic research

Epidemiology of Communicable disease: Classification of communicable diseases – agents – vectors – disinfection – surveillance – investigation – containment – control – eradication.

Respiratory infections – chicken pox-measles – rubella – influenza – mumps – diphtheria – whooping cough – meningitis – tuberculosis

Intestinal infections – polio mellitus – viral hepatitis – cholera – acute diarrhea disease – typhoid fever – food poisoning – amoebiasis – ascariasis – hookworm – helminthic malaria – yellow fever – filaria – dracontiasis – dengue - encephalitis

Zoonosis – Rabies – Japanese Encephalitis –KFD – Brucellosis – Plague – Human Salmonellosis – Teaniasis – Hydatid Disease – Leishmaniasis – Leptospirosis – Rickettiosis – Scurb Typhus – Murine Typhus – Tick Typhus

Surface Infections : Trachoma – Tetanus – Leprosy – STD – Yaws – Scabies – Ebola – HIV/AIDS.

Epidemiology of Non communicable disease and conditions

Risk Factors – gap in natural history

Coronary heart diseases – Hypertension – stroke – rheumatic heart disease – cancer – diabetics – obesity – Blindness – Accidents – Peptic Ulcer – Arthritis

Nutrition – Nutrition intervention for health promotion

Lifestyle diseases – Geriatrics – Mental health

### **References**

Anatomy and Physiology for Nurses, - Physiologoy: K. Madhavan Kutty

Microbiology : Ananthanarayan, - Parasitology : Chatterjee

Entomology : Roy and Brown

Park L: Text book of preventive & Social Medicine : M/s Banarasidas. Jabalpur

Robert L. Heatal: Principles of Epidemiology – A self teaching guide. Academic Press London

Morris J.N. Uses of Epidemiology, Churchill. Livingstone London

Benean SMAS: Control of communicable disease to man American PH Association, New York

Holland W.W., Detels R, Oxford Text Book of Public Health: Method of Public Health. London

Kelsey J.L: Methods of Observational Research, Oxford University Press, London

Abeline T. Measurement in Health Promotion & Protection, WHO Regional Publications

Karis S. Lankimen et al; Health and Disease in Developing Countries, Macmillan press. London

## II YEAR

### PAPER I – HOSPITAL ADMINISTRATION -II

#### Objectives

To give an idea about hospital, its role in healthcare delivery system, the changing requirements of health services vis-a vis hospital design, planning and operational aspects of Hospital organization. It will also throw knowledge on modern trends in hospital administration.

The course is also intended to provide an in-depth knowledge about hospital information system

#### Contents

##### Modern Trends in Hospital Administration

Medical Tourism

Hospital Accreditation NABH JCAHO and JCI – ISO certification,

Telemedicine

Artificial Intelligence

Disaster management in hospitals – Component of disaster plan – Pre hospital and hospital –

Disaster preparedness – Disaster plan formulation and implementation

Patient safety – Measures in assuring patient Safety – Factors affecting patients safety –

New developments in the field of Hospital Administration.

##### Hospital Administration

Planning and Management of

1. Inpatients Department
2. Wards
3. ICUS- General and specific nuclear Medicine
4. Physical Medicine
5. Nephrology services
6. Transplantation Unit
7. Out patient Department
8. Operating department
9. General Medicine
10. Cardiology
11. Oncology
12. Urology
13. Radiology
14. Psychiatry
15. Surgical services
16. Pediatric services
17. Casualty and emergency services

18. Anesthesia services
19. Obstetric and gynecology services
20. Nursing Administration- Nursing organization- Staffing -Practices
21. Hospital establishment and offices
22. Business department – General Administration- Personnel- Finance-Marketing – Materials – maintenance- Quality services.
23. Case studies

### **Hospital Information System**

HIS and decision making – Information report system and Decision support system- Role of HIS in Decision making.

Information system Development – System Analyzing and Design- Planning of information systems – Strategic, tactics and operational planning.

Implementing Information systems – Data base management

Controlling Information systems – Input, Process, Output, Process, Process and physical facility

Control – Privacy and security of systems.- Analyzing Information systems –Hospital Information system – Functions – Clinical Decision support systems – Diagnostic Decision support systems-

Hospital marketing Information systems – Human Resource information system – Accounting information systems – Financial information system.

Managing information system, Resource in Hospitals.

Basic concepts about computer hardware and software – Application of computer in hospitals – computer programme and operating systems – data based concepts (ER diagram) - Microsoft Office – SQL, VB, Power Point - ERP system with all modules

Office automation software – MS Office – MS Word – Spread Sheet software- MS Excel. Data base management software MS Access

Computer network and internet.

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- 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 B M (198) - Principles of Hospital Administration & Planning – Jaypee Publishers New Delhi.
- James A O'Brien - Management Information Systems Galgotia Publishers.
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- Murdick G Robert, Ross E Joel Ross & Clagget R James: Information Systems for Modern Management
- Jawadekar S Waman: Management Inforamtion System managerial perspectives, Macmillan



## II YEAR

### PAPER II – HOSPITAL ECONOMICS & FINANCE

#### **Objectives**

##### **Hospital Economics**

The course is intended to provide an in-depth knowledge about the sources of funds and its effective utilization to achieve a better quality of health care services within a reasonable cost.

##### **Finance**

The course is intended to help the students to acquaint themselves with the basic concepts of financial planning and control and its applications in the financial decision making.

#### **Contents**

##### **Hospital Economics**

Managerial economics – introduction – scope – relevance – hospital resource issues

Demand Analysis – demand forecasting – purpose – methods – criteria for a good forecasting method – consumer durable goods – capital goods – determinants of market demand – law of demand – demand curve.

Concept of resource allocation – cost analysis – concepts – classification – short run – long run cost functions.

Economies of size – economies and diseconomies of scale – input output analysis – capital budgeting – principles – monetary and fiscal policies – pay back period methods – NPV – IRR – risk, uncertainty and investment decisions – risk adjusted discount rate approach.

Public sector – role of national economy – Government's role in different socio – economic system. Budgets – central – state government – structure – five year plans.

Market structure – pricing policy – pricing under perfect competition – under pure monopoly.

Economic fluctuations and business – business cycle – business policy – inflation – deflation with reference to India – economic forecasting for business

International trade – rate of foreign exchange – spot and forward exchange markets – change in exchange rates – international monetary system – IMF – SDR – Case studies.

##### **Finance**

Financial Management – Concepts – Objectives – Scope – Functions.

Time value of money – Time preference rate – Compound value – Present value.

Forecasting of income statement – Fund flow – Cash flow statement – Interpretation and usage for future forecasts.

Working capital management – Concepts – Types – Factors affecting the determination of working capital – Theories of working capital.

Cash Management – Objectives – Minimum cash requirement – Different approaches for decision making – Formation of strategies.

Current asset management – Management of accounts receivable – Credit standards and policies – Evaluating the policy – Influence of inventory cost on current asset management – Stock valuation methods under inflation accounting and its effects.

Leverage – Financial – Operating – Applicability in decision making – Indifference point.

EBIT – EPS analysis for different sources of finance. Long and short term decisions on alternatives.

Capital budgeting – Principles – Data requirement – Methods of investment analysis – Payback period – NPV – IRR – Discounted cash flow – Risk and return decisions – Profitability index.

Theories of capital structure – NI – NOI – MM approach – Cost of Capital – Determination of cost of individual source of finance – Procedure to find out capital structure of a firm.

Dividend : Dividend – Types of dividends – Gordon – alter – MM models – Determinants of dividend policy.

Cost and Analysis – Cost benefit analysis – Cost effectiveness analysis – Ratio analysis – Types – Uses.

Value and rate of return calculations – Valuation of firm and shares – Different methods of determination of value of shares – Value of firm – Registration of firm in stock exchanges – Stock exchanges working procedure.

### **Reference**

Even J. Douglas : Managerial Economics – Theory, Practice and Problems., Prentice Hall India.

Dufty N.F: Managerial Economics – Wesley Publishing House., New York

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Thomas P.C: Managerial Economics.

Salratore Dominick : Managerial Economics in Global Economy, Thomson

Dean Joel: Managerial Economics, Prentice – Hall India, Eastern Economy Edition

Dwivedi D.N: Managerial Economics, Vikas

Khan M.Y. & Jain PK : Financial Management, Tata Mc Grew Hill Publishing Co.,

Kuchhal S.K.: Financial Management, Cheritarry Publishing House., Allahabad

Maheswari S.N.: Principles of Financial Management. Sulthan Chand & Sons., New Delhi

Pandey IM: Financial Management, Vikas Publishing House Pvt.Ltd., Bombay

Prasanna Chandra: Financial Management, Tata Mc Grew Hill., New Delhi.

John Thampton : Financial Decision Making – Concepts, problems & cases., Prentice Hall Co

## II YEAR

### PAPER III – MANAGEMENT ACCOUNTING & COST ACCOUNTANCY

#### Objective

##### Management Accounting

The topic helps the students to acquaint themselves with the basic concepts of cost and management accounting and the practical applications in decision making, supervision, management and control of a health system.

##### Cost Accountancy

To familiarize the students with the concepts, principles and techniques of financial, cost and management accounting branches and their application in managerial decision making in hospitals.

#### Contents

##### Management Accounting

Book Keeping – Definition – objects – advantages – term used in Book keeping – Business transactions – theory of Double Entry – kinds and transactions – process of recording – types of accounts – preparation of journal – preparation of Ledger – Trial Balance

Accounting principles: Accounting Concepts and Conventions

Financial Statement – Trading Account Profit and Loss Account and Balance Sheet

Trading Account: Meaning need and preparation – Profit and Loss Account – Meaning, need and preparation balance Sheet – Meaning need and preparation use of further adjustments in the preparation of final accounts:-

- Depreciation
- Provision for Doubtful Debts
- Outstanding Expenses
- Prepaid expenses
- Income received in Advance
- Accrued Income
- Closing Stock

- Provision for discount on debtors and creditors
- Petty Cash Book

Meaning – Advantages – Imprest system – Analytical petty cash book – form and preparation

Bank reconciliation statement – Meaning – Need – Preparation – Simple exercises

Depreciation -Meaning – Objects – methods (theory and problems)

Ratio Analysis

Financial Analysis – Meaning and Significance of ratios – Gross Profit, Net Profit, ROI,

Current ratio, quick ratio, debt equity, capital turnover, stock turn over ratios.

Accounts of Non- trading Concerns

Meaning – receipts and Payments Account – Income and Expenditure Account – Balance sheet – reparation of Income and Expenditure account and balance sheet from receipts and payment account and additional information

Case studies / Practices / Assignments

### **Cost Accountancy**

Cost accounting-definition of cost – costing accounting – objectives – advantages – characteristic of ideal costing system.

Elements of cost – concepts – classification of cost – direct material – direct labour – overheads.

Direct material – material control – objectives – purchasing – storing – issuing methods – Inventory control- Break even analysis – techniques – applications- ABC – VED analysis – EOQ – Lead time – Safety stock – Quantity control over supplies – Just in time – Inventory models – Scientific technique – FIFO –LIFO – Average Cost.

Direct labour – remuneration of labour – time ratio system – piece rate system – premium bonus plans – measuring layout accounting performance – cost – idle time – overtime – holiday pay – labour turnover – calculation of gross wages and net wages .

Overhead – Classification – Allocation – Apportionment of overhead – Basis of apportionment

Cost of service department – Cost of Production department – Absorption of overhead – actual Pre-determined – Blanket rate – Multiple rate – Absorption of manufacturing overhead – Direct material – Direct labour – Production cost – Contract costing – Process costing (normal and abnormal wastages) – Marginal costing.

Also control methods – Budgetary control (theory only) – Standard costing (simple illustration)  
- Case studies / practical / assignments

### **References**

M.C. Shukla and T.S. Grewal Advanced Accounts; S. Chand & Co. Ltd., New delhi,

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Sultan Chand & Sons

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**II YEAR**  
**PAPER IV – MATERIALS MANAGEMENT & TOTAL QUALITY**  
**MANAGEMENT**

**Objectives**

**Materials Management**

The course is intended to provide an in-depth knowledge about the scientific methods of purchasing, storing and dispensing of materials in hospitals.

**Total Quality Management**

The course will orient the student about the quality to be maintained in hospital services and will help them to develop and control hospital programmes.

**Contents**

**Materials Management**

Materials Management – concepts – importance in organization – relation to other administrative functions – organization of materials management department – role and functions of materials managers.

Stores – Concepts of stores – Importance of stores in hospital settings – Types of stores in a hospital – Layout – Location – Stores routine – Supply and replacement of stock – Card system & use of bin cards – Stock verification – Control of pilferage.

Inventory control – Meaning – Scope – Definition of inventory – Advantages – Discounts – Stock out cost – P & Q System.

Purchase – Right quantity – Right quality – Right price – Right time (requirement planning) – Right source – Price forecasting methods.

Methods of purchasing –ABC – VED analysis in purchase controls – Purchase through rate contract – Tendering procedures – Purchase Vs leasing decision – Purchase of capital equipments and other major investments.

International purchasing -Import tariffs – Policies – Procedures – Customs and excise exemptions – Letter of Credit formalities relating to imports.

Information system development for Materials Management – Database of material (Vendor and stocks) – Usage for classification – Standardization of materials – Bar codes – Trends in material control – Computers role in development of information.

Legal aspects relating to purchases – carriage of Goods Act – Insurance – Damages Case Studies.

## **Total Quality Management**

Quality – Service Quality – Quality and productivity – Quality costs in service organizations.

Quality management philosophies – Contributions of Deming, Juran and Crosby.

Planning for quality – Creating quality culture – patient centered quality – Training for quality.

Quality management in Hospital Department – Front office, OPD, Casualty, Laboratory, OT, ICU, MRD, Dietary, Laundry, House keeping, CSSD, IP and Nursing.

Patient safety management – Hospital acquired infection control – equipment maintenance-

Assessing quality – Patient satisfaction survey – medical audit, Clinical audit- Nursing audit – Accreditation and ISO.

TQM –team work – Employee involvement – Key result areas – Leadership.

TQM tools – Quality function Deployment (QFD) – Concurrent Engineering – FMEA – Demings P-C- D- A- Cycle – JIT – Kaizan – Zero defect programme.

Statistical tools in TQM – Flow diagram – Pareto Analysis – Cause and effect diagram – Control charts.

Bench marking – Business Process Reengineering – Six sigma.

## **Reference**

Dutta A.K. Integrated Materials Management., S.Chand & Co. New Delhi 1989.

Dutta A.K. Materials Management Procedures, Text & Cases, Prentice Hall India

Starr & Miller : Inventory Control – Theory & Practice, Prentice Hall India.

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S.K. Joshi – Quality Management in Hospitals Jaypee Brothers.

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M. Frank, Gryna Richard C.H, Defeo A Joseph; Juran's Quality Planning & Analysis for Enterprise Quality

## II YEAR

### PAPER V – MARKETING & STRATEGIC MANAGEMENT

#### **Objectives**

##### **Marketing Management**

The course introduces the student to the concepts of marketing and its dimensions involving services, production, promotion and its application to health care delivery systems.

##### **Strategic Management**

The course enables the students to understand the different ways to utilize firm's resources within its environment to reach its objective .

#### **Contents**

##### **Marketing Management**

Marketing Concept – definition – Scope. Hospital Administrators and Marketing Environment – Opportunities and challenges.

Market analysis – Health care needs – factors influencing patient behaviour – Market segmentation – Chief determining variables – Targeting and product positioning for health care services.

Market research and information: Steps – Market information – Market decision support systems – Demand forecasting – Public policy regulation and ethical marketing practices.

Product/Service: Product line – Product mix – Product life cycle – Branding – Packaging – Product positioning – New product opportunities – Product development process – New product – Failure and success.

Promotion : Objectives – Promotion cost – Promotional budget – Determining promotional mix – Planning promotional campaigns.

Advertising and publicity : Types – Levels of advertising – Advertising expenditure – Advertising decisions – Publicity.

Pricing – Meaning – Importance – factors determining prices – Objectives – Pricing policy and structure – Pricing procedure – New product pricing

Market information system – Marketing channel – Physical distribution – Channel design – Retailing – Wholesaling.

Marketing programme : Market mix – Product decisions – Price decisions – Location of hospital services – Planning extension services.

Project planning – Project development cycle- Feasibility study – Financial institutions - Project clearance – Technology transfer – Foreign collaboration – grants – Social responsibility.

Camp organizing and planning: Community health care programmes – Medical camps – Awareness of the camps – Planning and organizing medical camps – Follow – up.



## **Strategic Management**

Environmental appraisal : External environmental analysis – Dynamics of internal environment – Organizational capability factors – SWOT analysis.

Strategic alternatives – Grand strategies – Modernization – Diversification and integration – Merger, take over and joint ventures – Turn around, disinvestment and liquidation.

Strategic choice : Corporate port folio analysis – Industry competitor analysis.

Strategic implementation : Issue in implementation – Resource allocation – Structural implementation – Organizational design and change.

Functional implementation – Financial, marketing, operations and personnel plans and policies.

Behavioural implementation – Leadership implementation – use of power.

Strategy evaluation – Strategic and operational control.

## **Reference**

Kotler Philip : Marketing Management – Analysis, Planning, Implementation and Control;

Kotler Philip & Anderson : Strategic Management for Non – profit organizations.

Wheelen L Thomas, Hunger David, Rangarajan Krish: Concepts in Strategic Management & Business Policy

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Janet Reinestein Carpman., Myrona Gromt., Planning health facilities for patients and visitors.

Chari S.N.: Modern production and operations management, Wilsey Eastern Ltd.New Delhi.

Prasanna Chandra: Projects preparation, Appraisal, Budgeting and implementation, Tata Mac Grew HillsPublishing Co. Ltd., New Delhi

Azhar Kasmi : Business Policy.

## II YEAR

### PAPER VI – LEGAL FRAME WORK FOR HOSPITALS & MEDICAL ETHICS

#### Objective

##### Legal frame work for hospitals

The course will orient the students about the legal frame work to be observed in hospital services and will help them to develop and control hospital programme. It will also help to provide a through knowledge and familiarity on the importance medical ethics.

#### Contents

##### Legal frame work for hospitals

- I. Medico-legal problems: types - case handling procedures - police investigation - death certificates.
- II. Medical negligence: – Ambit of negligence – Duty of care – Contractual duty – Tortious duty - Duty under Penal law - Duty under consumer law – Contributory negligence - Consent to treatment – Types of consent – Types of common complaints – Burden of proof & ‘Res Ipsa Loquitor’.
- III. Medical ethics – introduction – person centered ethics – ethics and ethical codes – international code of medical ethics – code of medical council of India – services of life and death – duty of preserving life – medical experimentation in man – truth and professional secrecy.
- IV. Health Related laws: Medical termination of Pregnancy Act – Birth and Death registration Act – Drugs and Cosmetics Act 1940– Kerala shops and Commercial Establishments Act 1969 – Prenatal Diagnostic Techniques (Regulation and Prevention of Misuse) Act 1994 – The Indian Medical Council Act 1956 – The Indian Nursing Council Act 1947 – The Transplantation of Human Organs Act 1994 – Consumer Protection Act 1986 – The Pharmacy Act 1948 – The Environment Protection Act 1986 & Bio-medical Waste (Management and Handling Rules 1998)
- V. Labour welfare laws: Bonus Act 1965 – Employees Provident Fund Act 1952 – Employees State Insurance Act 1948 – Factories Act 1948 – Gratuity Act 1972 – Industrial Dispute Act 1947 - Minimum Wages Act 1948 – Trade Union Act 1926 – Maternity benefit Act 1961.

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## II YEAR PAPER VII

### Skill Development in Hospital Administration

**Objective:** This course helps the students with an opportunity to observe, apply & practice the theories & techniques they will learn as part of their MHA syllabus. This will act as an internship for the students, so that, through a set of programmes, they will be able to develop the skills necessary for an administrator in a hospital setting.

#### **Pedagogical Approach:**

In order to supplement & practice the theoretical knowledge gained through textbooks, & lectures, students will perform various tasks like “undergo practical training in various departments; organize seminars & workshosp; present papers & case studies; perform role plays, management games & extempore sessions; undergo concurrent placements & field studies; attend training programmes on Transactional Analysis and the like; etc”.

Reports submitted by the students on practical training in various departments, concurrent placements & field studies etc will be evaluated by the faculty. All the programmes organized & performed by the students will be evaluated by the faculty.

As opportunity for development & training of skills is an important factor, these programmes will be there from first year onwards. The marks of all the programmes organized as part of skill development will be taken for the evaluation of this paper.

#### **Programmes to be under taken:**

##### **1. A minimum of three hour visit to the following departments on rotation at the Hospital;**

Personnel – Public Relations – Finance – Accounts – Ticket Room – Medical Records – Bio Medical – Radiology – CSSD – Corporate Relations – Insurance – Billing - Pharmacy – Canteen – Plumbing – Electrical – Civil – Laundry – Waste Management – ETP – Incinerator – Physiotherapy – Medical and Psychiatric Social Work – Counseling – Projects - EDP – Front Office – OPD – Library – ICUS – Wards – Security – Casualty – Laboratory – Microbiology – Bio Chemistry – Blood Bank – Haematology – Histopathology and Pathology.

2. Organizing Seminars

3. Presentation of papers, case studies etc

4. Group Discussions
5. Role play
6. Assignments
7. Management games
8. Workshops
9. Negotiations
10. Transactional Analysis
11. Field studies
12. Extempore Sessions