



**HINDUSTAN
UNIVERSITY**

HINDUSTAN INSTITUTE OF TECHNOLOGY & SCIENCE

(Estd. u/s 3 of the UGC Act, 1956)

Padur, Kancheepuram District - 603 103.

Department of Management Studies

**REGULATIONS, CURRICULUM
AND SYLLABUS
2013**

**MBA
(HOSPITAL AND HEALTHCARE
MANAGEMENT)**

ACADEMIC REGULATIONS
(M.TECH./ M.B.A. / M.C.A.) (Full - Time / Part - Time)
(Effective 2013-14)

1. Vision, Mission and Objectives

1.1 The Vision of the Institute is "To make every man a success and no man a failure".

In order to progress towards the vision, the Institute has identified itself with a mission to provide every individual with a conducive environment suitable to achieve his / her career goals, with a strong emphasis on personality development, and to offer quality education in all spheres of engineering, technology, applied sciences and management, without compromising on the quality and code of ethics.

1.2 Further, the institute always strives

- To train our students with the latest and the best in the rapidly changing fields of Engineering, Technology, Management, Science & Humanities.
- To develop the students with a global outlook possessing, state of the art skills, capable of taking up challenging responsibilities in the respective fields.
- To mould our students as citizens with moral, ethical and social values so as to fulfill their obligations to the nation and the society.
- To promote research in the field of science, Humanities, Engineering, Technology and allied branches.

1.3 Our aims and objectives are focused on

- Providing world class education in engineering, technology, applied science and management.

- Keeping pace with the ever changing technological scenario to help our students to gain proper direction to emerge as competent professionals fully aware of their commitment to the society and nation.

- To inculcate a flair for research, development and entrepreneurship.

2. Admission

2.1 The admission policy and procedure shall be decided from time to time by the Board of Management (BOM) of the Institute, following guidelines issued by Ministry of Human Resource Development (MHRD), Government of India. The number of seats in each branch of the (M.TECH / M.B.A. / M.C.A.) programme will be decided by BOM as per the directives from Ministry of Human Resource Development (MHRD), Government of India and taking into account the market demands. Some seats for Non Resident Indians and a few seats for foreign nationals shall be made available.

2.2 The selected candidates will be admitted to the (M.TECH / M.B.A. / M.C.A.) programme after he/she fulfills all the admission requirements set by the Institute and after payment of the prescribed fees.

2.3 Candidates for admission to the first semester of the Master's Degree Programme shall be required to have passed an appropriate Degree Examination recognized by Hindustan University.

2.4 In all matters relating to admission to the (M.TECH / M.B.A. / M.C.A.). Programme, the decision of the Institute and its interpretation given by the Chancellor of the Institute shall be final.

2.5 If at any time after admission, it is found that a candidate has not fulfilled any of the requirements stipulated by the Institute, the Institute may revoke the admission of the candidate with information to the Academic Council.

3. Structure of the programme

3.1 The programme of instruction will have the following structure

- i) Core courses of Engineering / Technology / Management.
- ii) Elective courses for specialization in areas of student's choice

3.2 The minimum durations of the programmes are as given below:

Program	No. of Semesters
M.Tech.(Full-Time)	4
M.Tech.(Part -Time)	6
M.B.A. (Full - Time)	4
M.B.A. (Part - Time)	6
M.C.A.(Full - Time)	6
M.C.A.(Part-Time)	8

Every (M.TECH / M.B.A. / M.C.A.) programme will have a curriculum and syllabi for the courses approved by the Academic Council.

3.3 Each course is normally assigned certain number of credits. The following norms will generally be followed in assigning credits for courses.

- One credit for each lecture hour per week per semester
- One credit for each tutorial hour per week per semester

- One credit for each laboratory practical of three hours per week per semester.
- One credit for 4 weeks of industrial training and
- One credit for 2 hours of project per week per semester.

3.4 For the award of degree, a student has to earn certain minimum total number of credits specified in the curriculum of the relevant branch of study. The curriculum of the different programs shall be so designed that the minimum prescribed credits required for the award of the degree shall be within the limits specified below.

Program	Minimum prescribed credit range
M.Tech. (Full time / Part time)	75 - 85
M.B.A. (Full time / Part time)	85 - 95
M.C.A (Full time / Part time)	115 - 125

3.5 The medium of instruction, examination and the language of the project reports will be English.

4. Faculty Advisor

4.1 To help the students in planning their courses of study and for getting general advice on the academic programme, the concerned Department will assign a certain number of students to a Faculty member who will be called their Faculty Advisor.

5. Class Committee

5.1 A Class Committee consisting of the following will be constituted by the Head of the Department for each class:

- (i) A Chairman, who is not teaching the class.

- (ii) All subject teachers of the class.
- (iii) Two students nominated by the department in consultation with the class.

The Class Committee will meet as often as necessary, but not less than three times during a semester.

The functions of the Class Committee will include:

- (i) Addressing problems experienced by students in the classroom and the laboratories.
- (ii) Analyzing the performance of the students of the class after each test and finding ways and means of addressing problems, if any.
- (iii) During the meetings, the student members shall express the opinions and suggestions of the class students to improve the teaching / learning process.

6. Grading

6.1 A grading system as below will be adhered to.

Range of Marks	Letter Grade	Grade points
95-100	S	10
85 - 94	A	09
75- 84	B	08
65-74	C	07
55-64	D	06
50-54	E	05
< 50	U	00
	I (Incomplete)	–

6.2 GPA & CGPA

GPA is the ratio of the sum of the product of the number of credits C_i of course "i" and the grade points P_i earned for that course taken over all courses "i" registered by the student to the sum of C_i for all "i". That is,

$$GPA = \frac{\sum_i C_i P_i}{\sum_i C_i}$$

CGPA will be calculated in a similar manner, at any semester, considering all the courses enrolled from first semester onwards.

6.3 For the students with letter grade I in certain subjects, the same will not be included in the computation of GPA and CGPA until after those grades are converted to the regular grades.

6.4 Raw marks will be moderated by a moderation board appointed by the Vice-Chancellor of the University. The final marks will be graded using an absolute grading system. The Constitution and composition of the moderation board will be dealt with separately.

7. Registration and Enrollment

7.1 Except for the first semester, registration and enrollment will be done in the beginning of the semester as per the schedule announced by the University.

7.2 A student will be eligible for enrollment only if he/she satisfies regulation 10 (maximum duration of the programme) and will be permitted to enroll if (i) he/she has cleared all dues in the Institute, Hostel & Library up to the end of the

previous semester and (ii) he/she is not debarred from enrollment by a disciplinary action of the University.

7.3 Students are required to submit registration form duly filled in.

8. Registration requirement

8.1 (i) A Full time student shall not register for less than 16 credits or more than 26 credits in any given semester.

8.1 (ii) A part time student shall not register for less than 10 credits or more than 20 credits in any given semester.

8.2 If a student finds his/her load heavy in any semester, or for any other valid reason, he/she may withdraw from the courses within three weeks of the commencement of the semester with the written approval of his/her Faculty Advisor and HOD. However the student should ensure that the total number of credits registered for in any semester should enable him/her to earn the minimum number of credits per semester for the completed semesters.

9. Minimum requirement to continue the programme

9.1 For those students who have not earned the minimum required credit prescribed for that particular semester examination, a warning letter to the concerned student and also to his parents regarding the shortage of his credit will be sent by the HOD after the announcement of the results of the university examinations.

10. Maximum duration of the programme

The minimum and maximum period for the completion of various programs are given below.

Program	Min. No. of Semesters	Max. No. of Semesters
M.Tech (Full - time)	4	8
M.Tech (Part - time)	6	10
M.B.A. (Full Time)	4	8
M.B.A. (Part Time)	6	10
M.C.A. (Full - Time)	6	12
M.C.A (Part-Time)	8	14

11. Temporary discontinuation

11.1 A student may be permitted by the Director(academic) to discontinue temporarily from the programme for a semester or a longer period for reasons of ill health or other valid reasons. Normally a student will be permitted to discontinue from the programme only for a maximum duration of two semesters.

12. Discipline

12.1 Every student is required to observe discipline and decorum both inside and outside the campus and not to indulge in any activity which will tend to bring down the prestige of the University.

12.2 Any act of indiscipline of a student reported to the Director (Academic) will be referred to a Discipline Committee so constituted. The Committee will enquire into the charges and decide on suitable punishment if the charges are substantiated. The committee will also authorize the Director(Academic) to recommend to the Vice-Chancellor the implementation of the decision. The student concerned may appeal to the Vice-Chancellor whose decision will be final. The Director (Academic) will report the action taken at the next meeting of the Council.

12.3 Ragging and harassment of women are strictly prohibited in the University campus and hostels.

13. Attendance

13.1 A student whose attendance is less than 75% is not eligible to appear for the end semester examination for that semester. The details of all students who have attendance less than 75% will be announced by the teacher in the class. These details will be sent to the concerned HODs and Director (Academic).

13.2 Those who have less than 75% attendance will be considered for condonation of shortage of attendance. However a condonation of 10% in attendance will be given on medical reasons. Application for condonation recommended by the Faculty Advisor, concerned faculty member and the HOD is to be submitted to the Director (Academic) who, depending on the merits of the case, may permit the student to appear for the end semester examination. A student will be eligible for this concession at most in two semesters during the entire degree programme. Application for medical leave, supported by medical certificate with endorsement by a Registered Medical Officer, should reach the HOD within seven days after returning from leave or, on or before the last instructional day of the semester, whichever is earlier.

13.3 As an incentive to those students who are involved in extra curricular activities such as representing the University in Sports and Games, Cultural Festivals, and Technical Festivals, NCC/ NSS events, a relaxation of up to 10% attendance will be given subject to the

condition that these students take prior approval from the officer-in-charge. All such applications should be recommended by the concerned HOD and forwarded to Director (Academic) within seven instructional days after the programme/activity.

14. Assessment Procedure

14.1 The Academic Council will decide from time to time the system of tests and examinations in each subject in each semester.

14.2 For each theory course, the assessment will be done on a continuous basis as follows:

Test / Exam	Weightage	Duration of Test Exam
First Periodical Test*	10%	2 Periods
Second Periodical Test*	10%	2 Periods
Model exam	20%	3 hours
Seminar/ Assignments/Quiz	20%	
End - semester examination	50%	3 Hours

* Best out of the two tests will be considered.

14.3 For practical courses, the assessment will be done by the subject teachers as below:

- (i) Weekly assignment/Observation note book / lab records - weightage 60%.
- (ii) End semester examination of 3 hours duration including viva - weightage 40%

15. Make up Examination/model examination

15.1 Students who miss the end-semester examinations / model examination for valid reasons are eligible for make-up examination /model examination. Those

who miss the end-semester examination / model examination should apply to the Head of the Department concerned within five days after he / she missed examination, giving reasons for absence.

- 15.2** Permission to appear for make-up examination / model exam will be given under exceptional circumstances such as admission to a hospital due to illness. Students should produce a medical certificate issued by a Registered Medical Practitioner certifying that he/she was admitted to hospital during the period of examination / model exam and the same should be duly endorsed by parent / guardian and also by a medical officer of the University within 5 days.

16. Project evaluation

- 16.1** For Project work, the assessment will be done on a continuous basis as follows:

Review / Examination	Weightage
First Review	10%
Second Review	20%
Third Review	20%
End semester Examination	50%

For end semester exam, the student will submit a Project Report in a format specified by the Director (Academic). The first three reviews will be conducted by a Committee constituted by the Head of the Department. The end - semester examination will be conducted by a Committee constituted by the Controller of Examinations. This will include an external expert.

17. Declaration of results

- 17.1** A candidate who secures not less than 50% of total marks prescribed for a course with a minimum of 50% of the marks prescribed for the end semester examination shall be declared to have passed the course and earned the specified credits for the course.

- 17.2** After the valuation of the answer scripts, the tabulated results are to be scrutinized by the Result Passing Boards of PG programmes constituted by the Vice-Chancellor. The recommendations of the Result Passing Boards will be placed before the Standing Sub Committee of the Academic Council constituted by the Chancellor for scrutiny. The minutes of the Standing Sub Committee along with the results are to be placed before the Vice-Chancellor for approval. After getting the approval of the Vice-Chancellor, the results will be published by the Controller of Examination/ Registrar.

- 17.3** If a candidate fails to secure a pass in a course due to not satisfying the minimum requirement in the end semester examination, he/she shall register and re-appear for the end semester examination during the following semester. However, the sessional marks secured by the candidate will be retained for all such attempts.

- 17.4** If a candidate fails to secure a pass in a course due to insufficient sessional marks though meeting the minimum requirements of the end semester examination, wishes to improve on his/ her sessional marks, he/she will have to register for the particular course and

attend the course with permission of the HOD concerned and the Registrar. The sessional and external marks obtained by the candidate in this case will replace the earlier result.

17.5 A candidate can apply for the revaluation of his/her end semester examination answer paper in a theory course within 2 weeks from the declaration of the results, on payment of a prescribed fee through proper application to the Registrar/Controller of Examinations through the Head of the Department. The Registrar/ Controller of Examination will arrange for the revaluation and the results will be intimated to the candidate concerned through the Head of the Department. Revaluation is not permitted for practical courses and for project work.

17.6 The weightage for internal marks in finalizing results and grades shall be waived off after completion of 5 semesters.

18. Grade Card

18.1 After results are declared, grade sheet will be issued to each student, which will contain the following details:

- (i) Program and branch for which the student has enrolled.
- (ii) Semester of registration.
- (iii) List of courses registered during the semester and the grade scored.
- (iv) Semester Grade Point Average (GPA)
- (v) Cumulative Grade Point Average (CGPA).

19. Class / Division

19.1 Classification is based on CGPA and is as follows:

- CGPA \geq 8.0 : **First Class with distinction**
- 6.5 \leq CGPA < 8.0 : **First Class**
- 5.0 \leq CGPA < 6.5 : **Second Class.**

19.2 (i) Further, the award of 'First class with distinction' is subject to the candidate becoming eligible for the award of the degree having passed the examination in all the courses in his/her first appearance within the minimum duration of the programme.

(ii) The award of 'First Class' is further subject to the candidate becoming eligible to the award of the degree having passed the examination in all the courses within the below mentioned duration of the programme.

Program	No. of Semesters
M.Tech.(Full-Time)	5
M.Tech.(Part -Time)	7
M.B.A. (Full - Time)	5
M.B.A. (Part - Time)	7
M.C.A.(Full - Time)	7
M.C.A.(Part -Time)	9

(iii) The period of authorized discontinuation of the programme (vide clause 11.1) will not be counted for the purpose of the above classification.

20. Transfer of credits

20.1 Within the broad framework of these regulations, the Academic Council, based on the recommendation of the transfer of credits committee so constituted by the Chancellor may permit students to earn part of the credit requirement in other approved institutions of repute and status in the country or abroad.

21. Eligibility for the award of (M.TECH / M.B.A. / M.C.A.) Degree

21.1 A student will be declared to be eligible for the award of the (M.TECH / M.B.A. / M.C.A.). Degree if he/she has

- i) registered and successfully credited all the core courses,
- ii) successfully acquired the credits in the different categories as specified in the curriculum corresponding to the discipline (branch) of his/her study within the stipulated time,
- iii) has no dues to all sections of the Institute including Hostels, and

iv) has no disciplinary action pending against him/her.

The award of the degree must be recommended by the Academic Council and approved by the Board of Management of the University.

22. Power to modify

22.1 Notwithstanding all that has been stated above, the Academic Council has the right to modify any of the above regulations from time to time subject to approval by the Board of Management.

**HINDUSTAN INSTITUTE OF TECHNOLOGY AND SCIENCE
SCHOOL OF MANAGEMENT
MBA (Hospital & Health Care)**

SEMESTER - I

S. No	Course Code	Course Title	L	T	P	C	TCH
1	PHC101	Basic biological sciences	3	0	0	3	3
2	PBA104	Organizational behaviour	3	0	0	3	3
3	PBA204	Human resource management	3	0	0	3	3
4	PBA202	Financial management	3	1	0	4	4
5	PHC102	Purchasing management and inventory control	3	0	0	3	3
6	PHC103	Hospital and patient relation management	3	0	0	3	3
7	PHC104	Medical insurance	3	0	0	3	3
8	PBA105	Communication skills and business correspondence	3	0	0	3	3
		TOTAL				25	25

II SEMESTER

S. No	Course Code	Course Title	L	T	P	C	TCH
1	PBA203	Marketing Management	3	0	0	3	3
2	PHC201	Strategic Management for Hospitals	3	1	0	4	4
3	PHC202	Biostatistics and Operation Research	3	0	0	3	3
4	PHC203	Hospital Architecture Planning Design & Maintenance	3	0	0	3	3
5	PHC204	Clinical Services	3	0	0	3	3
6	PHC205	Hospital Support Services	3	0	0	3	3
7	PHC206	Epidemiology and Public Health Systems	3	0	0	3	3
8	PBA207	Research Methodology	3	0	0	3	3
Practical							
1	PHC207	Practical-Hospital Internship 30 days of Field visit and Report*	0	0	3	1	3
		TOTAL				26	28

THEORY- ELECTIVES (OFFERED TO OTHER PG STUDENTS OF UNIVERSITY)

S. No	Course Code	Course Title	L	T	P	C	TCH
1	PBA203	Marketing Management	3	0	0	3	3
2	PBA207	Research Methods In Business	3	0	0	3	3

III SEMESTER

S. No	Course Code	Course Title	L	T	P	C	TCH
1	PHC301	Hospital Information Systems	3	0	0	3	3
2	PHC302	Health care Law and Ethics	3	0	0	3	3
3	PHC701	Electives I -NETWORKING ***	3	0	0	3	3
4	PHC706	Electives II - Quality Management & Hospital Accreditation Systems ***	3	0	0	3	3
5		Electives III	3	0	0	3	3
6		Electives IV	3	0	0	3	3
7		Electives V	3	0	0	3	3
8		Electives VI	3	0	0	3	3
		TOTAL				24	24

*** ELECTIVES OFFERED TO OTHER PG STUDENTS OF UNIVERSITY. MBA (HHC) STUDENTS CAN EITHER CHOOSE THESE ELECTIVES OR OTHER ELECTIVES FROM THE ELECTIVE LIST FOR MBA HHC COURSE.

III SEMESTER-ELECTIVES

S. No	Course Code	Course Title	L	T	P	C	TCH
1	PHC701	Networking	3	0	0	3	3
2	PHC702	Medical Tour Operations Management	3	0	0	3	3
3	PHC703	Tourism, Geography & Culture	3	0	0	3	3
4	PHC704	Allopathic Therapy in Medico Tourism	3	0	0	3	3
5	PHC705	Alternative Therapy in Medica Tourism	3	0	0	3	3
6	PHC706	Quality Management & Hospital Accreditaion Systems	3	0	0	3	3
7	PHC707	Management of super speciality systems.	3	0	0	3	3
8	PHC708	Housekeeping management and dietary system	3	0	0	3	3
9	PHC709	Medical Records Management	3	0	0	3	3
10	PHC710	Ambulance and Transport Management	3	0	0	3	3
11	PHC711	Hospital Front Office Management.	3	0	0	3	3.

III SEMESTER-PRACTICAL

S. No	Course Code	Course Title	L	T	P	C	TCH
1	PBA303	Summer Project Work	0	0	4	2	4
2	PBA304	Seminar II (Emerging Trends in Management - Case Study Analysis and Seminar)	0	0	2	1	2
		TOTAL				3	6

IV SEMESTER

S. No	Course Code	Course Title	L	T	P	C	TCH
1	PBA401	Project Work	0	0	24	12	24
		TOTAL				12	24

**HINDUSTAN INSTITUTE OF TECHNOLOGY AND SCIENCE
SCHOOL OF MANAGEMENT
MBA (HOSPITAL & HEALTH CARE)**

I SEMESTER

PHC101 BASIC BIOLOGICAL SCIENCE

L	T	P	C
3	0	0	3

GOAL

At the completion of this course, students will acquire knowledge on basic biological science, specifically in human anatomy and physiology, which are helpful to understand the medical terminology and languages used in the hospital sector.

OBJECTIVES

1. To understand the function and importance of different system of human body.
2. To familiarize with the medical terminology used in the hospital sector
3. To define the terms root, suffix, and prefix and to explain what combining forms are and why they are used and to name the languages from which most medical word parts are derived.
4. To understand the meaning of health and illness and the classification of various diseases.
5. To understand the infectious control and disinfection system routinely practiced in the hospital sector.

OUTCOME

1. Students will be able to acquire thorough knowledge of human anatomy and physiology.
2. Students will be able to explain the purpose of medical terminology and familiarize the medical terms for various diseases and medical specialist.
3. Students will be able to understand the meaning for different root, suffix and prefix used in the health/medical sector.
4. Students will imbibe knowledge of classification of various diseases.
5. Students will be able to understand the hospital-associated infectious surveillance system. Student will also understand the important infection control interventions and their indications and also learn to manage the outbreak in the hospital setting.

UNIT I

9

Human Anatomy and Physiology: Basic functions and importance of various systems in Human body -Digestive System-Respiratory system-Circulatory system-Central Nervous system, Muscular Skeletal system-Reproductive system-Excretory system-Endocrine Glands-Special Senses.

UNIT II

9

Medical Terminology: Reasons for using medical terms-Glossary of medical terms: major diseases and medical specialties.

UNIT III **9**

Roots, Prefixes, Suffixes, Abbreviations and symbols-Common roots: element referring to, usage and definition-Common prefixes and suffixes-Common abbreviations: departments, time, general healthcare, routes of medication and laboratory-Symbols.

UNIT IV **9**

Illness: Defining Health and illness: Direct and indirect causes-Classification and description of disease.

UNIT V **9**

Infection Control: Nosocomial infection-asepsis--Reservoir, carrier and mode of transmission of Communicable diseases -Infection control measures-Disinfection -Sterilization and aseptic technique-Infection control committee-purpose, composition and duties.

TOTAL: 45

REFERENCES:

1. A Clinical Problem - Solving Approach - John V. Basmajian and Charles E. Slonecker
2. Review of Medical Physiology - William F. Ganong McGraw Hill, Boston
3. Stedman's Medical Dictionary
4. Biological Science - Taylor - Cambridge University

PBA104 ORGANIZATIONAL BEHAVIOUR

L T P C
3 0 0 3

GOAL

Objective is to build better relationships by achieving human objectives, organizational objectives, and social objectives by understanding how people, individuals, and groups act in organizations.

OBJECTIVES

1. To understand what organizations are? Explain what organizational behavior is and how it has evolved, discover what disciplines contributed to knowledge in OB
2. To understand the concept, process and importance of individual behavior in organizations. Influence of perception, to discover the work related Attitudes: job satisfaction, job commitment, and organizational citizenship to understand significance of motivation, to understand how personality contributes to differences in individual behavior.
3. To understand the meaning and importance of groups and teams in organizations. To understand the meaning of organizational leadership.
4. To understand the concept of organizational politics. Discuss how managers deal with power and politics in organizations.

5. Dynamics of organizational behaviours. To understand the different choices of structure of an organization. To understand the significance of organizational culture. Understand the concept of organizational climate. To explore the factors influencing organizational effectiveness.

OUTCOME

1. Students would have understood the organizations, what organizational behavior is and what are the disciplines contributed to organizational behavior
2. Students would have understood the individuals in organizations in terms of their perception, attitude, motivation and personality. Also would have explored their contribution in achieving individual and organizational effectiveness.
3. Students would have understood the groups in organizations, in terms of thresholds of interpersonal relationships, groups and teams in organizations.
4. Student would have explored effectiveness of organizational leadership roles. Power and politics in organizations and how managers deal with politics.
5. Student would have understood how organizations shape behavior through organizational structure, organizational culture, organizational climate. Achieve organizational effectiveness through managing and leading human behavior at work.

OBJECTIVES

Organizational Behaviour (OB) is the study and application of knowledge about how people, individuals, and groups act in organizations. Its purpose is to build better relationships by achieving human objectives, organizational objectives, and social objectives.

UNIT I FOCUS AND PURPOSE 9

Definition, need and importance of organizational behaviour - nature and scope - frame work - organizational behaviour models.

UNIT II INDIVIDUAL BEHAVIOUR 9

Personality - types - factors influencing personality - theories, learning - types of learners - the learning process - learning theories - organizational behaviour modification Attitudes - characteristics - components - formation - measurement. Perceptions - importance - factors influencing perception - interpersonal perception. Motivation - importance - types -Theories- effects on work behaviour.

UNIT III GROUP BEHAVIOUR 9

Organization structure - formation - groups in organizations - influence - group dynamics - emergence of informal leaders and working norms - group decision making techniques - interpersonal relations - communication - Control - Process - types- Barriers- effective communication.

UNIT IV LEADERSHIP AND POWER 9

Meaning - importance - leadership styles - theories - leaders Vs managers sources of power - power centers - power and politics.

UNIT V DYNAMICS OF ORGANIZATIONAL BEHAVIOURS

9

Organizational climate - factors affecting organizational climate - importance. Job satisfaction - determinants - measurements - influence on behaviour. Organizational change - importance - stability Vs change - proactive Vs reaction change - the change process - resistance to change - managing change. Organizational development - characteristics - objectives - team building. Organizational effectiveness - perspective - effectiveness Vs efficiency - approaches - the time dimension - achieving organizational effectiveness.

TOTAL : 45

TEXT BOOKS:

1. Stephen P. Robbins, Organisational Behaviour, Prentice Hall of India, 9th edition, 2001.
2. Hellriegel, Slocum and Woodman, Organisational Behaviour, South-Western, Thomson Learning, 9th edition, 2001.

REFERENCES:

1. Schermerhorn, hunt and Osborn, Organisational behaviour, John Wiley, 7th edition, 2001.
2. Jit S. Chand, Organisational Behaviour, Vikas publishing House Pvt. Ltd. 2nd edition, 2001.
3. Fred Luthans, Organisational Behaviour, McGraw Hill Book Co., 1998.
4. New Strom & Davis, Organisational behaviour, McGraw Hill, 2001.
5. Jaffa Harris and Sandra Hartman, Organisational Behaviour, Jaico, 2002.

PBA204 HUMAN RESOURCE MANAGEMENT

L	T	P	C
3	0	0	3

GOAL

To familiarize the learners with various functions of Human Resource Management and emphasize on the integration of Human Values with the Organization.

OBJECTIVES

1. To familiarize the principal & evolutionary concepts related to Human Resource, and the role played by computer application in Human Resource Management.
2. To understand the concept of best fit employee.
3. To gain an understanding of training & executive development.
4. To acquire knowledge about the sustainable employee interest.
5. To understand the nuances of performance evaluation & control process.

OUTCOME

1. On successful completion of this unit the learner will empathize the purposes and qualities of the Human Resource. The learner can depict the extent to which HR meets the objectives of organization & appreciate the significance of human factors in the organization.
2. On successful completion of this unit the learner will assess how HR attempt to allocate resources effectively by chalking out the HRP. The learner can discern sources of recruitment, selection procedure, and induction & socialization benefits
3. On successful completion of this unit the learner will judge how on the job & off the job training programs shape the behavior of an employee. The learner can illustrate the way training program moulds the employees for their self & professional career development by using range of examples.
4. On successful completion of this unit the learner will analyze compensation plan & negotiation process. The learner can acquaint the role of motivation in maintaining the protégé relationships.
5. On successful completion of this unit the learner will empathize performance evaluation criteria and its implications like promotions, transfers and so on. The learner can appreciate redressal system for resolving the grievances in the control process.

UNIT I PERCEPTIVE IN HUMAN RESOURCE MANAGEMENT 5

Evolution of human resource management - the importance of the human factor - objectives of human resource management - role of human resource manager - human resource policies - computer applications in human resource management.

UNIT II THE CONCEPT OF BEST FIT EMPLOYEE 8

Importance of human resource planning - forecasting human resource requirement - internal and external sources. Selection process screening - tests - validation - interview - medical examination - recruitment introduction - importance - practices - socialization benefits.

UNIT III TRAINING AND EXECUTIVE DEVELOPMENT 10

Types of training methods, purpose, benefits and resistance. Executive development programmes - common practices - benefits - self development - knowledge management.

UNIT IV SUSTAINING EMPLOYEE INTEREST 12

Compensation plan - reward - motivation - theories of motivation - career management - development mentor - protégé relationships.

UNIT V PERFORMANCE EVALUATION AND CONTROL PROCESS 10

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

TOTAL : 45

TEXT BOOKS:

1. Decenzo and Robbins, Human Resource Management, Wilsey, 6th edition, 2001.

2. Biswajeet Pattanayak, Human Resource Management, Prentice Hall of India, 2001.

REFERENCES:

1. Human Resource Management, Eugence Mckenna and Nic Beach, Pearson Education Limited, 2002.
2. Dessler Human Resource Management, Pearson Education Limited, 2002.
3. Mamoria C.B. and Mamoria S. Personnel Management, Himalaya Publishing Company, 1997.
4. Wayne Cascio, Managing Human Resource, McGraw Hill, 1998.
5. Ivancevich, Human Resource Management, McGraw Hill 2002.

PBA202 FINANCIAL MANAGEMENT

L T P C
3 1 0 4

GOAL

To equip students with financial math skills and familiarize with functional areas of Financial Management

OBJECTIVES

1. To familiarize students with the fundamental principles of financial management, time value of money, risk and return, valuation of bond, equities & options
2. To impart knowledge on calculation of cost of capital and capital budgeting techniques
3. To impart knowledge on capital structure decisions and Dividend decisions
4. To impart knowledge on working capital management
5. To familiarize with long term sources of financing and about factoring, leasing, venture capital financing .

OUTCOME

1. To be able to describe the building blocks of FM: objectives, functions, apply the discounting and compounding techniques, measure the risk and return and determine value of bond, equity and an option
2. To be able to determine the cost of capital and apply capital budgeting techniques
3. To be able to understand the capital structure and dividend decisions and its impact on firm's value.
4. To be able to calculate the operating cycle, working capital requirements, and understand management of cash, inventory and receivables
5. To be able to understand the comparative advantage of long term sources of finance, and about factoring, leasing and venture capital financing.

UNIT I FOUNDATIONS OF FINANCE	12
Financial management - An overview, time value of money. Introduction to the concept of risk and return of a single asset and of a portfolio. Valuation of bonds and shares option valuation.	
UNIT II INVESTMENT DECISIONS	12
Capital Budgeting: Principles and techniques, Nature of capital budgeting, Identifying relevant cash flows, Evaluation Techniques, Payback, Accounting rate of return, Net Present Value, Internal Rate of Return, Profitability Index, Comparison of DCF techniques, Project selection under capital rationing, Inflation and capital budgeting. Concept and measurement of cost of capital, Specific costs and overall cost of capital	
UNIT III FINANCING AND DIVIDEND DECISION	12
Financial and operating leverage, capital structure, Cost of capital and revaluation, designing capital structure. Dividend policy, Aspects of dividend policy, practical consideration, forms of dividend policy, practical considerations, forms of dividends, share splits.	
UNIT IV WORKING CAPITAL MANAGEMENT	12
Principles of working capital: concepts ,need; Determinants, issues and estimation of working capital, Accounts Receivables Management and factoring, Inventory management, Cash management, Working capital finance, Trade credit, Bank finance and Commercial paper.	
UNIT V LONG TERM SOURCES OF FINANCE	12
Indian capital and stock market, new issues market. Long term finance: Shares debentures and term loans, lease, hire purchase, project financing, venture capital financing.	

TOTAL: 60

TEXT BOOKS

1. I.M.Pandey Financial Management, Vikas Publishing House Pvt. Ltd., 8th edition, 1999
2. M.Y. Khan and P.K.Jain Financial management, Text, Problems and cases Tata McGraw Hill Publishing company Ltd., 4th edition, 2004.

REFERENCES

1. Aswat Damodaran, Corporate Finance Theory and practice, John Wiley & Sons, 2000
2. Hrishikes Bhattacharya - Working capital management, strategies and techniques, Prentice - Hall of India Pvt. Ltd., New Delhi 2001.
3. James C.Vanhorne - Financial Management and policy - Pearson Education Asia (low priced edition), (latest edition)

PHC102 PURCHASING MANAGEMENT AND INVENTORY CONTROL

L T P C
3 0 0 3

GOAL

To gain the overall understanding of the procedures & management of Purchasing & Inventory Control in Hospital.

OBJECTIVES

1. To provide the introduction of the principles of Purchasing & Logistics and the procedures involved with management.
2. To provide the details of the inventory control, management and its types
3. To provide the understanding of Hospital Stores operations and its management
4. To understand the procedure for Equipment Planning and Procurement
5. To stay updated with the recent trends in Materials Management.

OUTCOME

1. Understands the basic functions of the Purchasing & Logistics Management and its application in the hospital.
2. Understands the concept of inventory control, control systems, its types and application in the hospital industry.
3. Understands the process flow the hospital store operations (codification, issuing, documentation, condemnation) & its management.
4. Understands the procedure involved in Equipment Planning and Procurement
5. Understands the current trends in Materials Management and applies the best practices in the hospital.

UNIT I

9

Principles of Purchasing Management - Tendering procedures - procurement procedure Vendor development and rating - Methods of payment - Letter of credit - Foreign currency payments.-Import documentation - Principles of Logistic Management: Definition of Logistics Management - Functions of Logistics Management

UNIT II

9

Inventory control: Definition -objectives of Inventory Control - Types of Inventory cost - Types of Inventory Control - Pareto's law -ABC /VED / SDE Analysis - Lead Time - Buffer stock - Reorder level - Economic Order Quantity (EOQ) - Types of Inventory Control systems.

UNIT III

9

Store Management: Stores function- location and layout - Standardization, Codification and Classification of materials - Material accounting and physical distribution - Store documentation - Condemnation and disposal of scrap, surplus and obsolete materials - Types of stores in a Hospital.

UNIT IV**9**

Equipment Planning and Procurement: Steps in equipment selection - Utilization index - Factors leading to poor utilization of equipment- planning and procurement of spares / accessories / consumables.

UNIT V**9**

Recent trends in Materials Management: Types of Materials used and stored in a Hospital - Computerization of Materials function - MIS Reports - Concept and frame work of supply chain management -concept of Just in time and Central purchasing.

TOTAL : 45**REFERENCES**

1. Stores management-Second edition - Mr. K S Menon Published by Macmillan India Ltd
2. An Introduction to Documentary Credits - Mr. Rupnarayan Bose Published by MacmillanIndia Ltd
3. Supply Chain Management -Mr. B S Sahay - Published by Macmillan India Ltd
4. Materials Management - Gopalakrishnan & Sunderasan
5. Industrial Engineering - O.P.Khanna

PHC103 HOSPITAL AND PATIENT RELATION MANAGEMENT

L	T	P	C
3	0	0	3

GOAL

To inculcate the importance of Patient Centricity in every approach and maintain the harmony in the relationship with the patients.

OBJECTIVES

1. To provide the introduction to the Patient Centric Management.
2. To provide the concepts of Quality and its relation to Patient Care
3. To provide the understanding of Patient classification system
4. To provide importance of Medical Ethics & Auditory procedures in hospitals.
5. To provide the information about Patient Medical Records, its management and Disaster preparedness procedures in hospitals.

OUTCOME

1. Understands the concept of Patient Centric Management.
2. Understands the concept of Quality, its tools, relation and application to Patient Care
3. To provide the understanding of Patient classification system

4. To provide importance of Medical Ethics & Auditory procedures in hospitals.
5. To provide the information about Patient Medical Records, its management and Disaster preparedness procedures in hospitals.

UNIT I PATIENT CENTRIC MANAGEMENT 9

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; Patient safety and patient risk management.

UNIT II QUALITY IN PATIENT CARE MANAGEMENT 9

Defining quality, Systems approach towards quality, towards a quality framework, Key theories and concepts, Models for quality improvement & Variations in practice.

UNIT III PATIENT CLASSIFICATION SYSTEMS AND THE ROLE OF CASE MIX 9

Why do we need to classify patients, Types of patient classification systems, ICD 9 (CM, PM), Case mix classification systems, DRG, HBG, ARDRG, Case mix innovations and Patient empowering classification systems.

UNIT IV MEDICAL ETHICS & AUDITORY PROCEDURES 9

Ethical principles, Civic rights, Consumer protection act, CPA, Guideline of the CPA, Patient complaints powers & procedures of the district forum, State and National commission, Role of supreme court, Patient appeals, Autopsy, Tort liability, Vicarious liability, Medical negligence, Central & state laws, 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 PATIENT MEDICAL RECORDS AND DISASTER PREPAREDNESS 9

Policies & procedures for maintaining medical records. E-records, legal aspects of medical records, its safety, preservation and storage; Policies & procedures for general safety ; fire safety procedure for evacuation; disaster plan and crisis management.

TOTAL : 45

REFERENCES

1. Goel S L & Kumar R. 2004. Hospital Core Services: Hospital Administration of the 21st Century. Deep Deep Publications Pvt Ltd: New Delhi
2. Gupta S & Kant S. 1998. Hospital & Health Care Administration: Appraisal and Referral Treatise. Jaypee: New Delhi
3. Harris M G & Assoc. 2003. Managing Health Service: Concepts & Practices. MacLennan + Petty: Sydney
4. Kelly D L. 2006. Encyclopaedia of Quality Management in Hospitals & Health Care Administration. Vol 1-6. Pentagon Press: Chicago

5. Kilpatrick A O & Johnson J A. 1999. Handbook of Health Administration & Policy. Marcel Dekkes Inc: New York
6. Kumar A. 2000. Encyclopaedia of Hospital Administration & Development: Volume I. Anmol Publications Ltd: New Delhi.
7. Ransom S B. Joshi M S & Nash D B. 2006. The Health Care Quality Book: Vision, Strategy & Tools. Standard Publishers Distributors: Delhi
8. Reddy N K S. 2000. Medical Jurisprudence & Toxicology. ALT Publications: Hyderabad
9. Rao M S. 1992. Health & Hospital Administration in India. Deep & Deep Publications: New Delhi.

PHC104 MEDICAL INSURANCE

L	T	P	C
3	0	0	3

GOAL

To understand the nuances of Medical Insurance, rule & regulations & control of Medical Insurance frauds.

OBJECTIVES

1. To provide the introduction to Health Insurance.
2. To provide the concepts of Regulations and Intermediaries in health insurance
3. To provide the information about Health insurance frauds
4. To provide the concept of business in Health insurance products
5. To provide the information about Medical Insurance and its operational aspects.

OUTCOME

1. Understands the history, development, demand of Health Insurance.
2. Understands the importance and implement shealth insurance regulations and intermediaries.
3. Understands and controls the health insurance frauds in the hospitals.
4. Understands of business of health insurance products.
5. Understands the medical insurance & its operational aspects.

UNIT I INTRODUCTION

9

Basic principles of general insurance; History and development of health insurance; The Role of Health Insurance in the Health Care System; The Demand for Health Insurance; Health Insurance and the Production of Health; The Conventional Theory of the Demand for Health Insurance; Nyman's Theory of the Demand for Health Insurance Current scenario- International; Current scenario- Indian; The Performance of the Private Health Insurance Industry;

UNIT II REGULATIONS AND INTERMEDIARIES IN HEALTH INSURANCE 9

Insurance Act, 1939; Insurance Regulatory and Development Authority (IRDA); Consumer Protection Act, 1986; Insurance Ombudsman; Evolution of TPA industry in India; Working and role of TPA; Managed health care; Regulations relating to the intermediaries; other intermediaries

UNIT III HEALTH INSURANCE FRAUDS 9

Introduction; Measures to control insurance fraud and abuse; Case studies; IT and control of health insurance frauds and abuse;

UNIT IV HEALTH INSURANCE PRODUCTS 9

The Business of Health Insurance; The Health Insurance Product; Pricing of Health Insurance Products; Underwriting of Health Insurance Products; Controlling the Costs of Health Care; The Health Insurance Contract; Selling and Marketing Health Insurance Products ; Administering Health Insurance; International; Indian health insurance products; Interpretation of terms and conditions; Specific ailment based products- HIV and Diabetes; Community based health insurance; Social Health Insurance-ESIS and CGHS;

UNIT V OPERATIONAL ASPECTS 9

Claims and utilization management; International Classification of Diseases (ICD); Provider management; Medical underwriting

TOTAL : 45

REFERENCES:

1. Arrow, Kenneth J. "Uncertainty and the Welfare Economics of Medical Care." *American Economic Review* (December 1963): 941-73.
2. Miller, Richard D. "Estimating the Compensating Differential for Employer-Provided Health Insurance" *International Journal of Healthcare Finance and Economics* 4 (2004): 27-41.
3. Cutler, "Equality, Efficiency, and Market Fundamentals: The Dynamics of International Medical-Care Reform" *Journal of Economic Literature* (Sept. 2002) 881-906.
4. Miller, et al. "Covering the Uninsured: What is it Worth?" *Health Affairs* web exclusive (March 31, 2004).
5. Levy, Helen and David Melzer. "What Do We Really Know About Whether Health Insurance Affects Health" (Dec. 2001) University of Chicago, mimeo
6. Lillie-Blanton, Marsha and Catherine Hoffman, "The Role of Health Insurance Coverage in Reducing Racial/Ethnic Disparities in Health Care" *Health Affairs*, March/April, 2005

PBA 105 COMMUNICATION SKILLS & BUSINESS CORRESPONDENCE

L T P C
3 0 0 3

GOAL

To enable the students to prepare and deliver effective oral and written communication for business situations and be able to apply business communication strategies and principles.

OBJECTIVES

1. To help the learner understand and assimilate through practice, the process and importance of communication in general
2. To help learners understand the principles of effective communication. To make learners aware of barriers to communication and to suggest strategies to overcome them.
3. To help learners know what is Presentation, Negotiation, Meetings and Conferences. Learn the soft skills for LSRW.
4. To help learners acquire a performing knowledge of forms and methods of writing in order to handle business correspondence

OUTCOME

1. The learner understands through this unit the meaning and definition of communication. Knows the process, objectives, relevance functions and scope of communication.
2. The learner understands through this unit the seven C's of effective communication. Knows the use of four S's in communication. Variety programme in English. Eg. RADIO SHOW
3. After reading this unit the learner will be able to appreciate soft skills and also understand their importance to perform language functions effectively.
4. After reading these units, the learner will have been initiated into using the skills to write business letters, e-mails and reports effectively. They will be able to compose, paragraphs & essays critically.

UNIT I COMMUNICATION IN BUSINESS

9

Defining Communication, Nature of Communication, Process of Communication, Objectives of Communication, Forms and Dimensions of Communication, Oral and Written Communication

UNIT II PRINCIPLES OF EFFECTIVE COMMUNICATION

9

Principles of Effective Communication, Barriers to Communication, Measures to Overcome Barriers to Communication, Gateways of Communication in an Organization, Media and Modes of Communication

UNIT III COMMUNICATION SKILLS

9

Reading Skills, Listening Skills, Presentation Skills, Negotiation Skills, Meetings and Conferences, Interview Skills, Group Discussion.

UNIT IV BUSINESS CORRESPONDENCE**9**

Job Applications and Resume Writing, Business Letters, Enquiries, Orders and Replies, Circulars, Notices and Memos.

UNIT V REPORT WRITING**9**

Business Reports, Academic Report Writing, Business Etiquette, Enriching Vocabulary, Paragraph Development

TOTAL : 45**TEXT BOOK**

1. Speaking and Writing for Effective Communication, Author - Francis Soundararaj, Publisher - Macmillan.

REFERENCES

1. Business Communication - Author - M.K. Sehgal and Vandana Khetarpal, Publisher - Excel books.
2. Effective Business Communication - Author - Herta A. Murphy, Herbert W. Hildebrandt, Jane P. Thomas, Publisher - Tata Mc.Grawhill.

II SEMESTER

PBA 203 MARKETING MANAGEMENT

L	T	P	C
3	0	0	3

GOAL

The goal of this subject is to provide learners with an understanding of different marketing techniques adapted by organisations to sell their products and services in the domestic and international market.

OBJECTIVES

1. To understand and appreciate the concept of marketing in theory and practice, and be aware of the marketing environment
2. To understand the various product planning and development techniques, and to successfully target, position, promote, advertise, and how to do personal selling for both product and services.
3. To understand the various types of buyers and the importance of consumer behaviour in marketing
4. To understand the various marketing research techniques to capture the customer insights about the products and services
5. To appreciate and be aware of the various contemporary marketing techniques like online marketing, using web and social marketing. And also ware of the emerging trends and challenges to marketers

OUTCOME

1. Understand the basic concepts of marketing and be able to apply the theory into practice
2. Understand the various methods of selling the products and services successfully to the consumers
3. Understand the consumer psyche and be able to persuade customers to buy the products and services
4. Understand how to develop and administer various marketing research tools to consumers to gauge customer satisfaction, and loyalty behaviours
5. Understand the various contemporary methods used in marketing like online marketing and be able to apply them judiciously.

UNIT I

9

Marketing conceptual framework - marketing environment - customer oriented organization - marketing interface with other functional areas marketing in a globalised environment.

UNIT II

9

Product planning and development - product life cycle - brand management, developing new product market segmentation - targeting and positioning, developing marketing mix, pricing decisions - channel

design and management - retailing and wholesaling - promotion methods. Advertisement and personal selling, public relations.

UNIT III **9**

Understanding Industrial and individual buyer behavior - influencing factors - responding buyer behaviour - building customer satisfaction - marketing to organization and marketing of services.

UNIT IV **9**

Types, process - tools and techniques - application of marketing research - product launching, demand estimation, advertising, brand preferences, customer satisfaction, retail stores image, customer perception, distribution, customer relationship, competitor analysis and related aspects - preparation of marketing research report - sample case studies.

UNIT V **9**

Online marketing - web based marketing programmes - emerging trends and challenges to marketers.

TOTAL : 45

TEXT BOOKS

1. Philip Kotler: Marketing management (Millennium edition), Prentice Hall of India P (ltd), New Delhi 2001.
2. Zikmandd'Amico, Marketing South western, Thomson Learning, 2000.

REFERENCES

1. Micheal R. Czinkota & Masaaki Kotabe, Marketing management, Vikas Thomson learning 2000.
2. Douglas, J. Darymple marketing management John Wiley & Sons, 2000
3. NAG, marketing successfully A professional perceptive, Macmilan 2001.
4. Boyd Walker, Marketing Management, McGraw Hill, 2002
5. Aakar Day, Kumar, Essential of Marketing Research
6. Keith Flether, Marketing Management and Information Technology Prentice Hall, 1998.
7. R.L. Varshney, S.L. Gupta, marketing management Indian perspective, Sultan Chand 2000.

PHC 201 STRATEGIC MANAGEMENT FOR HOSPITALS

L	T	P	C
3	0	0	3

GOAL

To understand the concept of Strategic Management - the history and development of strategy, understanding and implementing various strategies related to all phases and types of Healthcare services and their delivery in Hospitals.

OBJECTIVES

1. The Course aims to develop the the understanding the evolution, importance of strategic management - the various types of strategies, steps involved in strategy planning etc.
2. The course aims at exposing the students to the meaning and importance of Corporate strategy, how strategy is distinct from a strategic plan and also various types of strategies,
3. The course aims at imparting knowledge to the students on various marketing concepts related to the Hospitals such as - Product diversification in Hospitals, types of diversifications, Dimensions of corporate strategies, Social audit, social marketing, business ethics etc.
4. The course aims at teaching the student about the organizational environment in Hospitals, Organizational life cycle, its evolution and its various phases.
5. The course aims at improving the students' understanding on the impact of technology on various issues related with - managerial effectiveness, people and structure, CSR initiatives of Hospitals, Government's role in Healthcare Industry, Strategies for International operations, Globalization of Business and Strategic Control process.

OUTCOME

1. The student is expected to understand the meaning an importance of strategy and the various steps in strategy formulation.
2. Students are expected to understand the terms Strategy and Strategic plan, corporate strategy, classification of strategies and the various types of strategies.
3. Student should be able to analyze and discuss the various marketing concepts related to service delivery in Hospitals and are also expected to understand their applications.
4. Student should be able to understand the concept of organizational environment, organizational life cycle and should also be able to discuss the various phases of it.
5. The student expected to understand the importance of technology in Healthcare administration, the CSR initiatives expected out of Hospitals, the role played by Government and strategies for international operations of Hospitals.

OBJECTIVES:

The Course aims to develop the decision making ability of the student through case discussions seminars, quiz programs, Role playing Management games etc. in business - environment and formulation of business plans strategies in the real world situation.

UNIT I**9**

Strategic Management - Evolution - Nature and importance of Strategic Management - Relationship between Strategic Management and Operational Management. Corporate planning: Difference between operational and strategic planning-Characteristics of strategic steps involved in a strategic plan - Business Policies for hospitals - originated policy - appealed policy externally imposed policy - Method of formulating a new or revised policy, Policy Administrations - Functional Policies - Relationship of business policies to company goals, plans and strategies. Types of policies used in Corporation .

UNIT II**9**

Corporate strategy - Distinction between strategy and strategic plan - Defensive strategy - Offensive strategy - Classifications strategies - Competitive Analysis - Industry Analysis - Self Analysis of organizations- Strategic use of marketing variables - Business Portfolio Analysis - Merger - Horizontal merger - Vertical merger - conglomerate merger - Product extension - Market extension - Pure conglomerate extension - Acquisition - Joint Venture.

UNIT III**9**

Concept of Product Diversification with reference to hospitals - Classification of diversification - Single product diversification - Horizontal diversification - Conglomerate diversification - Market penetration - Market development - Product development - Diversification in selected Indian Industries - Case Study of some Indian industries - Corporate image - Corporate image versus brand image - Dimensions of corporate image - Survey method to determine the corporate image - Social Audit - Social Performance - Business ethics - Evolution - Concepts - Social Marketing - Social Auditing - Basic procedures - Benefits of Social audit.

UNIT IV**9**

Organizational environment in hospitals- stable environment - changing environment - Turbulent environment - Matching the system to the environment - Matching system - organic system Differentiation - Integration - Organizational Life Cycle - Evolution - Revolution Creativity - Direction, Coordination - Collaboration - Management environment - Social - Cultural - Economic Political - Educational - Ethic environment

UNIT V**9**

Impact of technology - An organizational structure - Impact of cultural values on managerial effectiveness - people and structure - Managers and employees structure - Social responsibilities of business with reference to hospital industry - Areas of involvement. The Government's role in Healthcare Industry - Strategies for International operations - Globalization of Business - Strategic Control process.

TOTAL : 45**TEXT BOOKS**

1. Charles W.L. Hill & Gareth R. Jones - 'Strategic Management Theory, An Integrated approach' - Houghton Mifflin Company, Princeton New Jersey, All India Publisher and Distributors, Chennai, 1998.
2. Thomas L. Wheelen, J. David Hunger - 'Strategic Management' Addison Wesley Longman Singapore Pvt., Ltd., 6th Edition, 2000.

REFERENCES

1. Igor Ansoff Corporate Strategy. (Tokyo McGraw Hill Book Co)
2. Aaker A. David, Developing Business Strategies, John Wiley & Sons, New York, 1984
3. Steiner and Minor: Business Policy - Concept and cases. (North Holland and Publications)
4. Keith Davis and Robert Blomstrom: Business and Society, Environment & Responsibility (New York, McGraw Hill Book Co)
5. William F. Gluk: Strategy Formation and Management Actions
6. P.K. Ghosh: Business Policy - Strategic Planning & Management
7. AzharKazmi: Business Policy
8. Lloyd L. Byars: Strategic Management: Planning & Implementation
9. Porter Michel, Competitive Advantages

PHC202 BIOSTATISTICS AND OPERATION RESEARCH

L	T	P	C
3	0	0	3

GOAL

This course provides students a foundation to evaluate information critically to support research objectives and to apply appropriate statistical methods and a better understanding of statistical design of experimental trials for biological science. This course will also introduce advance statistical operation research and familiarize with the different models of operation research

OBJECTIVES

1. To familiarize with the basic biostatistics concepts
2. To understand the sampling techniques and clinical trials in health sector.
3. To understand the vital statistics and their needs and importance in the health sector
4. To learn and familiarize with the basic concept of operation research and their models
5. To understand the importance and limitations of linear programming and also to familiarize with advance linear programming techniques.

OUTCOME

1. Students will be able to understand the application of biostatistics, data collection and experimental settings.
2. Students will be able to understand and learn various types of sampling technique and a thorough knowledge of clinical trial and health reports.
3. Students will be able to learn and perform statistical methods using vital data such as morbidity and mortality

4. Students will be able to learn different models used in operation research.
5. Students will be able to learn advance linear programming such as PERT, CPM, Simplex method and graphical method.

OBJECTIVE:

To give broader understanding of the statistical concept and techniques for research study only and to develop an understanding of basic management science techniques and their role in managerial decision-making

UNIT I INTRODUCTION TO BASIC STATISTICS 9

Introduction to concepts - Experimental settings in hospital environment - Areas of application in statistics - Introduction to some essential features - Data recorded in routine clinical practice - Qualitative & quantitative observations - Scales of measurement-Application of statistics in healthcare and hospital settings - utilization of the basic data.

UNIT II HEALTH & HOSPITAL STATISTICS 9

Introduction-utilization of basic data, source of health statistics-common rates& ratios in India-incidence & prevalence rate- health reports- ICD- Notifiable diseases-Clinical Trials- Community Trials- Non Randomized Trials- Ethical Bases in Clinical Trials- Sampling- Types of Sampling and Techniques of Sampling

UNIT III DEMOGRAPHY AND VITAL STATISTICS 9

Mortality and Morbidity Rates- Birth Rates-Specific Death Rates- Fertility Rates-Abortion Rates etc.- sources of health statistics-problems in collection of sickness data- measurement of sickness- vital statistics.

UNIT IV INTRODUCTION TO OPERATIONS RESEARCH 9

Evolution of Operations Research - Models - Formulation of Models - using models for problem solving - Techniques of Operations Research - Limitations of Operations Research- Transportation Problem - Assignment Problem - queuing Theory.

UNIT V LINEAR PROGRAMMING 9

Requirements of L.P.- Applications of L.P. - Graphical methods and Simplex methods of solving optimization problems - Project Management - PERT and CPM .

TOTAL: 45

REFERENCES

1. An introduction to Biostatistics - A manual for students in Health in Health Sciences". 3rdEdn. (1996) - P.S.S.SundarRao and J.Richard, Prentice Hall of India publishers.
2. Methods in Bio-Statistics by Dr.B.K. Mahajan
3. Introduction to Statistics - Levin - Prentice Hall
4. Elementary Statistical methods - S.P. Guptha - Sultan Chand & Sons, 13th edition (1999)
5. Bio Statistics-Wayne W. Daniel VII Edition, John Wiley & Sons, Inc, 7th Edition (2000)

6. Paul Loomba N: Management A Quantitative Perspective, New York, Collier Macmillan Publishing Co, Ltd.
7. Budnik Frank S. Dennis MgKaney, Richard Mojena: Principles of Operation Research, New Delhi, All India Traveller Bookseller, 199
8. Gould, f.C. etc: Introduction to Management Science, Englewood Chiffs, New Jersey Prentice Hall Inc, 1993.
9. Kirkwood and Sterne. Essential Medical Statistics
10. Dawson and Trapp. Basic and Clinical Biostatistics

PHC203 HOSPITAL ARCHITECTURE PLANNING, DESIGN & MAINTENANCE

L	T	P	C
3	0	0	3

OBJECTIVES

1. To provide the introduction to origin of Hospitals and its development
2. To provide the departmentation framework of Hospitals
3. To provide the concept of project management
4. To provide the information on project formulation
5. To provide the understanding of Human resource mobilization on contracts
6. To provide the understanding of systems, WBS, project evaluation and effective project management

OUTCOME

1. Understand origin of Hospitals and its step by step development and types.
2. Understand the different departmentation of Hospitals based on the service
3. Understand the concept of project management - hospital pre comissioning stage - commissioning stage - post commissioning stage
4. Understand the framework of project formulation from concept to culmination.
5. Understand the authority of Project Manager, tendering procedure and contract formalities
6. Understand the aspects in project management, monitor and evaluate the project effectively

OBJECTIVE

The objective of this course is to familiarize the students as to hospital planning & Architecture and the preparation of Project Management, for hospital and other organizations.

UNIT I

9

Concept of Hospital architecture - Planning and Design of a Hospital (Building & Physical Layout) - Space Required for Separate Functions - Different types of Hospitals - Problems and Constraints in different type of Hospitals - History of Hospital Development

UNIT II	9
Organization - Structure -Departmentation and organization structure of different types of hospitals. Vertical & Horizontal - Clinical & Non Clinical - Supportive& Ancillary Service Departments.	
UNIT III	9
Concept of hospital project management - Concept of a project - categories of projects - projects life cycle phases - project management concepts - tools and techniques for project management. The project manager - roles and responsibilities of project manager.	
UNIT IV	9
Project formulation for hospital construction- stages - bottlenecks - feasibility report - financing arrangements - finalization of project - implementation schedule-project execution plan - project procedure manual project control system - planning scheduling and monitoring - monitoring contracts and projects diary - Project implementation stages project direction - communications in a project - coordination guidelines for effective implementation reporting in project management - project evaluation and its objectives, types and methods.	
UNIT V	9
Organizing systems and procedures for maintenance of hospitals- working of systems - design of systems - projects work systems design - work break down structure - Organizing human resources and contracting - team building	

TOTAL: 45

REFERENCES:

1. Business Planning for health care management - Piggott, Carolyn Semple - U.K Open University Press
2. Health Sector Reform in Developing Countries - Peter Berman, Harvard University Press, 1995.
3. Health and Social organization: Towards a health policy for the 21st century - Blane, David, Brunner, Eric - Calrendon Press
4. Modern Trends in Planning and Designing of Hospitals- Kant Gupta, Shakti Kumar Gupta- Jaypee Brothers Publishers.

PHC204 CLINICAL SERVICES

L	T	P	C
3	0	0	3

GOAL

This course emphasis on the structure and functions of clinical services in hospitals. It also helps to learn the developing skills in planning, building and managing hospitals and also the application of the concepts & techniques of Modern Management in different health care units.

OBJECTIVES

1. To develop a basic understanding of clinical services in the hospital sector
2. To seek a thorough knowledge in health care policies
3. To understand the management and organization of various departments in the hospital sector
4. To understand the process of quality management in the hospital sector
5. To understand the other clinical services such as surgical and allied services in the hospital sector.

OUTCOME

1. Students will be able to understand the overall health care delivery system and
2. Procedures adopted in the hospital sector.
3. Students will be able to understand different health care policies
4. Students will be able to familiarize to manage and organize various departments in the hospital.
5. Students will be able to understand various process involved in quality management and the accreditation of hospitals
6. Students will be able to understand various clinical activities such as licensing, accreditation of hospitals and how it plays a vital role in patients care

OBJECTIVE

1. Understand the structure and functions of clinical services in a hospitals
2. Developing skills in planning, building and managing hospitals
3. Application of the concepts & techniques of Modern Management in different health care units.

UNIT I INTRODUCTION

9

Health Administration in India- Health Care Delivery System-Introduction to OPD Services- Overview-function- location design-organsiation- space requirement facilities- emergency services design-space requirement-physical facilities- Clinical & Non-Clinical Services.

UNIT II POLICIES IN CLINICAL SERVICES**9**

National Health Policy-National Health Programmes-Tuberculosis's control Programme, Dots Programme for control of Blindness- Family welfare programme- AIDS control programme, role & functions of National AIDS Control Organisation (NACO).

UNIT III MANAGEMENT AND ORGANIZATION OF CLINICAL SERVICES**9**

Organization and Administration of various clinical services - Outpatient Services - In-patient Services - Emergency Services - Operation Theatre - ICUs - Super Specialty Services including their utilization study - Nursing Care & Ward Management(general and specialized Delivery suite and maternity ward)-Neonatal Intensive Care Unit- Day Care Unit.Medical and allied services: Medical services, paediatric services, psychiatric services, gastroenterology services, endocrinology services geriatric services cardiology centre, nephrology and dialysis.

UNIT IV QUALITY MANAGEMENT**9**

Service and Process quality- Cost of quality- Quality control- Statistical methods in hospitals for control of service quality- Quality Circles- Total Quality Management- Five S and Six Sigma- Kaizen- Standard Operating Procedures (SOPs)- ISO, ISO standards and their implementation- Accreditation of hospitals - ISO, NABH, JCI

UNIT V SURGICAL AND ALLIED SERVICES TO CLINICAL SERVICES**9**

Surgical services Dental services-obst.and gynaec.Services- physiotherapy services- Trauma centre- burns- paraplegic and malignant treatment centre- urology centre- orthopedic services. Insurance companies and TPAs- Insurance policies and cover- Personal accident insurance benefit- Claims procedures- Administration of patient related schemes- Medical insurance - cashless benefit, reimbursement- CGHS, ECHS, CSMA, ESIC

TOTAL: 45**REFERENCES**

1. Arnold D. Kalcizony & Stephen M. Shortell, Health Care Management.
2. Carolyn Semple Piggot & Carolyn S. Piggot, Business Planning for Health Care Management.
3. David E. Cope, Organization Development and Action Research in Hospitals.
4. Perspectives in health care - Nancy North - Macmillan Press, U.K

PHC 205 HOSPITAL SUPPORT SERVICES

3 0 0 3
L T P C

OBJECTIVES

1. To provide the introduction to Hospitals and its development
2. To provide the departmentation framework of Hospitals
3. To provide the concept of management & organization of Clinical Services in the Hospital
4. To provide the map of planning and organizing the support services
5. To provide the steps in organization and management of utility services
6. To provide the understanding of Hospital and Health services evaluation

OUTCOME

1. Understand origin of Hospitals and its step by step development and types.
2. Understand the different departmentation of Hospitals based on the service
3. Understand the administrative aspects of multiple clinical services in the Hospital
4. Understand the administrative aspects of different support services in the Hospital
5. Understand the recent trend sin Disaster management and operations management of Utility services in Hospital
6. Understand and implement accreditation standards in the hospitals and ensure the safety and security of the patients, vistors and the hospital staff.

OBJECTIVE

1. Understand the structure and functions of different departments of a hospitals and health care organizations
2. Developing skills in planning, building and managing hospitals and health care organizations
3. Application of the concepts & techniques of Modern Management in different health care units.

UNIT I INTRODUCTION

9

Introduction to organization of health services in India - Central, States, Defence, Railways and other PSUs- Voluntary agencies- Comprehensive health projects with Rural Development- International organizations related to health services.

UNIT II MANAGING ENGINEERING & UTILITY SERVICES

9

Organizing and Managing Facility Support Services - Laundry - Housekeeping - Pest control - Managing the Estate (Hospital Security) - Recent trends in Disaster Management - Hospital Engineering Services (Plumbing, Electricity, Civil, A/C, Lifts) - strategies of hospital equipments- planning and Selection-purchase procedure- installation and commissioning-hospital equipment repair and maintenance quality control.

PLANNING & ORGANIZING OF SUPPORT SERVICES

Imaging - CSSD - Laboratory - Blood Bank - Diet - Medical Records - Mortuary - Pharmacy - Admission & Discharge Procedure - Billing Procedure - Bio Medical Equipments Planning- Ambulance Services

UNIT III HOSPITAL HAZARDS

9

General safety of the patients, fire safety, hospital hygiene, hospital acquired infection, Biomedical waste? handling rule, segregation, collection, transportation, disposal, modern technology, for disposal radioactive waste handling. Review of reports on Healthcare- Bhore Committee- Moodliar Committee- Jain Committee- Kartar Singh Committee- Srivastava Committee

UNIT IV EVALUATION OF HOSPITAL & HEALTH SERVICES

9

Accreditation - Setting of Objectives - Health Indicators - Applying Economic Concepts to Service Evaluation - Assessing Patient Satisfaction - Techniques of Hospital Services Evaluation - Indicators of Hospital Efficiency & Effectiveness - Evaluation of Quality of Hospital Services - Management of Hazard & Safety in a Hospital Setup - Nursing Services in a Hospital - Current Issues in Hospital Management - Telemedicine - Bio-Medical Waste Management - Organ Transplantation - Rehabilitation Services - Health Insurance & Managing Health Care - Medical Audit - Hazard and Safety in a hospital Setup.

UNIT V MANAGING SERVICES IN CRISIS

9

Epidemiological Triad, Levels of Disease Prevention- Disaster Management/ Disaster Plan- Fire fighting- Dealing with crisis situations- Natural disasters -floods, earthquakes etc.- Mob violence against medical establishments- Bomb threat- Terrorist strike- Political agitation- Mass casualties

TOTAL: 45

REFERENCES

1. Arnold D. Kalcizony & Stephen M. Shortell, Health Care Management.
2. Carolyn Semple Piggot & Carolyn S. Piggot, Business Planning for Health Care Management.
3. David E. Cope, Organization Development and Action Research in Hospitals.
4. Perspectives in health care - Nancy North - Macmillan Press, U.K

PHC206 EPIDEMIOLOGY AND PUBLIC HEALTH SYSTEMS

L	T	P	C
3	0	0	3

GOAL

The general objective of the core teaching program in epidemiology is to introduce students to the principles and methods of epidemiologic research to enable them to design, conduct, analyze, and interpret epidemiologic research. The course also emphasizes the importance of environmental health control.

OBJECTIVES

1. To understand the basic concepts of health and diseases.
2. To expand the understanding of epidemiology and its principles, methods and designs
3. To provide a broad understanding of the core subject areas of infection prevention and control.
4. To introduce to proper determination and management of hazardous waste
5. To understand the practical epidemiology and evaluation of health intervention

OUTCOME

1. Students will be able to define and distinguish the concepts of health, quality of life, impairment, activity limitation, and participation restriction. They will also be able to describe the contribution of epidemiology to the scientific study of health and disease.
2. Students will be able to understand various experimental designs and methods and also able to differentiate among experimental, quasi-experimental, correlation, and observational study designs and methods.
3. Students will be able to understand the essential practice areas of infection prevention and control with an emphasis on practical application for daily practice in a wide variety of health care settings
4. Students will be able to understand the basic steps and a simple and practical approach for the preparation of a health care waste management plan in small, medium, and large health care establishments. It is hoped this will assist managers of health care establishments in developing plans to optimize and sustain the operation of Health care waste management systems in their health care institutions.
5. Students will be able to familiarize with the concept of health indicators.

OBJECTIVE

1. To understand communicable and non communicable diseases
2. To understand hospital infection control.

UNIT I CONCEPTS OF HEALTH AND DISEASES

9

Concepts of Health, Definition and Dimensions of Health, Spectrum of Health, Determinants of Health, Indicators of Health, Concept of disease, Concept of disease causation, Natural history of disease, Concept of disease control, Levels of prevention, Modes of disease intervention, Internal Classification of disease

UNIT II PRINCIPLES OF EPIDEMIOLOGY AND EPIDEMIOLOGICAL METHODS 12

Definition and basic concepts of Epidemiology including epidemiological triad, Basic measurement in Epidemiology including measures of mortality and morbidity, Methods in Epidemiology, Infectious disease epidemiology, Investigation of an epidemic outbreak-Sources of epidemiological data, Cause & effect relationship: how to investigate an epidemic and role of hospital in its control, Screening & survey, Common disease in India & its prevention, Investigation of an epidemic, Epidemiology and public health policy.

UNIT III HOSPITAL INFECTION CONTROL 6

Definitions, Hospital infections - importance, determinants, sources, routes of transmission, Principles of control of hospital infections. Infection control teams, committees, policies and objectives of infection control department.

UNIT IV ENVIRONMENTAL HEALTH AND HOSPITAL WASTE MANAGEMENT 9

Environment and health, Pollution - Nature, Sources, health effects and management, concept of disinfection and decontamination, Hospital Waste management, control measures in wards, operation theaters, laundry, kitchen, etc.

UNIT V PRACTICAL EPIDEMIOLOGY 9

Tools for monitoring & evaluation of Health programmes. Practical epidemiological consideration in development of management of information. Concept of Health indicators: Disability adjusted life years (Daly's), Quality adjusted life years (Qaly's), Disability adjusted Life expectancy (Dale's), Physical Quality of Life index (Pqli), Evaluation of health interventions.

TOTAL: 45

REFERENCES

- 1) Text Book of Preventive and Social Medicines, K. Park, M/s Banarasidas Bhanot
- 2) Hospital Administration, OUP - Tabish, Jaypee
- 3) Preventive and Social Medicine - Prabhakar Rao
- 4) Text book of Social & Preventive Medicine - Mahajan Epidemiology in Health Services Management, (1984) - G.E. Alan Dever, Asper publication. In Gaithersburg, Maryland
- 5) Control of hospitals infection - A practical handbook, (1997), 3rd edition - G.A.J. Ayliffe, E.J.L. Lawbury, A.N. Geddes, J.D. Willians, Chapman & Hall Medical Chennai.
- 6) Oxford Textbook of Public Health, Vol.3
- 7) Textbook of Preventive & social Medicine, (1997) 15th edition - J.E. Park

PBA 207 RESEARCH METHODS IN BUSINESS

L	T	P	C
3	0	0	3

GOAL

The Students will be able to acquire research skills and apply those scientific research techniques which will lead to a good Management decisions.

OBJECTIVES

1. To classify business research as exploratory research, descriptive research or causal research and to identify and briefly discuss the various decision alternatives available to the researcher during each stage of the research process. The objective is also to formulate a solid research hypothesis.
2. The objective is to study the internal and external validity with experimental research design and to understand the measurement scale in research studies.
3. The objective is to learn various methods of data Collection and to prepare a proper questionnaire design. Also to understand how to choose an appropriate sample design and the nature and logic of hypothesis testing.
4. The objective is to study the various Multivariate Statistical Techniques, like Factor Analysis, Cluster Analysis, Discriminant analysis, Multiple regression and correlation, canonical correlation and application of SPSS Package.
5. The objective is to know the contents, types, lengths and technical specifications of research reports and to understand the importance of the research follow-up.

OUTCOME

1. The Students will be able to understand the importance of business research as management decision-making tool and plan a proper Research design of all the stages in the Research Process. Also will be able to understand the terms, concept, proposition, variable and Hypothesis.
2. Students will be able to discuss how to control extraneous variables in experimental Situations and can take critical decisions involved in selecting an appropriate measurement scale by rating, ranking and sorting and other preference scales in the research.
3. Students will be able to explain the differences between Primary data and Secondary data and they will be able to plan and design a questionnaire layout. Also they can analyse the factors that influence the selection of an appropriate test of statistical significance.
4. Students will be able to know how Principal component analysis extracts uncorrelated factors from an initial set of variables and how (exploratory) factor analysis reduces the number of variables to discover underlying constructs. Also they will be able to interpret the statistical results of multiple regression and Cluster Analysis.
5. Students will be able to understand and explain how the research report is the crucial means for communicating the whole research project and how it is useful to study further research with recommendations/suggestions.

OBJECTIVE

1. To impart the students with necessary quantitative skills to conduct high quality independent research related to business administration

UNIT I INTRODUCTION TO RESEARCH 8

The hallmarks of scientific research - the building blocks of science in research - the research process for applied and basic research - the need for theoretical framework - hypothesis development - hypothesis testing with quantitative data. The research design. The purpose of the study: Exploratory, Descriptive, Hypothesis testing (Analytical and Predictive) - cross sectional and longitudinal studies.

UNIT II EXPERIMENTAL DESIGN 7

The laboratory and the field experiment - internal and external validity - factors affecting internal validity. Measurement of variables - scales and measurement of variables - development scales - rating scale and concept in scales being developed. Stability measures.

UNIT III DATA COLLECTION METHOD 10

Interviewing, questionnaires etc. Secondary sources of data collection. Guidelines for questionnaire design - electronic questionnaire design and surveys. Special data source: Focus groups, Static and dynamic data-collection methods and when to use each. Sampling techniques and confidence in determining sample size. Hypothesis testing determination of optimal sample size.

UNIT IV A REFRESHER ON SOME MULTIVARIATE STATISTICAL TECHNIQUES 15

Factor analysis - cluster analysis - discriminant analysis - multiple regression & Correlation - canonical correlation - application of SPSS package.

UNIT V THE RESEARCH REPORT 5

The purpose of the written report - concept of audience - Basics of written reports. The integral parts of a report - the title of a report. The table of content, the synopsis, the introductory section, method of sections of a report, result section - discussion section - recommendation and implementation section.

TOTAL : 45

TEXT BOOKS

- 1) Donald R. Cooper and Ramcis S. Schindler, Business Research Methods, Tata McGraw Hill Publishing Company Limited, New Delhi, 2000.
- 2) C.R. Kothari Research Methodology, Wishva Prakashan, New Delhi, 2001.

REFERENCES

1. Uma Sekaran, Research Methods for Business, John Wiley and Sons Inc., New York, 2000.
2. Donald H. Mc Burney, Research Methods, Thomson Asia Pvt. Ltd. Singapore 2002.

3. G.W.Ticehurst and A.J.Veal, Business Research Methods, Longman, 1999.
4. Ranjit Kumar, Research Methodology, Sage Publication, London, New Delhi, 1999.
5. Raymond-Alain Thie'tart, ET, al., doing management research, sage publication, London, 1999.

PHC207 PRACTICAL-HOSPITAL INTERNSHIP 30 DAYS OF FIELD VISIT AND REPORT

III SEMESTER ELECTIVE PAPERS

PHC301 HOSPITAL INFORMATION SYSTEM

Credits:4

OBJECTIVES

1. To provide the introduction to Information and Communication Technology (ICT) in Hospitals and its edge.
2. To provide the basic managerial overview of hardware and software
3. To provide the basics of Database Management systems
4. To provide the business use of internet and electronic commerce
5. To provide the understanding of HIS

OUTCOME

1. Understand the importance of ICT in Hospitals
2. Gets the basic overall understanding of the computer hardware and software
3. Understand DMS, benefits & limitations
4. Understand and learn to leverage internet for hospital requirements
5. Understands the importance of generation and integration of multiple hospital department reports to get the overall picture that enhances the decision making process.

BA1732 HOSPITAL INFORMATION SYSTEMS

L	T	P	C
3	0	0	3

OUTCOME

The students will understand the importance and application of Information Technology in Industries; learn the modern methods of promoting business through internet, lay emphasis on current e-commerce trends; study and understand the importance of data resources for organizations; explore the information needs of hospitals and understand the importance of computerization of medical data.

UNIT I INTRODUCTION TO INFORMATION SYSTEMS IN HOSPITALS

9

The need for Hospital Information Systems - introduction - meaning - concepts - application Managerial Decision Making Process Techniques - Major Trends in Technology in Decision Making - Computerized data processing - Decision Support Systems - Expert System - Executive Information System - Health Management Information System - its relevance to hospital design - confidentiality security-privacy of HIS- Business Process Reengineering - IT as a tool for Competitive Advantage

UNIT II HEALTH RECORDS

9

The world of Informatics The future of healthcare technology-Functions of the health record -Changing functions of the patients record - Privacy and confidentiality and Law -Advantages of the paper record

- Disadvantages of the paper record - Optically scanned records - The electronic health record - Automating the paper record - Advantages of the EHR - Disadvantages of the EHR - Bedside or point-of-care systems - Human factors and the EHR - Roadblocks and challenges to EHR implementation

UNIT III HIS APPROACHES & TELEMEDICINE 9

Approaches to the development of HIS - bottom approach - top - down approach -process/procedure/form driven methods - quantitative methods - automated procedures-Telehealth - Historical perspectives - Types of Technology - Clinical initiatives - Administrative initiatives - Advantages and Barriers of telehealth - Future trends - Summary-The future of Informatics: Globalization of Information. Technology - Electronic communication - Knowledge management - Advances in public health - Speech recognition - Wireless computing - Security - Informatics Education - Barriers to Information Technology implementation.

UNIT IV HIS DESIGN 9

HIS Design - define the problem - set objectives - information needs - information sources -development and selection of alternative gross design - document the system concepts-Awareness on the application of computer software packages in Various functions of Hospital-Internet and Intranet and their application in healthcare.Information centers - Current Awareness Services (CAS) - Selective Dissemination of Information (SDI) - online - offline - information services - online services in medical science- Clinical Information Systems - Administrative Information Systems -Support Service Technical Information Systems - Medical Transcription, CODING.

UNIT V 9

Practicals: Software Applications-study of current software packages in Hospitals-ERP integrated softwares

TOTAL : 45

REFERENCES

1. Green. E. Paul. Danald S. Tull, Gerald Albaum, Research for Marketing Decisions, Prentice Hall, New Delhi, 1996.
2. Ghosal, A., Elements of Operations Research, Hindustan Publishing Corporation, New Delhi. 1969
3. Plane DR and Kochenberger GA, Operations Research for Managerial Decisions, Richard D Irwin Inc. Homewood, Ill.1972
4. Gordon B.Davis and M.H. Olson, Management Information Systems - Conceptual foundations, structure and development, McGraw Hill Publishing, 1984.
5. EridMuford. Effective Systems design and requirements analysis, McGraw Hill 1995.
6. MahadeoJaiswal& Monika Mital, Management Information System, Oxford University Press, 2005.
7. Rajesh Narang, Data Base Management System, Prentice - Hall India Private Limited. New Delhi. 2004.

9. Sadagopan .S. Management Information System, Prentice Hall India Private Limited, New Delhi 2004.
10. Kenneth .C.Laudon& Jane P.Laudon Management Information System Prentice - Hall India Private Limited, New Delhi, 2006.
11. Jerome Kanter, Managing with Information, Prentice Hall - India Private Limited, New Delhi, 2004, 4thEdition.
12. Internet: An Introduction - CIS Series, Tata McGraw Hill.
13. Informatics for Healthcare professional - Kathleen M,
14. Management Information system - James O'Brien, Tate McGraw Hill
15. Managing a Modern Hospital, A.V. Srinivasan, Response Books
16. A Dynamic Hospital Information System, Gilad J. Kuperman
17. Health Management Information System: A handbook for decision makers - Smith, Jack - Open University Publications, U.K

PHC 302 HEALTH CARE LAWS & ETHICS

Credits: 4

GOAL

The course will assist the students in understanding basic laws affecting operations of a Hospital and Healthcare Management.

OBJECTIVES

1. To provide the Code of Medical Ethics.
2. To provide the details about the Medical Termination of Pregnancy Act 1971
3. To provide the details about the Pre Natal Diagnostics Techniques Act 1994
4. To provide the details about the Medical Jurisprudence
5. To provide the legal framework for hospitals

OUTCOME

1. To provide the Code of Medical Ethics.
2. To provide the details about the Medical Termination of Pregnancy Act 1971
3. To provide the details about the Pre Natal Diagnostics Techniques Act 1994
4. To provide the details about the Medical Jurisprudence
5. To provide the legal framework for hospitals

PHC 302 HEALTH CARE LAWS & ETHICS

3 0 0 3

OUTCOME

The course will assist the students in understanding basic laws affecting operations of a Hospital and Healthcare Management

UNIT I CODE OF MEDICAL ETHICS 9

Principle of medical ethics-confidentiality-informed consent-decisions on life-sustaining therapy-Communication, barriers to it and information sharing. Medical Ethics/Doctor Patient Relationship - List of Offences & Professional Misconduct of Doctors, as per Medical Council of India.

UNIT II ADVANCED ETHICAL DECISIONS & MAJOR LAWS 9

Advance decisions to refuse treatment- Doctor and Criminal Abortion- Ethical issues in stroke management- Ethical issues in dementia- Quality of life in healthcare decisions. Prenatal Diagnostic Techniques, Regulations & Prevention of Misuse Act 1994 (PNDT Act) -Transplantation of human organs Act 1994-The Medical Termination Of Pregnancy Act -Labour Laws Applicable to a Hospital-Indian Trade Union Act 1926/Industrial Dispute Act 1947- The Bombay Shops & Establishment Act-The Workmen's Compensations Act- The Industrial Employment (Standing Orders) Act 1946- Payment of Wages Act- Employee Provident Fund Act-Maternity Benefit Act.

UNIT III ORGANIZATIONAL & PROCEDURAL LAWS 9

Indian Contract Act- Nursing Home-Registration Act- Birth-Death Registration Act-Regulation of genetic counseling center - Regulation of pre-natal diagnostic technique - Determination of Sex prohibited - Dying Declaration - Definition - Precautions - Procedure of Recording - Special Circumstances - Importance (Section 32 & 157 of Indian Evidence Act) - Death Certificate - Precautions while issuing death certificate - Contents of Death Certificate - Importance of Death Certificate

UNIT IV MEDICAL JURISPRUDENCE 9

Introduction & Legal Procedure - Medico legal aspects of death injuries - General aspects - Medical ethics - Consumer Protection Act- The lawful use of restraints- Quality of life in healthcare decisions- Ethical issues in health and social care.

UNIT V LEGAL FRAMEWORK FOR HOSPITALS 9

Introduction to Legal framework - Patient's rights & provider's responsibility - Medical Malpractice- Management of Medical Malpractice - Medico Legal Aspects - Impotence - Sterility - Sterilization & Artificial Insemination - Medico Legal aspects of Psychiatric & mental Health - Toxicology - Laws Relating to Toxicology. - Organ Transplantation Act - Tamil Nadu Clinics Act

TOTAL : 45

REFERENCES

1. Parikh's Text Book of Medical Jurisprudence & Toxicology - By Dr. C.K. Parikh - CBS Publications.
2. Medical Negligence & Compensation - By Jagdish Singh - Bharat Law, Jaipur.

3. Medical Negligence & Legal Remedies - By Anoop K. Kaushal - Universal.
4. R. A. Hope, Tony Hope, Julian Savulescu, Judith Hendrick. 'Medical Ethics and Law: The Core Curriculum', Elsevier Health Sciences(2008).
5. Gurucharan S Sai. 'Medical ethics and Elderly, 3rd edition', Radcliffe Publishing Ltd.(2009)
6. Consumer Protection Act
7. Maternity Benefit Act, 1961
8. ESI Act, 1948
9. Organ Transplantation Act

BA1734 NETWORKING

L	T	P	C
3	0	0	3

GOAL

The student understands the basic Concepts in Networking and Data Communications, essential tools used in Internet Technology, various softwares and hardwares applicable for Hospital Database management and processing.

OBJECTIVES

1. To introduce the Basic Concept of Networking and Data Communications
2. To Introduce the essential tools used in Internet Technology
3. To elaborate on the Hardware requirements in order to establish basic computer processes.
4. To explain various Softwares applicable for Hospital Database management and processing.
5. To brief on basics of Operating System, Memory management, file handling functions.

OUTCOME

1. The students understands Basic communication concepts and the use of networking.
2. The students develops basic credentials to operate internet.
3. The student is introduced to the essential hardware requirements.
4. The student understands the usage of various softwares applicable in Hospital environment.
5. The student learns various operating systems, to space memory and files.

UNIT I BASIC CONCEPT OF NETWORKING AND DATA COMMUNICATIONS 9

Introduction to Networking & types of Networking-LANs, WANs. Basic communication concepts. Topologies, Protocols- http, https, and ftp, Ethernet, TCP/IP etc.

UNIT II INTRODUCTION TO INTERNET TECHNOLOGY 9

Explanation of Internet and its applications like E-mailing, Chatting Browsing-Data Uploading/ Downloading etc.-Introduction to the software's related to the Hospital Management: Hospital

Management System, Payroll system, Accounting System, Inventory Control System & other computer applications in Hospitals.

UNIT III **9**

Hardware requirements, Network failure, hierarchical addressing schemes, Introduction to Virus and Anti-virus softwares, purpose of a firewall, spyware/adware and their applications, DTP, multimedia concepts and Computer applications

UNIT IV **9**

Software Concepts: Introduction to Programming, Flowcharts and Algorithms. Types of Softwares System software's, Application software's, Firmware software's, Computer Languages like machine, Assembly, and Higher Level Languages, Stored program Concept.

UNIT V **9**

Operating System-Introduction: Definition - Functions of an OS, Types of an OS, Process management- Memory management-segmentation paging, virtual memory. I-O management-concept of I-O port. File management-FAT, file handling functions. Software and hardware interrupts. basic HTML and scripting techniques- Web development software programs

TOTAL : 45

REFERENCES

- Computer Networks by Andrew S. Tanenbaum
- Computer Networking: A Top-Down Approach by Kurose and Ross.

BA1735 MEDICAL TOUR OPERATIONS MANAGEMENT

L T P C
3 0 0 3

GOAL

To introduce the students to the broad area of medical tour operation procedures and allied agencies that are involved.

OBJECTIVES

1. To introduce broadly concept of Medical Tour Operation, Types of tour operators, Origin and growth of travel agencies.
2. To explain various methods adopted to Manage In-house operations
3. To elaborately discuss on Managing field operations both Inbound and outbound
4. To brief on Managing Distribution & different Sources of earning
5. To elaborate on Agency Management and explore options of Publicity and promotion.

OUTCOME

1. The student understands history and growth of medical tour operation and evolving environment of travel agencies.
2. The student develops a brief insight into Medical Tour Product knowledge, linkages, itinerary Preparation, costing a tour package.
3. The student understands the nuances of managing recruitment and training manpower, Dealing with emergencies and complaint handling.
4. The student becomes capable of managing distribution system in Tour Operations and devising itineraries for commissions, service charges and components of medical package tour
5. The student develops attributes to design reservation and cancellation procedure for tour related services, understands present business trends and future prospects problems and issues.

UNIT I MEDICAL TOUR OPERATION 9

Definition, concept, history and growth of medical tour operation business. Types of tour operators. Organisational structure, forms of organisation, departments and its functions. Origin and growth of travel agencies. An overview of the travel agents in India, local travel agents

UNIT II MANAGEMENT OF IN-HOUSE OPERATIONS 9

Product knowledge, linkages, itinerary preparation, costing a tour package : FIT and GIT tariffs, confidential tariffs, Hospital In-house accommodation provision-hotel voucher reservations and Airline Exchange Order, Pax Docket, Status Report, Daily Sales Record, AGT Statements. Briefing, planning and scheduling, pick up and transfers and feedback assessment.

UNIT III MANAGING FIELD OPERATIONS 9

Inbound and outbound. Developing linkages with principle suppliers. Managing recruitment and trained manpower. Inbound Tour Operations, outbound tour operations and its marketing. Guides and escorts: types, role and responsibilities. Communication and interpretation skills. Dealing with emergencies and complaint handling.

UNIT IV MANAGING DISTRIBUTION 9

Role of distribution in Exchange process, selling intourism through distribution chains. Logistics in tour operations. Managing distribution system in Tour Operations. Departmentalization, managerial responsibilities and use of technology.

Sources of earning : commissions, service charges etc. Itinerary preparation, important considerations for preparing itinerary, costing, types and components of medical package tour.

UNIT V 9

Reservation and cancellation procedure for tour related services- hospital in-house, hotels, airlines, cruise lines, car rentals and rail travel commission structures from supplier and service. Agency

Management. Publicity and promotion: Issues related to sales, promotional issues, marketing communication, public relations. Present business trends and future prospects problems and issues.

TOTAL : 45

TEXT BOOKS

1. Indian Tourism Beyond the Millennium - Bezbaruah M.P. (New Delhi)
2. Tourism: Past Present & Future : Burkart A.J. and Medlik (London,Heinemann)
3. Essays on Tourism : Chib, SomNath (New Delhi, Cross Section Publication)
4. Travel Industry : Gee, Chunk Y., James C. & Dexter J.L. Choy (New York, Van Nostrand Reinhold).

BA1736 TOURISM, GEOGRAPHY & CULTURE

L	T	P	C
3	0	0	3

GOAL

To elaborately discuss the scope, relevance & trends in tourism, Geography & culture pertaining to select global areas.

OBJECTIVES

1. To elaborate on scope and contents of Geography of Tourism.
2. To introduce to the International date line, time zones and calculation of time.
3. To elucidate on Geographical Determinants : Diversities and disparities.
4. To elaborately discuss on Indian Geography, physical and political features of Indian subcontinents.
5. To briefly cover Political and physical features of world geography and discuss region specific dimensions affecting tourism.

OUTCOME

1. The student understands different Approaches.
2. Methodology and Techniques Analyses used in Geography of Tourism.
3. The student learns the International date line, time zones and calculation of time and becomes capable of developing a Conceptual Framework of Models in Geography of Tourism.
4. The student develops acumen for Typology of area and Linkages flows and orientation.
5. The Student is introduced to Tourism attractions in different states and territories of India.
6. The student becomes capable of identifying geographically & culturally Important Destinations in America, Europe, Africa, Middle East, North & East Asia/ Pacific, South Asia.

UNIT I	9
Definition, scope and contents of Geography of Tourism. Approaches, Methodology and Techniques Analyses in Geography of Tourism. Importance of Geography of Tourism. Natural and climatic regions of the world in brief. How to read a map.	
UNIT II	9
Latitude, Longitude, International date line, time zones and calculation of time. Time differences, GMT variations, concepts of elapsed time, flying time, ground time. Standard time and summer time (day light saving time). Conceptual Framework of Models in Geography of Tourism and spatial perspectives in Analysis and Developmental strategy. Types, forms, patterns and linkages in Tourism.	
UNIT III	9
Impact of weather and climate on Tourist destinations. Geographical Determinants : Diversities and disparities. Typology of area and Linkages flows and orientation.	
UNIT IV	9
Indian Geography, physical and political features of Indian subcontinents. Climatic conditions prevailing in India. Tourism attractions in different states and territories of India.	
UNIT V	9
Political and physical features of world geography. Destinations in North America (United States of America: New York, Washington, Los Angeles, San Francisco, Orlando, Dallas. Canada: Ottawa, Montreal, Vancouver, Mexico). Central America (Costa Rica, Panama, Belize etc) Europe: France, Spain, Italy, United Kingdom, Moscow, Germany, Austria, Greece Switzerland, The Netherlands.	
UNIT VI	9
Africa: South Africa, Mauritius, Kenya. Middle East: Egypt, Morocco, Saudi Arabia, United Arab Emirates, Mecca-Madina. North & East Asia/ Pacific: China, Malaysia, Thailand, Singapore, Australia, Japan. South Asia : SAARC Countries.	

TOTAL : 45

TEXT BOOKS

1. Boniface B. and Cooper C. the Geography of Travel and Tourism (London,England, Heinemann Professional Publishing. 1987).
2. Burton Rosemary : the Geography of Travel and Tourism (London).
3. Rohinson H.|A.A. Geography of Tourism (Macdonald and Evans, London).
4. The Geography of India - Gopal Singh - Delhi (1988).
5. Dubey and Negi - Economic Geography Delhi (1988).
6. R. M. Desai - Strategy of food and agriculture - Bombay (1988).
7. Negi B. S. - Rural Geography Delhi Keelavnata Ram Nath.
8. Singh R. L. - Regional Geography of India (1985).

9. LAW B. C. edMountaing and Rivers of India Calcutta (1968).
10. National Atlas of India - Government of India Publication.

ADDITIONAL REFERENCE BOOKS :

1. Hall, CM and Page, SJ. The Geography of Tourism and Recreation, Routledge.
2. Sinha, P.C. Tourism Geography, Anmol Publication
3. Dixit, M. Tourism Geography and Trends, Royal Publication
4. International Atlas, Penguin Publication and DK Publication.

BA1737 ALLOPATHIC THERAPY IN MEDICO TOURISM

L	T	P	C
3	0	0	3

GOAL

To enhance student's learning in general, diagnostic and surgical procedures of allopathic therapy and aid his understanding in legal, claims, insurance procedures to settle bills through accredited allopathic medico tourism processes.

OBJECTIVES

1. To Introduce briefly on major allopathic treatments.
2. To elaborate on Preventive & Social Medicine, Practice of Medicine
3. To discuss in large on Diagnostic procedures in Laboratory medicine& legal procedures governing major surgical processes.
4. To brief on investigative procedures to raise bills in medico tourism settlements.
5. To discuss in detail on Statutory norms to practice allopathic medicine.

OUTCOME

1. The student understands the basics underlying major allopathic treatments.
2. The student is introduced to different allopathic practices and ethics in allopathic medicine.
3. The student develops understanding in Laboratory diagnostic procedures of Bio-chemistry, Haematology, Clinical Pathology, Microbiology and legal procedures governing major surgical processes.
4. The student is capable of maintaining tourists' database, maintenance of diagnostic case history records, claims processing and carry out settlement procedures.
5. The student becomes aware of different Statutory norms to practice allopathic medicine.

UNIT I **9**

Introduction to major allopathic treatments, Audiology & Speech Pathology, Oncology, Cardiology, Dermatology, Diabetology, Endocrinology, Gastroenterology, General Medicine, Gynaecology, Haematology, Paediatrics, Neurology .

UNIT II **9**

Preventive & Social Medicine, Practice of Medicine, Industrial Medicine, Nuclear Medicine, Radiology, Alcoholic Addiction Treatment , Sports Injury and Arthroscopy, Neonatology; Ethics for practitioners

UNIT III **9**

Diagnostic procedures in Laboratory medicine- Bio-chemistry, Haematology, Clinical Pathology, Microbiology; Legal procedures, acts, norms governing major surgical procedures in state as well as national.

UNIT IV **9**

Investigative procedures to raise bills in medico tourism settlements-document processing, visa processing, tourists' database management, maintenance of diagnostic case history records, claims processing, insurance policies in India and settlement procedures.

UNIT V **9**

Statutory norms to practice allopathic medicine by the Indian Medicine Central Council Act 1956 & 1970, Indian evidence act 1872, Drugs & Cosmetics Act 1940 & Rules 1945, the rules and regulations of Pharmacy Act 1948, Central Council of Indian Medicine Act 1970.

TOTAL : 45

REFERENCES

1. Oxford Handbook of Clinical Medicine (Oxford Handbooks Series) 6th edition, by Murray Longmore
2. 250 Cases in Clinical Medicine (MRCP Study Guides) by Ragavendra R. Baliga 3rd edition, W.B. Saunders publications.
3. Dixit, Medical Tourism Geography and Trends, Royal Publication.

BA1738 ALTERNATIVE THERAPY IN MEDICAL TOURISM

L	T	P	C
3	0	0	3

GOAL

To elaborately discuss on major alternative therapies, importance, procedures, promotion policies, allied services and regulatory clauses.

OBJECTIVES

1. To briefly introduce Alternative Therapy, importance & salient features.
2. To discuss in detail on most popular forms of alternative therapies.
3. To elaborate on procedures of major therapies.
4. To elaborate on marketing trends adopted and address key areas of framework, ethics, Patient data monitoring system.
5. To educate on Regulatory clauses governing alternative therapies usage and restrictions.

OUTCOME

1. The student is introduced to W.H.O. classification of alternate therapies, importance and salient features.
2. The student understands the treatment procedures and implications of popular forms of alternative therapies.
3. The student develops acumen on specific major therapies.
4. The student understands different marketing, publicity framework and allied services revolving around alternative therapies.
5. The student becomes affluent in Regulatory clauses and norms of W.H.O.

UNIT I

9

Alternative Therapy -definition-W.H.O. classification-traditional medicine-complimentary medicines-holistic medicines-ethno medicine-natural medicine-importance-salient features

UNIT II

9

Most popular forms of alternative therapies, treatment procedures and implications -Ayurveda, Homoeopathy, Unani, Siddha, Naturopathy, Yoga therapy, Chinese Acupuncture, Acupressure.

UNIT III

9

French Magneto therapy, Japanese Shiatsu, Sfitish Medical herbalism, Germans Heilpraxis Meditation, Aroma therapy, Bach flower remedies, Gem therapy, Chromotherapy, Hydrotherapy, Diet Therapy etc

UNIT IV

9

Marketing -segmenting-promotions-Publicity-Establishment of Allied services-Pharmaceuticals--trainers-Premises Planning and operating-recognizing bodies-framework-ethics-Patient data monitoring system.

UNIT V**9**

Regulatory clauses, norms of W.H.O., Indian Board of Alternative Medicines,

TOTAL : 45**BA1739 QUALITY MANAGEMENT & HOSPITAL ACCREDITATION SYSTEMS**

L	T	P	C
3	0	0	3

GOAL

To elaborately discuss on major quality management tools, control measures, systems, approaches and procedures governing hospital accreditation.

OBJECTIVES

1. To provide the evolution of Quality Management
2. To provide the principles and multiple aspects of TQM
3. To provide the process approach to QM in Hospitals.
4. To provide the concept of QA methods, patient satisfaction and quality certification systems (ISO)
5. To provide the step by step procedure of NABH accreditation in hospitals.

OUTCOME

1. Understand the basics of Quality Control and Management.
2. Understand the benefits of TQM, Implementation of Quality tools
3. Application of process approach in the QM in Hospital departments and assist in elimination of NVA
4. Application of QA in hospitals and ISO certifications
5. Implementation of NABH in hospitals by Gap Analysis.

UNIT I EVOLUTION OF QUALITY MANAGEMENT**9**

Evolution of quality control, Quality characteristics - Variables and attributes - Non confirming and non confirming unit - Defect - Standard or specification - Quality of design - Quality of conformance - Quality of performance - Total Quality Control - Concept of quality - Quality control - Quality assurance

UNIT II**9**

Quality management in Hospital Department - Front office, OPD, Casualty, Laboratory, OT, ICU, CCU, MRD, Dietary, Laundry, Housekeeping, CSSD, IP and Nursing, Emergency & Trauma Care - Canteen - Hospital Stores. Patient safety management - Hospital acquired infection control - equipment maintenance- Assessing quality - Patient satisfaction survey.

UNIT III**9**

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 - 5S techniques- Pareto Analysis - Cause and effect diagram - Control charts. Bench marking - Business Process Reengineering - Six sigma.

UNIT IV**9**

ISO 9000&14000 standards - TQM -Accreditation - NABL - JCAHQ - Quality manual - Quality - Quality Assurance in Hospitals Sop's - Patient Orientation for Total Patient Satisfaction- Environment Management Systems

UNIT V**9**

Service Quality -productivity - Quality costs in service organizations. Quality management philosophies .Planning for quality - Creating quality culture - patient centered quality - Training for quality- Accreditation survey processes-Achieve a state of continuous readiness for Accreditation

TOTAL : 45 Periods**REFERENCES**

1. S.K. Joshi - Quality Management in Hospitals Jaypee Brothers.
2. James R. Evans & William M. Lindsay: The Management and Control of Quality ; Jaico Publishing House, Bombay.
3. Kundurs, G D (2002) - Designing for Total Quality in Healthcare, Prism Books Pvt Ltd, Bangalore.
4. Total Quality Management of hospital nutrition services. M Rosita Schiller, Ph.D., Karen Miller-Kovach, Mary Angela Miller.
5. Total Quality Management, Dr. K.C. Arora, S.K. Kataria & Sons, New Delhi
6. Creating Quality, William J. Kolarik, McGraw-Hill International Editions.

BA1740 MANAGEMENT OF SUPER SPECIALTY SYSTEMS

L	T	P	C
3	0	0	3

GOAL

To briefly describe on dimensions of Super specialty systems- Location, spa Area, staffing, instrument, equipments, work load, clinical zone, support zone, utility zone cost effectiveness , audit and compliance procedures .

OBJECTIVES

1. To introduce the concept of specialized hospitals and dimensions governing the same.
2. To elaborate on basic facilities of specialized centres -Location, spa Area, staffing, instrument, equipments, work load, clinical zone, support zone, utility zone cost effectiveness.
3. To discuss in detail on specific centres -Neurology, cardiothoracic, Gastroenterology, Endocrinology.
4. To describe on the concept of medical audit for super specialty hospitals.
5. To explain on Audit Practice and Implementation strategies.

OUTCOME

1. The student learns the relevance of Super specialty systems in hospitals.
2. The student becomes aware of basic criteria in establishing Children, Maternity, Psychiatric&Ayush hospitals.
3. The student understands the dimensions covering establishing of Specialized units-Neurology, cardiothoracic, Gastroenterology, Endocrinology.
4. The student is introduced to Medical Audit, Protocols, committee, frequency of audit, areas of audit and types.
5. The student becomes aware of Methods of Audit, Audit Practice and Implementation.

UNIT I SPECIALIZED HOSPITAL

9

Teaching hospital attached to Medical college: Location, spa Area, staffing, instrument, equipments, work load, clinical zone, support zone, utility zone cost effectiveness; Children Hospital : Location, spa Area, staffing, instrument, equipments, work load, clinical zone, support zone, utility zone cost effectiveness ;Maternity Hospital :Location, spa Area, staffing, instrument, equipments,work load, clinical zone, support zone, utility zone cost effectiveness; Psychiatric Hospital : Location, spaArea, staffing, instrument, equipments, work load, clinical zone, support zone, utility zone costeffectiveness; Ayush Hospital :Location, spa Area, staffing, instrument, equipments, work load, clinicalzone, support zone, utility zone cost effectiveness.

UNIT II SUPER SPECIALTY CENTERS CONCEPT OF SUPER SPECIALTY IN THE HOSPITAL, CARDIOTHORASICCENTRE

9

Location, Area, staffing, instrument, equipments, work load, clinical zone, support zone, utility zone cost effectiveness; Neurology Centre : Location, Area, staffing, instrument, equipments, work load, clinicalzone, support zone, utility zone cost effectiveness;

UNIT III SPECIALISED CENTRES**9**

Gastroenterology, Cancer Centre, Location, Area, staffing, instrument, equipments, work load, clinical zone, support zone, utility zone cost effectiveness. Lithotripsy Centre, Dialysis Centre, Endocrinology Centre, Location, spa Area, staffing, instrument, equipments, work load, clinical zone, support zone, utility zone cost effectiveness.

UNIT IV CONCEPT OF MEDICAL AUDIT FOR SUPER SPECIALTY HOSPITALS**9**

Definition of Medical Audit, Protocols, committee, frequency of audit, areas of audit. Types of Audit: Direct and indirect audit ; Audit element? case audit, mortality review, complication audit, antibiotic utilization over stay audit, investigation audit, infection can not audit, critical area audit, medical record audit, equipment audit.

UNIT IV METHODS OF AUDIT**9**

Statistical method, Death review committee method, Random table method, scoring method, on the spot medical audit method. Audit Practice and Implementation: Audit practice, audit monitoring, constraints, implementation, outcome status survey of medical audit an example.

TOTAL : 45**TEXT BOOKS :**

1. Hospital Administration: McGibony
2. Management of Modern Hospital: A.V. Srinivasan
3. Management of Hospital Administration: S.L. Goel
4. Principles of Hospital administration: Tabish, Jaypee,
5. Principles of Hospital administration: Sekharkar.

BA1741 HOUSEKEEPING MANAGEMENT AND DIETARY SYSTEM

L	T	P	C
3	0	0	3

GOAL

To elucidate the nuances of Housekeeping in Hospital environment and prescribe appropriate dietary system.

OBJECTIVES

1. To educate on basic principles governing Housekeeping management and dietary system.
2. To discuss elaborately on different cleaning procedures specific to hospital areas and hospital waste management.
3. To educate briefly on Hazards of hospital waste.
4. To discuss in large on Basic methods of extinction of fire.
5. To introduction to diet, planning and management of hospital therapeutic diet.

OUTCOME

1. The student becomes fluent in the Basic principles of sanitation and peculiarity to hospital environment.
2. The student becomes accustomed to basic knowledge about cleaning equipments , operation techniques, maintenance.
3. The student becomes aware of the basic principles and methods of handling and disposal of solid, liquid, pathological and nuclear waste.
4. The student knows the principles of working of different Fire Fighting Equipment and is aware of tackling dangerous situation.
5. The student develop an insight into Monitoring hygienic cooking, storage of food items, manpower planning, quality control, menu planning, material management, as per NABH requirements.

UNIT I

9

Housekeeping- Introduction, Importance and Significance. Inter and Intra-departmental co-ordination of housekeeping. Basic principles of sanitation and peculiarity to hospital environment.- Basic principles of personal hygiene-Infrastructure planning-Location, size, physical facilities, environmental issues, administrative area, functions of staff in the dietary services

UNIT II

9

Basic knowledge about different detergent and disinfectants - Different cleaning procedures applicable to different hospital areas - Basic knowledge about cleaning equipments - Their operation techniques - Their maintenance. Different processes of Water treatment & purification, removing bacteria-Basic principles of ventilation, composition of Air, Air flow, Humidity and temperature. Common types of odor and their source of origin. Removal and control technique of different types of odors. Various equipments and materials used for odor control operations. Hospital Waste - Source and generation of waste.

UNIT III

9

Hazards of hospital waste to hospital population and community. Principles of collection of different types of hospital wastes and special precautions. Transportation methods of different types of hospital waste from the source to the place of final disposal. Basic principles and methods of handling and disposal of solid, liquid, pathological, nuclear waste. Final disposal of waste.

UNIT IV

9

Classification of fire, importance of fire in hospital. Basic methods of extinction of fire. Principles of working of different types of Fire Extinguishers. Principles of working of different Fire Fighting Equipment. Awareness of tackling dangerous situation e.g. Earthquake, Cyclones, Floods etc. Basics of life cycles of pestes, Rodents. Vulnerable areas of paste and Rodent nuisance. Disease transmission by pastes and Rodents and other animals. Prevention, control and eradication of paste, Rodents and other animals. Acquire basic knowledge in Linen and their importance in hospital. Classification & Characteristics of linen. Role of good material management in effective linen service. Housekeeping equipment management, environmental and infectious control.

UNIT V

9

Introduction to diet, planning and management of hospital diet, therapeutic diet, diet counseling to patient, dietary education, diet service management- Monitoring hygienic cooking, storage of food items, manpower planning, quality control, menu planning, material management, NABH (National Accreditation Board for Hospital and Health care providers).

TOTAL : 45

REFERENCES

1. Housekeeping training manual, Andrews, Sudhir, New Delhi : Tata Mcgraw-Hill Publication Company, 1985.
2. Hotel, Hostel and hospital housekeeping, Branson, Joan C. and Lennox, Margret, London:ELST, 1988.
3. Managing Housekeeping operations, Margaret M. Kappa, Aleta Nitschke, Patricia B. Schappert, EI-AH&LA, USA. Thomas, B.: Manual of Dietetic Practice, 1996.
4. Roday, Sunetra. Food Hygiene and Sanitation.

BA1742 MEDICAL RECORDS MANAGEMENT

L	T	P	C
3	0	0	3

GOAL

To elaborately discuss on various terminologies used in Medical record management, indexing norms and legal compliances involved in the same.

OBJECTIVES

1. To introduce the basic medical terms used in medical record management.
2. To briefly discuss on Health Information Management, Historical Development of Medical Record, Flow of medical record, format types and indexing.
3. To briefly present an overview of Analysis of medical record - Qualitative, Quantitative and statistical.
4. To make the subject understand the latest privacy requirements, including up-to-date information concerning HIPAA and
5. OSHA compliance.
6. To brief on Medical Record Policies-Understanding Global Medical bills-Insurance Policies-

OUTCOME

1. The student learns the basic medical terminologies, words and phrases on operative terminology.
2. The student becomes aware of indexing and maintaining Mental health record.
3. The subject realizes the Legal importance of medical record and maintaining EMR.

4. The student learns HIPAA and OSHA requirements.
5. The student Understands Global Medical bills, Insurance Policies, Medical Record Information, Recognitions, Disabilities, case sheets, MRO/MRT Training and Applications.

UNIT I MEDICAL TERMINOLOGY 9

Elements of medical terms (a) Root/stem, (b) Prefixes, (c) Suffixes, (d) Colours, (e) Numerals, (f) Symbols, (g) Abbreviation, General and special practices in medicine, Suffixes, words and phrases on operative terminology, Terms pertaining to body as a whole

UNIT II 9

Health Information Management, Historical Development of Medical Record, Uses and values of medical record, Medical record forms - basic and special, 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, Format types - source oriented (SOMR), problem oriented (POMR) integrated, Mental health record

UNIT III 9

Analysis of medical record - Qualitative, Quantitative and statistical. Committees - executive; credential; safety; infection surveillance, prevention and control; audit Legal importance of medical record: Consent, release of information, legal cases, medical record as legal document. Electronic Medical Record (EMR)

UNIT IV 9

Eliminating incorrect data entry and increase overall accuracy. Understand the latest privacy requirements, including up-to-date information concerning HIPAA and OSHA compliance. Importance of maintenance of record in healthcare settings.

UNIT V 9

Medical Record Policies-Understanding Global Medical bills-Insurance Policies-Medical Record Information-Recognitions-Disabilities-case sheets-MRO/MRT Training-Applications

TOTAL : 45

REFERENCES

1. Medical Records Manual: A guide for Developing Countries.Who Regional Office for the Western Pacific, World Health Organization Regional Office for the Western Pacific. Stylus Pub Llc,
2. Hogarth P: Glossary of Health care terminology. WHO Regional Office., Europe.

3. Edna Huffman : Medical records Management Record company, Illinois., USA
4. Medical Record Management - The Essentials and More 9th Edition (Hardcover) Author:Edna K. Huffman. Publisher: Physicians* Record Company (1990-12)
5. Electronic Medical Records. A guide for clinician and administrators.JeromeH.Carter.

BA1743 AMBULANCE AND TRANSPORT MANAGEMENT

L T P C
3 0 0 3

GOAL

To elaborately discuss on systems, design, training, precautionary strategies, regulatory norms governing ambulance and transport management.

OBJECTIVES

1. To introduce briefly the ambulance & transport management and allied services.
2. To elaborately discuss on Ambulance Design and Equipment, Transportation and corporate Profit.
3. To detail on Crisis Management and broadly cover Transportation Regulation.
4. To discuss on Legal obligations, Preventive Maintenance, Security and culture.
5. To brief on various acts governing transport management.

OUTCOME

1. The student is introduced to ambulance services, types and allied services.
2. The student becomes aware of Minimum Ambulance Rescue Equipment and developing a transportation Strategy.
3. The student understands the Emergency response team, Transportation interfaces, Transportation Service Characteristics& regulatory reforms involved.
4. The student develops an understanding Legal obligations, Preventive Maintenance, Security and precautionary norms in place.
5. The student becomes aware of various governmental regulations on transport.

UNIT I

9

Introduction-transportation ambulance types-Advanced Life Support Ambulance-Basic Life Support Ambulance-Patient Transport Ambulance-Emergency services-Ambulances-Allied services-telephone management-the supply chain-the economy-Maintaining ambulance in optimum operation condition-vehicle check and audits

UNIT II

9

Ambulance Design and Equipment-Minimum Ambulance Rescue Equipment-Emergency drugs-medicines-Recruitment-validation-Training to handle in house Ambulance emergency procedures-Checklist measures- Roles of paramedics, midwives, community nurses, hospice workers in

emergency handling via ambulance-Transportation and corporate Profit performance -developing a transportation Strategy.

UNIT III

9

Crisis Management-Anxiety & Stress Management-the Emergency response team-police assistance-Information handling & processing-Establishing customer service levels - Developing and Reporting customer service standards - Impediments to an Effective customer Service strategy - Improving customer Service Performance Transportation - time and place utility - Transportation interface - Factors influencing Transportation costs / pricing -Transportation Service Characteristics - the Transportation system - TransportationRegulation - Regulatory Reforms.

UNIT IV

9

Legal obligations-constraints-precautions-safety belts-driver(s), passenger, Patients-child restraint device-incubator-stabilization-traffic lane rules & regulations-posted speed limits-right of way through intersections-proceeding through red lights, taking turns-pedestrian crossings-vehicle breakdown-driving speed-following distance-driving in reverse-railroad crossings-warning systems and lights-norms for parking, standing, stopping, loading & unloading-Preventive Maintenance-Security-culture.

UNIT V

9

The Motor Vehicle Act, 1988- Rules of the road Regulations 1989- Overall Dimensions of Motor Vehicles (Prescription of conditions for exemption) Rules 1991-Use of Red light on the top front of the vehicle -The motor Transport workers Act 1961-The Road Transport Corporations Act 1950 -The Central Road fund (State Roads) Rules 2007

TOTAL : 45

REFERENCES

1. Fawcett,'Supply Chain Management', Pearson Education India, 01-Sep-2008 - 600 pages
2. Edward J. Bardi, John Joseph Coyle, Robert A. Novack'Management of Transportation', Thomson/South-Western, 2006
3. Les Pringle,'Call the Ambulance', Transworld Publishers, 2010.

BA1744 HOSPITAL FRONT OFFICE MANAGEMENT

L	T	P	C
3	0	0	3

GOAL

To briefly describe on the fundamentals involving patient interactions, information management, communication in Hospital Front Office Management.

OBJECTIVES

1. To Introduce Routine Admission/Discharge Procedures/Discharge Summary, Telephone etiquettes and manners.
2. To brief Effective handling of different Categories of Patients - Paid / Non-Paid, Emergency, VIPs.
3. To elucidate on Importance of Communication in Healthcare.
4. To describe on Team Building / Team Dynamics, Attitude building, Anger, Conflict, Crisis & Stress Management.
5. To elaborate on basic Reception Duties.

OUTCOME

1. The student is introduced to fundamentals of front office management in hospital environment.
2. The student becomes aware of basic Outpatient services and inpatient services & becomes capable of devising plans to ensure patient satisfaction.
3. The student becomes aware of handling communication with traumatized patient and their attenders.
4. The student realizes the Importance of Documentation, Automation and IT in the Front Office.
5. The student is equipped with basics of reception duties and handling minor equipments.

UNIT I

9

Introduction to hospital Industry. Routine Admission/Discharge Procedures/Discharge Summary, Telephone etiquettes and manners. Front desk grooming and other essentials - body language, speech modulation which includes articulation, variation control of pitch and tonal quality. Dressing sense and basic Grooming tips for the Front Office.

UNIT II

9

Outpatient services - inpatient services - Accident and Emergency Services. Relevance and importance of Customer / Patient Service Excellence in Healthcare. Effectively handling different Categories of Patients - Paid / Non-Paid, Emergency, VIPs etc. Challenges in Catering to Insurance and other Corporate patients Handling Irate Customers and patient attenders Ensuring patient satisfaction - Contribution of the Front Office.

UNIT III**9**

Importance of Communication in Healthcare. Communication is Less talking and more Listening - Learn why? Communicating with traumatized patients and their attenders Effective Communication for Front Office involved in Billing and Accounts Communicating and empathizing with attenders of a deceased patient Interdepartmental Communication - Issues and challenges

UNIT IV**9**

Team Building / Team Dynamics. Attitude building. Anger, Conflict, Crisis & Stress Management. Multi-tasking. NABH & other quality standards applicable to the Front Office Importance of Documentation, Automation and IT in the Front Office. Medical terminology applicable to Front Effectively Handling Waiting time in the OPDs

UNIT V**9**

Reception Duties- Collecting Patient Information-Information management in case sheets-Billing and Coding- Making Appointments- Minor Office Equipment Usage-Emergency handling.

TOTAL : 45**REFERENCES**

1. Mosby's Front Office Skills for the Medical Assistant De A. Eggers, Anne M. Conway
2. Patient Care services and Hospitals. Dr S Porkodi
3. From Front Office to Front Line: Essential Issues for Health Care ...Forwarded by Ross. Willson, MD
4. Hospital Management. Dr. Mohammed Akbar Ali Khan.

