

UNIVERSITY OF DELHI
(Faculty of Medical Sciences)

A. SYLLABUS:

The main heads and sub-heads comprising the syllabus are listed below:

Community Health including Medical Care of the sick and prevention:

- 1.1 Historical and philosophical basic for community health work.
 - 1.1.1 Basic Human Needs.
 - 1.1.2 Philosophic basis for community health work
 - 1.1.3 Health services History and development.

- 1.2 Concepts and methods in Community Health Administration.
 - 1.2.1 Health Policy in planning project formulation organization for project implementation
 - 1.2.2 Evaluation of health programme
 - 1.2.3 Supervision
 - 1.2.4 Law in community health administration
 - 1.2.5 Health and extension education

- 1.3 Hospital and medical care administration:
 - 1.3.1.1 Introduction
 - 1.3.1.2 History and development of Hospitals
 - 1.3.1.3 The changing function of the hospital – hospital as a community institution – interrelationship between hospital and citizen.
 - 1.3.1.4 General Principles of hospital administration.
 - 1.3.1.5 Hospital organization and Management Coordination supervision and Inter-personal relationship.
 - 1.3.1.6 Hospital Planning, including architecture and disaster planning.
 - 1.3.1.7 Evaluation of hospital care
 - 1.3.1.8 The hospital administrator
 - 1.3.1.9 Practical Training
 - 1.3.1.0 Medical Care Administration
 - 1.3.2.1 Scope and concept
 - 1.3.2.2 Organization of medical care: Medical ethics.
 - 1.3.2.3 Social Security and medical care
 - 1.3.2.4 Planning and evaluation of medical care.

- 1.4 Administration of other health programmes
 - 1.4.1 Basic Health Services including MCH & Family Planning & School Health Services.
 - 1.4.2 Emergency and disaster services
 - 1.4.3 Occupational health.

- 2.0 Biostatistics, Demography and Epidemiology:
 - 2.1 Bio-statistics
 - 2.1.1 Vital and health statistics system
 - 2.1.2 Information system for health administration.
 - 2.1.3 Statistical measurements and methods in health administration.
 - 2.1.3.1 Statistical methods
 - 2.1.3.2 Applied aspects of statistical methods
 - 2.1.4 Statistics in theses preparation
 - 2.2 Epidemiology
 - 2.2.1 Epidemiology a specialty of many professions
 - 2.2.2 Epidemiology skills and knowledge essential for the community health administrators in science of:
 - 2.2.2.1 Epidemics.
 - 2.2.2.2 Natural history of disease
 - 2.2.2.3 Man and his environment
 - 2.2.2.4 Community and its environment.
 - 2.2.2.5 Role of epidemiology in administration of non-communicable diseases.
 - 2.3 Ecology, population Growth and control.

- 3.0 Social Science and Research:
 - 3.1 Social Science
 - 3.1.1 Public Administration
 - 3.1.1.1 Introduction
 - 3.1.1.2 Definition of basic terms
 - 3.1.1.3 Administration as an art and science origin
 - 3.1.1.4 Relation of public administration to other disciplines
 - 3.1.1.5 Framework of public Administration
 - 3.1.1.6 Principles of organization
 - 3.1.1.7 Government of business and business of government
 - 3.1.1.8 Theories of management
 - 3.1.1.9 Problems in human relations
 - 3.1.1.10 Patterns of organization.
 - 3.1.1.11 Functions of the executive
 - 3.1.1.12 Delegated legislation
 - 3.1.1.13 Planning principles and practices
 - 3.1.1.14 Management Analysis
 - 3.1.1.15 Personnel management

- 3.1.1.16 Financial Administration
- 3.1.1.17 Practical exercises
- 3.1.2 Economic of health and disease
 - 3.1.2.1 Introduction
 - 3.1.2.2 Definition
 - 3.1.2.3 Factors influencing demand for basic health services and applied aspects of results of population & organization of health in community.
 - 3.1.2.4 Manpower sources
 - 3.1.2.5 The health care industry
 - 3.1.2.6 Budget and fiscal policy
 - 3.1.2.7 Planning economic aspects
 - 3.1.2.8 National income and its measurement
 - 3.1.2.9 International assistance in health development
 - 3.1.2.10 Theories of economic growth
- 3.1.3 Other Social Sciences
 - 3.1.3.1 Social Sciences concepts relative to health Administration
 - 3.1.3.2 Organizational behavior
 - 3.1.3.3 Role as the focus of organization behavior
 - 3.1.3.4 Community diagnosis and community involvement
 - 3.1.3.5 Dynamics of change
 - 3.1.3.6 Ways of changing individual and community behaviour.
 - 3.1.3.7 Ways of improving the working of organization
 - 3.1.3.8 Studying health organization and personnel
- 3.2 Research in Administration – Methodology
 - 3.2.1 The Scientific Method
 - 3.2.2 Advance statistical method
 - 3.2.3 Research Methods in Administration
 - 3.2.4 Research in hospital and medical care administration
- 4.0 Field practice
The items falling under these broad heading include:
 - 1.0 Community health Administration including Medical Care of the Sick.
 - 1.1 Historical and Philosophic basis for Community health work
 - 1.1.1 Basic human needs and how they are met in different societies.

Dependency, ill health, maladjustment, recreational and educational requirements are basic human problems common

to all societies. These problems are met, with varying degrees of emphasis, in different societies depending upon their level of socio-economic development. This course provides a perspective in viewing health care as a component of basic human problems on the canvass of socio-economic conditions of the Indian Society. Classification of basic human needs in different societies, community health, socio-economic justification public welfare, Lecture, Seminars discussions.

1.1.2 The Philosophic basis for Community Health work.

The community as the patient of the health agency, history of evolution of community patient concept from segment centred disease concept; Multi-disciplinary team approach to community health diagnosis, tools and techniques utilized in community diagnosis. Lecture, Seminar discussions and Laboratory work.

1.1.3 Health Services-History and Development.

The course deals with organizational and administrative aspects of various systems of providing health care services. Historical evolution of health services in India, health organization in pre-independence are; Bhore Committee recommendations; health in the Indian Constitution, health in five year plans, Mudaliar Committee recommendations; concepts of integrated health services the present health organization at the Centre and the States, Centre-State relationships; problems and possible solutions within the constitutional framework. Health organizations under local health agencies; legal and working relationship between government and local health agencies. (Lecture, Seminar discussion).

1.2 Concepts and methods in community health Administration.

1.2.1 Programme Planning

Place of health plans in the overall perspective of socio-economic planning and development (intersectoral priority), priority between different sectors of health in the light of specific objectives long term and short-term; and target setting for achieving the objectives; collection and analysis of existing data on health resources and health status and techniques of supplementing minimum data needed to fill up

the gap for baseline data for planning. A consideration of new planning tools such as linear programming in aiding optimizing decisions regarding resource allocation, network analysis techniques such as PERT in controlling complex operations and programme planning budgeting to aid in integration of all aspects of the programme.

Concepts relating to health policy planning, and operational planning steps in preparation of health plan document, a narrative account of the problem, an account of the current action, programme deficiencies, alternative methods for active action and their implementation resources and time target, possible direction for additional action of additional resources are forthcoming etc

Health Planning agency, its location, functions, staffing need for field and research area for the planning cell. Review of India's five year health plans for strengths and workers and training of health planners.

1.2.2 Evaluation of Health care programmes:

Purposes of evaluation, periodicity of evaluation. Methodology of evaluation to include; identification of initial, intermediate and ultimate objectives; declaration of idea for evaluation, assessment of the suitability and adequacy of the organization for achieving the set objectives; scrutiny of the processes and policies related to the programme; detection of problems requiring research studies for their solution, evaluation of the training contents of the courses for the personnel of the organization.

Evaluation of the administrative aspects of programme;

- (a) Study of organizational efficiency through work measurement by employing work units, procedure, analysis and control techniques to elicit information on the procedure and time required for different activities.
- (b) Managerial – assessment of the human relations aspect of the organization by having information on communications, supervision, inspection and team work.

- (c) Fiscal – by obtaining information on the decentralization of financial powers which promote operational efficiency of the organization and logistics – by obtaining information on the adequacy and timely (or otherwise) supply of equipment, material, transport etc.

1.2.3 Supervision

Organizations are becoming increasingly complex and important, in increasing the output. Understanding human efforts and providing practical solutions, to practical in a work situation has become essential in today's management skills. It is in this context we have to understand the importance of supportive supervision supporting to a considerable measure the authoritative types of supervision that prevail.

This course considers the main aspects of supervision, his importance, his function, his authoritative skills, his discipline (a) ex-orient (b) self improvement etc.

Supervision role to a planner, organizer, leader, teacher, evaluator and subordinate will plan -----

(Lecturers, Seminar discussion, role play, problem centred practical exercises)

1.2.4 LAW IN COMMUNITY HEALTH ADMINISTRATION

Legal functions for community health programme; promulgation and enforcement of health legislation; services and responsibility of national, state and local health agencies function in community health. Legal provisions of food and drug adulteration act, epidemic diseases Act, Indian Medical Council.

(Lectures, Seminar, discussion, Practical demonstration and field work etc.)

1.2.5 HEALTH AND EXTENSION EDUCATION

This course cover communication theory applicable to educational aspects of community health introduction to group process in learning - psycho-sociological concepts and theories basic to practice of community health education

educational process in community health methods and media utilized by all health personnel.

(Lectures, Seminar discussions, practical demonstration and field work)

1.3 Hospital and Medical Care Administration

1.3.1 Hospital Administration

1.3.1.1 Introduction

Medical care and hospital administration are considered in the overall framework of health administration. The concept of medical and hospital care as inseparable parts of community health administration. The course is not intended to make training in the hospital administration field. At the same time, the course does seek to impart a fairly deep insight into the organizational and managerial aspects of hospital and attitudes towards (a) delegation (b) discipline, medical care activities so as to enable the health administrator to plan, supervise, coordinate and evaluate the different aspect of community and personal health programme, definition and functions of hospitals.

1.3.1.2 History and Development of Hospitals

History and development of hospitals in general and in India.

1.3.1.3 The changing functions of the hospital

Hospital as a community institution.

1.3.1.4 General principles of hospital administration:

Principles of general administration as they apply in the hospital field i.e. planning, organizing, staffing implementation, supervision, coordination, direction, control and evaluation.

1.3.1.5 Hospital Organization and Management:

Theories of organization, types of organization components of the hospital, e.g. OPD, Wards, Casualty and emergency, medical services, surgical

services, pediatric services, dental services, eye and ENT services, psychiatric services, operation theatre, recovery room, physical medicine and rehabilitation, intensive care units, diagnostic facilities like laboratory and radiology etc. ancillary and supportive services like dietary, house keeping, linen and laundry, ambulance services, medico-social service, pharmacy services, central sterile supply department, voluntary service, mortuary and care of dead, business department like personnel office, business office, material management admitting office etc. All these components of the hospital will be studied with special reference to: importance functions policy and procedures, standing orders, relationship with other department, organization and personnel, equipment and supplies, utilization and workload, record and forms, location, area and space, planning considerations.

1.3.1.6 Hospital Planning:

Need for and principles of planning, measurements of community needs and potential fiscal support, role of the architect and hospital administrator, planning a general hospital, planning of different components and services of the hospital, architecture and disaster planning.

1.3.1.7 Evaluation of hospital care:

Importance and need, techniques of evaluation; quantitative evaluation, importance of medical records in evaluation; medical audit.

1.3.1.8 The hospital administration

Qualities of hospital administrator, his education and training his role, problems of hospital administration and limitations of hospitals administration, the special position of the hospital administration.

1.3.1.9 Practical Training:

The practical training will be imparted to the students by way of case studies and problem solving so as to

give training in the decision making process. Visits to various hospitals and attachment to different area in the hospitals with dissertation writing in some selected area.

1.3.2. Medical Care Administration Scope and concept of medical care:

History and development of medical care in the world and in India, concepts of medical care, need and demand for medical care, availability and cost of medical care; regionalization of medical care.

1.3.2.2 Organization of Medical Care:

Critical analysis of various important reports on medical care in India, patterns of medical care organization in the world, patterns of medical practice, community development and medical care administration; organization of long term care, rural medical care, municipal medical care, military medical care, medical ethics etc.

1.3.2.3 Social Security and Medical care:

Concept, development and role of social security health insurance in various countries, health insurance in India, industrial medical care and medical care administration.

1.3.2.4 Planning and Evaluation of Medical Care:

Principles of medical care planning, problems in medical care planning; evaluation of medical care tools and techniques of evaluation.

1.4 Administration of other Health Programmes:

1.4.1 Basic Health Services:

This course presents administration of basic health services in the content of integrated health services at the peripheral, intermediate, state and national levels, pros and cons of vertical approach to health programme vis-a-vis integrated health services; concept of

comprehensive health care with emphasis on levels of evolutionary processes. Role of urban local authorities. Administration of all the ingredients of basic health services, viz- MCH, Family Planning Communicable disease control, environmental sanitation etc. is covered.

(Lectures, Seminar discussions etc.)

1.4.2 Emergency and disaster services:

Role of official and voluntary agencies in community disasters such as epidemics, floods, storms, fires, riots, earthquakes, enemy attacks by air on civil population etc. Administrative and programme change necessary to meet community emergencies to handle casualties and hazards to the community health.

(Lectures, Seminar discussion and demonstration)

1.4.3 Occupational health and other related welfare services in industry and mines.

Organization and function of industrial health administrative services dealing with problems and control of exposure to occupational diseases and the industrial accident hazards and problems in integration of occupational health services with local health services.

(Lectures, Seminar discussion and visit to industrial establishment)

2.0 Bio-statistics and Epidemiology

2.1.1. Vital and health statistics system as a sub-system of health administration in India.

- (a) Organization;
- (b) Procedures;
- (c) Data generated by the system;
- (d) How utilized

- (e) Shortcomings;
- (f) Steps taken for improvement of the system.

2.1.2 An information system for health administration:

- (a) for planning;
- (b) for evaluation
- (c) for management and control
- (d) performance budgeting
- (e) financial budget as an instrument for planning and evaluation.

2.1.3 Statistical measurements and methods in the health administration process.

2.1.3.1 Statistical method including prevention of data, measures of variability, elementary concept of probability, standard distributions and sample tests of significance, correlation and regression, elementary ideas of sampling.

2.1.3.2 Applied aspects of statistical methods. They include measure of fertility, mortality and morbidity, ideas of efficiency of working of health institutions statistical methods in health planning, manpower studies, especial measurements in evaluation of health programme, study designs specially applicable in health e.g. clinical trials, evaluation, follow-up studies and longitudinal studies.

2.1.4 Statistics in thesis preparation.

2.2 Epidemiology – (A – Health and Medical Term)

2.2.1 Epidemiology, a specialty of many health professions i.e. Basic Sciences (parasitological, bacteriology, virology) Clinical Sciences (Medicine and its specializations) Community health Sciences. (P.H. Administration)

managerial physician, community health administration) Engineering Science (Sanitary Engineering and Public Health Engineering), Social Sciences. (Behavioral Science, Ecology, Dermatology)

These different epidemiological specialties deal with different kinds of patients, different face, different purposes and objectives, different tools and methods, too much to be mastered by a single persons, profession, or discipline.

2.2.2 Epidemiological skills and knowledge essential for the community health administrators science of:

2.2.2.1 Epidemics:

The causation and behavior of unusual prevalence, by disease, by time by season, by age, by race and other factors.

Additional skills and knowledge and responsibilities essential for the administrator in his community health leadership role like.

2.2.2.1.1. Predicting Epidemics:

Need for predicting high incidence or threatened epidemic so that they may be either aborted or promptly controlled: importance of making preparation in advance, drugs, vaccine, equipment and facilities; alerting the medical profession for early diagnosis and treatment; public relations and main training public confidence in the health services power and prestige of the astrologer-demonstrated foresight in community welfare.

2.2.2.1.2 Controlling epidemics:

A continual study of incidence and prevalence: epidemic curves, preparation and maintenance of charts and graphs and spot maps; quick measurement and status of community immunity; scientific determination of weakest link in community transmission, with skills, knowledge and disciplines necessary to break the chain of transmission at this point.

2.2.2.1.3 Preventing epidemics:

Maintenance of surveillance of disease status in community; maintaining community immunity at safe level. Adequate provision for quick early diagnosis and treatment; diagnostic laboratories; continued suppression of suitable environmental factors of agents of spread.

2.2.2.1.4 Managing epidemics:

Public information and publicity, public relations relative to specific diseases, time and incidence, age and location, factors, public and professional education through newspapers, Radio and Television reporting, developing skills in communication written and spoken. Emergency, fire fighting equipment and teams for immunization campaign and mass treatment programmes. Mapping up catastrophe planning provision of reserve and organization for contingency.

The health administrators must have these skills knowledge and competence himself since they are the distinctive competence of the health administrator.

2.2.2.2 Natural history of disease, disorder of injury.

This is the science of assembling, ordering and analysis of knowledge and data from many sources about the interacting 'host' agent and environment that leads to description of the dynamic natural history. For the public health administrator this is the scientific foundation upon which he must build-this should be for him the essential background skills and knowledge. He must now change his focus from the agent or from the Hospital to what he was previously considered the environment.

But now in this change of focus the community becomes the patient, the host, a different and distinctive Host, not an aggregate of individuals in a community.

This newer Host, the Community has the same agent of disease or disorder plus man the individual as an agent of disease and disorders.

This newer Host has the new environment, in addition to the individual environment of its component parts – a total Community Environment & community economy, a community political entity, community social and cultural areas - community illness and community health – these may or may not relate directly to any individuals, health status or environment.

Such a change is profound as it involves in a sophisticated way the skills and knowledge of many new disciplines and professions not previously primarily concerned with health or with the term Epidemiology. It involves new methods and tools, new concepts and philosophies – to provide new knowledge in scientific study of community complaints, community systems, community health status – health tests their analysis community diagnosis prognosis and treatment and follow up or evaluation and planning (see 2.2.2.4)

2.2.2.3 Man and his Environment

This may be called the new Epidemiology dealing with man in the aggregate, the mass and its relationship to the mass environment.

The epidemiology becomes a common meeting ground for clinical and administrative medicine, increasing other disciplines and their participation and contribution, such as biostatistics, psychology, sociology.

2.2.2.4 Community and Its Environment (Health Status and Problems)

This is community epidemiology – an even newer development. Here as a part of a political entity, or social entity, or industrial entity – a community and that community's intersection and reaction to its environment as it relate to the community's health. This is a much more adverse complicated and sophisticated-----**not readable**

This science deals with (1) the cause of community of function and disorder in health matters (2) diagnosis of organizational pathology; (3) Health and disease status of organizational pattern and function.

This is the distinctive body of knowledge. These are the distinctive skills and competence of health administrator. They are not even administrator concern of the clinical epidemiologist or basic science epidemiology.

2.2.2.5 Role of epidemiology in Administration of non-communicable diseases.

This course covers administrative implications based on epidemiological characteristics of a few selected non-communicable diseases like cancer and cardiovascular diseases.

2.3. Ecology of health and disease

Disease is a biologic process that conforms to the laws of biologic behavior. The laws of ecology govern the behavior of living things in diseases as in health for man as for other animal, plants like-wise diseases is to be looked upon as one of the number of resultant forces of ecology. Definitions; ecology of health; natural history of disease; its application to the community as a patient; steps in solving community health problems, tools in solving community health problems; clinical experimental, epidemiological and statistical.

(Lectures, Seminar discussion etc.)

3.2 Social Science and Research

3.1 Social Science

3.1.1. Public Administration

3.1.1.1 Introduction

The content of the course deals with problems of administration in general. Accomplishment of the overall objective is sought by a focus in the course upon generic aspects of administrative processes with special reference to public administration CALLED TO HEALTH ADMINISTRATION AND UPON THE (-----
-----**not readable**)

Many topics outlined are to assist to student to equipping themselves for the pursuance of the advance course work as the course content.

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- (a) A technical qualification;
- (b) A system of policy formulation and decision exaction
- (c) A social psychological process
- (d) A system of different operative responsibilities
- (e) Public accountability.

As a technological system administration represents the model of a business corporation emphasis on efficiency, standards, division of work etc. As a system of policy formulation and decision execution, the broad range of government and its action pattern is brought into focus. As a social and psychological process it achieves a group of human beings with values, attitudes and motives, lastly a system of operative responsibilities the emphasis is on identifying, defining, clarifying and executing the organization's responsibility to achieve the goals.

3.1.1.02 Definition of basic terms:

3.1.1.03 Administration as an art and science origin. The origin in the study of administration as an art and science in India the universality of administrative process.

3.1.1.04 Relation of public administration in other disciplines.

Political Science, economics, psychology, Sociology etc. how all these related to health administration; administration of health.

3.1.1.05 Framework of Public Administration

Governmental heritage from British, constitutional structure and the Indian pattern; the influence after independence; the growth of public administration in many sector of the national economy and the extension towards health administration, demanding increasing competence for executive and managerial responsibilities; Centre State Local relation in our federal structure.

3.1.1.06 Principles of Organization:

Line and staff, basis of organization, functionalism centralization and decentralization, organization as science and management as an art; organization as a technical and human problem, development of the principles of organization from the

experiments made in various fields of administration, specially business and industry, education and agriculture, applicability of these to health.

3.1.1.07 Government of Business and business of Government:

The similarities and lessons to be drawn; problem of central, direction and coordination in socialist oriented society with a mixed economy.

3.1.1.08 The Theories of Management:

As related to organization and the overall system of administration, processes involved in management and the theoretical concepts in relation to the practice of health administration; education of the managerial physician, gaps between manual and practice.

3.1.1.09 Problems in Human Relation:

Problems of motivation – employer-employee relationship rights and duties – the role of management in supervision. Communication between various levels problems.

3.1.1.10 Patterns of Organization:

Bureaucracy; governmental organization a while and the various types of organization under it; public corporation, e.g. anti-biotics, Hindustan Latex, ESIC, etc. Problems of integration in the organization of health services. Problems of mobilization and relationship of professional and voluntary organization.

3.1.1.11 Function of the Executive:

Direction of policy formulation; decision making; executive control, supervision and the basis of authority; technical administration

(programme administration); fiscal and personnel administration and other types.

3.1.1.12 Delegated legislation:

How administrators make delegated legislation-the parliamentary control of the delegated legislation Administrative adjudication-regulatory commissions the relationship of these to health administration in India. Case law as a technical tool.

3.1.1.13 Planning principles and practices:

Why planning? Principle problems; policy planning suggested patterns of planning-Resource management goal determination and evaluation.

3.1.1.14 Management Analysis:

Principles and practices-tool and techniques of management analysis to governmental organization as a whole work load measurement; work studies. Possibilities of automation and computization in recording and reporting information techniques.

3.1.1.15 Personnel Management and Development:

Principle governing selection, recruitment placement and training of workers, carrier system of job analysis and classification. Promotion, insensitive and disciplined problems. Personnel development.

3.1.1.16 Financial Administration:

Budgeting performance budgeting and programme budgeting purchasing, accounting, cost accounting; financial control and regulation, records and office management; grants-in-aid.

3.1.1.16 Practical Exercises.

3.1.2 Economic of Health and Disease:

3.1.2.1 Introduction

Inherent in the problem of financing and making available the medical and health services to the greatest possible number, it is the matter of optimum use of resources taking into consideration the demand and supply situation, the exigencies of circumstances and the organizational and the financial limitations. This subject matter is in the realm of health economics. The course covers principles as applied to health with a view to bringing out the distinctive economic characteristics of the health and medical care industry. The analytical methods, view points, techniques and tools of economists brought to bear on the field of health.

3.1.2.2 Definition of basic terms:

What is economics of health, demand, supply, prior etc. Distinctive economic characteristics of health. Law of demand and supply input/output ratios.

3.1.2.3 Factors influencing the demand for health services

Government policy availability services, level of demand function.

3.1.2.4 Manpower resources:

Concepts of demand and supply. Health manpower physicians and other para medical manpower.

3.1.2.5 The Health Care Industry:

Components of health care industry, hospital as a major industry. Estimating hospital operating costs, inpatient and out-patient. Ownership and control of hospitals.

3.1.2.6 Budget and Fiscal Policy:

Budgeting in relation to health. Health expenditure in relation total budget expenditure.

3.1.2.7 Economic aspects of planning:

Resources procurement. Selection of techniques.
Criteria to delimit in local planning area.

3.1.2.8 The National (**Not readable**) of the measurement

Topics of under develop countries related to health.
Role of health in capital formation of under developed countries like India as comparative perspective of other nations.

3.1.2.9 International Assistance in Health Development:

Role of WHO/UNICEF, Technical Assistance and its limitation.

3.1.2.10 Theories of Economic Growth:

Stages of economic growth and the role of health in the various etc. Health and its relation to the general economic. Cost of living and other indexes.

3.1.3 Other Social Sciences

3.1.3.1 Social Sciences concepts relation to community Health Administration in India:

Social science as basic sciences of administration. Formation of attitudes towards and perceptions of various diseases and health practices. Value system and concepts of health, illness and medical care. Motivation learning process in relation to acceptance of new health practices (psychology). Group communities, social stratification and its relationship with community health behavior (psychology). Social aspects of the population problem. Relationship of mortality to fertility. Problems of micro demography (social anthropology) policy formation, pressure groups, panchayati raj and its role in community health (Political Sciences). Patterns of expect on health in relation to the economic. Geographic pathology in relation to economic and social development.

Urbanization, town and country planning and community health (union geography). Specialization and social policy, as incentive or distinctive (social law).

3.1.3.2 Organizational behaviour:

The organization as a system, the hospital and the medical and other health professions as organization. Importance of the Team in the organization. Leadership behavior and organizational communication. Growth, stagnation and -----of organization. Goal setting and institution building. Developing organization as self renewing system.

3.1.3.3 Role as the Focus of Organization Behaviour.

Study of various roles in the health organization. Role expectations, role ambiguity and role conflict inter-role relations. Coping mechanism in role, conflict situations, especially in the health bureaucracy and the hospital. Helping role of the physician and the administrator.

3.1.3.4 Community diagnosis and community involvements:

Social etiology and medical ecology of health problem community leadership and patterns of personal influence. Intra-community communication. Community decisions making; changing patterns of community leadership community Development, characteristics of rural and urban communication in India. Problem of industrial communications for health administration.

3.1.3.5 Dynamics of Change:

The process of change in the Indian society. The cultural factors promoting and retarding change. Health administrators as a change

agent. Methods of promoting change.
Administrating a changing organization.

3.1.3.6 Ways of changing individual and community Behaviour for better Health:

Working with felt needs of the community educational diagnosis. Force field model of change agency. The use of educational technology in health education especially the role of audio-visual aids. Social Work.

3.1.3.7 Ways of improving the working of organization:

Diagnosing problems in micro-cosmic and larger systems. Skills of working effectively with individuals and groups. Effective staff management. Training as a consulting process; improving the organization through improving the persons working in the organization on specific jobs. Training of health workers of various levels including auxiliary workers. Administering training. The effective use of conferences, committee and informal groups in the organization.

3.1.3.8 Studying the Health Organization:

The role evaluation and research in administrative actions. Feedback process in self-renewing system of health organization. Instrumentation for administrative research preparation of tools for data collection the traditional survey tools, projective technique, scaling of behaviour tools for data analysis, the use of non-parametric methods in quick administration decision making. Multivariate and multi-disciplinary research of Administration Field Work.

3.2.1 Research in Administration – Methodology:

The Scientific methods. Use of scientific methods in research in community health administration. Development of methodology for research on community health administration and organization. Methods of evaluation preparation of protocols for research projects. Designs for Research Projects. Preparation of questionnaires etc.

3.2.2 Advanced statistical methods including (i) Survey techniques, (ii) Attitude measurements (iii) Systems sampling analysis. (iv) Community diagnosis (v) Statistical quality control charts for epidemic analysis (vi) life table techniques (vii) time series analysis (viii) critical part analysis (PERT) (ix) time and motion study (x) queuing theory (xi) work-measurement substitutability (xii) input-output analysis (xiii) cost benefit and cost-effectiveness (ix) linear programming (xvi) application of econometrics to the study of health economics.

3.2.3 Research methods in Administration:

Experimental research; exploratory research, history research etc. the administration of research.

3.2.4 Research in Hospital and Medical care Administration:

Importance of research in hospital and medical care administration, research methodology-case study, work study, experimental research etc.

4.0 Field Practice

Supervised field experience in State District and Primary Health Centre Administration. A supervised field study of programme management (direction) coordination, supervision and evaluation activities in administration at all level experience in selected health agencies-management of a district hospital; Urban health agencies-management of a body; problems in administration of a graduate teaching institution and its attached hospital study of administration of training institutions for para-medical and auxiliary health workers; study of organization and administration of district laboratory, services etc.

B. Examination Scheme

A candidate who has submitted his/her thesis may be allowed to pursue a regular course of study for a period of not less than six months

thereafter but shall be allowed to take the examination in the subject after acceptance of the thesis.

Provided that a candidate who is required to resubmit his/her thesis under the provision of foregoing clause may be allowed to continue to pursue the regular course of study as herein mentioned and allowed to take the examination only after acceptance of resubmitted thesis.

FINAL EXAMINATION

<u>Paper</u>	<u>Subject</u>	<u>Duration</u>	<u>Maximum Marks</u>
I	Basic Sciences related to Health Administration	3 hrs.	100
II.	Research Methodology Epidemiology and Education and training in Community Health	3 hrs.	100
III.	Public Health Administration	3 hrs.	100
IV.	Medical Care and Hospital	3 hrs.	100

A candidate is required to obtain a qualifying minimum of 40% in each paper and in written papers on aggregate 50%.

11. Practical Examination

The purpose of the practical examination will be to assess the ability as skill of the candidate to discuss a problem in health administration and to search for possible solution for the problem. In order to achieve this purpose, typical administration problem in community health in the form of (i) Brief case study of a live situation and (ii) Drafting notes for parliamentary questions etc. and simulates material like (i) tape recording of an administration situation requiring a decision; (ii) a written description of a hypothetical situation and (iii) analysis of in-basket material which the administrator received for decision making etc. will be used.

These materials will be presented in such form that the candidate can analyses the problem, comment upon and discuss the solution with the examiners.

Total time for practical examination will be three hours and maximum marks 200. Qualifying minimum for a pass is 50% of the maximum marks.

Field work assignment the candidates will be working on during the course will also be assessed the weight age of 25% of the maximum for their assignment work will be given in the practical examination.

III. Oral Examination-viva voce:

Qualifying minimum for a pass is 50% of the maximum.