

THE TAMIL NADU Dr. M.G.R. MEDICAL UNIVERSITY
CHENNAI-600032



REGULATIONS AND SYLLABUS
M.Sc. MEDICAL SOCIOLOGY
2010-2011

M. Sc. (MEDICAL SOCIOLOGY)

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Subjects of Study :

FIRST YEAR

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Paper II	Anatomy and Physiology of Health and Illness	13
Paper III	Health Policy and Health Care Delivery	13
Paper IV	Social Psychology and Mental Health	14
Paper V	Research Methodology & Epidemiological Analysis	15
Paper VI	Epidemics & Disaster Management	15
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Paper VIII	Health Education and Public Health Promotion	16

**** RESIDENCY TRAINING**

Two months Residency Training in a hospital to be completed before the commencement of the second year.

** wherever the words find with internship in the regulations and syllabus is to be substituted with Residency Training.

** It was resolved in the 40th SAB ,dated 22-12-2010.

SECOND YEAR

Paper I	Sociology in Medicine	17
Paper II	Hospital Operations & Management	18
Paper III	Medical Terminology & Medical Records Management	18
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Note: The Core-Syllabus furnished in this Book-let is only Out-line. The Post-Graduate students should read exhaustively

the Text-S Books, Reference Books, Journals, etc, for a thorough understanding of the subject.

**TAMIL NADU Dr. M.G.R. MEDICAL UNIVERSITY
CHENNAI - 600 032**

In exercise of the powers conferred by Section 44 of The Tamil Nadu Dr.M.G.R. Medical University, Chennai , Act, 1987 (Tamil Nadu Act 37 of 1987), the Standing Academic Board of the Tamil Nadu Dr. M.G.R. Medical University, Chennai, hereby makes the following regulations :-

1. SHORT TITLE AND COMMENCEMENT :

These regulations shall be called “THE REGULATIONS FOR M.Sc. (MEDICAL SOCIOLOGY) DEGREE COURSE OF THE TAMIL NADU Dr. M.G.R. MEDICAL UNIVERSITY, CHENNAI”.

They shall come into force from the academic year 2010-2011 session onwards.

The regulations framed are subject to modification from time to time by the Standing Academic Board.

REGULATIONS for M.Sc. (MEDICAL SOCIOLOGY) DEGREE COURSE)

2. OBJECTIVES:-

1. At the end of the course the student must have an in depth knowledge in the field of Medical Sociology.
 - Have an understanding of the social structure and its impact on health care and health care delivery.
 - Understand the impact of the social and psychological influences of social institution on health and diseases.
 - Facilitate health policy makers for decision making in quality health care management.
 - Encourage social and behavioral scientists with epidemiological, sociological and psychological research in health, illness and disease.

3. ELIGIBILITY:-

The candidate seeking admission to M.Sc., Medical Sociology Course should have passed any degree in ****_Medicine,Dentistry,Occupational therapy_** Social Sciences, including **Sociology, Psychology, Social Work** , Medical Sociology, from a recognized University or a degree in Physiotherapy, Nursing from this University or any other University accepted by the authority of this University as equivalent thereto.

****** It was resolved in the 49th SAB ,dated 07-01-2015.

4. AGE LIMIT FOR ADMISSION:

A candidate should have completed the age of 20 years at the time of admission or would complete the age on or before 31 December on the year of admission to the first year M.Sc.(Medical Sociology) course.

5. PHYSICAL FITNESS CERTIFICATE:

Every candidate before admission to the course shall submit to the principal of the Institution a certificate of medical fitness from an authorized medical officer that the candidate is physically fit to undergo the academic course and does not suffer from any disability or contagious disease.

6. ELIGIBILITY CERTIFICATE:-

Candidates who have passed any qualifying examination, as specified in Regulation No.2 above from any other Universities other than the Tamil Nadu Dr.M.G.R. Medical University, before seeking admission to any one of the affiliated institutions shall obtain an Eligibility Certificate from the University by remitting the prescribed fees along with the application form which shall be downloaded from the University website (www.tnmmu.ac.in).

7. CUT-OFF DATES FOR ADMISSION TO THE EXAMINATION:

- a) The Candidates admitted from 1st Sept. to 30 Sept. of the academic year will be registered to take up their first year M.Sc.(Medical Sociology) examination after fulfillment of the regulations in March of the Academic year.
- b) All kinds of admission shall be completed on or before 30 September and there shall not be any admission after the above date even if seats are vacant.

8 . REGISTRATION:

A Candidate admitted to the M.Sc., (Medical Sociology) degree course in any of the affiliated Institution of this university shall register his / her name by submitting the prescribed application form for registration duly filled in by remitting the prescribed fee and the declaration in the format (As in annexure) to the Academic Officer of this University within 3 months from the cut off date prescribed for M.Sc., (Medical Sociology) degree course.

9. DURATION OF THE COURSE :

The duration of certified study for the M.Sc.(Medical Sociology) shall extend over period of two academic years.

10. COMMENCEMENT OF THE COURSE :

The Course will commence from ** 1st Septemer of the academic year

11. CURRICULUM:

The Curriculum and the Syllabus for the course shall be as prescribed by the Standing Academic Board from time to time.

12. MEDIUM OF INSTRUCTION:

English shall be the medium of instruction for all the subjects of study and examination of the M.Sc.(Medical Sociology).

13. WORKING DAYS IN AN ACADEMIC YEAR :

-

Each academic year shall consist of not less than **270** working days.

Total No. of days in a year

365 days

No. of weekly off(Sundays)	-	52 days	
No. of Government Holidays	-	22 days	
No. of Holidays	-	21 days	
		-----	95 days

Ttotal No. of working days including examination period		270 days	

14. ATTENDANCE REQUIRE FOR ADMISSION TO EXAMINATION :

- (a) In the first year the candidate should have **85%** of attendance in Theory, practical and field work before appearing for the exam.
- (b) The candidate should complete the ****Residency Training (8 Weeks)** and must have **85%** of attendance in theory and Residency Training before appearing for the second year examination.
- **wherever** the words find with internship in the regulations and syllabus is to be substituted with Residency Training.
- (c) No candidate shall be permitted to any one of the parts of M.Sc., (Medical Sociology) unless he / she has attended the programme for the prescribed period in an affiliated institution recognized by this University and produces the necessary certificate of study, attendance and progress from the Head of the institution.
- (d) A candidate lacking in the prescribed attendance and progress in any one subject in theory or practical in the first appearance shall not be permitted to appear for the entire examination.
- (e) Attendance earned by the students should be displayed on the Notice Board of the college at the end of every 3 months and copy of the same should be sent to the University and parents of the students concerned.

15. CONDONATION OF LACK OF ATTENDANCE:

There shall be no condonation of lack of attendance in post graduate degree programme.

16. INTERNAL ASSESSMENT MARKS:

The Internal Assessment should consist of the following points for Evaluation:-

- i) Theory
- ii) Practical / Clinical
- iii) Viva voce

The Internal Assessment of the candidate has to be assessed on the above points and a report has to be submitted by the institution as detailed below:

For the subjects of one year duration:

The aggregate of Final Internal Assessment Marks submitted on or before Apr. 1st / Oct. 1st as per scheme of examination shall be taken by the University as Internal Assessment Marks and minimum of 50% of marks is mandatory for permitting the candidates to sit for the University examinations.

17. COMMENCEMENT OF EXAMINATION :

There shall be two University examinations in an Academic year,** April 15th / October 15th.

****** It was resolved in the 40th SAB ,dated 22-12-2010.

If the date of commencement of the examination falls on Saturdays, Sundays or declared Public Holidays, the examination shall begin on the next working day.

18. DISSERTATION & EVALUATION OF DISSERTATIONS:

- The topic of the dissertation should be submitted at the end of six months. The Candidate should also inform the name of the guide for the dissertation to the University while submitting the dissertations topic.
- If there are changes in the dissertation topic, the same has to be informed before the end of the first year.
- The dissertation should be submitted duly signed by the Professor of the branch and the same has to be forwarded to the Controller of Examination through the Dean or Principal of the College three months prior to the Examination.
- The total marks for the dissertation which will be specialization based, will be 200 (50 for specialization written test (internal), 50 seminar presentation (internal), + 100 for dissertation evaluation (by the Examiners). The project evaluation by the Board of Examiners will be as follows :

Need & Significance of the study	- 10
Methodology	- 40
Review of Literature	- 30
Recommendations	- 20
- If the dissertation is not approved by the majority of the examiners, the results shall be withheld till the resubmitted dissertation is approved. (XXVIII S.A.B. dated 22.12.2004.)
- If the candidate fails in the Written/ Practical Examination, but his / her dissertation is approved, the approval of the dissertation shall be carried over to the subsequent examination.

19. MAINTENANCE OF LOG BOOK:

- a) Every Post Graduate candidate shall maintain a record of skills (Log Book) he/she has acquired during the two years training period, certified by the various Heads of Department, where he / she undergoes training.
- b) The candidate is also required to participate in the teaching and training programme for the Under-graduate students.
- c) In addition, the Head of the Department shall involve their Post-graduate students in Seminars, Journal Group Discussions and participation in Conferences.
- d) The Head of the Department shall scrutinize the Log Book once in every three months.

(Question Paper Pattern in General) – Deleted.

20. QUESTION PAPER PATTERN (REVISED):

It was resolved to remove MCQs (20 Marks) from the Question Paper Pattern for all Post Graduate and Higher Speciality Courses and to maintain uniformity the following pattern of Question Paper shall be adopted for all the Post Graduate and Higher Speciality Courses.

2 Essays (2 x 20)	=	40 Marks
10 Short Notes (10 x 6)	=	60 Marks
		100 Marks

The above modification shall come into effect from February 2008 examinations onwards. (As per 32 SAB dated 21.12.2006).

21. MARKS QUALIFYING FOR PASS:

50% of marks in University Theory Examination.

50% of marks in University Practical Examination.

50% of marks aggregate in Theory, Internal Assessment, Practical and Oral Examination .

22. REVALUATION/RETOTALLING OF ANSWER PAPERS :

There is no provision for revaluation and retotalling of answer papers.

23. NUMBER OF APPEARANCES:

A candidate registered for two years M.Sc., (Medical Sociology) Course must qualify in the examinations within four years from the date of his / her admission.

The candidate will not be permitted to appear for more than five attempts in the final examination and shall be discharged from the course if he/she fails to pass examination in the said number of attempts.

24. DURATION FOR COMPLETION OF THE COURSE OF STUDY :

The duration for completion of the course shall be fixed as double the duration of the course and the students have to pass within the said period, otherwise they have to get fresh admission.

25. RE-ADMISSION AFTER BREAK OF STUDY :

As per the procedure laid down in a common regulation for all the Courses of this University. (As approved by the Standing Academic Board in the XXVI Meeting held on 16-12-2003).

26. MIGRATION / TRANSFER OF CANDIDATES:

Request for Migration / Transfer of candidates during the course of study from one recognized college to another recognized college of this University or from another University shall not be granted under any circumstances.

27. VACATION :

** Vacation is not permitted

** It was resolved in the 40th SAB ,dated 22-12-2010.

28. AUTHORITY TO ISSUE TRANSCRIPT :

The Controller of Examinations shall be the authority for issuing Transcript of marks after remittance the prescribed fee of Rs. 1000/- (Rupees One Thousand only) or the fee as may be prescribed from time to time.

29. SUBMISSION OF PRACTICAL RECORD BOOKS:

At the time of Practical Examination, each candidate shall submit to the Examiners his/her Practical Record Books duly certified by the Head of the Department as a bonafide record of the work done by the Candidate.

The concerned Head of the Department shall evaluate the Practical Record (Internal Assessment) and the Practical Record shall be presented to the examiner.

30. SUBJECTS OF STUDY:

FIRST YEAR

Paper I **Sociological Concepts & Sociology of Medicine.**

Paper II Anatomy and Physiology of Health and Illness

- Paper III Health Policy and Health Care Delivery
- Paper IV Social Psychology and Mental Health
- Paper V Research Methodology & Epidemiological Analysis
- Paper VI **Epidemics & Disaster Management**
- Paper VII Social and Preventive Medicine (includes field work)
- Paper VIII Health Education and **Public Health Promotion**

****RESIDENCY TRAINING**
Two months **Residency Training in a hospital to be completed before the commencement of the second year.

SECOND YEAR

- Paper I Sociology in Medicine
- Paper II Hospital Operations & Management
- Paper III Medical Terminology & Medical Records Management
- Paper IV Medical Ethics and Laws
- Paper V Social Support and Counselling
- Paper VI Total Quality **Management**
- Paper VII **Dissertation**

31. SCHEME OF EXAMINATIONS:
M.Sc., (MEDICAL SOCIOLOGY)

Placement of subjects, number of teaching & practicals & Examination scheme

I year : Part I

	Paper - Subject	Internal Assessment (IA)		Theory		Practical		Viva	
		Max	Min	Max	Min	Max	Min	Max	Min
I st Year	Sociological Concepts & Sociology of Medicine	50	25	100	50	-	-	-	-
	Anatomy & Physiology of Health and Illness	50	25	100	50	-	-	-	-
	Health Policy and Health Care Delivery	50	25	100	50	-	-	-	-
	Social Psychology & Mental Health	50	25	100	50	-	-	-	-
	Research Methodology & Epidemiological Analysis	50	25	100	50	-	-	-	-
	Epidemics & Disaster Management	50	25	100	50	-	-	-	-
	Social and Preventive Medicine	50	25	100	50	-	-	-	-
	Health Education and Public Health Promotion	50	25	100	50	-	-	-	-

SCHEME OF EXAMINATIONS

M.Sc., (MEDICAL SOCIOLOGY)
Placement of subjects, number of teaching & practicals & Examination scheme

II Year : Part II

	Paper - Subject	Internal Assessment (IA)		Theory		Practical		Viva	
		Max	Min	Max	Min	Max	Min	Max	Min
II nd Year	Sociology in Medicine	50	25	100	50	-	-	-	-
	Hospitals Operations & Management	50	25	100	50	-	-	-	-
	Medical Terminology & Medical Records Management	50	25	100	50	-	-	-	-
	Medical Ethics and Laws	50	25 ¶	100	50	-	-	-	-
	Social Support & Counselling	50	25	100	50	-	-	-	-
	Total Quality Management	50	25	100	50	-	-	-	-
	Dissertation	100	50 Ω	100 ****	50	-	-	- *****	-

- **** Evaluation and approval of the dissertation.
- *****Viva.
- ¶ Case Studies - medico - legal in nature.
- Ω Refer Dissertation (page 14) for further details.

RESIDENCY TRAINING :

During the Residency Training placement (before the commencement of the second year of study) in the hospitals, students are expected to note down their observations in the log book. On the day of reporting for the second year of study, the students should submit a report of the Residency Training placement followed by a presentation of their Residency Training posting.

The report, presentation and the log book will be evaluated and taken under University.

Dissertation - compulsory - based on chosen specialization.

Specialisations Recommended :

- Community Medicine
- Diabetology
- Ophthalmology
- Telemedicine
- Reproductive Health
- Mental Health
- Geriatric Health
- Organ Transplant
- Cardiac Care
- Quality Management System.
- Accreditation (NABL, NABH, ISO).

Dissertation	Max Marks	200
Project Evaluation		100 (by external examiner).
Internal evaluation Seminar	50	
Presentation NV & V	(15)	
Need & significance of title	(10)	
Justification of findings	(25)	
Specialization written test	50	

Project Evaluation : By External Examiner.			
Need &Significance of the study	-	10	}
Methodology	-	40	}
Review of Literature	-	30	}
Conclusion &Recommendations	-	20	}
			100

ANNEXURE - 1

DECLARATION

I.....

Son of / Daughter of.....

Residing at

and admitted to in I year of(Name of the
course / U.G./P.G.) at

(Name of the college) do hereby solemnly affirm and sincerely state as
follows:

I declare that I shall abide by the rules and regulations prescribed by
the Tamil Nadu Dr.M.G.R. Medical University, Chennai for the
..... (course) including regulations for
re-admission after the break of study.

Date: Signature of the candidate

/Counter signed/

Dean / Principal / Director

(Office date seal)

PROPOSED CURRICULUM
FOR
M.Sc., (MEDICAL SOCIOLOGY)

FIRST YEAR

- | | |
|------------|--|
| Paper I | Sociological Concepts & Sociology of Medicine . |
| Paper II | Anatomy and Physiology of Health and Illness |
| Paper III | Health Policy and Health Care Delivery |
| Paper IV | Social Psychology and Mental Health |
| Paper V | Research Methodology & Epidemiological Analysis |
| Paper VI | Epidemics & Disaster Management . |
| Paper VII | Social and Preventive Medicine (includes field work) |
| Paper VIII | Health Education and Public Health Promotion |

RESIDENCY TRAINING

Two months Residency Training in a hospital before the commencement of the second year.

SECOND YEAR

- | | |
|-----------|--|
| Paper I | Sociology in Medicine |
| Paper II | Hospital Operations & Management |
| Paper III | Medical Terminology & Medical Records Management |
| Paper IV | Medical Ethics and Laws |
| Paper V | Social Support and Counselling |
| Paper VI | Total Quality Management |
| Paper VII | Dissertation |

SYLLABUS FOR M.Sc. (MEDICAL SOCIOLOGY)
FIRST YEAR
PAPER I

SOCIOLOGICAL CONCEPTS AND SOCIOLOGY OF MEDICINE 110 Hours

1. **Sociology & Medical Sociology** : Introduction to Sociology and Auguste Comte, Fundamental Concepts - Man & Society, Social Groups, Social processes, Social Institutions, Socialization & Culture, Medical Sociology : Definition, objectives, Principles - Scope and its relevance to patient care - difference between Sociology of Medicine and Sociology in Medicine - Historical development of Medical Sociology - Science of Medicine and its relevance to social institution.
2. **Social Thinkers:**
Emile Durkheim - Social Interpretation of Religion, Division of Labour, Suicide, Anomie, Social Facts.
Herbert Spencer - Theory of Social Evolution, Organic Analogy, Galton Coving.
Max Weber - Types of Authority and Bureaucracy, class, status and power.
Protestant Ethic and the spirit of capitalism.
Karl Marx - Dialectical materialism and alienation.
R.K.Merton - Physician and student - The student education - Physician / nurse / health worker - Review of students in the Sociology of Medicine education - health human power development (Nurses, health workers, TBAs).
T.Parson - Theories of sickness.
C.Cooley - Primary Groups, Looking Glass Self.
3. **Health in a Social Context** – Thinking about health - Diseases, illness and sickness - The influence of official definition of health - Lay definitions of health - Towards a social model of health – The contribution of sociology and social policy – social factors in Health and Diseases - cultural factors - role of culture as social consciousness in moulding the perception of reality, culture induce symptom and diseases, sub culture of medical workers.
4. **Health Practices and Practitioners** - System of Medical Beliefs and Practices - Concept of a patient as a person and concept of a patient as a whole social component in therapy and rehabilitation - norms, beliefs, values associated with disease treatment and rehabilitation - social roles, social class in health - The development of western medicine - The professionalisation of medicine - other practitioners of the Health Care .
5. **The process of seeking Medical Care and the sick role** - Sociodemographic variables - socio-psychological modes of health care utilization - Illness as a Deviance - The functionalist approach to Deviance - The Sick Role - Labelling Theory - Illness as a Social Deviance – Stratification and Health : Stratification, caste and class as a form of stratification, changing patterns, class based inequalities and health status (particular focus on 3rd World Countries).

Note: Seminar presentation is compulsory. This will be internally evaluated.

References:

1. Bottomore. T.B., Sociology: A guide to problems and Literature, 1971, Random House.
2. Gisbert P. Fundamentals of Sociology, 3 Edition, 2004. Orient Longman.
3. Neil J.Smelser, Hand book of Sociology, 1988. Sage Publications.
4. Babbie Earl. Sociology - An introduction, 3 Edition, 1983, Wadsworth Pub. Co.
5. R.M.Johnson . Systematic Introduction to Sociology. Allied Publishers 1960.
6. Guy Roucher – A General Introduction to Sociology, 1962.
7. L.Broom and P.Seiznicj – Sociology 1982.
8. M.F.Abraham - Modern Sociological Theory 1982.
9. Linda J.Jones . The Social Context of Health and Work. 1994.
10. Barnes, H.E (Ed.) . An introduction to the History of Sociology, 1967, University of Chicago Press.
11. Bogardus, E.S. Development of Social Thought, 1960, Longman.
12. Aaron, Raymond. Main currents in Sociological Thoughts, 1970, Harmondsworth.
13. Paul Hanly Fufey, A history of Social Thought, 1942, The Macmillan Company.
14. Turner J., The structure of Sociological Theory, 4 edition, 1995, Rawat Publication.
15. Rodney M.Coe. Sociology of Medicine. Mc Graw Hill. Inc 1970.
16. Linda J.Jones. The Social context of health and Health work. Macmillan Press Ltd 1994.
17. David Tuckett. An introduction to Medical Sociology, 1976, Tavistock Publication.
18. R.K.Merton . The student - physician: Introductory studies in the Sociology of Medical Education, 1969, Harvard University Press.
19. B.M.Sakharkar. Principles of Hospital Administration and Planning, 1 edition, Jaypee Brothers.
20. R.Venkatarathinam , Medical Sociology in an Indian Setting. Macmillan Company of India Ltd. 1979.
21. Leon S.Robertson , Medical Sociology : A general system approach, 1975 , Nelson - Hall publishers.

PAPER II

ANATOMY AND PHYSIOLOGY OF HEALTH AND ILLNESS 110 Hours

1. **The body as a whole and its constituents :** Introduction to the body as a whole, introduction to the study of illness, cells , types of tissues, organization of the body, cavities of the body, disorders of cells, tissues , body fluids.
2. **Internal Communication :**
 - Blood - Composition , Defence Mechanism , Disorder.
 - Circulatory system – Blood Vessel, Heart, Circulation of Blood, Disorders.
 - (Shock, Atheroma , Thrombosis, Embolism, Infarction, Odema).
 - Lymphatic System - Lymph vessels, Lymph nodes, spleen, diseases.
 - Nervous system - CAS, Peripheral nervous system, Autonomic nervous system diseases - stroke, hemorrhage, tumors, Parkinsons.
 - Special senses - Ear and hearing, Eye & Sight, Sense of smell, Taste, Diseases of ear , eye, refractive errors of eye.
 - Endocrine system - Diseases.
3. **In take of Raw Materials and Elimination of Waste:**

- Respiratory system - Anatomy and Physiology, Respiration, Diseases of Upper Respiratory Tract , Bronchi, Lungs.
- Introduction to Nutrition (classification of food), Nutritional disorders.
- Digestive system - organs of digestive system, digestion of food, liver, gall bladder and pancreas.
- The urinary system - functions of the kidney – diseases of the kidney.

4. Protection and Survival:

- Skin - structure and functions, common disorders of the skin.
- Bones - musculoskeletal system.
- Female reproductive system, Male reproductive system, Diseases of female reproductive and male reproductive system.

References:

1. Ross and Wilson. Anatomy and Physiology in Health and Illness, 9 edition, 2004; Churchill Livingstone.
2. Evelyn C.Pearce. Anatomy and Physiology for Nurses, 16 edition, 1993; Jaypee Brothers
3. Michale R.Zummermax. Foundations of Medical Anthropology, Anatomy, Physiology, Biochemistry, Pathology in cultural context. W.B.Saunders Company 1980

PAPER III

HEALTH POLICY & HEALTH CARE DELIVERY

110 Hours

1. **Health Planning and Management:** History of Public Health in India, Health Planning in India (Planning cycle) Management, National Health Policy, Health planning in India including Health Care System in India - Central, State, District , Health Care in 5 years plans.
2. **Health Care in the community** – Bhore Committee Report, Primary Health Centres, infrastructure and personnel at all the four levels (village, sub centre, primary health centre, community health centre), Health care delivery Model, status and problems – Resources - Holistic approach to “Health for All”.
3. **National Health programs in India** -Programs, objectives, strategies, implementation and utilization of health programs (special focus on programmes in South India), Rural Health Practitioner, Indigenous , Tribal and modern (telemedicine) systems of medicine. **National Rural Health Mission, National Urban Health Mission, Vision 2020** .
4. **International Health** - International Health Concern 1851 - 1943, World Health organizations, other United Nations Agencies , Health Work of Bilateral Agencies.
5. **Health Information and Contemporary Policies :** Health information - Components, users and sources of health information, Contemporary policies - The crisis in welfare, the reconstruction of welfare principles, The crisis in health care, Evaluating market principles in health care, issues and problems in health care, the future of health and health work.

Note: Seminar presentation is compulsory. This will be internally evaluated.

References

1. K.Park . Park’s Text Book of Preventive and Social Medicine , **Latest Edition**, M/s.Banarsidas Bhanot Publishers.
2. Linda J.Jones. The Social Context of Health 1994, Palgrave Macmillan.
3. William C.Cockerham. Medical Sociology .Prentice - Hall Inc, 1978.
4. Maurice King. Medical Care in Developing Countries Ed 1 Oxford University Press, Reprinted 1975.
5. Dutta P.C. Rural Health and Medical Care in India , 1955, Army Educational stroes, Ambala.

PAPER IV

SOCIAL PSYCHOLOGY AND MENTAL HEALTH**110 Hours**

- 1 . **Introduction to Social Psychology** : Nature, Scope, methods and importance; Social Behaviour – Social Cognition , Attitudes – formation and change, theories, prejudices and Discrimination , Prosocial behaviours.
- 2 . **Environment effects on human behaviour & vice versa** : Social diversity, cultural variation in the experience of health and illness, Traumatic reactions – combat – Civilian Catastrophies, Prisoners of war , Hospitalization syndrome, Difference between Asians and Americans in responding to mental illness.
3. **Socio cultural approaches and causes of abnormal behaviour and Mental Illness:**
Introduction to Mental Illness, models in explanation of abnormal behaviour – Biological, statistical, psychoanalytic, behavioural, socio cultural view points, social epidemiology of mental illness, social causes of mental illness – war and violence, group prejudice and discrimination, economic and employment problems, accelerating technological and social change, social pathology and community mental health.
4. **The Management of Mental Illness** – The specialized Mental Health sector, The Social process of Psychiatric setup or in Mental Health Centres, levels of Mental Health Care, Chronic Mental Illness, The treatment of acute psychiatric illness, Liasoning of Mental Health in General Medical Settings.
5. **Action for Positive Mental Health Growth and Better World** – Mental health – Organised efforts for Mental Health – International efforts for Mental Health – Limitations in Mental Health Efforts – The Human Potential movement.

Note: Each student is to present a case history which will be internally evaluated.

References:

1. Coleman. Abnormal Psychology & modern life, 1964, Scott Foresman and Company.
2. Robert A. Baron, Bonn – Pyrne . Social Psychology, 8 edition, 1997, Prentice – Hall of India.
3. Scheff T.J. 1966. Being Mental ill; a Sociological theory . Chicago (New York Aldelen 1984).
4. Radhey A (1994). Making sense of illness: The social psychology of health and diseases. Thousand Oaks, CA: sage.
5. Worster, D (1993). The wealth of nature. Environmental Health and the ecological imagination . Oxford, England, Oxford University press.
6. Carr J.E. (1978) “ Ethno-behaviourism and the culture bound syndromes: the case of Amokculture”, Medicine and Psychiatry, 2 : 269 – 93.
7. Praguns J.S & Philips L., culture and psychopathology: the quest for a relationship. Morristown N.J. General Learning Press, 1972.
8. Jaco, E.G. The social epidemiology of mental disorders, New York: Rusell sage Foundation, 1960.
9. Fromon, E. The sense society, New York. Holt, Rice Lerts Wiston 1955.
10. Buck, V.E. Working under pressure. New York: Crene, Russak, 1972.
11. Freeman and Levine. Handbook of Medical Sociology. Prentice Hall, 1989.
12. William C. Cockerham . Medical Sociology, Prentice – Hall Inc, 1978.
13. K. Park . Park’s Text Book of Preventive and Social Medicine, **Latest Edition** , M/s. Banarsidas Bhanot Publishers.

PAPER V**RESEARCH METHODOLOGY & EPIDEMIOLOGICAL ANALYSIS****110 Hours**

1. **Introduction** : The New Sociology , Sciences – Theory and Fact , Objectives and types of research, Research and Scientific Method, Problems encountered by Researchers in India and problem formulation.

2. **Sources of Data:** Medical Informatics and Library, use of library, critical appraisal and literature review, electronic search, Literature survey, methods and uses.
3. **Tools of Data Collection and presentation of data :** Observation, methods, Construction of Questionnaire, Mailed Questionnaire, Schedule, The interview, The frequency distribution, Diagramatics and Graphical Representation - SPSS – Introduction .
4. **Biostatistical Analysis:** Probability theory, Sampling Techniques, Statistical inference and demography.
5. **Research Design :** The need for research design and features of good design, Formation of Research Question & Generating Hypothesis, types of hypothesis, Research Designs– Prospective study, Retrospective study – experimental, exploratory, diagnostic, descriptive, case control study - Cohort study, Cross sectional study, Clinical Trials.
6. **Components of Research Design :** Bias in Research, Measures of Disease frequency, Measures of Effect, Scaling Techniques - Likert, Bogardus and Gutman. Research in population, some problems in Qualitative and Case Analysis. Process and Analysis - processing operations and types of analysis, Report Writing - purpose of report, characteristic of a good report and principles to be observed.
7. **Health Information System:** Components, uses and application of Health Information data in Epidemiology, Health information, sources, methods and measurement.

NOTE: Students should collect primary data (while doing field studies) using one of the methods of data collection and present a report which will be internally evaluated .

References:

1. Kothari C.R. Research Methodology, Wiley Eastern Limited, New Delhi, 1987.
2. Young Pauline V. Scientific Social Surveys and Research; New York; Prentice Hall, 1940.
3. Lundberg G.A, “ Social Research “ New York : Longmans, 1942.
4. Jahoda, Marie, Morton Duetsch & Stuart W.Cook. Research Methods in Social Relations. New York: Dryden, 1951.
5. W.J.Goode & P.K.Hatt. :” Methods in Social Research”. McGraw– Hill Book Company, 1981.

PAP ER VI

EPIDEMICS & DISASTER MANAGEMENT

110 Hours

Unit 1 - Disaster: Meaning, Types (man-made and natural) and need for Disaster Management

Unit 2 - Management of natural disaster: Earthquake, Drought, Cyclone, Tsunami, Flood, Volcano, Hurricane, Fire, Landslides Dam Failure.

Unit 3 - Management of man made disasters: Household chemical emergency, Terrorism, Nuclear power plant Emergency, Hazardous material, Accidents (road, train and fire) and Food poisoning

Unit 4 -Disaster in Events Management : Festivals, Melas, Bull Fight, Sports and Races Organisation of Medical camps, Transport Management

Unit 5 - Disaster Management: Project Preparation for Disaster related projects - Awareness, Implementation and Monitoring Role of Hospital, Community, Voluntary Agencies and Government in Disaster Management
Management of Epidemics - Prevention Methods and precautions

References :

PAPER VII

SOCIAL AND PREVENTIVE MEDICINE

110 Hours

1. **Man and Medicine** : Towards Health for All - Medicine in Antiquity - Dawn of Scientific Medicine - Modern Medicine - Indian Medicine - Homeopathy, Ayurvedic, Siddha, Unani, Naturopathy, Self Medication ; Health Care Revolution.
2. **Concepts of Health and Disease and Screening** : Concepts of health - changing concepts, definitions of health - positive health - concept of well being - spectrum of health - responsibility of health - Health and Development - Concept of disease - Concept of causation - Natural history of disease - concept of prevention - modes of intervention. Screening of disease - Concept of screening - uses of screening - criteria for screening.
3. **Genetics and Social Factors in Diseases** : Genetics and Health - Genetic Diseases, Role of genetic predisposition in common disorders - preventive and social measure. Social factors in diseases - social factors predisposing to disease and premature death - Social factors preventing the early detection and correct diagnosis of diseases - social factors delaying recovery, perpetuating illness or aggravating disability.
4. **The relation of social factors to certain social afflictions including Beneficial Social Factors** - The relation of Social factors to certain social afflictions - social factors predisposing to drug addiction and abuse - Social factors in environmental insanitation - Demography and Family planning - Health aspects of family planning - Contraceptive methods - Sociology of family planning - social factors leading to non acceptance of birth control. Beneficial Social Factors - Social Factors in the prevention of disease - Drug Addiction and crimes - social factors promoting absence - Contraception and infertility.
5. **Epidemiology of Communicable and Non-communicable Diseases** - Mode of spread, occurrence and control of communicable disease (Polio, Measles, Diphtheria, Tuberculosis, Small Pox, Malaria, AIDS, H1 N1). Non Communicable Diseases - Occurrence of heart disease, cancer, bronchitis, diabetes, obesity, epilepsy, anaemia - methods of prevention - communicable and non communicable diseases - Social Epidemiology.

Note: Seminar presentation is compulsory. This will be internally evaluated.

References:

1. B.Sridhara Rao (1976). Social Medicine.
2. Annette Kaplun , Health promotion for the working world, 1990, Springer - Verlag.
3. Gupta. Text Book of Social and Preventive Medicine, 3 rd edition, 2003, Jaypee Brothers.
4. Adetokunbo O Lucas, A short textbook of Preventive Medicine for the Tropics, 1973, English University Press.
5. Antony John Essex - Cater, A Manual of Public Health & Community Medicine, 1979, J.Wright Publishers.
6. S.Park. Park's Text Book of Preventive and Social Medicine, **Latest Edition** , M/s. Banarsidas Bhanot Publications.

PAPER VIII

HEALTH EDUCATION AND PUBLIC HEALTH PROMOTION

110 Hours

1. **Introduction and the basis for public health education** - Understanding behaviour and changes in behaviour - Helping people to lead healthier lives - the Role of Health Education - Who is Health Educator - Principles of Health Education.
2. **Planning for Health Education in Primary Health Care** - Collecting Information - Understanding problems - deciding on Priorities, Objectives and achievements - Encouraging actions and follow through - selecting appropriate methods - Evaluating results - reviewing the process of planning.
3. **Health Education with individuals** - The purpose of Counseling - Rules for Counseling - Different types of Counseling - Facilitating decision on follow through.
4. **Health Education with Groups** - What is group - Formal and informal gatherings - Education with formal group - Discussion groups - Self help group - The School class room - Health Education at the work site - Demonstrations - Case studies - Role playing - A group training session - The health team - Meetings.
5. **Health Education with Committees** - Need for community health education - Involvement of opinion leaders - The role of local organizations - The community health committee - Advisory and planning boards - Intersectoral co-ordination group - Organising a health campaign.
6. **Communicating the health message:** methods and media - The nature and role of communication - Some pre requisites to efficient communication - Various methods and media.
7. **Social Marketing** - Introduction - Education and Social Marketing - CASM and participatory research - Culturally adapted Social Marketing Research (CASOMAR)- How can Socially Desirable Behavioural Changes be Encouraged ? - Culture perpetuation, socializing agent - Why many Developers Still Ignore the Impact of Culture? How culture can be identified? - Life style studies - How does CASM communicate and publicise its messages? - Deciding on the Communication / Promotion Objectives - Decisions on the Communication - mix -

Decisions on the Message - Decisions on the media and its schedule - Decisions on the Media Budget - Monitoring and evaluating CASM Communication / Promotion Activities - Case studies - Review.

Note: Seminar presentation is compulsory. This will be internally evaluated .

References:

1. T.Scarlet Epstein. A Manual for Culturally - Adapted Social Marketing Health and Population, Sage Publications.
2. Ways to Community Health Education, Harvard University Press.
3. Education for Health - World Health Organisations, Geneva.
4. K.Park. Park's Text Book of Preventive and Social Medicine, **Latest Edition.** M/s. Banarsidas Bhanot Publications

SECOND YEAR

PAPER I

SOCIOLOGY IN MEDICINE

110 Hours

1. **Social factors predisposing to specific groups of diseases :** child rearing practices and its effect on health - Alcoholism and Drug dependency - The effect of self medication, drug abuse and drug addiction to health - Tobacco smoking and chewing on health - Housing, shelter neighbourhood and their relation to health - The effect of feeling, beliefs and attitudes on health - The relation of emotional stresses to health - Habits - Practices connected with sex marriage and pregnancy and their effect on health - occupational health - Nutrition and Health - Religion and Health - Pollution.
2. **The Physician / Health Profession in a Changing Society:** The professionalisation and socialization of the physician - Doctor - patient relationship - physician and social change - Role of Reversals - Doctors and society, Doctor as a patient, Doctor as a doctor.
3. **Work of Allied Health professionals :** Nursing as a particular type of work - The social character of nursing - Becoming a nurse - the social organization of nursing work - **Health Worker - patient interaction - Nursing in the future. Work of Physician Assistant, Health Workers and Allied Health professionals - Future perspectives** .
4. **The family and disease :** Family, basic unit of study, theories of the family. The Family and Socialization, Social change and the family , the role of a family, influence of family , screening for family, Blood Donation, etc Health inequalities in family : **Family well being, Screening for family - males, females, children, Blood Donation.**
5. **Dependency and Death & Dying:** Dependency: Age, gender and disability - unpacking dependency - The shifting category of the “ Disabled person” - Age and Generation - Social Gerontology - Theories of old age - Health of the older people - Health work and dependency - Image of the Aged - Selected research findings. Death and Dying - Death and the individual - Death and society - changing Attitudes towards death, Euthanasia, Organ Donation.

Note: Seminar presentation is compulsory. This will be internally evaluated.

References:

1. Linda J.Jones. The Social Context of Health and Health Work. Macmillan Press Ltd. 1994.
2. David Tuckett. An introduction to Medical Sociology, 1976, Tavistock Publication.
3. Freeman and Levine. Hand Book of Medical Sociology. Prentice Hall, 1989.
4. William C.Cockerham. Medical Sociology , Prentice Hall Inc, 1978.
5. James Helay . Death and Dying : Opposing view points, 2003,Greenharen press.
6. Asmith. A science of Social Medicine , 1968. Staples.
7. B.T.Emmerson , Four hats : The role of a clinical professor of Medicine , 1976, University of Queensland press.
8. Dutta P.C. Rural Health and Medical Care in India, 1955, Army Educational Stores, Ambala.

9. Earl Loomon Koss. The Sociology of Patient, 1959, Mc Graw Hill.
10. Eliot F. Profession of Medicine : A study of the Sociology of Applied knowledge, 1998, Harpercollins College Division.
11. Frances Sterlie, Nursing and Social Conscience, 1970, Appleton - Century Publishers.
12. Freeman et al. Hand Book of Medical Sociology, 4 edition, Prentice Hall.
13. Gartley J.F (ed). Patients, Physician and Illness, 1970 , Appleton - Century - Crafts.
14. Hasan Khwaja Arij. The Cultural Frontiers of Health in Village India - Case study of a North Indian Village , 1967, P.C.Manaktala & Sons.
15. Howard James Means, Doctors, people and Government, 1953, Little Brown & Company.
16. David Sudnow , passing on : The social organisation of dying, 1967. Prentice Hall
17. Syed Amin Tabish. Hospital and Health Services Administration (Principles and practice), Oxford University Press 2001.
18. **Update in Geriatrics Medicine - Dr. V.S. Nataraj, 1997.**

PAPER II
HOSPITAL OPERATIONS & MANAGEMENT **110 Hours**

1. **The Hospital:** Role of Hospitals in Health Care - Planning and designing of hospital and its services as part of a balanced health programme - Hospital administration and organization- some special roles of a hospital.
2. **Outpatient, Inpatient Emergency and Clinical Services:** Outpatient services, Emergency services, Inpatient service, Radiology services, laboratory services, operation theatre suite, pharmacy, central supply department (CSSD).
3. **Management:** Principles of Management – Effective Hospital Management - Planning, organizing including human resource management - Directing and leading – Controlling Financial Management – Applied Management by objectives of Hospital.
4. **Administration Services and Operations Management:** Administration services - Materials Management - Medical Record - Evaluation of Hospital utilization statistics – Hospital Infection - Hospital security - library – transport - waste management (General and Biomedical) - Evaluation of Hospital services. Operations Management - Front office, house keeping, patient / guest relations - biomedical engineering department - maintenance department Food and beverage, Chaplaincy and Social Work and Nursing Department Security.
5. **Organisational Behaviour :** Individual behaviour in organization - organizational functioning – Group / Individual – Relevance of learning in Organizational Behaviour - Perception, its Determinants and perceptual Organisation – Motivation and work performance - Introduction to Organisational Development and change movement - Need and process of OD - OD Interventions for Health Systems.

Note: Seminar presentation is compulsory. This will be internally evaluated.

References:

1. S.L.Goel and R.Kumar. Hospital Administration & Management (Vol.1). Deep and Deep publications, 1989.
2. S.L.Goel and R.Kumar. Hospital Administration & Management (Vol.2). Deep and Deep publications, 1989.
3. S.L.Goel and R.Kumar. Hospital Administration & Management (Vol.3). Deep and Deep publications, 1989.
4. R.Llewellyn - Davies and H.M.C.Macaulay. Hospital planning and Administration. World Health Organisations, Geneva, Jaypee Bros, 1995.
5. Syed Amin Tabish. Hospital and Health Services Administration (Principles and practice), Oxford University Press 2001.

PAPER III
MEDICAL TERMINOLOGY & MEDICAL RECORDS MANAGEMENT **110 Hours**

1. **Evolution and development of Medical Records Management:** Indispensability of a Centralized Medical Records Department in Hospital Administration - Hospital standardization and medical records – value of Medical Records.

2. **Maintenance of the hospital: Medical Records – Interaction with outpatient clinics & Electronic Medical Records (E.M.R.) – Filing and Retrieval processes.**
3. **Classification of diseases:** Operations and other procedure in Medicine - Evolutionary process of a University acceptable nomenclature - International classifications, published by WHO and their adaptations - salient features of ICD - Development of multi-axial coding system - Alphanumeric coding - causewise morbidity and mortality data; indexing methods - Physicians and surgeons indices - Tumor Registry - Participation in Health Surveillance - National Health programmes - Medical Records pertaining to speciality care institutions.
4. **Information Handling:** Medical Records as personal and impersonal documents - Hospital Information System : information dissemination to legitimate users - privileged content of medical records - patients right to the information - Legal acceptance and confidentiality - ownership of medical records - policies for the release of information - Medical Records as evidence in courts - Insurance and compensation claims.
5. **Management Information System:** Concepts of Management Information System (MIS) and its applications in the Hospital setting, developing indicators, Developing Tools and collecting information, use of information for decision, making monitoring performance, Resource utilization of hospital services and their effectiveness, Application of MIS in different areas such as service, store, hospital records, use of computers for MIS data base management ethical issues in information management.

Note: International coding of diseases for atleast 50 case record is compulsory which will be internally evaluated.

References :

1. Edna K.Huffmann. Health Information Management, Tenth Edition 1995, Physician Record Company.
2. G.D.Mogh. Managing Medical Records, Channel Publishing Ltd. USA.

PAPER IV
MEDICAL ETHICS AND LAWS

110 Hours

1. **Introduction to Ethics and Moral concepts:** Introduction to Ethics - The Definition and nature of Ethics, the scope and uses of Ethics - Ethics and Sociology. Moral Concepts - Right and Wrong - Right and good - The good and the highest good - Right and duty - Duty and virtue - Desire - Merit & Demerit - the right of man - the duties of man - Casuistry , Conflict of duties – Bradley’s conception of “ My station and its duties”.
2. **Medical Ethics:** Professional and personal – Medical Ethics: Some basic issues, Teaching / Learning Medical Ethics - Codes of Conduct - Malpractice and Negligence - Confidentiality (professional secrecy) - International Drug Therapy - Professional and personal – Malpractice and negligence confidentiality (professional secrecy, Irrational drug therapy).
3. **Ethics of Trust Vs Ethics of Rights:** Autonomy and informed consent - Rights of patients - Beginning and end of life - Right to life – Assisted Reproductive Technologies - Care of the terminally ill - Euthanasia.
4. **Health Policy & Emerging Issues:** Health Policy , Distributive justice in health care - Technology - Research and human experimentation – Alternative medicine - Organ Transplantation - AIDS - Genetics.
5. **Health Legislation :** Social legislations in health care - Laws applicable to Hospitals licenses - Medico - legal responsibilities – cases and problems - Laws of Torts - Contractors and criminal responsibilities - autopsy - dying declaration – ethics and laws – Consumer Protection Act.
6. **Health Insurance - Patient, Doctor & hospitalization.**

Note: **Case Study** is compulsory. This will be internally evaluated.

References:

1. Jadunath Sinha . A manual of Ethics, 2001, New Central Book Agency (P) Ltd.
2. C.M.Francis. Medical Ethics, 1 Edition, 1993, Jaypee Brothers.
3. Freeman and Levine. Hand Book of Medical Sociology. Prentice Hall, 1989.
4. Syed Amin Tabish. Hospital and Health Services Administration (Principles and practice), Oxford University Press 2001.
5. K.Park . Park’s Text Book of Preventive and Social Medicine , **Latest Edition.**

PAPER V

SOCIAL SUPPORT AND COUNSELLING

110 Hours

1. **Social Network and Social Supports in Health Care:** Psychosocial factors in Health Care, Social Networks and Supports in the community and in treatment, models of help seeking in the face of illness or risk, social support and coping in treatment settings, social supports and behavioural changes.
2. **Counselling Foundations:** Counselling defined, Types of counselling, various influences on counselling, qualities of an effective counsellor, counsellor as an helper, characteristics of clients, voluntary and non voluntary clients, Expectations of counselling, goals of counselling.
3. **Theoretical Foundations of Counselling and Counselling Relationships:** Theoretical Foundations of Counselling - Psycho analysis, Adlerian - Client centred, Transactional, Existential counselling, Gestalt counselling, Rational Emotive Therapy, Behavioural counselling, Reality Therapy Counselling Relationship and Techniques: Regard and respect. Authenticity, Empathy, **Grief Counselling - Breaking the news.**
4. **Counselling process and social case work:** Counselling process - Initiating counselling, attending skills, non-verbal interacting with clients, Termination. Social case work - Principles of participation, individuality, communication, confidentiality and objectivity.
5. **Counselling Techniques and Counselling in Special situations:** Counselling techniques - Listening, Responding, Goal setting exploration, Action. Counselling in Special Situations: Family, Alcoholism, Drug, Sex, **Special situations** , Career, Crisis, **grief counselling - breaking bad news.**

Note: Seminar presentation of a practical experience in the field is compulsory. This will be internally evaluated.

References:

1. Pietrofesa, John J. Counselling - An introduction. Houghton Mifflin Co. Boston 1984.
2. Equan, Gerard. The skilled Helper . Brooks / Cole publishing company, California, 1982.
3. Hackney, Harold, Cormier, Sherylin. Counselling strategies and objectives. Prentice Hall Inc., N.J. 1979.
4. Nelson, Jones, Robert. Helping and Human Relations Col I & II. Holt, Rinebart and Winstone Inc N, Y, 1969.
5. Carkhiiff, Robert. Helping and Human Relations Col I & II. Holt, Rinebart and Winstone Inc N, Y, 1969.
6. Langhary John (ed). Counselling - A growing profession Association for counselor Education and Supervision , 1965.
7. Glasco Wilham. Reality Therapy. Harph Colophan Books, London, 1975.
8. Satir, Virginia. Conjoint Family Therapy. Science and Behaviour Books Inc., 1967.
9. Van Kaam Adrian . The Art of Existential Counselling. Dimension Books, Pennsylvania 1966.
10. Prashartham BJ. Therapeutic Counselling . CMC, Vellore, 1975.
11. Currie Jeo. Barefoot Counsellor . ATC Publication 1976.
12. Currie Jeo. In the path of the Barefoot Counsellor . ATC , 1985.
13. Fusler J.M. Personal Counselling. St.Pauls Publications, 1980.
14. Rogers Carl. On becoming a person, 1995, Houghton Mifflin Company, New York.
15. Laszlo, E. The systems view of the world. New York. G. Braziller, 1972.
16. Brenner, M.H. Mental Illness and the Economy. Cambridge mass: Harvard University Press, 1973.
17. Toffler A. Future Stock. New York: Random House, 1970.
18. Freeman and Levine. Hand book of Medical Sociology. Prentice Hall, 1989.

PAPER VI
TOTAL QUALITY MANAGEMENT 110 Hours

1. **Introduction:** Concept of Total Quality, Total Quality Management, Need for Total Quality Management, **Quality Management System** - NABH, ISO, ISMS, NABC – Total Quality in Health Care Industry, Quality of Life and Contemporary Issues in Health Care.
2. **Theoretical Perspectives:** Deming, Juran, Crosby and Ishikava.
3. **TQM Culture in Health Care Industry and Implementing TQM:** TQM Culture - Customer focused vision; Leadership, Organisational Culture, Team Work, Total Quality Education in Health Care Industry, Implementing TQM - TQM action in daily plan, 15 Actions steps.
4. **Quality Improvement Methods:** Brain storming, flowcharts, control charts, run charts, affinity diagram, prioritization matrix, check sheets, histograms and pareto charts, fish bone diagram, proposed option matrix, force field analysis and cost benefit analysis. ISO accreditation, Six Sigma, Total Quality Management & Benchmarking.
5. **Modern Approaches to Quality :** The leading edge of the modern approach to quality - Assessing Quality Health Care - Performance evaluation of Health Care - Performance evaluation of Hospitals - Clinical audit - Surgical audit - Standardisation of Quality Medical Care in Hospitals - Quality control in health care - Total quality Management in Health Care organization – Towards excellence in Health Care Organizations through Continuous Quality Improvement - Quality Assurance in Medical Imaging : Implementation and Operation - Quality Assurance in Nuclear Medicine - The Audit of medical practice - Auditing for patients - Health service evaluation.

Note: Seminar presentation is compulsory. This will be internally evaluated.

References:

1. Bill Creech (1994, Penguin). The Five Pillars of TQM.
2. The quality year book (2001, Mcgraw Hill).
3. John Bank (1995, PHI). The Essence of TQM.
4. Brocka & Brocka. Quality Management, 1992, Mc Graw Hill Trade.
5. Ellen J.Gaucher and Richard J. Coffey, Jossey - Bass (1993). Total quality in Health Care: From theory to practice.
6. Freeman and Levine. Hand book of Medical Sociology. Prentice Hall, 1989.
7. Syed Amin Tabish. Hospital and Health Services Administration (Principles and practice), Oxford University Press 2001.
8. Total quality management

PAPER VII

DISSERTATION

Based on knowledge gained during the course, an appropriate project in a hospital / institution may be selected by the student. This project may be both internal or external. The subject builds on perceived knowledge by exploring the concepts of planning, time management, presentation and use of technology to assist in the completion of the project. The way in which different students manage theoretical and practical matters associated with the timely development of a research project discriminates between the successful and the not so successful.

Once the research area is identified, students develop an action plan covering all aspects of the project and present a fully worked research proposal for assessment. Following approval, students implement the proposal and submit their report for consideration by a panel of examiners. A Viva-Voce exam will also be conducted.

Dissertation	Max Marks	200
Project Evaluation	100 (by external examiner).	
Internal evaluation Seminar	50	
Presentation NV & V	(15)	
Need & significance of title	(10)	
Justification of findings	(25)	
Specialization written test	50	
Project Evaluation : By External Examiner.		
Need &Significance of the study	- 10 }	
Methodology	- 40 }	
Review of Literature	- 30 }	100
Conclusion &Recommendations	- 20 }	

SCHEME OF EXAMINATIONS

M.Sc., (MEDICAL SOCIOLOGY)

Placement of subjects, number of teaching & practicals & Examination scheme

I year : Part I

	Paper - Subject	Internal Assessment (IA)		Theory		Practical		Viva	
		Max	Min	Max	Min	Max	Min	Max	Min
I st Year	Sociological Concepts & Sociology of Medicine	50	25	100	50	-	-	-	-
	Anatomy & Physiology of Health and Illness	50	25	100	50	-	-	-	-
	Health Policy and Health Care Delivery	50	25	100	50	-	-	-	-
	Social Psychology & Mental Health	50	25	100	50	-	-	-	-
	Research Methodology & Epidemiological Analysis	50	25	100	50	-	-	-	-
	Epidemics & Disaster Management	50	25	100	50	-	-	-	-
	Social and Preventive Medicine	50	25	100	50	-	-	-	-
	Health Education and Public Health Promotion	50	25	100	50	-	-	-	-

SCHEME OF EXAMINATIONS

M.Sc., (MEDICAL SOCIOLOGY)

Placement of subjects, number of teaching & practicals & Examination scheme

II Year : Part II

	Paper - Subject	Internal Assessment (IA)		Theory		Practical		Viva	
		Max	Min	Max	Min	Max	Min	Max	Min
II nd Year	Sociology in Medicine	50	25	100	50	-	-	-	-
	Hospitals Operations & Management	50	25	100	50	-	-	-	-
	Medical Terminology & Medical Records Management	50	25	100	50	-	-	-	-
	Medical Ethics and Laws	50	25 ¶	100	50	-	-	-	-
	Social Support & Counselling	50	25	100	50	-	-	-	-
	Total Quality Management	50	25	100	50	-	-	-	-
	Dissertation	100	50 Ω	100 ****	50	-	-	- *****	-

**** Evaluation and approval of the dissertation.
*****Viva.
¶ Case Studies - medico - legal in nature.
Ω Refer Dissertation (page 14) for further details.

***RESIDENCY TRAINING

During the*** Residency Training placement (before the commencement of the second year of study) in the hospitals, students are expected to note down their observations in the log book. On the day of reporting for the second year of study, the students should submit a report of the Residency Training placement followed by a presentation of their Residency Training posting.

The report, presentation and the log book will be evaluated and taken under Internal Assessment for the subject “Sociology in Medicine”.

During the Residency Training a project work has to be completed and dissertation submitted upon completion.

This dissertation will be forwarded to the University for evaluation.
