



**POSTGRADUATE INSTITUTE OF MEDICINE
UNIVERSITY OF COLOMBO, SRI LANKA**

PROSPECTUS

**MSc IN MEDICAL ADMINISTRATION
(To be effective from the year 2019)**

BOARD OF STUDY IN MEDICAL ADMINISTRATION

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This prospectus is made under the provisions of the Universities Act, the Postgraduate Institute of Medicine Ordinance, and the General By-Laws: No. 3 of 2016 for Master's Degree Programmes.

1. Introduction

Administration and management of healthcare institutions, divisions and directorates have been carried out by Medical Officers (MO), since the inception of the healthcare delivery system in Sri Lanka. Medical Administrators have the responsibility to improve the healthcare provision in a sustainable manner in the general and health-specific administration of Ministry of Health, Provincial & Regional directorates and tertiary and secondary care hospitals. The scope of Medical Administration includes health planning, implementation and evaluation, human resource management, health economics, etc. in addition to general administrative functions.

Thus, it was necessary to provide MOs who are undertaking administrative positions in the Ministry of Health as well as in Provincial and Regional directorates with the necessary knowledge, skills and attitudes that would allow them to become efficient medical administrators. The establishment of the MSc programme in Medical Administration was the first step in this endeavor. The MSc is also the stepping stone for the MD programme in Medical Administration in Sri Lanka. The programme meets the requirements of the relevant qualification descriptors and level descriptors of the Sri Lanka Qualifications Framework, and is set at Level 10 of the Sri Lanka Qualifications Framework.

2. Objectives and Outcomes

2.1. General Objective

To produce a graduate who will have competencies in managerial, advisory, research and communication responsibilities, so as to become an efficient and effective healthcare administrator. It is expected that graduates of this programme will be executing the above roles to ensure that the health system meets the demands of the country.

2.2. Learning Outcomes

On successful completion of this course, the graduates will be able to:

- Identify problems within the system and develop short term and long term plans to remedy such problems by utilizing and mobilizing available resources within the broader framework of the Sri Lankan health policy.
- Undertake monitoring and evaluation of policies, programs and implementing strategies, from time to time, by utilizing health systems and epidemiological methodologies to provide feedback to different levels ranging from the community to policy makers.

- Establish efficient and effective channels of communication among different levels of health staff and various sectors so that the individual and group responsibilities are clearly known.
- Promote inter-sectoral and intra-sectoral coordination to ensure the provision of quality health care.
- Develop skills in supervising health teams to assure quality of work through a process of inquiry and corrective action.
- Keep abreast of recent advances in health management through a process of continuing self-learning.
- Carry out the assigned and expected duties within a professional code of conduct while upholding clearly defined social values.

3. Eligibility Criteria

In order to be eligible to sit the selection examination, candidates must have:

- a) A medical degree registered with the Sri Lanka Medical Council (SLMC)
- b) Satisfactory completion of internship acceptable to the SLMC
- c) Satisfactory completion of three (3) years of post-internship in Medical/Clinical practice in a university/public/private sector institution in Sri Lanka acceptable to the PGIM.

Or

- a) A dental degree registered with the Sri Lanka Medical Council (SLMC)
- b) Satisfactory completion of five (5) years of full-time work in dental practice acceptable to the PGIM.

Notes:

- The criteria prescribed above should be satisfied by the applicants as at the date of closure of applications. Where a short-fall has occurred due to any reason, including sick, maternity or other leave, the doctor concerned should complete the shortfall in order to become eligible to apply for the Selection Examination.
- Foreign nationals applying to register for selection examinations should possess a medical degree registrable with the SLMC. The decision of the Board of Management will be final in all such applications. Foreign dental surgeons should possess one year of dental practice acceptable to the Board of Study.

4. Selection Examination for MSc (Medical Administration)

The selection examination will be in two stages. Please see [Annexure I](#) for content areas tested at the selection examination.

4.1. Stage 1: Theory examination

Stage 1 will consist of two theory papers on general management and management of health services.

Paper 1: The paper will consist of five (5) essay questions to be answered in three hours. Each question will be marked out of 20 and the total marks available for the paper is 100.

Paper 2: The paper 2 will consist of twenty (20) Short Answer Questions including Situational Judgement Test (SJT) Questions to be answered in two hours. Each question will be marked out of five (5) and the total marks available for the paper 2 will be 100.

(Note that in accordance with the PGIM general regulations, each question paper will be marked by two independent examiners and the final mark will be decided by averaging the marks given by the two examiners).

In order to pass the theory component, a candidate must obtain a total aggregate of at least 50% of the total available marks for the two papers and at least 40% for each paper.

4.2. Stage 2: Oral Examination

Eligibility: Candidates who are successful in Stage 1 (theory examination) will be eligible to take part in the oral examination.

Format of the exam: The oral examination will take the form of a series of Past Behavioral Interviews assessing the six domains of leadership, decision making, communication, ethics and values, professionalism, and creativity. The candidates will be questioned on their past experiences and behaviour linked with each of these domains. The experiences may be from the candidate's early education, undergraduate years, professional practice or family life.

Process: Each candidate shall complete three behavioral interviews lasting 20 minutes each conducted by three separate panels. Each panel will consist of two examiners and shall assess a combination of domains. All candidates will go through the same three panels. The combination of domains assessed may vary from one panel to the next and a single domain may be assessed at multiple panels. Thus, the marks available for each panel may vary and the marks given for each domain shall also vary.

Candidates are expected to answer each of the questions raised by the panel using their past experiences and are advised to present using the following structure:

Context:	A specific instance in which the candidate demonstrated a particular competency;
Action:	What the candidate did in order to demonstrate the said competency;
Result:	What were the results achieved?

The examiners may raise probing/clarification questions during the interview as the candidate presents his or her experience.

Each examiner will mark each candidate independently using the scale provided in Annexure II. The marks given for each domain will be aggregated and shall be converted into a mark out of 100.

In order to qualify, a candidate must obtain an overall 50% of the marks available for the whole oral examination.

4.3. Requirements to pass the selection examination:

A candidate who passes both stages of the examination shall become eligible for selection into the programme.

The number of trainees to be selected for the training program each year will be determined by the Board of Study, which will be indicated in the exam circular published by the PGIM for the relevant selection examination.

The selection will be based on merit, in accordance with the General Regulations of the PGIM.

5. Training Program for MSc (Medical Administration)

The duration of the training program will be one year and six months and will consist of three components; Foundation program, Course Work and Research project (Dissertation).

5.1. Foundation program (MSc-MA-FP)

The foundation programme will be 12 weeks in duration and is aimed at providing the trainees with an orientation regarding the field of medical administration and impart desirable skills. The programme will be conducted in centers recognized by the Board of Study.

The programme will make use of multiple teaching and learning methods including small group discussions, direct observational learning, problem based learning and face to face presentations. The programme will be organized from 8.00 am to 4.00 pm on weekdays over the 12 week period as illustrated in Annexure III. Trainees are required to submit structured reports to the PGIM through the designated supervisor at the end of training, using the format shown in Annexure IV.

The structured reports shall be evaluated by the Board of Study and necessary remedial actions to improve the performance of the trainee shall be recommended in consultation with the respective supervisors. These may include re-visiting of relevant areas of work within hospital administration or provincial/MOH administration and repeat presentations.

5.2. Course work

The course work will include the units and sub-units described in Annexure V. A minimum of 80% attendance at all learning activities in each course is required to qualify to sit the final examination. Course work will consist of following courses and sub-units.

Table 1 : Organization of courses

Course name	Sub-units
Introduction	1.1. Health and development
	1.2. Health and health related national policies
Introduction to Basic Sciences	2.1. Statistics
	2.2. Epidemiology
	2.3. Demography
	2.4. Health Economics
	2.5. Research Methodology
	2.6. Computer applications
	2.7. Behavioural Sciences
Planning and Development	3.1. Management information systems
	3.2. Planning, monitoring and evaluation
Management Sciences	4.1. Theory and practice of management.
	4.2. Organizational behavior
	4.3. Human resources development and Management
	4.4. Financial Management
	4.5. Management of logistics and medical supplies
	4.6. Communication and public relations
	4.7. Office management
	4.8. Public administration
Management of Community Health Services	5.1. Management of public health services
	5.2. Health education
	5.3. International health and the related agencies
	5.4. Community participation in healthcare
Management of Patient Care Services	6.1. Management of Hospitals
	6.2. Disaster Management
	6.3. Update in clinical medicine & health technology

Teaching and learning methods

The learning activities during course work will include;

- a) Small group discussions, tutorials and practical
- b) Individual and group assignments
- c) Field exercises in actual work situations (health care institutions and the community)

In addition to the above learning activities, trainees are expected to meet their assigned supervisors, carry out literature surveys and do self-learning activities.

5.3. Research project leading to a Dissertation (MSC-MA-RP)

Candidates shall prepare and submit a dissertation in accordance with the guidelines provided in Annexure VI on a topic and proposal approved by the Board of Study. The completed dissertation should be submitted at least one month before the Final Assessment/MSc Examination. The dissertation carries 15 credit points.

Table 2 illustrates the learning hours and the allocation of credits for various components in the training programme.

Table 2: Summary of the hours of learning and credit allocations

Course Code	Course name	Lectures/ face-to- face sessions	Practical	Independent learning	Total notional hours	Total credits
MSC-MA-FP	Foundation program	300	50	250	600	12
MSC-MA-01	Introduction	30	10	60	100	2
MSC-MA-02	Introduction to Basic Sciences	150	100	200	450	9
MSC-MA-03	Planning and development	60	70	120	250	5
MSC-MA-04	Management Sciences	80	60	160	300	6
MSC-MA-05	Management of Community Health Services	70	40	140	250	5
MSC-MA-06	Management of Patient Care Services	80	60	160	300	6
MSC-MA-RP	Independent research			1500	1,500	15
	Total				3,750	60

Note: The credit values have been calculated in accordance with the guidelines provided in the Sri Lanka Qualification Framework 2015 (SLQF).

6. Progress Monitoring

Multi-Source Feedback (MSF)	Trainees are expected to obtain MSF as per PGIM guidelines at the completion of 8 weeks of hospital administration attachment of the foundation programme. The guidelines for obtaining MSF is available in the PGIM website.
Structured supervisor reports	Trainees shall submit two structured supervisor reports on completion of the attachment on hospital administration (8 weeks) and attachment at Primary Medical Care Unit/ Divisional Hospital/ Base Hospital/DGH/MOH Office (4 weeks) in relation to the foundation programme. The structure and the relevant instructions to be followed are given in <u>Annexure IV</u> .
Report on progress of research	Trainees must submit two progress reports signed by the supervisor assigned to supervise the research project at 3 months and 7 months from the date of approval of the research proposal. Trainees may use the format in <u>Annexure VII</u> to complete these reports.

7. Continuous Assessments

There will be two continuous assessments during the programme.

7.1. Continuous assessment 1 (CA1):

CA1 will assess trainees on contents related to the following courses;

MSC-MA-01	Introduction
MSC-MA-02	Introduction to Basic Sciences
MSC-MA-03	Planning and development

7.2. Continuous assessment 2 (CA2):

CA2 will assess trainees on contents related to the following courses;

MSC-MA-04	Management Sciences
MSC-MA-05	Management of Community Health Services
MSC-MA-06	Management of Patient Care Services

CA1 and CA2 will be held on completion of the respective courses and the exact dates of the examinations will be notified to the trainees during the programme.

Each continuous assessment will take the form of a “true/false” type MCQ Paper with 20 questions (each question consisting of five responses). Each paper is to be answered within one hour. Minus marks will be awarded for each question but will not be carried forward

(minimum 0 and maximum 5 for each question). Each MCQ paper shall be marked out of 100.

A candidate must obtain at least 40% or more for each paper to pass the continuous assessment.

8. MSc Examination

8.1. Eligibility to sit the MSc Examination

A candidate must fulfill the following criteria in order to sit the MSc Examination.

1. Demonstrate 80% attendance for learning activities in each course.
2. Submit structured supervisor reports pertaining to the Foundation Programme, signed by the designated supervisor.
3. Complete at least one Multi-source Feedback (MSF)
4. Submit the dissertation.

8.2. Structure of the MSc Examination

The MSc examination shall consist of three components:

- Written examination
- Dissertation
- Oral examination

8.2.1. Written Examination

The written examination will consist of two sections. Section A and Section B. Each section shall consist of two written papers.

Section A: This section will focus on Basic Sciences in relation to Medical Administration and Management. It will consist of two papers, paper A1 and paper A2.

Paper A1: This paper will consist of five (5) Essay Questions to be answered in 3 hours. Each question will be allotted 30 marks. The total marks obtained for all questions shall be converted into a mark out of 100.

Paper A2: This paper shall consist of 15 Short Answer Questions to be answered in 2 hours. Each question will be allotted 10 marks and the total marks shall be converted to a mark out of 100.

Section B: This section will focus on application of Management Sciences in Health. It will consist of two papers, paper B1 and paper B2.

Paper B1: This paper will consist of five (5) Essay Questions to be answered in 3 hours. Each question will be allotted 30 marks and the total marks obtained shall be converted to a mark out of 100.

Paper B2: This paper shall contain 15 Short Answer Questions to be answered in 2 hours. Each question will be allotted 15 marks and the total marks obtained shall be converted to a mark out of 100.

Each question paper will be marked by two independent examiners, in compliance with the General Regulations and Guidelines of the PGIM.

A candidate shall be considered to have passed the written examination, if the candidate obtains;

1. a minimum of 50% of the total marks for both Section A and Section B (200 marks or more out of 400) and,
2. a minimum of 40% of the marks allocated for each paper (40 marks or more out of 100 marks).

8.2.2. Dissertation

The dissertation will be marked independently by two examiners according to the marking scheme given. Please see [Annexure VI](#) for the format and the marking scheme.

The total marks obtained for the dissertation shall be converted into a mark out of 100.

A candidate who obtains 50% or more for the dissertation shall be considered to have passed the dissertation component of the MSc Examination.

8.2.3. Oral examination

This will be based on a structured viva on health management concepts, theories and its application in relation to designated subject areas. Candidates will be assessed by two panels consisting of two examiners each who will mark independently as per marking scheme shown in [Annexure VIII](#). A candidate will spend 20 minutes each at a panel. The total marks obtained at the oral examination shall be converted into a mark out of 100.

8.3. Requirement to Pass the MSc. Examination

Following criteria need to be fulfilled for a candidate to be considered as having passed the MSc examination.

First attempt candidates:

1. Pass the written examination
2. Pass the dissertation

3. Pass the continuous assessment
4. Obtain an overall 50% or more of the marks available for continuous assessment, written examination, oral examination, and the dissertation

Second and subsequent attempt candidates:

1. Pass the written examination
2. Pass the dissertation
3. Obtain an overall 50% or more of the marks available for the written examination, oral examination, and the dissertation

4. Award of the Degree of MSc (Medical Administration)

A candidate who passes the MSc examination, shall be eligible for the award of the degree of MSc (Medical Administration).

5. Procedure for Unsuccessful Candidates

a. Re-attempt of exam components

A candidate who is unsuccessful in any of the components at the MSc Examination shall re-attempt the said unsuccessful component at a subsequent examination.

The maximum marks awarded to a candidate re-attempting any of the exam components shall be 50%.

A successful dissertation shall be accepted for all following attempts at the MSc examination.

The number of attempts at the MSc examination permitted will be in accordance with the General Regulations and Guidelines of the PGIM.

b. Re-submission of the dissertation

A candidate who receives 40% or more and less than 50% for the dissertation shall re-submit the dissertation following addressing the corrections suggested by the examiners within 3 months. The re-submission in this case should be endorsed by the supervisor and shall be re-examined.

A candidate who receives 30% or more and less than 40% may re-submit the dissertation for evaluation in a subsequent attempt after addressing the revisions suggested by the examiners endorsed by the supervisor.

A candidate who receives a mark below 30% shall re-do the research project and re-submit at a subsequent attempt endorsed by the supervisor as a fresh submission.

6. Faculty Resources

Course unit advisors, lecturers and other resource personnel will be appointed by the Board of Study. The examiners will be appointed by the Senate of the University of Colombo on the recommendation of the Board of Study and approved by the Board of Management.

7. Recommended Reading

Please refer individual courses under Annexure V for the recommended reading.

8. Contributors to the Revision of the Prospectus

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Note:

- Any section of this prospectus may be changed from time to time at the discretion of the Board of Study with the approval of the Board of Management.
- With regard to the interpretation of the clauses in the prospectus, the decision of the Board of Management will be final.

Annexure I: The Subject (Content) Areas Tested in the Selection Examination

The subject areas covered for the selection examination will be based on the undergraduate syllabus and principles related to following areas.

- Basic epidemiology, basic demography and basic Statistics
- Prevention and control of communicable and non-communicable diseases including health promotion, process of disease notification and outbreak investigation
- Important aspects of inpatient and outpatient services in different levels of hospitals
- Medico legal responsibilities in hospital management
- Managerial aspects of supportive and ancillary services in the hospital
- Emergency services available in the hospital
- Managerial aspect of general and medical supplies
- Process and importance of hospital waste management
- Managerial aspect of hospital dental care services
- Human resource management, performance appraisal and conflict management
- Communication skills and public relations
- Health management information system
- Healthcare quality and safety
- Healthcare management leadership, supervision and motivation
- Medical ethics
- Healthcare planning
- Disciplinary procedures in health care services
- Disaster management
- Public private partnership
- Health policies
- Project and program management
- Office management
- Financial management and procurement
- Drug and equipment management
- Maintenance of buildings and vehicles

Annexure II: Marking Scheme for Oral Examination (Selection Exam)

Competency	Descriptor	Level of evidence					Mark
		No evidence	Poor	Average	Good	Excellent	
		0	1	2	3	4	
Leadership	<p>Gets others committed to a clear vision that truly drives the business; leads and inspires staff to achieve stretch goals and creates a climate in which people will excel in achieving their best.</p> <p><i>Sample question: Share your own experience as a Leader?</i></p>						
Decision making	<p>Possess the ability to analytically assess all factors and makes timely decisions based on a mixture of analysis, experience and judgment.</p> <p><i>Sample question: Share your experience on making decisions in an organization environment?</i></p>						
Communication	<p>Communicates effectively with all levels of people in the Organization; effectively uses verbal and non-verbal communication with impact; actively listens to others even when they have a different point of view.</p> <p><i>Sample question: How can you establish and execute organizational communication?</i></p>						
Ethics and value	<p>Conducts self, business dealings and relationships with the highest ethical standards and values and acts as a socially responsible citizen.</p> <p><i>Sample question: How do you ensure to champion the values and ethics in your organization?</i></p>						
Professionalism	<p>Conducts all business dealings in a professional manner, displays high</p>						

	<p>level of commitment towards work, the people and the Organization.</p> <p>Sample question: Share how you will conduct business dealings in a professional manner?</p>							
Creativity	<p>Is able to understand the importance of creative thinking. Implements new ideas by challenging the traditional thought process and stresses the benefits of the idea to key stakeholders.</p> <p>Sample question: Share how do you challenge the process and create new thinking in an organization?</p>							
Aggregate mark								

Explanation of the marking scale:

- Excellent:** The candidate identified a meaningful situation that provided strong and consistent demonstration of the competency and/or technical skill through excellent evidence of meaningful behaviours.
- Good:** The candidate provided solid positive evidence of having demonstrated the competency and/or technical skill through a wide range of effective behaviours.
- Average:** The candidate provided adequate evidence of having demonstrated the competency and/or technical skill through several effective behaviours.
- Poor:** The candidate provided poor positive evidence of having demonstrated the competency and/or technical skill through limited effective behaviours.
- No evidence:** The candidate did not provide any positive evidence of having demonstrated the competency and/or technical skill

Annexure III: Foundation Programme (MSC-MA-FP)

The candidates who are successful in the selection examination of the MSc in Medical Administration have to undergo a 12 weeks Foundation Programme at a center recognized by the Board of Study, in order to orient themselves in the field of Medical Administration.

The total allocated 12 weeks duration will be spent at following institutions. The total credits allocated for the foundation programme is 12.

Credit breakdown (12 credits)		
Small group discussions / classroom sessions / observations	Practical / report writing	Self-study and independent learning / observations
300	50	250

S/N	Institution	Duration
1.	Teaching Hospital/Specialized Hospital /Provincial General Hospital/ District General Hospital	8 Weeks
2.	Office of the Provincial/Regional Director of Health Services / Provincial Hospitals / Medical Officer of Health office	4 Weeks

Areas of learning and tentative time durations are given in the following table. Trainee will be given lectures on specific areas of concern and followed by the visits to the relevant departments/units/sections at the designated institution with the permission of the supervisor. The institutions and the supervisors for the prescribed training will be decided by the Board of Study.

1. Teaching Hospital/Specialized Hospital /Provincial General Hospital/ District General Hospital (8 weeks)

No.	Subject area	Objective	Period	Activities & Method of learning
1.	Office management	Describe effective office management practices.	2 days	Small group discussions, observations, interviews and document reviews.
2.	Finance management	Discuss best practices in finance management	2 days	Small group discussions, observations, interviews and document reviews.
3.	OPD management	Explain effective OPD management practices	2 days	Small group discussions, observations, interviews and document reviews.

4.	Clinic management	Explain best practices in clinic management	2 days	Small group discussions, observations, interviews and document reviews.
5.	Ward management	Discuss ward management practices	2 days	Small group discussions, observations, interviews and document reviews.
6.	Drug/medical supplies management	Discuss medical supplies management	2 days	Small group discussions, observations, interviews and document reviews.
7.	Laboratory services	Explain effective laboratory management practices	1 day	Small group discussions, observations, interviews and document reviews.
8.	Radiology services	Discuss best practices in radiology service management	1 day	Small group discussions, observations, interviews and document reviews.
9.	Physiotherapy services	Discuss effective physiotherapy services management practices	1 day	Small group discussions, observations, interviews and document reviews.
10.	Waste management/infection control	Discuss effective waste management practices and infection prevention control (IPC)	1 day	Small group discussions, observations, interviews and document reviews.
11.	Central Sterile Services Department	Describe CSSD management practices	1 day	Small group discussions, observations, interviews and document reviews.
12.	Stores management	Explain best practices in general store management	1 day	Small group discussions, observations, interviews and document reviews.
13.	Blood bank services	Discuss effective management of Blood Bank services	1 day	Small group discussions, observations, interviews and document reviews.

14.	Medico legal Services	Discuss Medico legal Services and management of mortuary services	1 day	Small group discussions, observations, interviews and document reviews.
15.	Diet services	Discuss the dietary services of the hospital	1 day	Small group discussions, observations, interviews and document reviews.
16.	Utility services	Explain best practices in utility services management.	1 day	Small group discussions, observations, interviews and document reviews.
17.	Quality and safety /planning	Describe quality and safety program of the hospital Explain the functions of planning unit	2 days	Small group discussions, observations, interviews and document reviews.
18.	Vehicle/ ambulances management	Describe the vehicle/ambulances management practices	1 day	Small group discussions, observations, interviews and document reviews.
19.	Theatre management	Discuss best practices in theatre management	1 day	Small group discussions, observations, interviews and document reviews.
20.	HR management	Discuss HR management practices	2 days	Small group discussions, observations, interviews and document reviews.
21.	Medical record room /Hospital Information system	Explain record keeping and hospital information system	1 day	Small group discussions, observations, interviews and document reviews.
22.	Public health activities	Explain the role of MO public health and related activities	1 day	Small group discussions, observations, interviews and document reviews.
23.	Biomedical equipment management	Explain bio medical equipment management practices	1 day	Small group discussions, observations, interviews and document reviews.

24.	Ethical aspects	Discuss ethical and legal aspects of patient care	1 day	Small group discussions, observations, interviews and document reviews.
25.	Disciplinary procedure	Discuss disciplinary procedure	1 day	Small group discussions, observations, interviews and document reviews.
26.	Reviewing the managerial activities of the hospital	Explain best practices related to meetings, committees and reviews	1 day	Small group discussions, observations, interviews and document reviews.
27.	Welfare activities	Discuss welfare activities of the hospital	1 day	Small group discussions, observations, interviews and document reviews.
28.	Inter – sectoral coordination	Explain inter sectoral coordination of activities	1 day	Small group discussions, observations, interviews and document reviews.
29.	Report writing and prepare presentation	Write and present gathered knowledge using appropriate means.	2 days	Evaluation and feedback by the supervisor
30.	Presentations to the supervisor	Develop skills related to making a presentation.	2 days	Evaluation and feedback by the supervisor

2. Office of the Provincial/Regional Director of Health Services / Provincial Hospitals / Medical Officer of Health office (04 weeks)

Trainees will be given an opportunity to learn about provincial/regional health services under the same supervisor. Following PDHS/RDHS areas have been selected by the Board of Study and inclusion/exclusion of placements will be decided with the availability of centers recognized by the Board of Study.

The trainee shall be assigned to the following units during this training.

Place	Objective	Activities & Method of learning	Period
Preliminary Medical Care unit	Describe management of PMCU	Study the patient care processes of the PMCU	1 day
Divisional Hospital	Explain management of divisional hospital	Study the patient care processes of the hospital	2 days
Base Hospital/DGH	Explain management of secondary care hospital	Study the patient care processes of the hospital	5 days
MOH Office	Discuss the management of MOH Office	Study the preventive Care services of the MOH Office	10 days
Presentations to the supervisor	Communicate effectively gathered knowledge in an effective manner.	Prepare power point presentations on above study areas	2 days

Annexure IV: Structured Supervisor Report for the Foundation Programme

Trainees are required to submit a structured report to the PGIM through the designated supervisor at the end of the period of training, using the format shown below. **Trainers are expected to complete the report based on the presentation made by each of the trainees at the end of the attachment and based on the overall assessment of the trainee's performance during the training.**

Report 1

Hospital Administration (Duration: 08 weeks)						
Period of Training		From				
		To				
Name of the trainer						
Name of the trainee						
Presentation date						
Slides attached:		Yes	No			
Area of Concern		Performance evaluation				
		1	2	3	4	5
		Poor	Fair	Good	Very Good	Excellent
1.	Office management					
2.	Finance management					
3.	OPD management					
4.	Clinic management					
5.	Ward management					
6.	Drug/medical supplies management					
7.	Laboratory services					
8.	Radiology services					
9.	Physiotherapy services					

10.	Waste management/infection control					
11.	Central Sterilized Service Department					
12.	Stores management					
13.	Blood bank services					
14.	Medico legal Services					
15.	Diet services					
16.	Utility services					
17.	Quality and safety /planning					
18.	Vehicle/ ambulances management					
19.	Theatre management					
20.	HR management					
21.	Medical record room /Hospital Information system					
22.	Public health activities					
23.	Biomedical equipment management					
24.	Ethical aspects					
25.	Disciplinary procedure					
26.	Reviewing the managerial activities of the hospital					
27.	Welfare activities					
28.	Inter – sectoral coordination					
Overall performance of the trainee:		Poor	Fair	Good	Very Good	Excellent

Signature of the Supervisor :

Date:

Report 2

Provincial hospital administration / MOH (Duration: 04 weeks)					
Period of Training	From				
	To				
Name of the trainer					
Name of the trainee					
Presentation date					
Slides attached:	Yes		No		
Area of Concern	Performance evaluation				
	1	2	3	4	5
	Poor	Fair	Good	Very Good	Excellent
1. Administration of Preliminary Medical Care unit					
2. Administration of Divisional Hospital					
3. Administration of Base Hospital/DGH					
4. Administration of MOH Office					
Overall performance of the trainee:	Poor	Fair	Good	Very Good	Excellent

Signature of the Supervisor :

Date :

Annexure V : Course Work

Course Code:	MSC-MA-01		
Course Name:	Introduction		
Credit Value:	2		
Core/Optional	Core		
Hourly Breakdown	Theory	Practical	Independent Learning
	30	10	60
<p>Course Aim/Intended Learning Outcomes: At the end of the module participant should be able to:</p> <ul style="list-style-type: none"> • Describe Issues and Perspective of Human Development • Identify and describe the inter relationships between the different sectors in development • Describe the relationships between health & Human Development • Describe an Appropriate Framework for Health in the context of National Development • Describe the health and its relationship with national policy frame work. Importance of health in all policies 			
<p>Course Content: (Main topics, Sub topics)</p> <ul style="list-style-type: none"> • Health & Development • Health & Health Related National Policies 			
<p>Teaching /Learning Methods:</p> <ul style="list-style-type: none"> • Health & Development <ul style="list-style-type: none"> ○ Lecture / Discussions ○ Small group assignments to interview Secretaries of development sectors ○ Visit to development project areas. Interviews with develop. Officers Worker Community members. Group work and presentation of reports. ○ Interviews with Health Professionals and Practitioners from different health and health related disciplines • Health & Health Related National Policies <ul style="list-style-type: none"> ○ Lecture / Discussions ○ Small group assignments /Student Presentations 			
<p>References/Reading Materials:</p> <p>Amartya Sen (1999) <i>“The ends and means of development” Chapter 2 from “Development as Freedom”, Oxford University Press.</i></p>			

France Stewart (2013) *“Capabilities and Human Development: Beyond the individual – the critical role of social institutions and social competencies”*

Mahbub ul Haq (1995) *“The Advent of the Human Development Report” Chapter 3 from “Reflections on Human Development”*, Oxford University Press.

Policy repository of Ministry of Health Sri Lanka - Colombo ; Ministry of Health,2016. ISBN 978-955-0505-82-1

Selim Jahan (2002) *“Evolution of the Human Development Index,” Section 2 from “Handbook of Human Development”*, Oxford University Press.

Sri Lanka National Health Policy 2016- 2025, Ministry of Health, Nutrition & indigenous medicine, Sri Lanka

Strategic framework for development of health services 2016 - 2025 - Colombo ; Policy Analysis and Development Unit . Ministry of Health , 2016 , ISBN 978-955-0505-81-4

Course Code:	MSC-MA-02		
Course Name:	Introduction to Basic Sciences		
Credit Value:	9		
Core/Optional	Core		
Hourly Breakdown	Theory	Practical	Independent Learning
	150	100	200

Course Aim/Intended Learning Outcomes:

At the end of the module participant should be able to:

Statistics

- Describe the role of statistics in health Administration
- Describe the nature and type of data needed to support the managerial process for health development. How data are collected and the various scales of measurement
- Describe the various ways of reducing and presenting and the purpose of doing so
- Define and calculate the indices of central tendency and location, their uses, interpretations and limitations.
- Define and calculate various measures of variability, their uses, interpretations and limitations.
- Describe concepts of probability sufficient to serve as background for the use of binomial and normal probability distributions and their uses.

- Describe the concepts of sampling error and how sampling error needs to be taken into account when ever inductive inferences are made from sample data
- Describe the sampling method that could be used in different situation
- Describe the meaning and application of tests of significance and their role in statistical inference.
- Undertake some of the tests of significance, sufficient to carry out the tests when required with the help of reference materials.
- Describe the theory and methodology of the chi-squared test sufficient to carry out the test when required with the help of reference materials.
- Describe the nature of statistical evidence for relationship be-tween different characteristics or event in a population and interpret the statistical methods and indices employed to describe and measures such relationships
- Describe the test of significance that may be used for two or more groups of ordinal data (nonparametric)
- Chose an appropriate significance test for different types of data and to evaluate other choices of statistical procedures

Epidemiology

- Describe the key concepts related to epidemiology including epidemiological approach, descriptive epidemiology, natural experiments.
- Discuss uses of epidemiology and evolution of epidemiology including the contribution by John Snow to epidemiology.
- Apply measurement tools in epidemiology in calculation of incidence rates, cumulative incidence & incidence density, special incidence rates, attack rate & secondary attack rate and uses of incidence.
- Describe prevalence rates including point prevalence & period prevalence.
- Describe uses of prevalence and relationship between incidence and prevalence
- Calculate measures of mortality including crude death rate, specific death rates and standardization of death rates: Direct, Indirect – Standardized mortality ratio (SMR), proportionate mortality & proportionate mortality ratio and survival rates (e.g. five-year survival).
- Discuss various epidemiological study designs, its classification and application; descriptive vs analytical, observational vs experimental including case control and cohort studies; retrospective vs prospective studies and case reports, case series, cross sectional, & correlational/ecological studies.
- Describe the design and application of experimental & quasi-experimental studies, community trials/drug trials, cluster randomized trials, application of simple randomization and its advantages & disadvantages.
- Explain single / double blinding
- Discuss types of error research
- Describe type of bias including selection, incidence –prevalence, Berkson’s bias, loss to follow up, information –Differential & non-differential (basics) Recall and

interviewer bias, confounding: definition, Measures to overcome (basics):
Selection stage – matching, restriction & randomization, Analysis stage-
stratified & multivariate analysis

- Discuss screening & diagnostic tests and criteria to decide the need for screening, Measures of test performance: sensitivity, specificity & predictive values positive & negative and bias related to evaluation of screening programmes
- Discuss important concepts related to quality of data including reliability, validity and causality

Demography

- Calculate basic demographic measures
- Estimate population and make projections
- Describe the population, health and development interactions

Health economics

- Describe core concepts as related to health sector with special emphasis on:-
 - the role of markets in health care
 - the role of the state in health care
- Describe health financing; issues of funding and pricing, sources, alternatives, impacts.
- Describe the issues involved in planning the health care system taking resource constraints and equity issues explicitly into account.
- Describe economic evaluation methods applicable to health care systems.
- Describe the link between Growth Development and Health
- Describe potentials for economic research on health sector issues.

Health system research methodology

- Describe the purpose, scope, content and characteristics of HSR
- Draft a HSR project proposal

Computer application

- Describe the potential uses of computers in Health Administration
- Apply basic P.C. software in health administration

Behavioural sciences

- Critically discuss and apply concepts relating the behaviors of patients, community, physicians, administrators and other health professionals to planning and implementing curative, preventive promotive and rehabilitative health programs and establishing Health Policy.

Course Content: (Main topics, Sub topics)

- Statistics
- Epidemiology
- Demography

<ul style="list-style-type: none">• Health economics• Health system research methodology• Computer application• Behavioural sciences
Teaching /Learning Methods: <ul style="list-style-type: none">• Lecture Discussions• Exercises• Field Visits• Demonstrations
References/Reading Materials: <p>Mario F. Triola (January 11, 2017) <i>Elementary Statistics (13th Edition)</i> , Pearson, ISBN-13: 978-0134462455</p> <p>Sprinthall, Richard C (2011) <i>Basic Statistical Analysis (9th, 12)</i>, Prentice Hal, ASIN: B008AU9JR2</p> <p>Ann Bowling (June 1, 2014) <i>Research Methods In Health: Investigating Health And Health Services (UK Higher Education OUP Humanities & Social Sciences Health) 4th edition</i> , Open University Press, ISBN-13: 978-0335262748</p> <p>Attanayake, Chandra . (1984). <i>The Theory of demographic transition and Sri Lanka's demographic experience</i>. Journal of Arts Science and Letters Special Silver Jubilee Issue February 1984. Available: http://dr.lib.sjp.ac.lk/handle/123456789/671. Last accessed 7th April 2019.</p> <p>C.M. Varkevisser , (February 1, 2004) ,<i>Designing and Conducting Health System Research Projects - Vol. 1 and 2: Proposal development and fieldwork & Data analyses and report writing</i>, KIT Publishers, ISBN-13: 978-9068321500</p> <p>Department Of Census And Statistics. (Latest Version). <i>Sri Lanka Demographic And Health Survey</i>(Latest Report Available).</p> <p>Center for Disease Control and Prevention (CDC), 2006. <i>Principles of Epidemiology in Public Health Practice: An Introduction to Applied Epidemiology and Biostatistics</i>, Third Edition. Atlanta, GA 30333.</p> <p>Epidemiology Unit, Ministry of Health, Sri Lanka, 2012. <i>Immunization Handbook</i>, 3rd Ed. Colombo.</p> <p>Epidemiology Unit, Ministry of Health, Sri Lanka, 2012. <i>Surveillance Case definitions for Notifiable Diseases in Sri Lanka</i>, 2nd Ed. Colombo.</p> <p>Epidemiology Unit, Ministry of Health, Sri Lanka, 2012. <i>National Guidelines on Immunization Safety Surveillance</i>. Colombo.</p>

Hennekens, C.H., Buring, J.E. (2006). *Epidemiology In Medicine*, Brown and Company, Boston.

Henarath H.D.N.P. Opatha, (2016), *Human Resource Management* , 7th print (revised), Sharp Graphic House (Pvt) Ltd, ISBN 978-955-95885-9-7

Henarath H.D.N.P. Opatha, (2016), *Organizational Behavior*, Feather Print Service, ISBN 978-955-7843- 00-1

Hine, F.R (1983), *Introduction to Behavioral Science in Medicine*, Springer, ISBN 978-1-4612-5452-2

Indralal De Silva.W (2015), *Sri Lanka Paradigm shift in population*, Fortune printers , ISBN 9789554978-01-0

Janet Peacock (February 1, 2011) *Oxford Handbook of Medical Statistics (Oxford Medical Handbooks) 1st Edition*, Oxford University Press, ISBN-13: 978-0199551286

Judith J. Baker (February 23, 2017) *Health Care Finance: Basic Tools for Nonfinancial Managers 5th Edition*, Jones & Bartlett Learning, ISBN-13: 978-1284118216

Lorna Guinness (October 1, 2011), *Introduction to Health Economics (Understanding Public Health)*, 2nd Edition, Open University Press, ISBN-13: 978-0335243563

Lucas,R. M., McMichael, A. J. (2005 October). Association of causation: evaluating links between “environment and disease”. *Public Health Classics. Bulletin of the World Health Organization*, 83(10), 792-795.

Geoffrey Steinberg (2008), *Introduction to Computer Information Systems 1st (first) Edition*, Kendall Hunt Publishing, ASIN: B00E2843CM

Ranjit Kumar (February 11, 2019), *Research Methodology: A Step-by-Step Guide for Beginners Fifth Edition*, SAGE Publications Ltd , ISBN-13: 978-1526449900.

Stefane M. Kabene (July 31, 2010) *Human Resources in Healthcare, Health Informatics and Healthcare Systems 1st Edition*, ISBN-13: 978-1615208852

Thomas E. Getzen (November 27, 2012), *Health Economics and Financing 5th Edition*, Wiley, ISBN-13: 978-1118184905

Journals recommended:

- Oxford journal of healthcare quality and safety
- BMJ journal quality & safety
- International journal of patient safety
- Journal of Health Management
- The International Journal of Human Resource Management
- Journal of Patient Safety & Infection Control

Course Code:	MSC-MA-03		
Course Name:	Planning and development		
Credit Value:	5		
Core/Optional	Core		
Hourly Breakdown	Theory	Practical	Independent Learning
	60	70	120
<p>Course Aim/Intended Learning Outcomes: At the end of the module participant should be able to:</p> <p>Management Information System</p> <ul style="list-style-type: none"> • Describe the role of information in health management • Describe the main elements /steps in de-signing a Management Information System • Describe relevant methods of data collection and the problems therein. • Present analyzed data • Interpret analyzed data • Design methods of information feedback • Describe the practical experiences with specific M.I. S <p>Planning, Monitoring & Evaluation of Health Services</p> <ul style="list-style-type: none"> • Describe the concepts, principals and models of planning • Assess the cur-rent health situation and the future health scenario • Identify health, health related and health system problems • Prioritize the problems • Set feasible objectives and targets • Defend selection of strategies • Undertake constraint analysis • Prepare feasible estimates of resources required to achieve the set objectives of a program / project • Draft a project proposal • Describe the concepts of monitoring & control and the role of monitoring in health management 			
<p>Course Content: (Main topics, Sub topics)</p> <ul style="list-style-type: none"> • Management Information System • Planning, Monitoring & Evaluation of Health Services 			
<p>Teaching /Learning Methods:</p> <ul style="list-style-type: none"> • Lecture discussion • Group work 			

References/Reading Materials:

Alan M. Zuckerman (February 15, 2012) Healthcare Strategic Planning (Ache Management) Third Edition, Health Administration Press, ISBN-13: 978-1567934342

Cynthia Hayward (April 14, 2016), Healthcare Facility Planning: Thinking Strategically (ACHE Management) Second Edition, Health Administration Press, ISBN-13: 978-1567938005

Karen A. Wager (March 27, 2017), Health Care Information Systems: A Practical Approach for Health Care Management 4th Edition, Jossey-Bass; ISBN-13: 978-1119337188

Strategic framework for development of health services 2016 - 2025 - Colombo ; Policy Analysis and Development Unit . Ministry of Health , 2016 , ISBN 978-955-0505-81-4

Course Code:	MSC-MA-04		
Course Name:	Management sciences		
Credit Value:	6		
Core/Optional	Core		
Hourly Breakdown	Theory	Practical	Independent Learning
	80	60	160

Course Aim/Intended Learning Outcomes:

At the end of the module participant should be able to:

Theory and Practice of Management

- Describe the basic concepts, principals and process of management
- Describe the principals and process of organizing work
- Describe the processes, procedures, methods and techniques of problem solving and ecision making
- Describe the process, procedures, methods and techniques of problem analysis

Organizational Behavior

- Describe the process and procedures of
 - developing leadership
 - motivating staff
 - Team building
 - Conflict resolution and
 - Managing executive stress

Human Resources Development and Management

- Describe the process and procedures in planning for health manpower
- Estimate requirements of selected categories of health manpower
- Design in-service training activities
- Describe the process and procedures of supervision
- Describe the application of performance appraisal in the management of human resources

Financial Management

- Describe the process, methods and procedures of budgeting control of and expenditure of finances

Management of Physical Resources

- Describe the process and procedures of managing drugs and such other supplies
- Describe the process and procedures of managing equipment
- Describe the process and procedures of managing vehicles

Communication & Public Relations

- Describe the important process methods and the techniques for effective communication within the Organization
- Describe the process and procedures of effective Public Relations

Office Management

- Describe the process, methods, techniques and procedures of managing an office so as to facilitate achievement of its objectives

Public Administration

- Describe the constitutional framework, policies and trends and institutional agreements, regulations and the processes governing public administration

Course Content: (Main topics, Sub topics)

- Theory and Practice of Management
- Organizational Behavior
- Human Resources Development and Management
- Financial Management
- Management of Physical Resources
- Communication & Public Relations
- Office Management
- Public Administration

Teaching /Learning Methods:

- Lecture discussion
- Group discussion
- Case studies

- Seminars
- Panel discussion
- Role plays

References/Reading Materials:

Anne Barker (December 12, 2005), *Leadership Competencies for Clinical Managers: The Renaissance of Transformational Leadership* 1st Edition, Jones & Bartlett Learning, ISBN-13: 978-0763747411

Beaufort Longest Jr. (May 21, 2014) , *Managing Health Services Organizations and Systems* Sixth Edition, Health Professions Press, ISBN-13: 978-1938870002

Bhoresh Dhamija, (1 Feb 2012) *Clinical Audit for Doctors and Healthcare Professionals: A comprehensive guide to best practice as part of clinical governance 2nd Edition* , BPP Learning Media, ISBN-13: 978-1445384047

Brian T. Denton (February 28, 2013) *Handbook of Healthcare Operations Management*, Springer, ISBN-13: 978-1461458845

Bruce J. Fried (April 1, 2011), *Fundamentals of Human Resources in Healthcare (Gateway to Healthcare Management) 3rd Edition*, Health Administration Press, ISBN-13: 978-1567933635

Eileen Morrison (February 12, 2019), *Ethics in Health Administration: A Practical Approach for Decision Makers 4th Edition*, Jones & Bartlett Learning , ISBN-13: 978-1284156119

Gary Dessler , (January 14, 2018), *Fundamentals of Human Resource Management (5th Edition) (What's New in Management) 5th Edition* , Pearson. ISBN-13: 978-0134740218

James Roughton (March 18, 2019); *Safety Culture: An Innovative Leadership Approach 2nd Edition*, Butterworth-Heinemann, ISBN-13: 978-0128146637

Margie Lovett-Scott, (October 11, 2012), *Global Health Systems: Comparing Strategies for Delivering Health Systems 1st Edition* , Jones & Bartlett Learning, ISBN-13: 978-1449618995.

Matthew Forck CSP, (April 29, 201), *What Safety Leaders Do: The Insider's Handbook for Safety Leadership Tips, Tactics, Secrets & Ideas* , CreateSpace Independent Publishing Platform, ISBN-13: 978-1475132120

Max Moullin (November 22, 2002), *Delivering Excellence In Health and Social Care: Quality, Excellence and Performance Measurement 1st Edition*, Open University Press, ISBN-13: 978-0335208883

Nancy Borkowski (August 28, 2015), *Organizational Behavior, Theory, and Design in Health Care 2nd Edition*, Jones & Bartlett Learning, ISBN-13: 978-1284050882

Paul J. Feldstein, (2019), *Health Policy Issues: An Economic Perspective 7 edition*, Health Administration pr, ISBN13: 9781640550100

Peter M. Ginter,(February 5, 2018), *The Strategic Management of Health Care Organizations 8th Edition*, Wiley, ISBN-13: 978-1119349709

Stephen P. Robbins (January 19, 2017) *Management (14th Edition)*, Pearson, ISBN-13: 978-0134639680

Thomas S. Bodenheimer (February 29, 2016), *Understanding Health Policy: A Clinical Approach, Seventh Edition*, McGraw-Hill Education / Medical, ISBN-13: 978-1259584756

William Wilmot , (January 12, 2010), *Interpersonal Conflict 8th Edition*, McGraw-Hill Humanities/Social Sciences/Languages, ISBN-13: 978-0073385136

Course Code:	MSC-MA-05		
Course Name:	Management of Community Health Services		
Credit Value:	5		
Core/Optional	Core		
Hourly Breakdown	Theory	Practical	Independent Learning
	70	40	140

Course Aim/Intended Learning Outcomes:

At the end of the module participant should be able to:

Public Health Services

- Describe the development of the public health services (PHS) in Sri Lanka
- Describe the managerial strategies, processes and procedures applied in implantation of public health services in the Ministry of Health
- Describe the organization, range, quality and quantity of PH services delivered by organizations other than Ministry of Health
- Describe the common social and health problems in childhood and the methods of prevention
- Describe the nutritional problems in Sri Lanka and their causes
- Describe the health problems in special population groups

<ul style="list-style-type: none"> • Identify the environmental factors that influence health and indicate services available for improving health through environmental control • Evaluate selected Public Health Programs <p>Health Education</p> <ul style="list-style-type: none"> • Define and discuss the process of health education including the basic principles • Describe the basic principles underlying the learning process • Discuss human motivation • Describe the communication process. • Discuss the use of visual aids in health education • Describe the change process • Describe as to how to plan implement and evaluate health education program <p>International Health and Related Agencies</p> <ul style="list-style-type: none"> • Describe the health issues related to inter-national travel • Describe the International Health regulations • Describe the health hazards of international trade • Describe the trans boundary and international Health problems • Describe the role of international agencies in health services <p>Community Participation in Healthcare</p> <ul style="list-style-type: none"> • Describe the potential within the community for development activities (Agriculture, Religious, Social etc.) in general and health activities in particular • Describe community participation in health-related programs and activities
<p>Course Content: (Main topics, Sub topics)</p> <ul style="list-style-type: none"> • Public Health Services • Health Education • International Health and Related Agencies • Community Participation in Healthcare
<p>Teaching /Learning Methods:</p> <ul style="list-style-type: none"> • Lecture discussion • Group discussion • Case studies • Student Presentations • Site visits
<p>References/Reading Materials: K. Park, (1 January 2017) , <i>Parks Text Book Of Preventive & Social Medicine Hardcover – Jan 2017</i>, Banarsidas Bhanot Publishers, ISBN-13: 978-9382219125. Web sites of individual campaigns Annual reports of special campaigns</p>

Annual Health Bulletin

National MCH Policy.

Annual reports on Family Health

Demographic and Health surveys - 1987, 1993, 2000, 2006/7.

Reproductive Health strategy – WHO Geneva.

Accelerating progress towards the attainment of international reproductive health goals – WHO Geneva.

National Level Monitoring Of The Achievement Of Universal Access To Reproductive Health. WHO Geneva.

Sri Lanka Code for Promotion, Protection, and Support of Breastfeeding and marketing of designated products.

Ruth A. Lawrence MD (November 9, 2015) Breastfeeding: A Guide for the Medical Profession 8th Edition, Elsevier, ISBN-13: 978-0323357760

Medical Research Institute (MRI) publications on Nutrition surveys - e.g. Nutrition & Food Security Assessment in Sri Lanka 2010, Surveys on Vitamin A, Anemia, Iodine, etc

Family Health Bureau, Guidelines, available at <http://www.fhb.health.gov.lk/>

Adolescent care:

ABC of Adolescence - BMJ series.

Adolescent Job Aid -WHO publication.

Preventing early pregnancy and poor reproductive outcomes among adolescents in developing countries -WHO guidelines.

Lancet series on Adolescent Health [including Worldwide application of prevention science in adolescent health].

Making services Adolescent Friendly -WHO guide.

Maternal and Newborn Care:

Packages of interventions for family planning, safe abortion care, maternal, newborn and child health _WHO publication.

Born Too Soon- The global action report on pre-term birth.

Maternal Care Package – A Guide to Field Healthcare Workers, Family Health Bureau, Ministry of Health (2011).

Home deliveries in Sri Lanka – FHB publication.

Postpartum care; A guide for field MCH staff, FHB, 2007.

Labour Room Management Guideline, FHB, 2007.

National Strategic Plan on Maternal and Newborn Health, 2017-2025.

Pregnancy, Childbirth, Postpartum and Newborn Care; A guide for essential practice.

Maternal Mortality:

Beyond the numbers: reviewing maternal deaths and complications to make pregnancy safer. Geneva: World Health Organization; 2004.

Maternal Mortality Reduction in Sri Lanka. Dr N.W. Vidyasagara. Pub: WHO, 2003. VishvaLekha Printers, Ratmalana, Sri Lanka. ISBN: 955-599-359-9.

Maternal Care Package – A Guide to Field Healthcare Workers, Family Health Bureau, Ministry of Health (2011).

Measuring maternal mortality: An overview of opportunities and options for developing countries, WJ Graham, S Ahmed, C Stanton, CL Abou-Zahr and OMR Campbell, BMC Medicine 2008, 6:12 (Available from: <http://www.biomedcentral.com/1741-7015/6/12>).

Feto-Infant Mortality:

Fetal and Infant Mortality Review Manual: A Guide for Communities (2nd Edition) [http://www.nfimr.org/publications/Fetal and Infant Mortality Review Manual A Guidefor Communities 2nd Edition](http://www.nfimr.org/publications/Fetal_and_Infant_Mortality_Review_Manual_A_Guidefor_Communities_2nd_Edition).

Surveillance on Perinatal Mortality- General Circular No: 1 05/2006.

The Lancet Stillbirths Series Papers (2011), available at <http://www.thelancet.com/series/stillbirth>.

Course Code:	MSC-MA-06		
Course Name:	Management of Patient Care Services		
Credit Value:	6		
Core/Optional	Core		
Hourly Breakdown	Theory	Practical	Independent Learning
	80	60	160

Course Aim/Intended Learning Outcomes:

At the end of the module participant should be able to:

Management of Hospitals

- Describe the his-tory of development of modern hospitals.
- Monitor the effectiveness of a hospital.
- Describe processes and considerations in planning of hospital services.
- Evaluate selected hospital services.
- Work unit cost of hospital services.
- Describe the process of establishing a Quality Assurance Programme (QAP) in a hospital
- Describe the processes and procedures of Medico Legal work in hospital
- Describe the processes and procedures of medical ethics.
- Describe the processes and procedures of making a hospital as a genuine community institution
- Demonstrate skills in solving problems

Disaster Management

- Prepare an Action Plan to deal with deferent types of disasters

Update in clinical medicine & health technology

- Describe the current clinical and technological developments and identify the managerial implications of the new developments for the health system in Sri Lanka

Course Content: (Main topics, Sub topics)

- Management of Hospitals
- Disaster Management
- Update in clinical medicine & health technology

Teaching /Learning Methods:

- Lecture discussion
- Group work
- Student Presentations
- Individual exercises

References/Reading Materials:

David Edward Marcinko, (July 6, 2012), Hospitals & Healthcare Organizations: Management Strategies, Operational Techniques, Tools, Templates and Case Studies 1st Edition, Productivity Press, ISBN-13: 978-1439879900

Manual of management of teaching, provincial, base and special hospitals. (1995), Ministry of Health. Available:

http://www.health.gov.lk/moh_final/english/others.php?pid=157, Last accessed 7th April 2019

Manual of management of central dispensaries and maternity homes . (1990), Ministry of Health. . Available: http://www.health.gov.lk/moh_final/english/others.php?pid=157, Last accessed 7th April 2019

Manual of management of district hospitals , peripheral units and rural hospitals (1994), Ministry of Health. . Available: http://www.health.gov.lk/moh_final/english/others.php?pid=157, Last accessed 7th April 2019

Manual on Management of Drugs, 3rd Edition, Second Revision, 2008, Ministry of Health. Available: <http://apps.who.int/medicinedocs/documents/s16724e/s16724e.pdf> , Last accessed 7th April 2019

Environmental Health in Emergencies and Disasters - Practical Guide – WHO.

Community emergency preparedness: a manual for managers and policy-makers – WHO.

Communicable disease control in emergencies - A field manual – WHO.

WHO Emergency Handbook – WHO/EMRO.

Management of Nutrition in Major Emergencies – WHO.

Annexure VI : Research Project (Dissertation)

Guidelines for the candidates MSc (MEDICAL ADMINISTRATION)

1. The title of the dissertation, along with the statement of objectives and the usefulness and the relevance to Sri Lanka, preliminary literature review, the methodology, a budget outline and a time frame (maximum word count of 2000) should be submitted to the Board of Study for approval within 3 months after commencing the Course Work component of the programme. The dissertation should be on a research study or a management related project. It would be necessary that the dissertation contains data gathered scientifically from the candidates own investigations and not limited to data from available literature.
2. On approval of the title, the Board of Study will appoint a supervisor. The supervisor shall be consulted, and guidance obtained at all stages of the research project and during the preparation of the dissertation.
3. The candidate shall submit the dissertation to the Director, PGIM one month before the final assessment.
4. It is recommended that the dissertation must be between 8000 to 12000 words.

It should be type-written using double spacing on good quality A4 size paper on one side only. A margin of not less than 44 mm should be allowed on the left and not less than 25mm on the top, right hand side and the bottom. Chapter headings should be capitalized and centered, whilst subdivision headings should be typed from the left hand margin in lower-case type and underlined. Tables and figures should be placed as near as possible to the part of the text to which they refer. The contents of the dissertation should be given under the following headings. The marks are indicated in brackets.

1. Title (05)
2. Author's name and address
3. Summary or synopsis (10)
4. Table of contents
5. List of tables
6. List of figures
7. Introduction (20)
8. Objectives (15)
9. Review of literature (20)
10. Materials and methods (50)
11. Results (40)
12. Discussion (including limitations) (45)
13. Conclusion and recommendations (if any) (10)
14. Acknowledgements
15. References (15) (Harvard system should be used)
16. The overall presentation (20 marks)

5. Three copies of the dissertation should be submitted loose bound in the first instance, to enable corrections, if any, to be made. When the dissertation is accepted, it should be bound in hard cover with author's name, the degree and year printed in gold on the cover and on the spine (top to downwards). The cover should be in black. The front cover should carry the title on top of the author's name in the center and the year at the bottom all printed in gold. Three copies of the dissertation should be submitted to the Director, PGIM. Two copies shall be the property of the PGIM while the third copy will be returned to the candidate. Along with the hard copies, a soft copy of the dissertation shall also be handed over to the PGIM.

Assessment procedure and criteria:

6. If the candidate fails the MSc examination, the same dissertation may be submitted at a subsequent examination if the mark obtained for the dissertation is 50% or more and that mark will be carried forward to the next examination. However, the candidate may make appropriate revisions and resubmit it at the subsequent examination for fresh marking. Candidates scoring less than 50% marks for the dissertation shall submit at the subsequent examination a fresh or modified dissertation as prescribed by the examiners.

Procedure:

The examiners will submit dissertation marks to the Director/PGIM two weeks prior to the date of the Results Board.

7. Pass / Fail Status:
 - a) A candidate will pass the dissertation when both examiners have assigned 50% or more. The final mark will be the average of the marks assigned by the two examiners.
 - b) A candidate will fail the dissertation when both examiners have assigned less than 50% of marks. The final mark will be the average of the marks assigned by the two examiners.
 - c) When a candidate has been failed by both examiners as given in 7.b above, the PGIM should scrutinize the examiner comments to ensure that the comments are given in detail and the errors/ deficiencies specified and forward same to the candidate. If the examiner comments are not sent or inadequate PGIM should request examiners to submit detailed comments.
 - d) Where a candidate has been assigned to the category of pass by one examiner (50% or more) and, fail (less than 50%) by the second examiner, a third examiner will be appointed to assess and award a mark for each such dissertation. The office copy of the dissertation will be sent by the PGIM for re assessment immediately and the third examiner.
8. Method to decide the pass/fail status and the final mark of the candidate as described in 7.d above

The final mark to decide on pass/ fail status of the candidate under 7d will be based on the marks assigned by the three examiners. If two of the three examiners have

assigned $\geq 50\%$ of marks then the candidate passes the examination and if two of the three examiners have assigned less than 50% of marks, then the candidate fails the examination and the final mark assigned to the dissertation will be the average of marks assigned by the two examiners who show concurrence as described above.

Annexure VII: Progress Report (Research Component)

A) To be completed by the trainee:

1. Name of trainee:

2. Institution where research is being carried out:

3. Supervisor name:

4. Title of research project:
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5. Description of work carried out to date including in dissertation writing (250 words)
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6. Have you and/or your supervisors identified any issues which are affecting your progress?
If yes, please give details of the issues identified and how these will be resolved.
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7. Please describe your supervisory arrangements. (You may wish to refer to frequency of contact, timing and content of feedback on your work etc.)
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B) To be filled by the supervisor

8. Is the student in regular contact with you? Please give approximate frequency, nature (e.g. email, face to face, telephone) and extent of your contact with the student.

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9. Is the work on schedule? Yes No

10. Please specify constraints (if any)

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11. Recommendation of supervisor:

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Signed:

Name:

Date:

Annexure VIII: Marking Scheme for Oral Examination (MSc Examination)

Following grading scale should be used when assessing each of the criteria mentioned.						
LA	→	SA	→	MA	→	OA
Little Achievement LA elements		Some Achievement LA elements plus the SA elements		Marked Achievement LA, SA elements plus the MA elements		Outstanding Achievement All elements in LA SA, MA, and OA
<p>LA : Candidate demonstrates basic awareness of theory and concepts of the subject area. SA : Candidate demonstrates detailed awareness of theory and concepts of the subject area. MA : Candidate demonstrates an ability to plan, design, implement and evaluate healthcare improvements using the awareness of the subject area. OA : Candidate demonstrates realistic novel and innovative approaches/ Ideas on healthcare improvements related to the subject area.</p>						
Area	Marks				Cumulative	
	1(LA)	2 (SA)	3 (MA)	4 (OA)		
Planning, monitoring and evaluation of health services						
Problem solving and conflict resolution						
Communication and decision making						
Healthcare quality and safety						
Motivation, leadership and professionalism						
Total mark for the Viva (Out of 20)						
The total mark given will be converted into a mark out of 100						

Signature: