

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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RESIDENCY TRAINING

Two months Residency Training in a hospital to be completed before 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

Unit I Sociology in Medicine	17
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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 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 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 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 Universities other than the Tamil Nadu Dr.M.G.R. Medical University, before seeking admission to any 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 the 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 Institutions of this university shall register his / her name by submitting the prescribed application form for registration along with the fee in by remitting the prescribed fee and the declaration in the format (As in annexure) to the Academic Registrar 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 years.

10. COMMENCEMENT OF THE COURSE :

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 t he first y ear t he c andidate should have 85% of attendance in Theory, practical and field work appearing for the exam.
- (b) The candidate should complete the **Residency Training (8 Weeks) and must have 85% 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 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 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 end of every 3 months and copy of the same should be sent to the University and parents of students concerned.

15. CONDONATION OF LACK OF ATTENDANCE:

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

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 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 until 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 underwent training.
- b) The candidate is also required to participate in the teaching and training programme for the Undergraduate 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.

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

- 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

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
ar	Sociological Concepts & Sociology of Medicine	50	25	100	50	-	-	-	-
	Anatomy & Physiology of Health and Illness	50	25	100	50	-	-	-	-
	Health Policy and Health Care	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
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) the hospitals, students are expected to note down their observations in the log book. On the day of report 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

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	}	

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

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

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 of Man & Society, Social Groups, Social processes, Social Institutions, Socialization & Culture, Medical Sociology : Definition, objectives, Principles – Scope and its relevance to patient care – differences 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 Coping.
 - 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 symptoms 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 Fusfey, 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, 196 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.

- 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, of United Nations Agencies , Health Work of Bilateral Agencies.

PAPER IV

16

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 behaviour
- 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 in Psychiatric setup or in Mental Health Centres, levels of Mental Health Care, Chronic Mental Illness, Treatment of acute psychiatric illness, Liaisoning 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

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, Diagrammatics 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

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, S 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 disease – 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 (Poliomyelitis, 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 Universities 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 Bhanu Publications.

PAPER VIII

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 Bha
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 on 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 on 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 - Doctor 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 care for 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.

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, organization 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. Operational Management – Front office, house keeping, patient / guest relations – biomedical engineering department maintenance department Food and beverage, Chaplaincy and Social Work and Nursing Department Security

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 Universal 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 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 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 :

- Edna K.Huffmann. Health Information Management, Tenth Edition 1995, Physician Record Company.
- 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, 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 rights 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).

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 Relationships 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. 1977.
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.

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 optimal 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 the theory to practice.
6. Freeman and Levine. Hand book of Medical Sociology. Prentice Hall. 1989.

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
ar	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	-	-	-	-

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

25

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
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 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

SYLLABUS

Epidemiology, Biostatistics and Medical Ethics

UNIT I: Epidemiology

Introduction: Historical aspects and evolution of epidemiology, definitions and concepts in Epidemiology.

Approaches in epidemiology: Descriptive and analytical epidemiology, disease burden, natural history of diseases and measures of risk and death.

Study design and sampling: Sample size estimation and introduction to study design in epidemiological investigations.

UNIT II: Biostatistics

Fundamentals of biostatistics: Introduction, types of data, tabular and graphical presentation of data. Measures of location, dispersion and correlation: Measures of central tendency. Mean, mode, median, GM, HM, quartiles Measures of dispersion—range, standard deviation, variance, coefficient of variation.

Probability and statistical inference: Concept and probability distribution. Normal distribution— density curves, applications and statistical tables. Concept of significance tests, parametric and nonparametric tests, standard error and confidence intervals.

Inferential statistics: Probability and distributions – Poisson, Binomial and Normal distribution – Chi-square test – Hypothesis test - Student's t-test – Correlation and Regression – ANOVA.

UNIT III: Medical Ethics

Bioethics and Medical ethics: Historical perspectives & Introduction to Bioethics, Nuremberg Code, Declaration of Helsinki, Principle of essentiality, informed consent, confidentiality, minimisation of risk, accountability and responsibility. Ethics of clinical trials: Drug trials, vaccine trials, Clinical trials with medical devices/surgical procedures/radioactive materials, Research in transplantation and stem cell therapy. Regulatory framework and guidelines for conduction of human research: Review processes, Institutional ethical committees, composition of committees, review procedures, WHO, UNESCO and ICMR guidelines.

References :

- Epidemiology: An Introduction. Kenneth J. J. Rothman. Latest edition / Pub. Date: May 2002. Publisher: Oxford University Press.
- Epidemiology. Leon Gordis. Latest edition / Pub. Date: November 2004. Publisher: Elsevier Health Sciences.
- Diseases and Human Evolution. Ethne Barnes. Latest edition / Latest edition / Pub. Date: March 2005. Publisher: University of New Mexico Press.

epidemiology: Beyond the Basics. F. Javier Nieto, Moyses Szklo. Latest edition / Pub. Date: November 2003. Publisher: Jones & Bartlett Publishers, Inc.

Basic and Clinical Biostatistics. Beth Dawson, Robert G. Trapp, Robert Trapp. Latest edition / Pub. Date: March 2004.

Discovering Statistics Using SPSS. Andy Field. Latest edition / Pub. Date: April 2005. Publisher: SAGE Publications.

Chandrasekhar PN & Malhon PK (1996). Biostatistics Imalaya Publishing House, Mumbai.

Sokal & Rohlf (1973). Introduction to Biostatistics, Toppan Co. Japan.

Sharma A & Clantz, Primer of Biostatistics — The McGraw Hill Inc., New York. 10. Government of India. Good Clinical Practices for Clinical Research in India. New Delhi: 2001

Indian Council of Medical Research. Ethical Guidelines for Biomedical Research on Human Subjects. New Delhi: 2000

United Nations Educational, Scientific and Cultural Organisation (UNESCO). Universal Declaration on Bioethics and Human Rights. Paris; 2005

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