

पाटन स्वास्थ्य विज्ञान प्रतिष्ठान सेवाआयोग

प्राज्ञिक सेवा, सबै समूह, सहायक प्राध्यापक नौ(ख) (९ ख) तहको खुला र आन्तरिक प्रतियोगितात्मक परीक्षाको  
पाठ्यक्रम

एवं परीक्षायोजना

यस पाठ्यक्रम योजनालाई दुई चरणमा विभाजनगरिएको छ :

प्रथम चरण :- लिखित परीक्षा(Written Examination)

पूर्णाङ्क :- २००

द्वितीय चरण :-अन्तर्वार्ता (Interview)

पूर्णाङ्क :- ३०

प्रथम चरण(First Phase) :लिखित परीक्षा योजना(Written Examination Scheme)

Paper	Subject	Marks	Full Marks	Pass Marks	No. Questions & Weightage	Time Allowed
I	Part I: General Administration , Management and Health Issues	50	100	40	6×5 = 30 (Short answer) 2× 10 = 20 (Long answer)	3.00 hrs
	Part II: General Academic and Research issues	50			6×5 = 30 (Short answer) 2× 10 = 20 (Long answer)	
II	Technical Subject		100	40	4× 15 = 60 (Critical Analysis) 2×20 = 40 (Problem Solving)	3.00 hrs

द्वितीय चरण(Second Phase)

Paper	Subject	Full Marks	Time Allowed
	Interview	30	Oral

द्रष्टव्य :

- लिखित परीक्षाको माध्यमभाषा नेपालीवाअंग्रेजीअथवा नेपाली र अंग्रेजीदुवै हुन सक्नेछ ।
- नेपाल स्वास्थ्य सेवाअन्तर्गतकासबै समूह/सबै उपसमूहहरुको लागिप्रथमपत्रको पाठ्यक्रमको विषयवस्तु एउटै हुनेछ । तरद्वितीयपत्रTechnical Subjectको पाठ्यक्रमसमूह/उपसमूहअनुरूप फरक फरक हुनेछ ।
- प्रथमपत्रको लिखित परीक्षा समूह/उपसमूहकालागि संयुक्त रुपमा एउटै प्रश्नपत्रबाट एकैदिनवा छुट्टाछुट्टै प्रश्नपत्रबाटछुट्टाछुट्टै दिनपनिहुन सक्नेछ । यसैगरी द्वितीयपत्रको परीक्षापनि समूह/उपसमूहअनुसारअलगअलगदिन छुट्टाछुट्टै प्रश्नपत्रबाट हुनेछ ।
- प्रथमपत्रको Part I र Part II को लागि छुट्टाछुट्टै (Part I को लागि एउटा र Part II को लागि एउटा) उत्तरपुस्तिकाहुनेछ भने द्वितीयपत्रको लागिप्रत्येक प्रश्नकाउत्तरपुस्तिकाहरु छुट्टाछुट्टै हुनेछन् ।
- यस पाठ्यक्रममा जे सुकै लेखिएको भएतापनि पाठ्यक्रममा परेका ऐन, नियमहरु, परीक्षाको मितिभन्दा ३ महिना अगाडी (संशोधनभएकावा संशोधितभई हटाईएकावाथप गरी संशोधितभई कायम रहेका) लाई यस पाठ्यक्रममा परेको सम्झनु पर्दछ ।
- पाठ्यक्रमलागु मिति: २०७४/०६/२९

**Paper I**

**Part I: Hospital Management and General Health Issues**

**1. General Administration and Management:**

- 1.1. Organizational development issues in the health system
- 1.2. Health care management system in Nepal and other parts of the world
- 1.3. Rules and regulations of Ministry of Health and Population, Nepal
- 1.4. Fundamental principles of healthcare institution and hospital management.
- 1.5. Effective hospital management principles
- 1.6. Purpose of medical and non-medical data and records
- 1.7. Ethics and responsibility of management
- 1.8. Concept of management and its application in health care including hospital.
  - 1.8.1 Management: Concept, principles, functions, scope and role, level and skills of manager
  - 1.8.2 Planning: Concept principles, nature, types, instruments and steps
  - 1.8.3 Leadership: Concept, function, leadership styles, leadership and management, effectiveness
  - 1.8.4 Coordination: Concept, need, types, techniques and approaches of effective coordination
  - 1.8.5 Communication and counselling: Concept, communication processes and barrier to effective communication, techniques for improving communication
  - 1.8.6 Decision making: Importance, types, rational process of decision making, problem solving techniques, improving decision making
  - 1.8.7 Participative management: Concept, advantage and disadvantages, techniques of participation
  - 1.8.8 Time management: Concept, Essential factors and strategies for effective time management
  - 1.8.9 Conflict management: Concept, Approaches to conflict, levels of conflict, causes of conflict and strategies for conflict management
  - 1.8.10 Stress management: Concept, causes and sources of stress, techniques of stress management
  - 1.8.11 Change management: Concept, sources of organizational change, resistance to change, management of resistance to change
  - 1.8.12 Financial management: Concept, approaches, budget formulation and implementation, Auditing and topics related to fiscal administration
  - 1.8.13 Human resource management: Concept, functions and different aspects

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## 2. General Health Issues:

- 2.1. Present constitution of federal republic of Nepal (including health and welfare issues)
- 2.2. Organizational structure of Ministry of Health at national/federal, regional/state, district (if applicable), municipal and village council level
- 2.3. Professional council and related regulations
- 2.4. National Health Policy 2071
- 2.5. Second Long term health plan (1997-2017)
- 2.6. Health Management Information System, forms, indicators, annual reports
- 2.7. Human Development Indices, Millennium Development Goals, Sustainable Develop Goals
- 2.8. Health Service Act 2053, Health Service Regulation 2055
- 2.9. Health volunteers in the national health system, its rationale, use and effectiveness
- 2.10. Local governance and community participation in health service delivery
- 2.11. Health Insurance and financing in health care
- 2.12. Alternative health care system: Ayurveda, homeopathy, Unani, Chinese etc.
- 2.13. Indigenous and traditional faith health and health practices
- 2.14. International Health Agencies: Roles and responsibilities of WHO, UNICEF, UNFPA, Inter-agency relationships, Government-Agency coordination: Joint Annual Review meeting
- 2.15. Supervision, types and its usage in health sector
- 2.16. Patan Academy of Health Sciences Act, Mission, Goals, Organogram
- 2.17. Scope and function of Patan Academy of Health Sciences executive bodies (senate, executive committee, academic council, faculty board, hospital management committee, subject committee), various other committees

## Part II: Research Methodology and Teaching-Learning Practices

### 3. Bio-ethics (including Medical Ethics/ Research Ethics) and Research Methodology

- 3.1. Ethics
- 3.2. Bioethics
- 3.3. Professionalism
- 3.4. Human dignity and Human Right
- 3.5. Benefit and Harm
- 3.6. Autonomy and Individual responsibility
- 3.7. Consent and capacity to consent
- 3.8. Privacy and confidentiality
- 3.9. Respect for humans and personal integrity
- 3.10. Equality, justice and equity

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- 3.11. National Health Research Council (NHRC), its guidelines and Institutional Review Board
- 3.12. Institutional Review Committees, formation, use and mandate, coordination with NHRC
- 3.13. Research process: ethical research proposal development, research principles, methods and materials, conclusion/recommendation/lesson learnt, commonly used referencing styles
- 3.14. IRB/IRC forms, types, use, importance; getting IRB/IRC clearance,
- 3.15. Ethics on research methodology: sample selection, sample size calculation, ensuring reliability and validity of the instruments as well as methods proposed for health research
- 3.16. Publication ethics, plagiarism including self-plagiarism
- 3.17. Research process: research proposal development and ethical clearance
- 3.18. National Health Research Council (NHRC), its guidelines and Institutional Review Board
- 3.19. Institutional Review Committees, formation, use and mandate, coordination with NHRC
- 3.20. IRB/IRC forms, types, use, importance; getting IRB/IRC clearance,
- 3.21. Research ethics on non-vulnerable population
- 3.22. Research ethics on vulnerable population
- 3.23. Research proposal/protocol/publication:
  - 3.23.1 Abstract Section: writing abstract or executive summary for the appropriate study/research
  - 3.23.2 Introduction Section: Background, Rationales, Statement of the Problem, Aim and Objectives of the research, research hypothesis
  - 3.23.3 Methodology Section:
  - 3.23.4 Quantitative studies: Study design, inclusion and exclusion criteria, sample size calculation, tool development and validation techniques, data management (good practice on data entry, data verification, data cleaning)
  - 3.23.5 Qualitative studies: Guiding questions, Saturation point, memo, notes, transcribe, themes, codes, triangulation
  - 3.23.6 Data analysis (data visualization, descriptive statistics, inferential statistics with statistical hypotheses and appropriate tools/methods for quantitative studies; theme and code generation, thematic analysis, content analysis, grounded theory for qualitative and triangulation for mixed method studies
  - 3.23.7 Result Section: Presentation of results, tables, graphs, diagrams, plots, maps etc. Legend and index on table and graphs/maps.
  - 3.23.8 Discussion Section: Compare and contrast the results, literature review and citation, limitation of the study

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3.23.9 Conclusion section: writing conclusion, lesson learnt, and recommendation for appropriate research studies

3.24. Publication ethics, plagiarism including self-plagiarism

#### **4. Teaching-Learning, Assessment and Evaluation:**

- 4.1. Lancet Commission Report on Education of Health Professionals for the 21st Century
- 4.2. Adult learning: Theories, principles, Use, Importance and Outcomes in Nepal and beyond, Andragogy vs Pedagogy
- 4.3. Conventional teaching-learning: Didactic lectures, Teacher Centred Approaches, Use and Importance in Nepal and beyond
- 4.4. Surface learning, deep learning and metacognition
- 4.5. Integrated teaching: Genesis, use, importance and outcomes in Nepal and beyond
- 4.6. Problem-based learning: Genesis, use, importance and outcomes in Nepal and beyond
- 4.7. SPICES model its use, importance and outcomes in Nepal and beyond
- 4.8. Socialization, self-directed learning, mentoring, role model
- 4.9. Community orientation/community posting, re-orientation of medical education camp, community based learning and community engaged teaching-learning methods/models, use, importance and outcomes in Nepal and beyond
- 4.10. Outcome Based Education (Competency-based Medical/Health Professions Education): Genesis, use, importance and outcomes in Nepal and beyond
- 4.11. Experiential learning, Reflective practice, Feedback and feed-forward, Situated learning, Co-operative learning, Communities of practice
- 4.12. Assessment of students: Blueprinting (Table and specification), use and importance, outcomes in Nepal and beyond
- 4.13. Assessment of students: Bloom's taxonomy of cognitive, psychomotor and affective domains, use and importance in Nepal and beyond
- 4.14. Assessment of students: Diagnostic, Formative, Summative and Professional exams
- 4.15. Assessment of knowledge: Selection methods like Multiple Choice Questions, Extended Matching Items and supply methods like Short Answer Question, Problem Based Question, Long Answer Question with or without model answers and marking schemes, unstructured, semi-structured and structured viva-voce examination, advantages and limitations, use and importance, outcomes in Nepal and beyond
- 4.16. Assessment of performance (in-vitro): Direct observation of skills in the simulated setting, lab, ward etc. with or without checklist, Objective Structured Practical Examination, Objective Structured Clinical Examination, Standardized patients, use and importance, analysis, quality assurance, outcomes in Nepal and beyond

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- 4.17. Assessment of performance (in-vivo): Mini-Clinical Evaluation Exercise (Mini-CEX), Direct Observation of Procedural Skills (DOPS), Case-Based Discussion (CbD), Multi-Source feedback (360 degree evaluation) etc., use and importance for competency based health professions education, analysis, outcomes in Nepal and beyond
- 4.18. Assessment of observable behaviours in small groups e.g. Problem Based Learning sessions, Community Based Learning and Education sessions, Clinical clerkship rotations
- 4.19. Evaluation: Difference between assessment and evaluation, theory of change and its use in health professions education, process and outcome evaluation, qualitative, quantitative and mixed methods used in evaluation of health professions education