Roll No…….. **Total No. of Printed Pages: [02]**
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MBA (Hospital Administration) (Semester – 1st)
COMMUNICATIONS IN HOSPITALS
Subject Code: MBADS2106
Paper ID: [22261006]

Time: 03 Hours **Maximum Marks: 60**

Instruction for candidates:

1. Section A consists of 10 compulsory short notes of two marks each.
2. Section B consists of Four Units (Unit – I, II, III & IV). Each unit contains two questions of 8 marks each. Student has to attempt one question from each unit.
3. Section C (8 Marks): A short Case Study related to the syllabus.

Section – A **(2 marks each)**

Q1. Attempt the following:

a. Informal Communication.
b. Target group in Health Communication.
c. Write any two points for the importance of Communication.
d. Interpersonal Communication
e. Press Release
f. Rehearsing for Speaking Skills
g. Case Discussion
h. Explain the role of feedback in reports.
i. Significance of press conferences.
j. Reflective Communication

Section – B **(8 marks each)**

UNIT-I

Q2. What is Communication? Explain the essentials of Effective Communication.

Q3. Discuss about the communication barriers and the strategies to overcome the barriers for the effective communication.

UNIT-II

Q4. Write a detailed note for better understanding of communication process and methods for practicing it in the hospitals.

Q5. What is Departmental Communication? Explain its importance and how we can improve the interdepartmental communication?

UNIT-III

Q6. What is Effective Presentation? How one can make an effective presentation with four P's of Presentation.

Q7. What is Report Writing? Elucidate it with a structural format.

UNIT-IV

Q8. Write an overview about the public relations and components of hospitals public relations.

Q9. Why is crisis communication important? Discuss the corrective measures for improving the public relations.

Section – C **(8 marks)**

Q10. Case Study:

Mr. Sohan is a 77-year-old man who was admitted to the ICU, 12 days ago after surgery for a perforated ulcer. Within 48 hours of surgery, he developed some infection and remains ventilator dependent. His surgical wound is not healing well. In the last several days, his creatinine has been rising and urine output falling. The surgeon visits daily before 7 AM but has not spoken directly to the family since day one, when he reported that the surgery went well. The admitting intensivist. (Now off service) spoke briefly to the family - the patient's wife of 60 years, and his adult son - on Day 3 of the ICU stay about the status at that-time. A nephrologist who saw the patient yesterday told the wife that he had been consulted to provide dialysis. At today's ICU rounds, the current ICU attending predicted that the patient may die in the hospital, but this was not discussed with the family. The wife has asked several times for reassurance that her husband will ultimately be able to return home with her. The son, who often accompanies his mother during visiting hours, seems angry with the physicians caring for his father. An ICU family meeting attended by the ICU attending physician, the patient's designated nurse, the wife and the son, is held to discuss goals of care. The family has been insisting that everything should be done.

Questions:

a) Discuss the case from the view point of communication. What do you think the major problem is? Examine the case in detail.

b) If you were asked to convene the meeting with the family what would have been your communication strategies? What would you have suggested to the ICU people and to the family? Discuss in detail.