Internship
at
Zulekha Hospitals

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INTERNSHIP REPORT

1.1 Introduction

Internship training is an integral part of the second year program, where we have to observe and learn the work culture of organization. Also it will be necessary to participate in various department/activities so that we get first hand exposure of the different departments and work done in the organization and through which we can understand process of work and thereafter be able to involve in decision making. During our induction in Zulekha Sharjah, we were informed about the flow of our work during our Internship/Dissertation. They assigned us two projects and even asked to help the management in day to day operations, so that we can learn about the system. I was being kept at the Hospital Admin department, so I got an opportunity to learn various processes and standards at hospital.

1.2 Organization Profile

Since I have visited three different locations of Zulekha Hospitals so, I will be writing in brief about their all the three locations.

1.2.1 Vision and Mission

Vision

Zulekha Hospital is committed to be the most efficient, competent and courteous providers of comprehensive healthcare in the world:

Our Values

- Honesty & Integrity
- Privilege & Responsibility
- Planning & Implementation
- Quality Service & Continuous Improvement
- Courtesy & Compassion

Mission

Zulekha Hospital is driven on mission “To provide easy accessibility to high quality healthcare”

Scope of Services

- Emergency
- OPD
- Radiology – MRI / CT / USG / X Ray
- Cardiology
- Pathology/ laboratory
- Neurology/Neurosurgery
- Oncology and oncosurgery
- Orthopedics (Bone & Spine care)
- Minimal access surgery
- Pediatric services
- PICU/NICU
- Dialysis
- MICU/SICU
- Respiratory Medicine
- Ambulatory Services

Services Not provided

- Blood bank
- Mortuary
- Burns (More than 10%)

List of departments visited-

a. **Emergency department**- In ER I got to know about the documentation, importance of staffing, how to handle staff, quality assurance, and ambulance call and how to handle patients. Emergency is a very important place as at least 50-60% of admissions in hospital occur through emergency and this is the first point of contact with acutally ill patients, and it has to cater fast track care to patients and cater the emotional need of the patients also.
b. **Biomedical department**- I looked after the biomedical department also and learnt important lessons about daily maintenance work, Preventive maintenance, procurement of equipment, relation with vendors, documentation and quality assurance.
c. **MRD**- MRD of the hospitals was very impressive. The files are maintained in a proper way with a checklist on each file to ensure if all the documents are present or not and in any file if any document is missing then the MRD official call the particular nursing station to ensure that they complete the file on time. The death , MLC files are differentiated with a tag sticker of D and MLC
d. **Dialysis**: Different units had different number of dialysis machines with maximum at Nasik ie 10 in no. The consent for the dialysis is taken monthly. The whole procedure takes an average time of 4 hours. The machines being portable are also carried to the ICU if any dialysis needs to be done.
e. **Radiology-** I spent time in radiology as well to see their daily operations, which all machines they had X-Ray, CT, MRI, USG. Their volume of cases the unit has, their daily functional hours. I got to know about the gaps that they had different way of

maintaining the documentation, 10 random cases were observed for each procedure and also sonolgist and the other staff availability hours were also observed.

f. Biomedical department - I spent a lot of time in biomedical department to get the entire list of equipments, learn important lessons about daily maintenance work, Preventive maintenance, procurement of equipment, relation with vendors, documentation and quality assurance. I got to know about the process flow of every department and the equipment utilization in the various departments of the hospital by doing a equipment utilisation study across the group of hospitals to know how much was the utilisation percentage and if we could relocate or condemn the excessive equipments that we have and can save the cost of maintenance on them.

Other than above, I visited operation Theatre, CSSD, OPD, and Health check up, inpatient areas, Administration area, NICU, PICU, MICU, and SICU at every location.

1.7 Observations

- Clinically, proper documentation of data was not being maintained at any of the five hospitals.
- Dialysis-records of the cases done in ICU is not maintained in the ICU master register , either they are recorded in the patient's yellow card or in the dialysis unit register only.
- Blood borne-pathogen cases record is not maintained separately at any of the locations.

- **Radiology**
    - it was being observed that time-in, time-out is not documented .
    - In HIS entry also, the procedure end time is not mentioned only, total time from patient's entry to exit (time when the reports are being despatched) is kept.
- **Cardiology-**
    - at certain locations time-in , time-out documentation was not seen for ECG,ECHO, PFT tests
- **Endoscopy-**
    - time-in ,time-out documentation was there at all the locations except, Nasik
- **Ventilators –**
    - Intubation and extubation time of ventilators is not recorded by the quality team of the locations ,only the intubation and extubation dates are mentioned which doesn't reveal the exact utilization percentage of ventilators.
- **Portable ECG-Machines**
    - were there at each and every Nursing station and wards.