SUMMER TRAINING REPORT

PART 1 :- RESEARCH WORK REPORT

PART 2 :- ONLINE COURSE REPORT

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MBA HM -24

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PART 1:- RESEARCH WORK

STUDY ON PSYCHOLOGICAL IMPACT OF COVID -19 LOCKDOWN ON JAIPUR

INTRODUCTION

COVID-19 is an infectious disease which was detected in 2019 in the Wuhan city china by far this was the largest outbreak happened . Due the high chance of infection through this virus India impose complete country lockdown on 25 March 2020 In this lockdown the public space were closed , people were restricted to came out of there house unless and until its very urgent ,so human to human interaction could be reduced and it could bring drop in the infection rate among the population The COVID -19 pandemic became a public health emergency which poses a non –ignorant challenge to psychology resilience and financial economy this virus altered everybody social life . . At that time those who were working was really in a stressful situation as it involve lot of risk, fear and mental stress and those who were at their home was also going to fear of COVID -19 as well as the economic issues, the sudden change is there schedule and uncertainty of future were driving them crazy, handling of these kind of uncertain situation varies person to person, because of this uncertainty, constant fear we should think about the significant psychological impact of COVID-19.In this context , there will be a substantial increase in depression anxiety stress , substance use , domestic violence and substance abuse

RESEARCH OBJECTIVES

- To study the psychological impact of COVID -19 lockdown among the population of age group 15-60 years residing in Jaipur
- To study the prevalence of anxiety and insomnia among the population of age group 15-60 years residing in Jaipur
- To study that whether there is difference in the prevalence among the various age groups, gender, working conditions

METHODOLOGY

TYPE OF RESEARCH DESIGN :- Cross sectional design

DATA COLLECTION:- The data was collected by online survey method. A pretested questionnaire was develop using google form and it consist of the close handed questions and circulated through social media

- **Inclusion criteria**
- Any gender
- People who are residing in Jaipur
- People of the age group of 15-60 years
- **Exclusion criteria**
- Person who is already suffering from any psychological disorder

METHODOLOGY

SAMPLE SIZE

Total Population :- 3812000

Confidence interval :- 95%

Margin of Error :- 7%

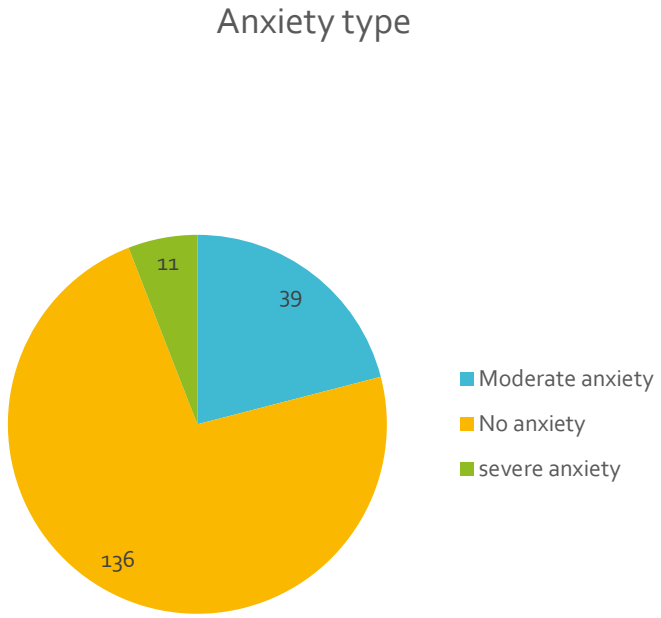
Standard deviation :- .5

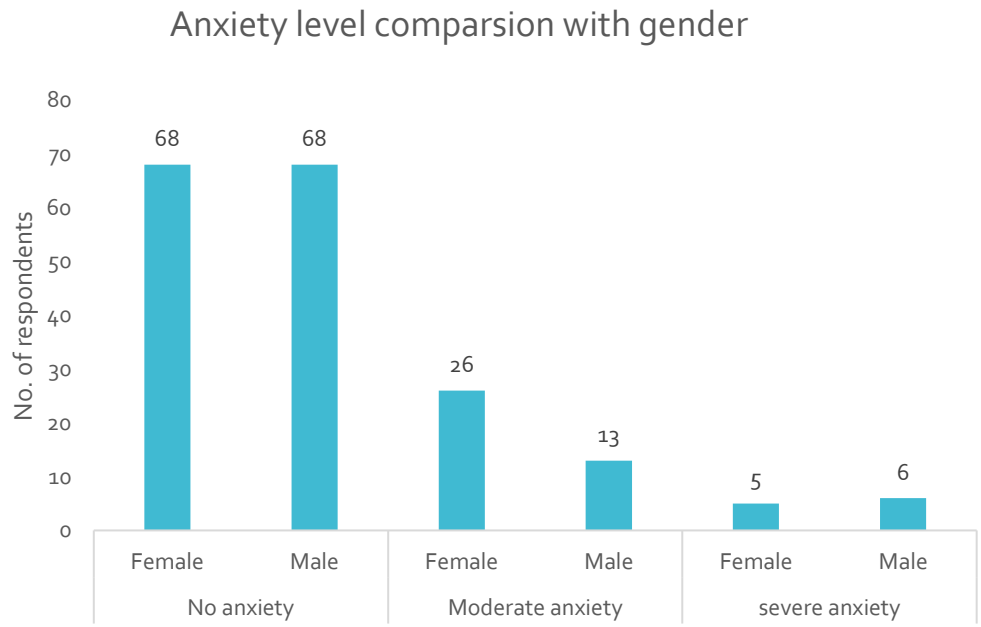
Sample size =196

According to exclusion criteria 9 response were excluded therefore its 187

ANALYSIS AND INTERPRETATION

(ANXIETY)





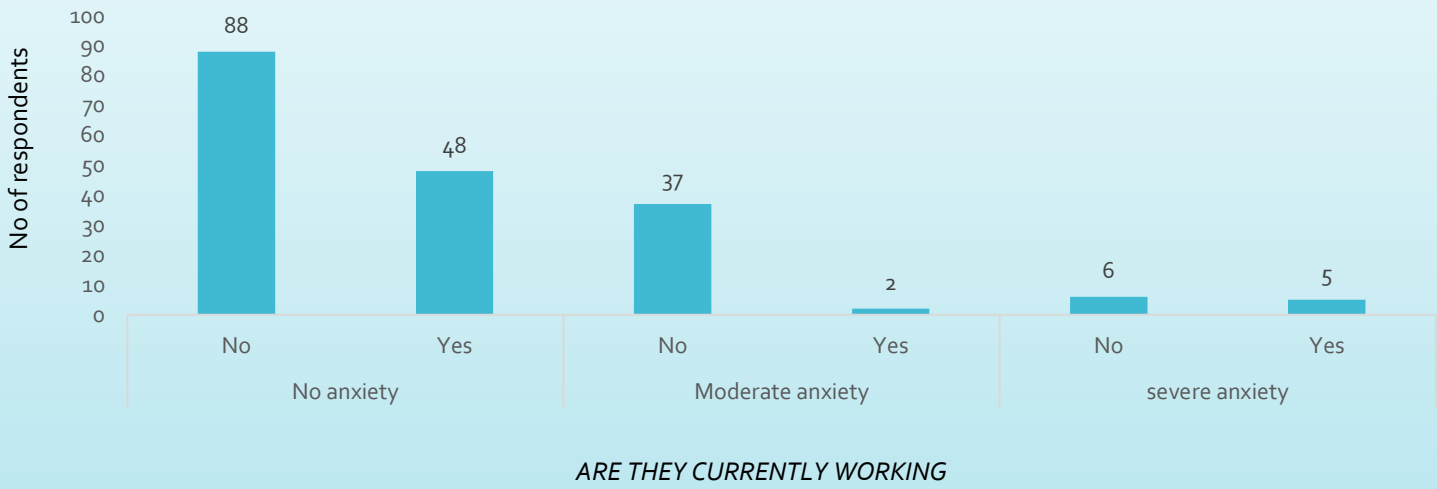
NO ANXIETY	73.11%
MODERATE ANXIETY	20.96%
SEVERE ANXIETY	5.19%

GENDER	ANXIETY
FEMALE	32%
MALE	21.8%

ANALYSIS AND INTERPRETATION

(ANXIETY)

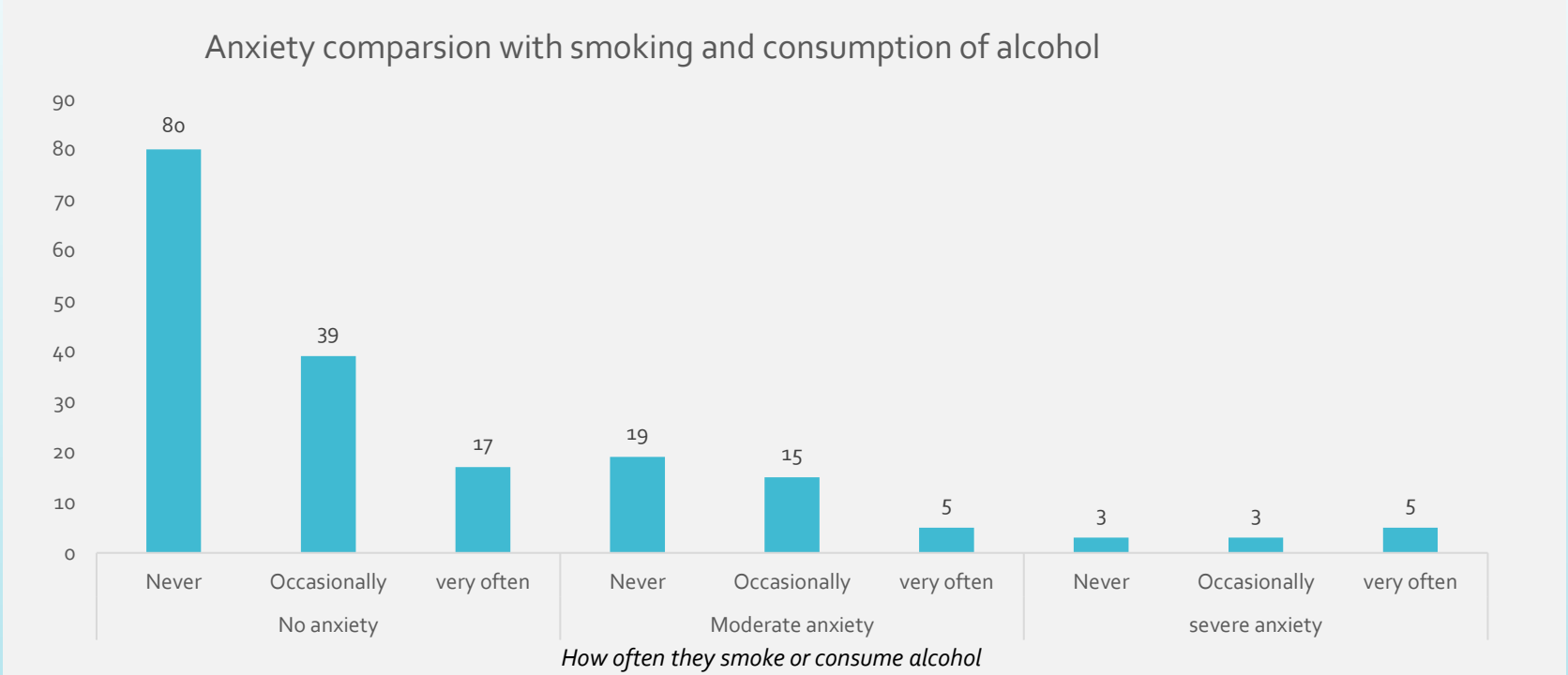
anxiety type comparsion with working condition



- . As the figure 3 show that 37 respondents 94.8% who are suffering from moderate anxiety were at home during lockdown (they were not working) whereas only 2 respondents i.e. 5.12% respondents where working and in the case of severe anxiety 54.5% of respondents where at home (not working) and 45.5% were working, this value draws a result that respondents who were at home during lockdown were more prone to anxiety as compared to respondents who were working during lockdown

ANALYSIS AND INTERPRETATION

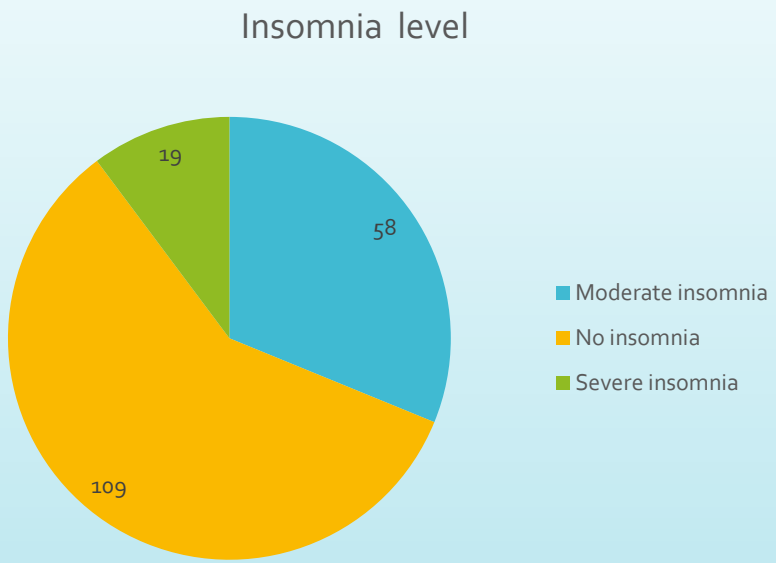
(ANXIETY)

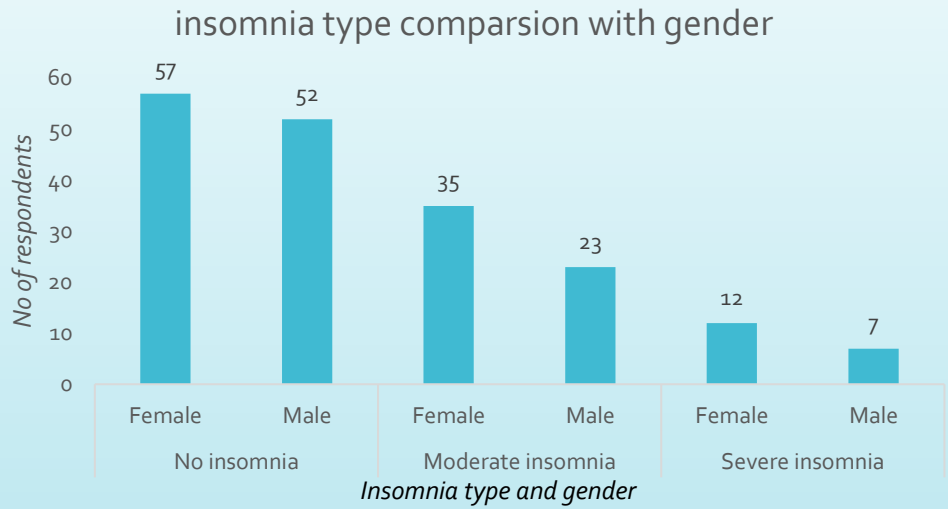


How often they smoke or consume alcohol	Moderate anxiety	Severe anxiety
Never smoked or consume alcohol	48.71%	27.72%
They smoked or consumed alcohol	51.28%	72.72%

ANALYSIS AND INTERPRETATION

INSOMNIA





No insomnia	58.6%
Moderate insomnia	31.1%
Severe insomnia	10.21%

	Female	Male
Moderate insomnia	56.86%	43.14%
Severe insomnia	63.15%	36.84%

ANALYSIS AND INTERPRETATION

INSOMNIA

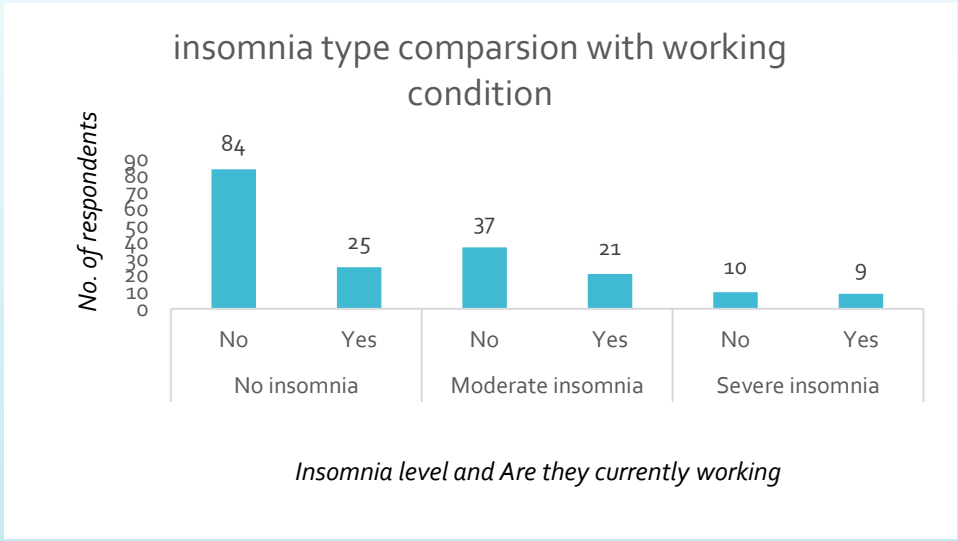


Figure 7 draws the comparison between the respondents who are currently working and respondents who are suffering from insomnia, as the data reveal respondents who are suffering from insomnia and are staying at home is almost 61.03% and respondents who are suffering from insomnia and are currently working are almost 38.9%

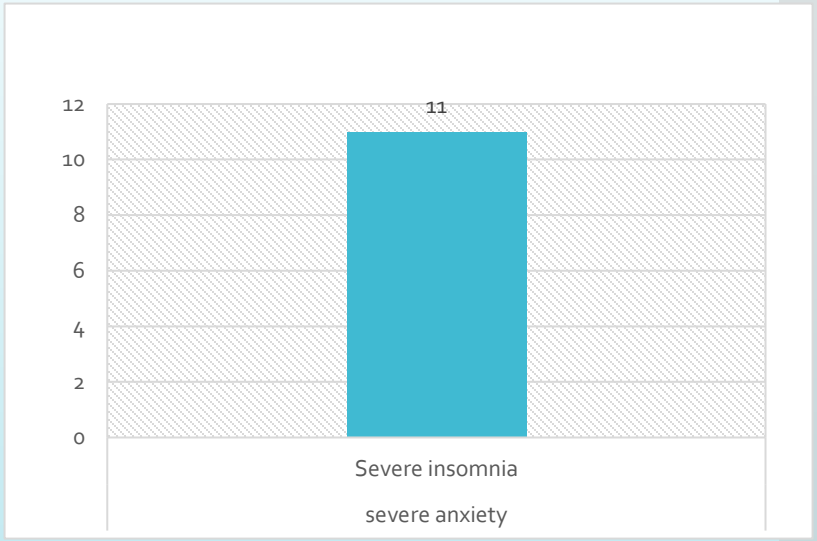


Figure 8 draws the comparison between the respondents who are currently working and respondents who are suffering from insomnia, as the data reveal respondents who are suffering from insomnia and are staying at home is almost 61.03% and respondents who are suffering from insomnia and are currently working are almost 38.9%

CONCLUSION

- This study concludes that lockdown have a Psychological impact on Jaipur population, due to lockdown and constant COVID -19 fear people are becoming more vulnerable to anxiety and insomnia, as to be gender specific female are more Prone to anxiety and insomnia , anxiety is been categorised in three different types :- No anxiety , moderate anxiety and severe anxiety . The prevalence of moderate anxiety is 20.96% and 5.19% of severe anxiety, insomnia is also been categorized into No insomnia, moderate insomnia and severe insomnia and the prevalence of moderate insomnia 31.1% and severe insomnia be 10.2%
- This study also reveals that respondents who stayed at home were more prone to anxiety and insomnia which lead to huge impact in there day to day schedule and anxiety causes some serious sleep issues Therefore as a result of this study it shows that those 11 respondents who are suffering from severe anxiety are suffering from severe insomnia too.
- As during this lockdown alcohol shops were closed and this study depicts too that respondents who use to smoke or consume alcohol prior then lockdown were more vulnerable to anxiety because of the withdrawal symptoms

RECOMMEDATIONS

- Keep a regular daily schedule:-As due to COVID-19 our regular schedule I almost disturbed which leads to our alteration in our eating and sleeping patterns so it's very important to keep a regular schedule, keep building yourself personally and professionally
- Engage yourself in an activity that "fills your mind" and "crowds out" anxious thoughts: - if you sit idle thousands thoughts would come up and overthinking is bad in anyways
- Tele consultations with psychologist should be promoted so people can reach out them easily: - At this point of time people are not willing to go for a consultations therefore using virtual platform for consultation is best

REFERENCES

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PART 2 ONLINE COURSE

Quality improvement in healthcare organisation

Course offered by Rutgers the State University of New jersey

Course Description

Module no.	Week	Hours
Lesson 1 Definition of Quality and quality improvement in healthcare	Week 1	4 Hours 15 Min
Lesson 2 Quality and Quality improvement in Healthcare organisations	Week 2	3 Hours 5 Min
Lesson 3 Data collections and analysis methodologies for quality and QI	Week 3	3 Hours 15 Min
Lesson 4 Design a Healthcare Organisation Quality Improvement Program	Week 4	4 hrs
Total hours		14 Hours 35 Min

COURSE OBJECTIVE AND LEARNING METHODOLOGY

- To help understand the quality and quality improvement in healthcare organizations.
- To help contribute better to the efficient and effective processes of quality improvement within a healthcare organization.
- To undertake administration and management responsibilities related to quality and quality improvement processes within the organization.
- To know about the various frameworks of quality improvement in the healthcare organizations.
- **LEARNING METHODOLOGY** Reading material, videos and assignments

Key learnings

WEEK 1

TOPIC 1: - DEFINITION OF QUALITY IN HEALTHCARE ORGANISATIONS

Healthcare organization quality is the degree to which the health care delivered by the healthcare organization consistently reflects current professional knowledge/standards while meeting the patient/customer personal health outcome expectations/requirements.

Medical error is defined *as* an unintended act (either of omission or commission) or one that does not achieve its intended outcome, the failure of a planned action to be completed as intended (an error of execution), the use of a wrong plan to achieve an aim (an error of planning), or a deviation from the process of care that may or may not cause harm to the patient.

Quality Improvement in healthcare organizations is the systematic and continuous actions that lead to measurable improvement healthcare organization quality; that is, systematic and continuous actions that lead to measurable improvement in the degree to which the health care delivered by the healthcare organization consistently reflects current professional knowledge/standards while meeting the patient/customer personal health outcome expectations/requirements.

Key learnings

TOPIC: - 2 HEALTHCARE ORGANISATION QUALITY IMPROVEMENT FRAMWORKS / MODELS

- Chronic care model
- Lean
- Six sigma
- Lean six sigma
- Model for improvement (plan – do – study-act)
- **TOPIC 3: - HEALTHCARE ORGANISATION QUALITY DOMAINS**
- 6 content area (domains) of healthcare organisation functioning should focus on in order to improve the quality:
- Safety Domain
- Effectiveness Domain
- Person-Centeredness Domain
- Accessibility, Timeliness, Affordability Domain
- Efficiency Domain
- Equity Domain

Key learnings

TOPIC 4: - ORGANISATIONS WHICH ENCOURAGE QUALITY IN HEALTHCARE ORGANISATION

- National institute of standards and technology
- The American society of Quality
- Agency for Healthcare Research and Quality
- National Committee for Quality Assurance (NCQA)
- Public health Foundation

TOPIC 5: - TYPES OF QUALITY MEASURES IN HEALTHCARE ORGANISATIONS

- STRUCTURAL QUALITY MEASURE
- PROCESS QUALITY MEASURE
- OUTCOME QUALITY MEASURE

Key learnings

MEDICAL QUALITY MEASURES IN HEALTHCARE ORGANISATIONS

Effectiveness of care

Availability

Experience of care

Utilisation of care

Health plan descriptive info

Measures collected using electronic data system

PHARMACY QUALITY MEASURES IN HEALTHCARE ORGANISATION

Pharmacy Quality Measures

Pharmaceutical Quality Measures

DENTAL QUALITY MEASURES IN HEALTHCARE ORGANISATIONS

- Dental and Oral Health Services: Dental Sealants for 6–9-Year-Old Children at Elevated Caries Risk (SEAL-CH)
- Dental and Oral Health Services: Percentage of Eligible Who Received Preventive Dental Services (PDENT-CH)

HEALTH INSURANCE PLAN QUALITY MEASURES

Medical/Health Insurance Plan Quality Measures

Dental Insurance Plan Quality Measures

- EVALUATING UTILIZATION
- EVALUATING QAULITY OF CARE
- EVALUATING COST

Key learnings

QUALITY DATA METHODOLOGY IN HEALTHCARE ORGANISATION

- Quality Data Collection Methodologies
- Quality Data Analysis Methodologies

QUALITY TOOLS IN HEALTHCARE ORGANSIATIONS CAUSE- AND-EFFECT DIAGRAM AND CHECK SHEET

- 1) cause-and-effect diagram,
- 2) check sheet,
- 3) control charts,
- 4) histogram,
- 5) pareto chart,
- 6) scatter diagram, and
- 7) stratification.
- Cause-and-Effect Diagram the development of the cause-and-effect diagram is credited to Kaoru Ishikawa. The diagram is also known as the Ishikawa chart or fishbone chart.

- Thanks you