SUMMER INTERNSHIP PROGRAM

at

Sawai Man Singh hospital (SMS Hospital), (Jaipur

From: 15 May 2025 to 29 July 2025

A REPORT BY

Neha devi

Master of Business Administration

Healthcare Analytics

Roll no: 0017

2024-26

under the Mentorship of

Dr. Ritu Vashistha

IIHMR UNIVERSITY

JAIPUR

Name of Institution
SAWAI MAN SINGH HOSPITAL (JAIPUR)

Completion Certification from the Organization

CERTIFICATE

This is to certify that **Ms. NEHA DEVI** of batch **2024-2026 from IIHMR UNIVERSITY, JAIPUR (School of Digital Health)** has worked with our organization for her summer internship **from 15 May 2025 to -29 July 2025**. The overall performance shown by her during the period was excellent.

Date: - 29 July 2025

(Signature of organization Mentor)

Name – Dr. Sushil Kumar Bhati

Designation – Medical Superintendent

Seal Stamp of the Organization.

चिकित्सा अधीक्षक
सवाई मानसिंह चिकित्सालय
जयपुर

IIHMR UNIVERSITY

IIHMR University Faculty Mentor Approval

This is to certify that **Ms. Neha Devi** of academic year 2024-26 **School of Digital Health, IIHMR University, Jaipur, Rajasthan** has prepared a poster with respect to her summer internship held during May-July 2025.

She has carried out work as per the guidelines. Her poster is approved for presentation.

Date: 30/07/2025

Dr. Ritu Vashistha
Assistant Professor

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Weekly Report

Name of the Organisation: Sawai Man Singh (SMS) Hospital Jaipur, Rajasthan

Area/ Department/ Project of Summer Internship Program: Department of Medical Education Rajasthan

Name of the Student: NEHA DEVI

Roll no: 0017 Stream: Healthcare analytics

Week no: 1st From : 15-05-25 to 17-05-2025

Activity Done	Day 1: Formalities of Joining Day 2: Department Visit and Observation of Daily Activities Day 3: I completed the assignment Dr. Vandana gave me, watched how IHMS operated, and assisted in creating a QR code for the resolution of grievances pertaining to cleanliness. .
Linking theory (Classroom learning) with practice at your organisation	I witnessed the practical application of classroom subjects such as public health policy, healthcare quality, and HMIS during my fieldwork. I saw the management of patient data, the handling of grievances, and the execution of health initiatives by departments. This hands-on experience enhanced my understanding of administrative procedures and helped me comprehend real-world difficulties in healthcare delivery.
Gaps identified on the working area.	gaps in communication, departmental interactions, service delivery, technology, and the absence of real-time data entry in IHMS.
Suggestions for improvement	Increasing human resources is necessary, as are proper signage, waiting area upkeep, better data gathering in IHMS, and data quality audits.
Plan for the next week	I was given the task of reviewing appointment centers. examining the patient appointment scheduling practices of each department.observing the time, how, and who of their workflow.

Signature of the Student

Weekly Report

Name of the Organisation: Sawai man Singh hospital (SMS hospital) Jaipur

Area/ Department/ Project of Summer Internship Program: Department of Medical Education Rajasthan

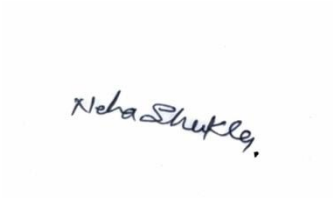
Name of the Student: Neha devi

Roll no 0017 Stream: Healthcare analytics

Week no: 2st From : 19-05-2025 TO 24-05-2025

Activity Done	Day-1 : Under the direction of Dr. Mohnish Grover, I watched as the IHMS system operated at the ENT department doctor's workstation. Day-2: I watched and comprehended the several procedures that are part of the IHMS system's operation in the hospital ward. Day 3: I gained knowledge of the Blood Bank's IHMS system's procedures, including how data is entered, which departments are connected to it, and how it is maintained and kept. Day 4: I went to a meeting where I was shown the full procedure for entering Biomedical Waste (BMW) data into the IHMS system. Day 5: At the doctor's desk, I studied the intricate procedure for utilizing the IHMS system. Day 6: Dr. Bhati told me to get information from the hospital departments about the data colocation rooms, such as how many rooms there are and how they are allotted.
Linking theory (Classroom learning) with practice at your organisation	I studied healthcare IT, workflow management, and hospital information systems during my academic career. I used this information while working on the IHMS Doctor Desk module at SMS Hospital. I comprehended real-time procedures such as digital prescriptions, admissions procedures, and patient data entering. I was able to relate theory to real-world issues like

	process gaps and system usability because to this encounter. It improved my ability to prepare reports, analyze workflows, and solve problems.
Gaps identified on the working area.	I observed that data was frequently incorrect or lacking, and that some employees had trouble utilizing the IHMS system because they had received insufficient training. Different departments operated in different ways, which led to misunderstandings and occasionally hindered team communication. It was also more difficult to handle effectively because the information about room allocation was disorganized.
Suggestions for improvement	To improve efficiency, it is recommended to implement standardized SOPs across all departments and ensure regular training sessions for staff on IHMS usage. Data entry protocols should be clearly defined to maintain accuracy. Transitioning fully to digital processes can reduce manual workload and errors. Additionally, setting deadlines and monitoring data submission can help streamline reporting and improve coordination .
Plan for the next week	In order to examine how the IHMS system is utilized at the doctor's desk, I shall be stationed at the OPD counter. My objective is to comprehend the process and find any issues that physicians may have when utilizing the system. Additionally, I will communicate with the physicians to support and help them use the IHMS system efficiently for improved patient care.



Signature of the Student

Weekly Report

Name of the Organisation: Sawai man Singh hospital (SMS hospital) Jaipur

Area/ Department/ Project of Summer Internship Program: Department of Medical Education Rajasthan

Name of the Student: Neha devi

Roll no: 0017 Stream: Healthcare analytics

Week no: 3 From : 02-06-2025 TO 7-06-2025

Activity Done	Day 1: Due to my illness, I chose not to visit the hospital. Day 2: I collaborated with Dr. Jain to comprehend the IHMS system's Doctor Desk module. Day 3: I gained additional knowledge regarding the Doctor Desk. The benefits and drawbacks of the Doctor Desk at IHMS were then discussed by Dr. Singhal, who works in the OPD department. I also wrote a report on the problems. Day 4: Working with Dr. Mohnish Sir in the ENT department, I was able to comprehend the admissions procedure by using the Doctor Desk. Day 5: Using the Doctor Desk, I created a thorough report that covered its criteria, progress, and the methodical steps needed to finish tasks. Day 6: I delivered the report to Dr. Mohnish Sir, explaining in detail and methodically how the Doctor Desk operates.
Linking theory (Classroom learning) with practice at your organisation	I researched workflow management, healthcare IT, and hospital information systems during my academic career. I put this knowledge to use at SMS Hospital while working on the IHMS Doctor Desk module. I was aware of real-time procedures like computerized prescriptions, admissions, and patient data entry. Through this experience, I was able to relate theory to real-world issues like process gaps and system usability. It improved my ability to analyze workflows, solve problems, and prepare reports.

Gaps identified on the working area.	I noticed a number of holes in the workspace throughout my visit. Workflow execution was inconsistent due to a lack of department-wide standard operating procedures (SOPs). Variations in data input procedures within the IHMS system may have an impact on the dependability and correctness of medical records. The system's potential were underutilized as a result of certain employees' inadequate training in using IHMS modules. Despite the availability of digital technology, manual methods were still used in some places, which led to inefficiencies. The necessity for improved coordination and process simplification was further highlighted by the delays in data reporting and submission that were noted.
Suggestions for improvement	It is advised that uniform SOPs be implemented in all departments and that staff members receive frequent training on IHMS usage in order to increase efficiency. For data entry procedures to be accurate, they must be well-defined. Making the complete switch to digital procedures can cut down on errors and manual labor. Furthermore, establishing due dates and keeping track of data submission helps facilitate reporting and enhance collaboration.
Plan for the next week	In order to promote SOP changes, I will work on the DoctorDeskplatform, help collect data for teleconsultation services, and analyze digital workflows in other departments.

Signature of the Student

Weekly Report

Name of the Organisation: Sawai man Singh hospital (SMS hospital) Jaipur

Area/ Department/ Project of Summer Internship Program: Department of Medical Education Rajasthan

Name of the Student: Neha devi

Roll no: 0017 Stream: Healthcare analytics

Week no: 4st From : 02-06-2025 TO 7-06-2025

Activity Done	Day 1: Due to my illness, I chose not to visit the hospital. Day 2: I collaborated with Dr. Jain to comprehend the IHMS system's Doctor Desk module. Day 3: I gained additional knowledge regarding the Doctor Desk. The benefits and drawbacks of the Doctor Desk at IHMS were then discussed by Dr. Singhal, who works in the OPD department. I also wrote a report on the problems. Day 4: Working with Dr. Mohnish Sir in the ENT department, I was able to comprehend the admissions procedure by using the Doctor Desk. Day 5: Using the Doctor Desk, I created a thorough report that covered its criteria, progress, and the methodical steps needed to finish tasks. Day 6: I delivered the report to Dr. Mohnish Sir, explaining in detail and methodically how the Doctor Desk operates.
Linking theory (Classroom learning) with practice at your organisation	I studied healthcare IT, workflow management, and hospital information systems during my academic career. I used this information while working on the IHMS Doctor Desk module at SMS Hospital. I comprehended real-time procedures such as digital prescriptions, admissions procedures, and patient data entering. I was able to relate theory to real-world issues like process gaps and system usability because to this encounter. It improved my ability to prepare reports, analyze workflows, and solve problems.
Gaps identified on the working area.	• Physicians' incomplete data entry in the Doctor Desk module. • Staff members are not properly trained in the use of IHMS. • A delay in real-time patient record updates.

	• Some IHMS modules are underutilized in specific disciplines. • Technical problems, such as login failures or system slowdown. • Opposition to the transition from manual to computerized procedures.
Suggestions for improvement	Regular hands-on training sessions should be held for doctors and staff to guarantee correct usage and comprehension of the Doctor Desk module, which is crucial to improving the efficiency of the IHMS system. Within departments, technical assistance should be made available to quickly address problems like system slowness or login failures. To ensure data accuracy, physicians should be encouraged to fill out and update patient records in real-time. To make sure all IHMS modules are being utilized as intended, departments should also be observed, and employees should be held responsible for any incomplete input. The final step is to arrange awareness campaigns to highlight the advantages of digital technology and lessen opposition to abandoning manual procedures.
Plan for the next week	I intend to visit many departments in the next week to get a closer look at how the Doctor Desk module is used in practice. In order to learn about their difficulties and get input for system enhancement, I will communicate with physicians and staff. I will also help identify IHMS features that aren't being used to their full potential and offer suggestions for improving their utilization. If at all possible, I will assist the training team in running a brief new user orientation and assist in adding new observations and suggestions to the current report.

Signature of the Student

Weekly Report

Name of the Organisation: Sawai man Singh hospital (SMS hospital) Jaipur

Area/ Department/ Project of Summer Internship Program: Department of Medical Education Rajasthan

Name of the Student: Neha devi

Roll no: 0017 Stream: Healthcare analytics

Week no: 5 From : 09-06-2025 TO 14-06-2025

Activity Done	Day 1: I went to the Orthopaedics OPD to see how the Doctor Desk module handles patient follow-up records and digital prescriptions. Day 2: Helped Dr. Meena at the department of gynaecology analyse the difficulties in keeping digital admission records. Day 3: Participated in a brief internal training on IHMS updates and watched nurses enter pre-admission data into the system. Day 4: Gathered input regarding system faults and usability from users (physicians and nursing staff) in the ENT and radiology departments. Day 5: Listed the locations with the lowest compliance and compiled department-by-department comparison statistics demonstrating IHMS usage. Day 6: Completed weekly findings and sent Dr. Mohnish Sir an updated analysis with suggestions for improvement.
Linking theory (Classroom learning) with practice at your organisation	The assignments for this week provided me with further chances to put academic ideas like digital transformation, healthcare analytics, and system usability assessment into practice. My analysis of departmental variance in IHMS adoption was aided by my classroom education on change management and process standardization. I was able to assess practical inefficiencies and provide process enhancements supported by user feedback and data interpretation thanks to my real-time exposure to clinical operations..

Gaps identified on the working area.	staff members, particularly nurses, are not well-informed about complete data entry at the Doctor Desk. Manual records are still used by some departments, which leads to inefficiencies and duplication. Departments use IHMS differently; some use it sparingly. Additionally noted were data inconsistencies brought on by inadequate synchronization and the lack of system notifications for unfinished jobs..
Suggestions for improvement	Short, role-specific training sessions should be held on a regular basis to enhance IHMS usage. Standard data entry methods should be followed by departments, and system reminders for unfinished work should be included. IHMS has a feedback feature that makes it easier to report problems, and staff members may use the system more efficiently with the help of basic user manuals.
Plan for the next week	I want to help create a basic workflow map for department-wise IHMS usage and start writing a consolidated mid-internship report that reflects my progress thus far. Next week, I will concentrate on comparing OPD and IPD documentation practices using the IHMS Doctor Desk. I will also look for differences in process flow and determine whether separate support mechanisms are needed.

Signature of the Student

Weekly Report

Name of the Organisation: Sawai man Singh hospital (SMS hospital) Jaipur

Area/ Department/ Project of Summer Internship Program: Department of Medical Education Rajasthan

Name of the Student: Neha devi

Roll no: 0017 Stream: Healthcare analytics

Week no: 6 From : 16-06-2025 TO 21-06-2025

Activity Done	Day 1: Went to the Surgery department to see how the Doctor Desk module was used for OPD documentation. Day 2: Went to the Cardiology department and observed that physicians and nurses entered data in IHMS differently. Day 3: Gathered staff input on the IHMS interface and talked about documentation issues. Day 4: Identified often missing fields in the Doctor Desk system and compared the OPD and IPD procedures Day 5: Contributed to the creation of checklists and orientation materials for new hires in order to enhance documentation procedures. Day 6: Collected observations and sent the mentor improvement ideas for consideration and implementation.
Linking theory (Classroom learning) with practice at your organisation	Engaging with clinical staff provided me with practical insight into user behavior, system limitations, and the need for department-specific training. This week improved my ability to bridge the gap between theory and practical implementation in healthcare IT. I applied my academic learning on hospital information systems, digital health records, and workflow analysis in a real-world setting. The concepts I learned in the classroom about OPD/IPD process flows, data management, and system usability helped me critically observe how various departments use the Doctor Desk module in the IHMS system.
Gaps identified on the working area.	I noticed a number of inconsistencies in the Doctor Desk module's usage and implementation during this week. Inconsistent data entry procedures between the IPD and OPD departments are a major problem that results in incomplete patient records. Accuracy and efficiency are impacted by some

	employees' lack of training or experience with the digital system, particularly in the IPD. Important elements like clinical history and follow-up instructions are frequently left empty in some departments. Additionally, different departments lack uniform documentation practices, which leads to different usage patterns. Data gaps are further exacerbated by the absence of system-generated alerts or reminders to users to finish pending entries.
Suggestions for improvement	Departments should implement a uniform documentation strategy to guarantee that all required fields are filled out during patient encounters in order to increase the effectiveness and consistency of IHMS Doctor Desk utilization. Bridging the digital literacy gap would be facilitated by regular training and refresher workshops designed for both medical professionals and nursing staff. To ensure real-time data completion, the hospital should use system-generated warnings or reminders to identify incomplete submissions. Developing department-specific quick-reference guides or user manuals can also help employees navigate the system with greater assurance. End-user feedback can also be used to pinpoint real-world issues and direct future IHMS system enhancements.
Plan for the next week	I want to spend the next week assessing how the Doctor Desk module is being used in the dermatology and pediatrics departments. Finding department-specific problems with data entry and workflow execution is my goal. I'll speak with staff members to learn about the difficulties they encounter while documenting patients and to find out how well the IHMS system fits into their clinical workflows. I also plan to assist the training team in evaluating the efficacy of the present orientation strategy and making recommendations for enhancements. In order to incorporate the most important findings, gaps, and action items I have discovered thus far, I will also start putting together a mid-internship progress summary.

Signature of the Student

Weekly Report

Name of the Organisation: Sawai man Singh hospital (SMS hospital) Jaipur

Area/ Department/ Project of Summer Internship Program: Department of Medical Education Rajasthan

Name of the Student: Neha devi

Roll no: 0017 Stream: Healthcare analytics

Week no: 7 From : 23-06-2025 TO 28-06-2025

Activity Done	Day 1: To learn how to use IHMS Doctor Desk for OPD patients, I went to the pediatrics section. On the second day, I observed the dermatology OPD workflows and found problems with the thoroughness of the paperwork. Day 3: Gathered employee opinions about the usability and accessibility of IHMS in both departments. Day 4: Identified departmental gaps in system utilization and compliance by comparing usage data. Day 5: Took part in a group conversation about enhancing the precision and consistency of digital records. Day 6: Began writing the progress report for the mid-internship. .
Linking theory (Classroom learning) with practice at your organisation	I was able to put what I had learned in class about healthcare IT evaluation and departmental workflow variation this week. I used gap analysis and theories of digital health adoption to compare the processes in pediatrics and dermatology. My comprehension of user-centered system design and documentation procedures in clinical settings has improved as a result of the hands-on experience..
Gaps identified on the working area.	Different departments use IHMS differently, with pediatrics demonstrating higher compliance than dermatology. Employees frequently omit required fields, which makes patient records less comprehensive. Limited training and lack of department-level technical support are important impediments. Also, no system alarms are present to flag incomplete entries

Suggestions for improvement	IHMS usage can be enhanced by targeted departmental training that includes real-world examples. The Doctor Desk could implement a checklist system to make sure that necessary tasks are not missed. Every department should have a specialized technical assistance team. The user experience may also be improved by creating a streamlined interface for particular departments.
Plan for the next week	I intend to visit the emergency and psychiatry departments next week to see how IHMS is used in urgent situations. In order to increase IHMS efficiency, I want to evaluate real-time data entry procedures under pressure and determine what assistance is required. I will also help with the review of the IHMS system's online discharge procedure in order to comprehend its difficulties, workflow, and interface with other modules such as billing and medical records.

Signature of the Student

Weekly Report

Name of the Organisation: Sawai man Singh hospital (SMS hospital) Jaipur

Area/ Department/ Project of Summer Internship Program: Department of Medical Education Rajasthan

Name of the Student: Neha devi

Roll no: 0017 Stream: Healthcare analytics

Week no: 8 From : 30-06-2025 TO 5-07-2025

Activity Done	Day 1: Went to the psychiatry department and saw how the doctor's desk was used when patients were being seen. Day 2: Workflows in the emergency room were observed, with an emphasis on real-time IHMS data entry and synchronization. Day 3: During conversations with ward personnel and physicians, deficiencies in online discharge documentation were discovered. Day 4: Worked with the technical team to comprehend how the billing and discharge modules integrate. Day 5: Gathered physician input regarding mistakes and hold-ups in the online discharge procedure. Day 6: Updated the continuing report with targeted recommendations and compiled department-specific observations.
Linking theory (Classroom learning) with practice at your organisation	This week, I used my theoretical understanding of discharge planning and hospital workflow improvement. In the psychiatric and emergency rooms, the concepts of cross-departmental coordination and real-time data collection were seen in action. It enabled me to connect classroom instruction on care continuity, discharge workflow, and system usability with actual hospital procedures.

Gaps identified on the working area.	Incomplete entries and a lack of departmental collaboration cause delays in online discharge. The IHMS module's discharge stages are frequently unknown to ward staff. Notification triggers to encourage physicians to fill up digital discharge reports are also lacking. Because of the large patient volume and restricted system access in the emergency room, real-time data updates are frequently overlooked.
Suggestions for improvement	Staff members need to be trained on the discharge procedure in order to increase the efficiency of online discharge. Doctors should receive system-generated reminders concerning unfinished discharge tasks. Real-time documentation can be supported by dedicated IHMS terminals in high-pressure situations like Emergency. Discharge-related interdepartmental SOPs can help cut down on confusion and delays.
Plan for the next week	On the basis of my weekly observations, I will start putting together the final internship report. In order to comprehend the reporting and analytics use of IHMS data, I also intend to visit the administrative department. I will also assist the team in defining KPIs to track departmental system adoption.

Signature of the Student

Weekly Report

Name of the Organisation: Sawai man Singh hospital (SMS hospital) Jaipur

Area/ Department/ Project of Summer Internship Program: Department of Medical Education Rajasthan

Name of the Student: Neha devi

Roll no: 0017 **Stream: Healthcare analytics**

Week no: 9 From : 07-07-2025 TO 12-07-2025

Activity Done	Day 1: To learn how IHMS data is used for reporting and decision-making, I went to the billing and administrative divisions. Day 2: Examined current KPI dashboards and data produced by the discharge and doctor desk modules. Day 3: Engaged with the IT staff to learn about system backend integration and data flow. Day 4: Gathered administrative staff input on reporting gaps, system speed, and data accuracy. Day 5: Helped create sample KPI forms to monitor system compliance and usage per department. Day 6: I began putting together a summary report that included the main conclusions, any gaps, and recommendations.
Linking theory (Classroom learning) with practice at your organisation	I was able to put academic ideas about healthcare data analysis, performance metrics, and system evaluation into practice this week. I was able to evaluate the degree to which IHMS data facilitates administrative decision-making thanks to my understanding of KPIs, report formatting, and healthcare IT governance. My comprehension of useful healthcare analytics was significantly enhanced by my exposure to backend procedures and reporting systems in real time.
Gaps identified on the working area.	This week, a number of reporting holes were discovered. The KPI formats used by different departments are not standardized, and many units are not able to view their own system utilization data. A few employees don't know how to extract or decipher IHMS data reports. Key performance insights are frequently overlooked in system-generated reports because of uneven data entry and limited customization.

Suggestions for improvement	Transparency and accountability can be improved with a consolidated dashboard that displays department-specific KPIs. It is crucial to teach administrative employees how to use and comprehend reports produced by IHMS. It is important to create report formats that are adaptable to the requirements of every department. The total value of analytical reports will also be strengthened by enhancing the accuracy and consistency of data entry at the source.
Plan for the next week	I'll concentrate on evaluating the various departments' usage of the online discharge and recharge procedures. To learn more about the difficulties employees are having, I will go to places where usage is still low. I'll also speak with nurses and doctors to hear their opinions and assist them if they need it. Making sure the system is functioning properly and that the templates are being used appropriately is my aim. After the week is over, I'll write a brief report outlining my observations and recommendations for enhancement.

Signature of the Student

Weekly Report

Name of the Organisation: Sawai man Singh hospital (SMS hospital) Jaipur

Area/ Department/ Project of Summer Internship Program: Department of Medical Education Rajasthan

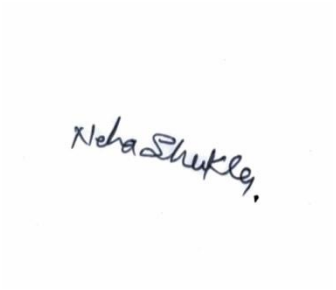
Name of the Student: Neha devi

Roll no: 0017 Stream: Healthcare analytics

Week no: 10 From : 14-07-2025 TO 19-07-2025

Activity Done	Day 1: To see how the online discharge module is being used, I went to the departments of orthopaedics and surgery. Day 2: Evaluation of the use of the recharging procedure in the departments of medicine and gynaecology. determined which areas are still dominated by manual procedures. Day 3: Held brief feedback sessions with ward clerks and nurses to discuss the IHMS recharge module's usability and accessibility problems. Day 4: Assist staff members who are having trouble using the discharge template on the spot; generate problem cases and assist in fixing them. Day 5: Data on offline and internet usage was compared across departments. Departments with low compliance rates were identified. Day 6: Created a final report that summarized department-specific recommendations, adoption hurdles, and usage trends.
Linking theory (Classroom learning) with practice at your organisation	I was able to put what I had learned in class this week about adopting health informatics, managing change, and evaluating user-centered systems to use. I could locate bottlenecks in the IHMS online operations and provide help for workable solutions by drawing on my academic background in data flow mapping and user experience. The importance of staff training and system design on digital adoption in clinical settings was highlighted by the fieldwork.
Gaps identified on the working area.	This week, it was noted that a number of departments continue to rely on manual discharge notes. The primary reason for this is because certain employees are not entirely at ease or knowledgeable about utilizing the IHMS system. There were either incomplete or delayed data submissions for recharges,

	which can cause reporting gaps and disrupt patient treatment. The inconsistent usage of the discharge and recharge templates was another significant problem that was seen; many users either omit required fields or do not adhere to the proper format, which compromises the accuracy of the records. Furthermore, it appears that staff members are not aware of the support or assistance available to address technical problems they encounter when utilizing the system.
Suggestions for improvement	Each department should designate a "digital champion," a qualified employee who can assist and mentor others in effectively utilizing the discharge and recharge modules, in order to facilitate the process. Staff members should also receive regular refresher training to assist them comprehend common errors and learn more efficient ways to use the system. It is possible to guarantee that all required information is correctly completed before submitting any discharge or recharge forms by implementing a straightforward checklist. In conclusion, establishing a forum for ongoing feedback, such a suggestion box or a brief weekly review meeting, can facilitate staff members' sharing of challenges and prompt support.
Plan for the next week	During the last week of my internship, I will concentrate on finishing the thorough report by assembling the most important discoveries, gaps, and recommendations from the entire ten weeks. Additionally, before the internship officially concludes on July 29th, I will make a brief presentation to share my observations and suggestions with my mentor and hospital staff.



Signature of the Student

Compiled Report

Name of the organization: SMS Hospital, Jaipur

Name of student: Neha Devi

Roll no: 0017 stream: MBA-HA (2024-26)

from: 15/05/2025 to 29/07/2025

Activity done	During my 10-week internship at SMS Hospital, I worked on the implementation and practical evaluation of the **Doctor Desk Module** under the **Integrated Health Management System (IHMS)**. This module facilitates the digital documentation of OPD consultations and aims to streamline patient care delivery by reducing paperwork and increasing data accuracy. Key activities and observations included: • Participating in orientation sessions on hospital functioning, departments, and digital systems. • Visiting various OPD departments (ENT, Cardiology, PMR, etc.) to observe real-time Doctor Desk usage. • Daily tracking of how doctors interacted with the module for writing digital prescriptions. • Analyzing challenges like system speed, login issues, and lack of time during peak hours. • Understanding data flow and backend processes by interacting with the IT team and data center staff. • Documenting gaps between module design and practical usability. • Creating and presenting a poster promoting the benefits of using the Doctor Desk module. • Preparing the final internship report with insights, feedback, and improvement strategies. This fieldwork provided deep exposure to digital healthcare implementation challenges and showed how frontline medical staff engage with digital solutions.
Linking theory (classroom learning) with practice at your organization	He internship provided a strong platform to integrate theoretical learning from the MBA-HCA program with practical experience in a live healthcare setting. Several concepts and frameworks taught during classroom sessions were experienced in real-time, reinforcing their value and deepening my understanding. • **Health Information Systems:** In our academic sessions, we explored Electronic Health Records (EHR), Hospital Information Systems (HIS), and integrated modules like

	OPD, IPD, billing, pharmacy, and diagnostics. During the internship, I observed the functioning of IHMS with a focus on the Doctor Desk Module, which mirrored these concepts in action. I learned how data is entered, processed, and retrieved, providing continuity in patient care. • **Healthcare Operations and Workflow Management:** Topics like patient journey mapping, bottleneck analysis, and lean process design were directly applicable. I analyzed how delays in login or lack of time for digital entries caused operational inefficiencies and how minor tweaks (like protected time slots) could significantly improve outcomes. • **Analytics and Reporting:** Our coursework in healthcare analytics included basics of data mining, usage trends, and visualization. During my internship, I gathered and interpreted usage data from departments to assess system performance, linking academic tools to real-world application. • **Public Health Policy and Digital Health Mission:** The internship highlighted how IHMS aligns with the goals of India's National Digital Health Mission (NDHM), especially in ensuring accessible, accountable, and traceable patient data. • **Leadership, Change Management, and Communication:** Theories of resistance to change and stakeholder engagement were practically observed. I noticed hesitation among some senior clinicians, which required a communication and change management strategy—skills covered in our organizational behavior module. • **Health Quality and Accreditation:** In quality management classes, we learned the importance of documentation, audit trails, and compliance. The Doctor Desk supports this by ensuring digital records for prescriptions, aiding in hospital accreditation and audit readiness. • **Strategic IT Planning in Healthcare:** Concepts like user acceptance testing, interface design, and system feedback loops were encountered while evaluating the usability of the Doctor Desk and proposing suggestions.
Gaps identified	• **Time Constraints for Doctors:** During OPD hours, doctors are often overloaded with patients, leaving them with little to no time to update digital records on the Doctor Desk module. As a result, documentation is either rushed or left incomplete. • **Digital Literacy Challenges:** Some clinicians, particularly senior consultants or those less exposed to digital tools, displayed hesitation in using the IHMS system. Their lack

	of comfort and confidence in navigating the Doctor Desk limited its widespread adoption. • **Inadequate IT Support During Peak Hours:** The absence of dedicated IT personnel during critical hours leads to unresolved technical issues. Doctors facing login problems or data sync issues have no immediate assistance, leading to frustration. • **User Interface (UI) and Performance Issues:** Doctors experienced slow response times, complex navigation, and multiple clicks to complete simple tasks. This impacted workflow efficiency and discouraged continued usage. • **Lack of Real-Time Monitoring Tools:** There is no centralized dashboard to monitor departmental or individual compliance in Doctor Desk usage. This absence prevents accountability and data-driven decision-making. • **Absence of Feedback Loop:** End-users (doctors, nursing staff) have no formal mechanism to provide feedback on the module's design or request enhancements. This widens the gap between user expectations and system capabilities. • **Reliance on Parallel Manual Systems:** In many departments, manual registers are still maintained alongside digital systems. This duplication not only wastes time but also introduces the risk of inconsistency and errors. • **Uneven Implementation Across Departments:** Adoption of the Doctor Desk module is inconsistent. Some departments have embraced it fully, while others still rely on conventional methods, affecting hospital-wide integration. • **Lack of Automated Notifications:** There are no inbuilt alerts for incomplete documentation or pending entries. Doctors may unknowingly leave tasks unfinished, affecting patient record accuracy. • **Motivational and Cultural Barriers:** There is little to no incentive structure to promote digital compliance. Without recognition or accountability, digital transformation efforts remain slow and uneven.Low motivation and absence of digital adoption incentives.
Suggestion for improvement	• Allocate specific time slots pre/post OPD for digital data entry. • Conduct regular department-wise training on Doctor Desk and IHMS usage.

	• Deploy IT support teams in OPD zones during patient hours. • Redesign the interface to reduce steps and improve speed. • Implement feedback collection forms and issue trackers within IHMS. • Incentivize doctors and departments with best compliance records. • Develop a centralized dashboard for usage monitoring. • Integrate mobile-friendly or offline data entry support. • Use poster campaigns and peer champions to encourage digital use. • Set up real-time issue resolution helpdesk for IHMS users.

Signature of student

Approved by IIHMR University Mentor

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