INTERNSHIP REPORT

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In

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Introduction

As a part of the Management Trainee Program at Medanta – The Medicity, I was required to undergo comprehensive departmental rotations over a period of six months. This program is designed to provide a holistic understanding of hospital operations, patient care pathways, administrative coordination, and clinical support functions. The aim is to nurture future healthcare managers with both macro and micro-level exposure to hospital functioning.

During this period, I was assigned to **six core departments**, each representing a critical component of hospital services:

The six departments included in the program are:

Emergency Department (ED):
The Emergency Department is the hospital's frontline unit responsible for managing acute and life-threatening conditions. It operates 24/7 and handles trauma, cardiac emergencies, strokes, and other critical cases. The department emphasizes rapid triage, stabilization, and coordination with various specialties for immediate intervention.

Inpatient Department (IPD):
The IPD manages patients admitted for treatment, surgery, or observation. It covers a wide range of specialties and involves bed management, nursing coordination, daily rounds, discharge planning, and patient satisfaction tracking. Efficient IPD operations are central to hospital capacity planning and care continuity.

Outpatient Department (OPD) and Daycare:
This department deals with scheduled consultations and minor procedures that do not require overnight admission. The OPD handles high patient footfall and requires streamlined appointment systems, waiting area management, and physician coordination. Daycare services include chemotherapy, minor surgeries, and other short-duration procedures.

Medical Superintendent's Office & Quality Department:
This unit focuses on hospital governance, compliance, and quality assurance. Responsibilities include monitoring adherence to clinical protocols, overseeing NABH accreditation standards, managing incident reporting systems, and driving continuous improvement initiatives across the hospital.

Laboratory and Radiology Services:
These are diagnostic support services critical for timely and accurate medical decision-making. Laboratories perform pathology, microbiology, and biochemistry tests, while radiology provides imaging such as X-rays, CT scans, MRIs, and ultrasounds. The integration of results with hospital information systems is essential for operational efficiency.

Intensive Care Unit (ICU):
The ICU provides specialized care for critically ill patients who require constant monitoring and life-support systems. It includes sub-units like medical ICU, surgical ICU, neuro ICU, and cardiac ICU.

The unit is equipped with ventilators, infusion pumps, and other advanced technologies, and operates under strict infection control protocols and multidisciplinary team oversight.

During the internship, I was specifically posted in the Emergency Department and Intensive Care Unit (ICU) for a period of three months. These departments represent the core of critical and emergency care services, providing an opportunity to observe high-acuity clinical operations, real-time decision-making, and complex care coordination.

Objectives of the Internship

1. **To understand the workflow and operational dynamics** of the Emergency Department and ICU, including patient flow, triaging, admission, treatment, and discharge processes.
2. **To observe and analyze the coordination between clinical and non-clinical teams**, including doctors, nurses, technicians, support staff, and administrators.
3. **To identify areas of improvement** in terms of patient safety, communication, documentation, infection control, and turnaround times.
4. **To develop a practical understanding of hospital management practices** in critical care settings, including documentation, coding, patient transfer protocols, and escalation mechanisms.
5. **To contribute to ongoing process improvement initiatives**, wherever applicable, through data collection, analysis, and suggestion of recommendations.

ABOUT – MEDANTA The Medicity

Medanta-The Medicity, founded by Dr. Naresh Trehan, was established to address the urgent need for an advanced super-specialty medical facility in India. Medanta was born out of the problems Indian patients face because the treatment abroad was too expensive for them. Realising this necessity, Dr Trehan felt the need to provide high-quality healthcare, combining advanced technology with a mix of ancient Indian medicine and modern practices on one platform at an affordable price. The vision culminated into laying the foundation stone of Medanta, which emerged as India's first private hospital. Under the astute visionary leadership of Dr Trehan and institution's resolute quest to attain ideals, Medanta today has grown into being India's foremost private hospital.

Medanta aimed solely to provide affordable health services and on principles at the core of which lay an accessible provision of health services to all. Their vision is to help healthcare become within the reach of all sick. Its vision is to provide world-class health care through development of centres of excellence in integrated health care, medical education, and research.

Medanta's core values are the very centre of operations and ethos that would help in sustaining leadership and excellence. Outstanding outcomes can be delivered through exemplary actions and behaviors. Integrity and courage are essential, as the hospital sustains high ethical standards by safeguarding the interest of patients and showing the courage to do what is right. Building a culture in which everyone is committed to exceeding expectations in patient care and service to their families, compassion, and service also play a big role. Finally, Medanta encourages teamwork, embraces change, fosters creativity, and relentlessly seeks improved methods to achieve its goals through the promotion of collaboration, learning, and innovation.

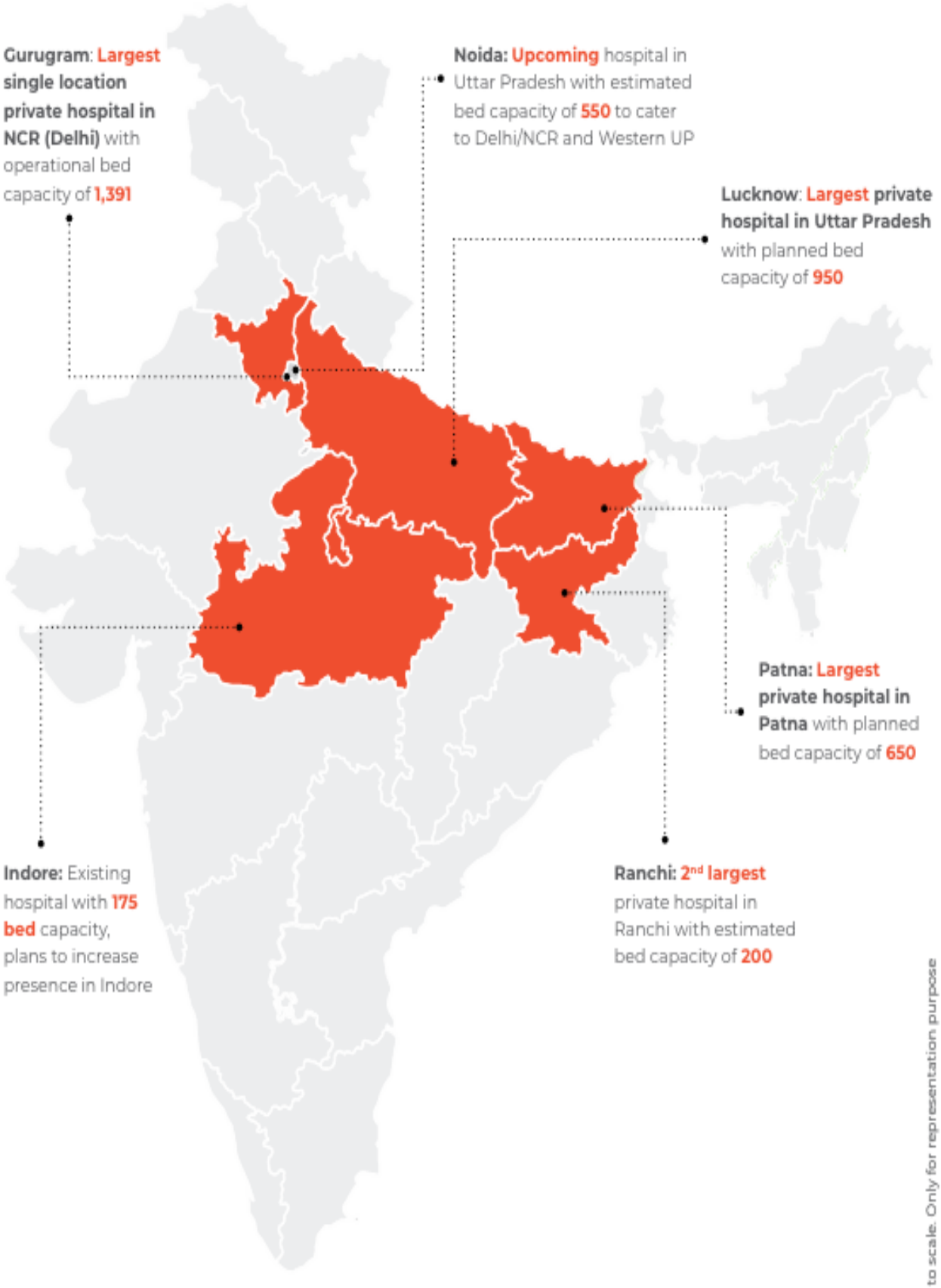
Medanta's healthcare delivery model enables super-specialized doctors to provide the highest quality care through a collaborative, team-based approach. The hospital environment is designed to be safe and welcoming, with patient-centric features, advanced equipment, and technology to support complex diagnostics and treatments. The clinical team includes award-winning doctors, many of whom have received training at leading medical institutions and have been mentored in the Medanta way.

Medanta believes in teamwork; the culture here calls for cooperation with integrated multispecialty care. The departmental structure at Medanta allows subspecialization and integrates all departmentsinto one team with no lacuna. A full-time doctor engagement model, whereby most doctors practice exclusively through Medanta's hospitals promotes teamwork in care delivery, in part through a joint reward system.

These medical disciplines include Cardiology, Endocrinology, Gastroenterology, and Orthopedics, Neurology, and Pulmonology, among many others. With the strong team-based approach to treatment of patient conditions, specialists in this clinic look at the whole aspect and treat the patient according to his or her needs. This model brings better care quality to the patient and helps him or her benefit from the collective expertise of truly world-class clinicians at Medanta. This is where visitors to Medanta Mediclinics will get personalized attention for a comprehensive range of services, from routine checkups and specialized consultations to follow-up care. Taking the much-adorned healthcare services

offered by Medanta beyond the hospital, Medanta Mediclinic increases ease of access to quality healthcare for more people.

Units	**Overview**
Medanta –The Medicity, Gurugram	Flagship facility of Medanta • Established in 2009 • 1,391 installed beds • 280 ICU beds
Medanta Hospital, Lucknow	• Established in 2019 • 410 installed beds • 93 ICU beds
Medanta Abdur Razzaque Ansari Memorial Weavers' Hospital, Ranchi	• Started Operations under "Medanta" brand in 2015 • 200 installed beds • 68 ICU beds
Medanta Super Speciality Hospital, Indore	• Started Operating under "Medanta" brand in 2015 • 200 installed beds • 68 ICU beds
Jai Prabha Medanta Super Specialty Hospital, Patna	• Commenced operations under the "Medanta" brand in 2014. Inpatient services launched in 2021 • Designed to accommodate over 500 beds, 112 ICU beds
Medanta Hospital, Noida	• Commencement in FY25 • 300 expected installed beds



Note: Medanta operate 6 clinics in addition to hospital network

Services Provided by Organization

- Institute Of Musculoskeletal Disorders and Orthopedics
- Cancer Institute
- Breast Cancer
- Head and Neck: Oncology
- Medical and Haematoma Oncology
- Radiation Oncology
- Institute of Critical Care and Anesthesiology
- Institute of Digestive and Hepatobiliary Sciences
- Gastroenterology
- GI Surgery, GI Oncology and Bariatric Surgery
- Institute of Chest Surgery-Chest Onco Surgery and Lung Transplantation
- Heart Hospital
- Institute of Obstetrics and Gynaecology
- Clinical and Preventive Cardiology
- Cardiac Surgery
- Electrophysiology and Pacing
- Interventional Cardiology
- Kidney and Urology Institute
- Nephrology
- Urology and Andrology
- Institute of Liver Transplantation and Regenerative Medicine
- Institute of Neurosciences
- Ayurvedic Medicine
- Clinical Immunology and Rheumatology
- Dental Sciences

- Dermatology
- Emergency and Trauma Care
- Endocrinology and Diabetology
- Gynecology and Gynae Oncology
- Internal Medicine
- ENT, Head & Neck Surgery Hospital
- Laboratory Medicine. Pathology and Blood Bank
- Ophthalmology
- Internal Medicine
- ENT, Head & Neck Surgery Hospital
- Laboratory Medicine. Pathology and Blood Bank
- Ophthalmology
- Paediatrics
- Peripheral Vascular and Endovascular Sciences
- Radiology and Imaging
- Respiratory and Sleep Medicine
- Plastic, Aesthetic and Reconstructive Surgery Facilities and Services offered:
- Emergency & Trauma Care
- Critical Care Units
- Lab Tests & Diagnostics
- Wards & Rooms
- eCLINIC-Telemedicine Services
- Day Care
- Home Sample Collection
- Patient Support Services
- Homecare Services
- Medicine Delivery

Key Activities/ Projects Undertaken Other than Dissertation.

During the three-month internship in the Emergency Department (ED) and Intensive Care Unit (ICU) of Medanta – The Medicity, several critical functions and workflows were observed, analyzed, and supported. The experience provided a deep insight into the operational, clinical, and administrative dimensions of high-acuity hospital settings. The key activities undertaken and the corresponding learnings are summarized below:

Key Activities in the Emergency Department

1. Patient Flow and Triage Process:
    - Observed the triage system where patients were categorized into Category 1, 2, and 3 based on severity.
    - Australasian Triage Scale is followed .
    - Understood the role of paramedics and nursing staff in immediate vitals assessment and documentation.
2. Cross-Consultation Management:
    - Learned about the process and priority of consultations classified as STAT, Urgent, or Routine.
    - Gained exposure to interdepartmental coordination for timely clinical intervention.
3. Shifting and Discharge Procedures:
    - Understood the protocol for patient shifting from ED to ICU, ward, or discharge.
    - Observed documentation and clearance procedures for discharging patients from the ED.
4. Floor Management and Issue Resolution:
    - Participated in floor manager rounds in the Heart Command ICU.
    - Resolved real-time queries raised by patients and attendants related to treatment, logistics, or waiting times.
5. Exposure to KPIs and Quality Monitoring:
    - Understood key performance indicators such as 72-hour revisit rates and PTCA checklist.
6. Code Protocol Familiarization:

- Learned the activation protocols and team response structure for various codes: Trauma Code, STEMI, Stroke Code, Code Blue, and RRT (Rapid Response Team).

7. MLC Data Compilation:
    - Compiled monthly medicolegal case (MLC) data for reporting and compliance.
8. Understanding of Infrastructure and Emergency Capabilities:
    - Studied Medanta's ED setup comprising 60 beds, a separate entry and triage area, in-house diagnostics, and POCT devices.
    - Gained knowledge of available services: adult, pediatric, neonatal, obstetric emergencies, and organ transplant support.
    - Observed the functioning of ambulance services including ACLS, BLS, and air ambulance facilities with extensive government and event support.

Key Activities in the Intensive Care Unit (ICU)

During the ICU posting, the internship provided a focused understanding of the clinical documentation, administrative workflows, interdepartmental coordination, and patient communication processes essential for effective critical care delivery. Key activities performed and learnings acquired during the ICU rotation are as follows:

1. **Daily 24-Hour Update Preparation:**
    - Involved in compiling and reporting critical daily metrics including:
        - Transfers from Emergency Room (ER) and hospital wards
        - Number of panel (insurance/corporate) patients
        - Scheduled procedures such as Kidney Transplants (KTP), Liver Transplants (LTP), and Operation Theatres (OTs)
    - Understood how real-time tracking of these metrics aids in ICU planning and resource allocation.
2. **File Audits and Documentation Review:**
    - Conducted systematic audits of patient files to check for documentation completeness, consent forms, initial assessment entries, and timely consultant notes.
    - Helped identify deviations and areas for documentation improvement.
3. **Project on Compliance of IP Initial Assessments:**
    - Worked on a project evaluating the compliance rate of initial patient assessments across multiple ICUs.
    - Over the period of 1 month conducted audit checks for 160 files to see the compliance of IP Adult initial assessment form.

- Analyzed trends pre- and post-intervention, categorized compliance by department (e.g., ICU 11, ICU 8, etc.), and assisted in preparing data visualizations and summaries.
- Created a ppt for the same.

4. **Coordination with TPA (Third-Party Administrators):**
    - Sent required patient documents such as admission notes, diagnostics, and discharge summaries to insurance representatives.
    - Ensured timely communication and documentation submission to avoid billing or discharge delays.
5. **Documentation for Government Scheme Patients:**
    - Handled Annexure A, B, and C documentation processes required for CGHS (Central Government Health Scheme) and Railway patients.
    - Understood the importance of accurate and complete paperwork for reimbursement and approval under public health schemes.
6. **Understanding Departmental Shifting Protocols:**
    - Observed patient transfers within the ICU and between departments (e.g., ER to ICU or ICU to OT).
    - Learned the procedures involved in high-risk patient transfers including clinical handover, documentation, and escort logistics.
7. **Floor Manager Rounds and Supervision:**
    - Participated in rounds with the Floor Manager to monitor operational issues, resolve patient/attendant concerns, and ensure availability of critical resources.
8. **Patient and Attendant Interaction:**
    - Engaged directly with patients' families to address administrative and process-related queries.
    - Gained soft skills in communication, empathy, and managing expectations in emotionally intense environments.

Key Learnings from Internship

Key Learnings – Emergency Department (ED)

The posting in the Emergency Department at Medanta – The Medicity provided a comprehensive understanding of how emergency medical services operate in a high-pressure, time-sensitive environment. One of the most critical learnings was understanding the structured patient flow — from arrival, triage categorization (into Category 1, 2, or 3), to stabilization and either admission or discharge. This process highlighted the importance of rapid decision-making and clinical prioritization. Exposure to the cross-consultation process further deepened the understanding of multidisciplinary coordination, where consultations are tagged as STAT, urgent, or routine depending on clinical need.

Additionally, observing the activation and response to critical emergency codes such as Trauma Code, STEMI, Stroke Code, and Code Blue provided firsthand insight into how standard protocols and trained personnel can significantly impact survival and recovery outcomes. The experience also emphasized the role of hospital Key Performance Indicators (KPIs), particularly the 72-hour revisit rate, and how continuous quality improvement models like PDCA (Plan-Do-Check-Act) are implemented. A crucial takeaway was also the soft skill development achieved through interacting with patients and their attendants, addressing queries, and ensuring proper communication in a stressful environment. Furthermore, understanding the operational dynamics, infrastructure, ambulance coordination, diagnostic prioritization, and emergency-specific services reinforced the importance of streamlined administrative and clinical collaboration.

Key Learnings – Intensive Care Unit (ICU)

The ICU posting offered deep insights into the intricacies of managing critically ill patients and the complexity of care required in such settings. One of the key responsibilities was assisting in the preparation of the daily 24-hour update, which included monitoring patient transfers from the ER and wards, tracking panel patients, and reporting planned procedures such as kidney and liver transplants. This activity provided an operational overview of ICU utilization and resource planning. Performing file audits allowed for a greater understanding of the significance of accurate and timely clinical documentation, compliance tracking, and audit preparedness.

A notable part of the learning was contributing to a project focused on compliance of initial patient assessments across ICUs. This involved analyzing pre- and post-intervention data, giving practical exposure to process audits and quality improvement. The internship also included handling administrative processes such as coordinating with TPAs for documentation and completing government scheme requirements like Annexures A, B, and C for CGHS and Railway patients. Understanding shifting protocols within departments further added to the operational knowledge base.

Interacting with patients and families in the ICU setting required a balance of empathy and clarity, especially while addressing sensitive queries. Participating in floor manager rounds gave an overview of real-time issue resolution, logistics oversight, and staff coordination in the ICU. The experience underlined the importance of infection control, monitoring protocols, and a well-coordinated team approach in delivering effective and compassionate critical care. Overall, the ICU rotation solidified a

deeper appreciation for the collaborative, procedural, and high-acuity environment that defines intensive care management.