

SUMMER INTERNSHIP PROGRAM
at
FORTIS HOSPITAL, MANESAR, GURUGRAM

FROM 12th May 2025 to 19th July 2025

A REPORT BY

SAPNA

Master of Business Administration

PHARMACEUTICAL MANAGEMENT

Roll no: IIHMR-U/02/2024-26/0701

2024-2026

under the Mentorship of

DR. AKSHAY KUMAR MISHRA, ASSOCIATE PROFESSOR



Jaipur, Rajasthan

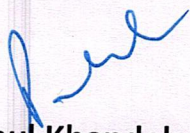
July 19, 2025

TO WHOMSOEVER IT MAY CONCERN

This is to certify that **Ms. Sapna** D/o **Mr. Ravinder Singh** has completed her Internship in the department of **Supply Chain Management** at Fortis Hospital, Manesar, Gurugram from **May 12, 2025** to **July 19, 2025**.

We wish her all the best in her future endeavors.

For **Fortis Hospital, Manesar, Gurugram**.



Rahul Khandelwal
Head Human Resources

IIHMR University Faculty Mentor Approval

This is to certify that **Miss. Sapna** of the academic year 2024-26 **School of Pharmaceutical Management** 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: 29/07/2025



Dr. Akshay Kumar Mishra
Associate Professor

ABOUT ORGANIZATION

Founded in 2024, Fortis Hospital, Manesar is a state-of-the-art multi-super specialty hospital which strives to provide healthcare services that combines compassion, innovation, and clinical precision. The hospital is equipped with advanced technology and a multidisciplinary team of experts that ensures every procedure is performed with utmost care and skill.

Fortis Manesar is strategically located in a quickly developing area and is equipped with 350 operational beds that include 95 ICU beds, 9 advanced operation theatres, and 2 high-end Cath Labs. In addition to the advanced cardiac services, the hospital also manages dedicated intensive care such as Neuro ICU, NICU, and specialized Dialysis Units for advanced critical care.

Fortis Manesar strives to provide a comprehensive seamless patient experience, and enhances the customer journey with private counseling chambers, on-site pharmacy, valet parking, and cafeteria services. The hospital is gaining the reputation of a trusted tertiary care center for clinical outcomes and patient-centered care, and caring for patients from India and overseas.

The hospital is determined to lead innovation in the region by redefining the delivery of care, and advanced integrated healthcare services along with rigorous quality benchmarks.

Weekly Report

Name of the Organisation: Fortis Hospital, Manesar

Area/ Department/ Project of Summer Internship Program: Supply Chain Management

Name of the Student: Sapna

Roll no: 0701

Stream: MBA (Pharmaceutical Management)

Week no: 1 From: 12-05-2025 to: 17-05-2025

Activity Done	During the initial week of my internship at Fortis Hospital, Manesar, my work was more of observation and understanding the organizational structure and also hospital departments and organization of systems and workflows within. A guided visit for important pharmacy sites was given - i.e., IPD Pharmacy, OPD Pharmacy, Cath Lab Store, and Main Store. I was also able to interact with the supply chain team to get some primary understanding of their daily functioning and dealings with inter departments.
Linking theory (Classroom learning) with practice at your organisation	The whole exposure actually went hand in hand with the theoretical concepts I studied under Hospital Operations and Pharmaceutical Supply Chain at IIHMR. Though centralized and decentralized systems were discussed in class, it was insightful to see a hybrid model applied in practice, where central procurement supports multiple dependent units.
Gaps identified on the working area.	In earlier stages of the work, realizing the flow of medicine and consumable inter-departments was a little challenging due to lesser or no visual process or mapped process. There was scant documentation available for the intern to refer to regarding the inter-departmental connecting processes.
Suggestions for improvement	A visual flowchart or orientation manual could be provided to interns on Day 1, outlining hospital departments and material flow. This would help in faster understanding and better initial engagement with the system.
Plan for the next week	Next week, I plan to explore the Standard Operating Procedures (SOPs) related to procurement, indent generation, stock inwarding, and issuing processes. My aim is to get a detailed understanding of how SCM is structured and governed through protocols.

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Week no: 2 From: 19-05-2025 to: 24-05-2025

Activity Done	During the second week of my internship, I began to understand the functioning of the Supply Chain Management (SCM) department in more depth. Since Fortis Manesar is a newly established hospital (2024), its SCM system is still in the process of being streamlined. I closely observed how the IP pharmacy currently acts as the central store, supplying medicines and medical consumables to various dependent departments such as NICU, ICU, Cath Lab, OT store, and Ward areas. I reviewed the Standard Operating Procedures (SOPs) in place for indent raising, inwarding of goods, issue slips, return processes, and interdepartmental coordination. The procurement process was initiated either on the basis of Minimum Stock Level triggers or department demand. I also saw the manual and software-based flow of information for ordering, stock entry, and issuing items.
Linking theory (Classroom learning) with practice at your organisation	In my academic learning, I learned theoretical models of supply chain including demand forecasting, reorder levels, buffer stock, purchase cycle. Seeing the actual SOPs at Fortis helped me relate these concepts to real-life scenarios. The idea of IP pharmacy functioning as a central warehouse was a real-world example of decentralization within a hospital. I also saw the use of hospital software to track item movement, though still evolving.
Gaps identified on the working area.	While SOPs exist on paper, adherence was inconsistent due to high patient limited manpower. There was less motivation among some staff members to follow protocol strictly, especially during non-peak hours. Lack of male General Duty Assistants (GDAs) created challenges in heavy lifting, shifting inventory, and emergency store transfers. Some team members relied on past experience or shortcuts rather than structured processes, which increases chances of error.

Suggestions for improvement	Conduct SOP reinforcement workshops to encourage strict adherence. Recruit male GDAs or supporting staff to ease workload and improve efficiency. Create a checklist-based SOP monitoring system to ensure processes are followed even under pressure. Recognize and reward staff who comply with SOPs to boost motivation.
Plan for the next week	In Week 3, I plan to learn about documentation, compliance, and record maintenance within the IP pharmacy — especially the standards followed for NABH, audits, and patient safety.

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Week no: 3 From: 26-05-2025 to: 31-05-2025

Activity Done	In the third week of my internship, I gained significant exposure to the compliance and record maintenance procedures in the Inpatient (IP) pharmacy. I actively engaged in the daily auditing process of A-class items, ensuring that all high-value or high-risk medicines were properly documented and accounted for. These audits were carried out in alignment with NABH standards and involved strict scrutiny of stock levels, expiry tracking, and documentation. Additionally, I had the opportunity to participate in inter-departmental pharmacy audits, which required coordination between pharmacy and clinical departments to ensure seamless supply and compliance. These audits were crucial in maintaining medication availability and safety throughout the hospital. A major focus area during this week was dispensing of high-risk medications, which are subject to special handling protocols. I learned the entire workflow involved in this process: starting from identifying high-risk drugs, applying red dot stickers for visual alerts, to ensuring that every issue was double verified and signed by two pharmacists before dispensing. This practice minimizes the chances of medication errors and adds an extra layer of safety for patients. I was also introduced to the record maintenance and documentation of narcotic and controlled drugs. This included manual register entries, daily usage logs, and maintaining the controlled drug balance in both physical and system records. Understanding this aspect gave me deep insights into the sensitivity and legal implications associated with controlled drug management. Throughout the week, I also supported regular stock verification, cross-checking physical stock with software data, and was gradually getting familiar with the hospital's pharmacy management software—especially focusing on item identification, and batch-level tracking.
Linking theory (Classroom learning) with practice at your organisation	The practical exposure helped me realize the importance of systematic documentation and regulatory compliance in a hospital pharmacy setting. I could connect how accurate record-keeping impacts patient safety, inventory efficiency, and audit readiness. Observing daily tasks highlighted the difference between protocol on paper and real-world execution. For example, witnessing pharmacists managing multiple responsibilities simultaneously helped me understand how human limitations can sometimes delay timely updates or verifications, despite good intentions. It also gave me insights into how high-risk

	drug handling protocols are built into daily workflow for safety and accountability.
Gaps identified on the working area.	Inconsistency in conducting regular audits for B and C-class drugs as compared to A-class drugs. FIFO and LIFO methods are followed in the software but often not implemented physically on shelves, leading to stock mismanagement. Limited supervision during peak hours impacts documentation accuracy, especially for low-priority stock. Manual records and software entries are not always reconciled in real time.
Suggestions for improvement	Establish weekly audit cycles for B and C-class drugs with designated responsibilities. Train store staff to implement FIFO/LIFO practices physically, not just in the system. Increase awareness about NABH documentation protocols through refresher training. Ensure regular cross-verification between physical and software inventory by assigning this role to a dedicated pharmacy team member.
Plan for the next week	In the upcoming week, I will explore the quality indicators monitored in the IP pharmacy, such as stock-out rates, returns to vendor before GRN, and local purchase triggers. Additionally, I aim to gain exposure to the receiving bay workflow, purchase department procedures, and begin identifying medicines and consumables using the hospital's inventory software.

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Roll no: 0701

Stream: MBA (Pharmaceutical Management)

Week no: 4 From: 01-06-2025 to: 07-06-2025

Activity Done	In the fourth week, I observed and participated in multiple operations of the IP pharmacy. I learned how items are received at the receiving bay and how the inward register and system entries are maintained. I was also exposed to the purchase process and understood how procurement is tracked and verified before GRN. I got familiar with quality indicators being monitored in the pharmacy — especially stock-out tracking, return to vendor before GRN, and local purchase triggers. I also assisted in making a bill tracker for finance submission, and took part in the dispensing process of high-risk medicines, where I followed protocols such as applying red dot stickers, double signature verification, and narcotic register maintenance.
Linking theory (Classroom learning) with practice at your organisation	This week directly reflected my classroom knowledge of hospital supply chain, especially areas like indent management, purchasing cycle, vendor coordination, and quality assurance standards. The focus on KPIs linked well with what I studied under quality management systems. Dispensing of high-risk medicines gave me a live understanding of pharmacy risk protocols, often discussed in NABH and medication safety lectures.
Gaps identified on the working area.	Physical implementation of FIFO/LIFO principles was often missing; the process was mostly system-driven. Audits for Class B and C drugs were not happening at regular intervals. Lack of formal structure for tracking bill submission timelines to finance. Some SOPs were followed selectively depending on staff availability and time constraints.
Suggestions for improvement	SOP compliance should be reinforced through regular audits and supervision. Pharmacy staff can be rotated weekly to ensure manual FIFO/LIFO verification. Develop a digital bill submission tracker for easy finance coordination. Include low-value but high-frequency items in internal audits.
Plan for the next week	In the coming week, I plan to closely observe and understand the workflow of GRN processing, emergency purchase procedures, and learn how the purchase team communicates with vendors for timely procurement. I'll also focus on system reconciliation and raising return requests if needed.

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Roll no: 0701

Stream: MBA (Pharmaceutical Management)

Week no: 5 From: 08-06-2025 to: 14-06-2025

Activity Done	During Week 5, I began learning about inventory classification techniques, including ABC (Always Better Control), VED (Vital, Essential, Desirable), and FSN (Fast, Slow, Non-moving). I closely observed how the inventory is currently categorized in the IP pharmacy and how data is recorded and monitored. I also started collecting data for inventory analysis and maintained a working sheet for classification. Additionally, I was involved in tracking and maintaining the Turnaround Time (TAT) of pharmacy clearance — identifying the reasons for delays and working with the team to streamline and improve the process for faster patient discharge and internal coordination.
Linking theory (Classroom learning) with practice at your organisation	This week gave me an opportunity to translate theoretical concepts of hospital inventory control and data-based classification into real application. Observing the actual challenges and the gaps in system classification helped me understand how practical application requires not only data but also coordination between departments and clinical stakeholders. It also helped me realize that TAT is not just a metric, but a crucial factor impacting both patient satisfaction and operational efficiency.
Gaps identified on the working area.	The hospital currently does not follow a well-defined hospital formulary, leading to non-standardized prescribing by consultants. Doctors often prescribe brands that are not available in stock, or insist on a specific brand, reducing flexibility for pharmacy substitutions. Inventory classification and analysis is still in preliminary stages, lacking structured reporting. TAT delays observed due to lack of prompt communication and coordination during discharge time.
Suggestions for improvement	Encourage doctors to prescribe generic names and allow pharmacists to substitute available brands with equivalent alternatives. Begin implementing structured ABC-VED-FSN classification based on consumption data. Digitize TAT tracking and introduce alerts to improve pharmacy responsiveness during discharge hours.
Plan for the next week	In the upcoming week, I will focus on inventory management processes in detail, analyze collected data to categorize items using ABC-VED methodology, and understand how reordering decisions are made based on consumption, lead time, and stock levels.

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Roll no: 0701

Stream: MBA (Pharmaceutical Management)

Week no: 6 From: 15-06-2025 to: 21-06-2025

Activity Done	Collected and cleaned raw data of pharmaceuticals and consumables for ABC-VED-FSN analysis. Segregated data using item code prefix (PH for pharmaceuticals, MC for medical consumables). Used Excel formulas and pivot tables for consumption, annual cost calculation, and inventory classification. Supported the team in reconciling mismatches in item codes. Identified high-value items with low turnover. Initiated process to classify consumables as per criticality. Assisted in inventory tagging based on categorization. Understood how raw pharmacy data is structured and processed for decision-making. Gained hands-on experience in Excel tools (pivot tables, GETPIVOTDATA, ABS, COUNTIFS, etc.). Learned practical application of inventory control tools such as ABC and VED. Identified how analytical classification improves procurement and stock control.
Linking theory (Classroom learning) with practice at your organisation	Developed a deeper understanding of how data-driven inventory classification works in a live hospital pharmacy setting. Observed real-time challenges in classifying thousands of items with missing or inconsistent data. Connected classroom learning with real supply chain workflows like cost-based categorization and safety stock analysis.
Gaps identified on the working area.	Data inconsistency due to duplicate or incomplete entries (e.g., multiple item codes for same item). No formal process yet to update VED categorization for new items. Lack of historical data for calculating accurate FSN frequency for new hospital. Poor integration between software outputs and manual tagging.
Suggestions for improvement	Develop SOP for VED classification with pharmacist and procurement team inputs. Maintain a master file with item descriptions, codes, vendors, unit cost, and category tags. Standardize data entry across departments to avoid duplication and enable traceability.

Plan for the next week	Complete ABC-VED analysis and present findings in summary sheets. Begin FSN analysis by checking consumption history over past few months. Prepare dashboard/visuals for easier understanding of category-wise inventory. Suggest policy ideas for initial formulary development.
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Week no: 7 From: 22-06-2025 to: 28-06-2025

Activity Done	Completed final categorization of items under ABC and VED for pharmaceuticals. Initiated FSN analysis by calculating consumption frequency of key items. Worked on merging duplicate item codes and preparing a clean master data sheet. Prepared a detailed ABC-VED matrix to identify overlap of vital and high-value items. Coordinated with pharmacy staff to validate categories based on ground reality. Initiated Excel-based dashboard to visualize item distribution (e.g., pie charts, bar graphs). Participated in discussion with procurement team to align analysis with purchase strategy. Helped prepare SOP draft for inventory classification for hospital internal use. Learned challenges in integrating analysis into operational workflows. Gained a thorough understanding of how data-driven inventory classification supports strategic stock control. Understood the overlapping areas of ABC and VED classifications to identify Category I items that require strict control. Realized the value of standardizing and validating master data. Improved skills in Excel dashboard creation and real-time pharmacy coordination. Understood role of categorization in vendor selection and emergency stock readiness.
Linking theory (Classroom learning) with practice at your organisation	Applied concepts of ABC (cost-based), VED (criticality-based), and FSN (frequency-based) analysis in real-time inventory management. Observed how stock prioritization directly impacts hospital efficiency, patient care, and procurement strategy. Practical linkage to real-world SCM problems like duplication, stock-outs, and purchase delays. Identified the significance of collaboration across pharmacy, procurement, and finance departments.

Gaps identified on the working area.	No real-time integration between pharmacy software and Excel dashboards for reporting. Manual categorization prone to error due to lack of item standardization. Lack of digital tools for automatic ABC-VED tag updates or reorder alerts.
Suggestions for improvement	Regular monthly review and updating of item classification tags based on consumption and feedback. Provide training to pharmacy team on data entry standards to avoid duplication. Gradually integrate classification outputs into reorder levels and purchase planning.
Plan for the next week	Start working on medical consumables classification under ABC-VED method. Continue FSN classification using available 2–3 months consumption. Finalize inventory dashboard and prepare visual summary charts. Collect feedback from pharmacy and SCM team on practicality and usability of analysis. Begin drafting report documentation for internship submission.

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Roll no: 0701

Stream: MBA (Pharmaceutical Management)

Week no: 8 From: 29-06-2025 to: 05-07-2025

Activity Done	Started ABC-VED analysis for medical consumables using individual unit prices. Segregated consumables based on item code prefixes (MC) and cross-verified with item descriptions. Applied Excel functions to calculate cumulative cost and item % share for ABC analysis. Assigned VED category based on criticality, emergency usage, and consultations with IP pharmacy team. Developed final summary matrix combining ABC and VED for consumables. Created summary dashboards and category-wise visual charts for presentation. Coordinated with store personnel to validate categorization with ground-level consumption behavior. Highlighted high-value vital consumables for better monitoring and procurement control. Understood that consumables also require strategic classification due to high volume and critical clinical application. Gained insights into challenges in price-based classification when prices vary widely (₹1.9 to ₹3,64,000). Developed confidence in using Excel tools like ABS, COUNTIFS, Pivot Tables, etc. for analytical grouping. Recognized the importance of close collaboration between data analysis and on-ground validation.
Linking theory (Classroom learning) with practice at your organisation	Applied the same analytical framework (ABC-VED) on a different material group—medical consumables. Strengthened real-world understanding of consumption patterns, variability in prices, and classification complexity. Improved interpretation of item utility, pricing patterns, and impact of misclassification in healthcare supply chain.
Gaps identified on the working area.	Frequent introduction of new items (custom or imported) leads to inconsistent tracking. Over-dependence on few brands due to surgeon preference impacts stock rationalization.

Suggestions for improvement	Recommend creation of a Consumables Formulary for standardization and consistency. Develop hospital-specific guidelines for VED categorization of consumables based on use-case. Establish periodic review of high-value consumables and link to monthly consumption data.
Plan for the next week	Start integrating ABC-VED findings of pharma and consumables into one master dashboard. Draft category-wise procurement strategy proposals (Category I, II, III items). Prepare executive summary and documentation for final internship project report. Take feedback from SCM, Pharmacy and Finance teams on usability of classification results.

Weekly Report

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Roll no: 0701

Stream: MBA (Pharmaceutical Management)

Week no: 9 From: 06-07-2025 to: 12-07-2025

Activity Done	Consolidated the ABC-VED analysis findings for both pharmaceuticals and medical consumables into a single strategic document. Conducted cross-validation of stock value contribution and item criticality. Created a Category Matrix (Category I, II, III) to guide procurement prioritization. Designed interactive dashboards and visuals (Pareto curves, Pie charts, Bar graphs) to support SCM decisions. Collected feedback from stakeholders regarding inventory management feasibility and classification reliability. Revised categories based on real-time feedback and improved accuracy of the final report. Understood how to translate raw data into decision-making tools through classification. Learned how strategic grouping of items (like Category I = AV, AE, BV) supports financial and operational planning. Understood stakeholder alignment is crucial for real-time system implementation and sustainability. Improved skill in data storytelling using Excel charts and tables.
Linking theory (Classroom learning) with practice at your organisation	Strengthened knowledge of strategic inventory management principles through real-time hospital applications. Learned how ABC-VED combinations are converted into actionable inventory strategies (like procurement cycles, stock monitoring). Developed deeper understanding of how hospitals control both cost and availability through categorization.
Gaps identified on the working area.	Lack of integration between pharmacy software data and Excel-based analysis tools. No automation in categorizing or tracking high-priority inventory. No defined SOP for reviewing and updating ABC-VED categories periodically. Pharmacy staff not trained in classification-based stock decisions.
Suggestions for improvement	Propose development of custom Excel tool or BI dashboard for ABC-VED integration with real-time consumption and price data. Train pharmacy team in understanding and applying classification results in daily decision-making. Institutionalize quarterly review of critical items to update categories based on usage trends and new launches.

Plan for the next week	Start writing final report chapters and executive summary. Validate key assumptions with Finance and Procurement heads. Work on presentation slide deck for final review with mentor and department heads.
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Roll no: 0701

Stream: MBA (Pharmaceutical Management)

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

Activity Done	Finalized ABC-VED matrix and strategic recommendations. Compiled overall learnings and analysis from all 9 weeks into a concise format. Conducted discussions with SCM head and pharmacy in-charge to validate and refine project findings. Prepared PowerPoint presentation and explained conclusions with practical visuals (charts, matrix, and category breakdowns). Collected suggestions for further research and implementation from mentors. Initiated rough drafting of final internship report, including title, abstract, methodology, and results. Concluded internship with a brief reflective session with department heads and collected feedback. Understood how to translate operational learnings into a structured academic and professional document. Gained experience in final documentation, analysis validation, and stakeholder presentation. Learned the importance of feedback loops before final submission. Improved communication and coordination skills by interacting across departments.
Linking theory (Classroom learning) with practice at your organisation	Applied full project life cycle understanding — from observation, data collection, analysis to presentation. Linked theory of supply chain evaluation with real-life hospital scenarios and decision-making impact. Strengthened project writing and reporting capability.
Gaps identified on the working area.	Lack of structured repository for past inventory data for year-on-year comparison. No standard format for report submission or weekly progress documentation in SCM internship. Staff dependency on Excel and manual checking for ABC-VED, which limits scalability.
Suggestions for improvement	Recommend creation of central data repository for pharmacy inventory performance. Suggest development of structured internship template/reporting guidelines for future interns.

	Propose a pilot implementation of ABC-VED software or Power BI dashboard with regular training.
Plan for the next week	Finalize and polish the compiled internship report with all 10-week insights. Work on formatting, plagiarism check, and proofreading. Prepare for final presentation and viva, and ensure submission of all documentation (weekly reports, charts, master sheet, and feedback).

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Stream: MBA (Pharmaceutical Management)

Activity Done	Over the 10-week summer internship at Fortis Hospital, Manesar, I was extensively involved in understanding, analyzing, and contributing to the operations of the hospital's Supply Chain Management (SCM) system. The internship began with observational learning, where I was introduced to the organizational structure, especially the workflow of the IPD Pharmacy, OPD Pharmacy, Cath Lab Store, and Main Store. I interacted with the SCM team to understand inter-departmental coordination and the procurement cycle. In subsequent weeks, I delved deeper into the Standard Operating Procedures (SOPs) governing indent raising, issuing, and returns. I observed and documented inventory movement processes, participated in stock audits (especially of A-class high-value items), and assisted in record maintenance aligned with NABH standards. I was directly involved in tasks such as dispensing of high-risk drugs, applying red dot indicators, and double-verification systems for narcotics. Midway through the internship, I began hands-on data collection and inventory analysis using Excel for ABC-VED-FSN classification of pharmaceuticals and consumables. I cleaned raw data, generated pivot tables, applied classification logic, and worked on developing strategic matrices (Category I, II, III) to guide procurement prioritization. I also supported the development of Excel dashboards and summary visuals, participated in meetings with procurement and finance teams, and finally consolidated all findings into a comprehensive report with practical recommendations. I learned the software use in SCM,
Linking theory (Classroom learning) with practice at your organisation	This internship served as a strong bridge between academic learning and real-world application. Theories learned during courses such as Pharmaceutical Supply Chain Management, Quality Assurance, and Statistical methodology were experienced firsthand in a complex and dynamic hospital environment. For example: Centralized vs. Decentralized Supply Models were not just studied, but observed in a hybrid form at Fortis, where a central IP pharmacy supports various dependent departments.

	• Classroom concepts of minimum and maximum stock levels, reorder triggers, lead time analysis, safety stock planning, and buffer stock came alive through the SOPs and manual workflows in the pharmacy. • The ABC-VED-FSN classification systems, which were part of academic inventory control studies, were implemented practically by working with live consumption and pricing data, validating item categories with pharmacy staff, and drafting SOPs. • The exposure to NABH and audit practices helped me connect theory with compliance-driven documentation, especially in handling narcotics, emergency purchases, and TAT delays. • I also understood how KPIs like stock-out rate, emergency purchases, return-to-vendor, and turnaround time can influence patient satisfaction and operational efficiency, as discussed in Quality Management Systems. This fusion of academic and field learning has enhanced my understanding of how theoretical supply chain frameworks translate into practical, high-stakes healthcare delivery mechanisms.
Gaps identified on the working area.	During the internship, several key areas for improvement were observed: SOP Implementation Issues: While SOPs were documented, adherence was inconsistent, particularly during non-peak hours or under staff shortages. Many steps were skipped or rushed. Manual Dependency: The dependency on manual records and Excel sheets made the system prone to human errors, duplication of entries, and time delays in reconciliation. Data Inconsistency: Item master data lacked standardization—multiple codes for the same items, inconsistent naming formats, and outdated records led to confusion and analysis errors. Inventory Classification Gaps: FSN tracking was limited due to lack of historic data. VED classification lacked formal SOPs and relied heavily on pharmacist discretion. Lack of a Formulary: There was no hospital-specific formulary, resulting in doctors prescribing unavailable or non-standard brands. This created difficulty in substitution, and often led to emergency purchases. Poor Integration: No real-time linkage between pharmacy software and classification dashboards, making it difficult to automate reorder or monitoring triggers. Training Deficits: Staff had limited training in analytical methods like ABC-VED, and hence were unable to align their decisions with data-based priorities. Turnaround Time Delays: During patient discharge, coordination gaps between departments led to delays in pharmacy clearance and billing.

Suggestions for improvement	Based on the above gaps, I recommend the following: Orientation Manual: Develop a visual orientation guide for interns and new staff to understand department layout, material flow, and communication hierarchy. Digital SOP Tracker: Implement an automated SOP checklist that can be tracked in real time, especially for critical tasks like narcotic handling and stock inwarding. Item Master Standardization: Create and maintain a standardized item master list with uniform codes, vendor details, unit costs, and category tags. Formulary Implementation: Develop a hospital-specific formulary in collaboration with doctors and pharmacists to streamline prescribing and reduce brand-specific dependency. Monthly Inventory Review: Institutionalize a monthly ABC-VED-FSN review process, with cross-departmental participation to update categorization based on usage trends. Training Programs: Conduct training sessions for pharmacy and SCM staff on inventory control principles, data entry standards, and TAT optimization. Digital Dashboard Integration: Propose integration of ABC-VED-FSN analysis into the hospital's ERP or pharmacy software, enabling live monitoring and procurement alerts. TAT Monitoring Tools: Use simple digital tools like Google Sheets with conditional alerts or barcode systems to flag discharge TAT delays and facilitate faster pharmacy action.
Key Learnings	The internship proved to be a transformational learning experience, helping me evolve from a theoretical learner to a practical healthcare manager. Key learnings include: Real-world SCM Application: I developed a concrete understanding of pharmaceutical supply chain processes within a large hospital, including procurement, storage, movement, and tracking. Audit & Compliance Understanding: Gained knowledge of how hospitals maintain NABH and patient safety compliance through rigorous audits and double-verification systems. Inventory Analysis Expertise: Built competency in using tools like ABC-VED-FSN for classifying inventory, identifying high-priority items, and optimizing procurement cycles. Excel Dashboard & Visualization: Developed practical skills in Excel (Pivot Tables, Graphs, Lookup Functions) to create visual summaries and decision-support tools. Cross-functional Coordination: Learned the value of collaborating with pharmacy, procurement, finance, and clinical staff to achieve SCM efficiency.

	Policy Thinking: Understood how policy development (like formulary and SOPs) impacts daily functioning and how strategic recommendations can improve system resilience. Communication and Documentation: Improved my ability to document, report, and present findings in a structured and professional manner. This internship has not only helped solidify my classroom knowledge but has also shaped my thinking as a future healthcare leader. I now have a much deeper appreciation for how the backend systems of a hospital—especially SCM—play a critical role in delivering timely and quality patient care.
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