SUMMER INTERNSHIP PROGRAM

at

MANKIND PHARMA

From 14-05-25 to 21-07-25

A REPORT

Mansi Gaikwad

Master of Business Administration

Pharmaceutical Management
Roll no.: 0666

2024-26

Under the mentorship Of

Mr. Rahul Sharma (Pharrma Faculty)

Mankind

Serving Life

31-July -2025

To Whomsoever It May Concern

This is to certify that **Ms. Mansi Gaykwad** student of MBA Pharmaceutical Management from **IIHMR University Jaipur** has successfully completed her training program with **Mankind Pharma Ltd.** in PMT Department from **13th May 2025 to 25th July 2025.**

She was found to be diligent, sincere & dedicated during her training period.

We wish her all the best for future endeavors.

For Mankind Pharma Ltd.

MANKIND PHARMA LIMITED New Delhi 110020

Abhishek Khare
DGM - Human Resources

IIHMR University Faculty Mentor Approval

This is to certify that **Ms. Mansi Gupta** of academic year 2024-26 of **School of Pharmaceutical Management** has prepared a poster with respect to ~~his/~~her summer internship held during May-July 2025.

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

Date: 28/07/2025

(Signature of Faculty Mentor)

Mr. Rahul Sharma

(~~Associate~~ Assistant professor)

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Clinician Survey: The Role of Dietary and Pharmacological Interventions in NAFLD/MAFLD

About Mankind Pharma

Mankind Pharma is one of India's leading pharmaceutical companies, committed to delivering affordable and high-quality medicines. Established in 1995, the company operates with a mission to serve humanity by making healthcare accessible across urban and rural areas. With a strong presence in therapeutic segments such as antibiotics, gastrointestinal, cardiovascular, and gynecology, Mankind also leads in consumer healthcare. The company emphasizes innovation, ethical practices, and trust, impacting millions of lives globally.

Vision

To be a globally admired pharmaceutical company, recognized for its contribution to affordable healthcare, customer-centric approach, and a deep-rooted commitment to the well-being of society.

Mission

To make quality medicines accessible to all by manufacturing and marketing affordable pharmaceutical products. Mankind Pharma aims to improve people's lives through ethical practices, innovation, and a commitment to excellence in healthcare.

About Clinician Survey

This clinician survey aims to assess medical perspectives on the role of dietary factors—such as refined flour, high carbohydrates, saturated fats, salt, and certain herbal supplements—in the development of NAFLD/MAFLD.

It also explores current pharmacological strategies, including the use of UDCA. The insights gathered will contribute to a better understanding of screening practices, nutritional risks, and therapeutic approaches for improving liver health.

Practical Exposure

- Conducted a structured survey with 235 doctors.
- Gained real-world experience in data collection and analysis.
- Learned how clinicians perceive diet, diagnosis & treatment of NAFLD.
- Improved communication, coordination, and professional behavior.
- Understood the real-time challenges doctors face in liver care

Theoretical Understanding

- Studied liver disorders, especially NAFLD & MAFLD.
- Understood the role of diet and pharmacological treatment (e.g. UDCA).
- Learned survey methods and ethical research practices.
- Gained insights into public health and clinical research concepts.
- Gain knownlaged about liver fibrosis and cirrhosis

Usefulness

- Developed real-world survey and research skills.
- Gained insights into doctor perspectives on NAFLD/MAFLD.
- Improved communication and professional interaction with clinicians

Major Learnings During Internship

1. Clinical Insights on NAFLD/MAFLD

Understood doctors' perspectives on dietary and pharmacological causes and treatments of liver diseases.

2. Survey Design and Execution

Gained practical skills in preparing, distributing, and analyzing structured clinical surveys.

3. Doctor Engagement Skills

Improved communication, presentation, and persuasion skills while interacting with healthcare professionals.

4. Data Handling & Interpretation

Learned how to collect, clean, and draw conclusions from large-scale primary data (235 doctors).

5. Time and Resource Management

Developed efficiency in balancing multiple responsibilities within tight timelines.

6. Professionalism and Ethics

Understood the importance of respectful, ethical conduct in field-based healthcare research.

7. Real-World Application of Public Health Knowledge

Connected academic understanding of liver diseases with actual doctor practices and patient care trends.

SWOT Analysis

Strengths

- Direct interaction with 235 doctors across multiple specialties
- Real-time data from clinical practice
- Relevant and timely topic (NAFLD/MAFLD is rising globally)
- Improved communication and field research skills

Weaknesses

- Offline data collection introduced risk of missing/incomplete responses
- Questionnaire limitations: Couldn't explore follow-up actions or treatment outcomes
- Some doctors had limited awareness of updated dietary links to NAFLD

Opportunities

- The survey give deep knowledge of NAFLD/MAFLD, diet, and medicines like UDCA.
- This kind of field experience will help to stand out in future pharma or healthcare interviews.
- Talking to professionals improved our confidence and public speaking.

Threats

- Doctors may not give enough time, making data quality less reliable.
- Some doctors may not be fully aware of updated NAFLD guidelines.
- Misinformation about diet and herbal remedies can confuse responses.

Challenges Faced During Internship

1. Limited Doctor Availability

Many doctors had tight schedules, making it difficult to get detailed responses.

2. Difficulty in Scheduling Follow-ups

Coordinating with doctors for feedback and repeat surveys was time-consuming.

3. Data Inconsistency

Some responses were incomplete or inconsistent, requiring repeated clarification.

4. Time Management

Balancing field visits, data entry, and reporting within internship deadlines was challenging.

5. Gaining Trust

Convincing doctors to participate and share clinical opinions required careful communication and credibility.

Suggestions for the Organization

1. Digitalize Survey Tools

Use mobile-friendly or app-based platforms to simplify responses and improve data accuracy.

2. Create Awareness Materials

Develop brochures or digital guides on NAFLD/MAFLD for patient education support.

3. Follow-up Mechanism

Establish a system for post-survey follow-ups to gather deeper clinical insights.

4. Intern Training Module

Provide a short orientation on professional communication before starting fieldwork.

5. Doctor Recognition

Acknowledge participating doctors with certificates or thank-you notes to boost involvement.

6. Issue Official ID Cards to Interns

Help interns gain credibility and trust during visits by providing proper identification.

Name: Mansi Gaikwad, Roll No.: 0666, MBA Pharmaceutical Management, Batch 16

Faculty Mentor: Rahul Sharma (Faculty Mentor), Internship Mentor: Ms. Swati Singh (PMT/HO)

SUMMER INTERNSHIP WEEKLY REPORT

Name of the Organisation: Mankind
Area/ Department/ Project of Summer Internship Program: Market Research
Name of the Student: Mansi Gaikwad
Roll no:0666 **Stream**: MBA-PM16
Week no:1 **From:**13-05-25 **to** 17-05-25

Activity Done	• This week, I applied theoretical knowledge from the classroom to practical fieldwork. I planned the survey schedule and mapped different areas of Indore city to ensure efficient coverage. • I then conducted surveys with 10 doctors. Through these interactions, I gathered insights on food-induced liver injury, expanding my understanding of this health concern and its practical implications in clinical settings.
Linking theory (Classroom learning) with practice at your organization	• The internship at Mankind allowed the practical application of concept of research • The research and outreach activities helped apply theoretical knowledge of public health systems, data management, and healthcare marketing. • Applied research methodology, especially survey design and data collection techniques learned during Research Methods classes. Understood practical challenges in primary data collection and communication with medical professionals.
Gaps identified on the working area.	• Some doctors were hesitant to respond due to time constraints or concerns about confidentiality. Also noticed delays due to appointment scheduling. Digital tools for survey collection could be improved.
Suggestions for improvement	• Introduce a digital survey format (e.g., Google Forms or mobile app) to reduce paperwork and data entry time. Offer brief brochures explaining the purpose of the survey to doctors to build trust.
Plan for the next week	• Target to cover more doctors in a new geographical area. Start preliminary analysis of collected data. Present key emerging trends in a short briefing to internal mentor at Mankind. Explore adding a Likert scale in the survey for more detailed analysis.

Signature of the Student; Mansi Gaikwad

Approved by the IIHMR University's Mentor

SUMMER INTERNSHIP WEEKLY REPORT

Name of the Organisation: Mankind
Area/ Department/ Project of Summer Internship Program: Market Research
Name of the Student: Mansi Gaikwad
Roll no:0666 **Stream**: MBA-PM16
Week no:2 **From:**19-05-25 **to** 24-05-25

Activity Done	• This week, I applied theoretical knowledge from the classroom to practical fieldwork. I planned the survey schedule and mapped different areas of Indore city to ensure efficient coverage. And I covered the New Palasia area in Indore. • I then conducted surveys with 10 doctors. Through these interactions. • I gathered insights on food-induced liver injury, expanding my understanding of this health concern and its practical implications in clinical settings.
Linking theory (Classroom learning) with practice at your organisation	• I Created a execl sheet which is very easy to Collect the information of Doctors like(Name, Contact, year of experience Registration Number)
Gaps identified on the working area.	• Initially, there was a lack of a structured area-wise approach, which could have led to missed coverage or inefficiencies. • There were also some delays in coordinating with the doctors' schedules.
Suggestions for improvement	• Creating a fixed appointment schedule in advance and using mapping tools or spreadsheets for better area division could improve time efficiency. Also, preparing a concise and clear questionnaire might help in smoother interactions.
Plan for the next week	• Continue the survey process with more doctors across new areas of Indore. Aim to complete at least 30 surveys. Deepen research into liver injuries. Focus on improving communication and documentation.

Signature of the Student; Mansi Gaikwad

Approved by the IIHMR University's Mentor

SUMMER INTERNSHIP WEEKLY REPORT

Name of the Organisation: Mankind Pharma
Area/ Department/ Project of Summer Internship Program: Market Research
Name of the Student: Mansi Gaikwad
Roll no:0666 **Stream**: MBA-PM16
Week no:3 **From:**26-05-25 **to** 31-05-25

Activity Done	• This week, I Gain Knowledge about liver disease specifically fibrosis and Cirrhosis. • And Docters ask Question related to survey and Fibrosis and cirrhosis. • I visited 30 doctors and discussed their opinion on liver disease across different clinics and hospitals in Indore (Kalani Nagar). • The Subjects like Pharmacology and disease management helped me to understand the medical terminology and communicate effectively with healthcare professionals.
Linking theory (Classroom learning) with practice at your organization	• The field exposure helped me connect classroom concepts of disease epidemiology, patient communication, and pharmaceutical Management strategies with real-world practices.
Gaps identified on the working area.	• Some doctors expressed that they were not well informed about the latest Mankind products related to liver health. • There was also a lack of structured feedback collection mechanisms on how doctors perceive and use Mankind's liver-care offerings.
Suggestions for improvement	• There should be regular initiatives like this survey to maintain strong doctor engagement. • A structured channel for ongoing feedback and knowledge sharing (e.g., through WhatsApp groups, newsletters, or webinars) can help build stronger relationships with HCPs.
Plan for the next week	• Expand the reach by visiting 35-40 doctors in a new zone. Start compiling key insights from the surveys to identify patterns. I also plan to shadow a medical representative to understand how they communicate liver product benefits to doctors.

Signature of the Student; Mansi Gaikwad

Approved by the IIHMR University's Mentor

SUMMER INTERNSHIP WEEKLY REPORT

Name of the Organisation: Mankind Pharma
Area/ Department/ Project of Summer Internship Program: Market Research
Name of the Student: Mansi Gaikwad
Roll no:0666 **Stream**: MBA-PM16
Week no:4 **From:**02-06-25 **to** 07-06-25

Activity Done	• Conducted Surveys with Doctors • Approached doctors across clinics and hospitals. • Asked structured questions related to liver diseases, especially NAFLD and MAFLD. • Explained the objective of the survey and collected their insights.
Linking theory (Classroom learning) with practice at your organisation	• During this week, I continued interacting with doctors across various clinics and hospitals. I applied my theoretical knowledge of liver physiology and public health survey techniques in real-life settings. • The concepts of non-alcoholic fatty liver disease (NAFLD) and metabolic dysfunction-associated fatty liver disease (MAFLD), which I studied in the classroom, helped me frame relevant questions and understand responses better. • I also practiced soft skills like communication and professionalism during doctor interactions.
Gaps identified on the working area.	• Some doctors were too busy to respond to surveys in detail. A few lacked awareness about the newer terminology of MAFLD. • Time constraints and hesitancy in sharing data were common challenges. Additionally, lack of structured response collection tools made documentation slower.
Suggestions for improvement	• Creating a short, structured digital survey form (Google Form or app-based) would save time and improve participation. • Providing prior appointment or intimation to doctors can enhance engagement. Awareness materials on MAFLD could be shared to facilitate more informed conversations
Plan for the next week	• Next week, I plan to cover more doctors in other localities and re-approach those who were unavailable. • I also aim to categorize collected data for early-stage analysis and identify common trends among responses related to NAFLD/MAFLD.

Signature of the Student; Mansi Gaikwad

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SUMMER INTERNSHIP WEEKLY REPORT

Name of the Organisation: Mankind Pharma
Area/ Department/ Project of Summer Internship Program: Market Research
Name of the Student: Mansi Gaikwad
Roll no:0666 **Stream**: MBA-PM16
Week no:5 **From:** 09-06-25 **to** 14-06-25

Activity Done	• Followed up with doctors previously contacted to complete pending surveys. • Approached new doctors in additional clinics/hospitals to broaden data collection. • Focused questions on MAFLD awareness, diagnosis, and differences from NAFLD. • Applied classroom concepts of liver health and metabolic dysfunction during survey conversations. • Identified trends and patterns in doctor responses for future analysis. • Improved professional communication, data handling, and time management skills.
Linking theory (Classroom learning) with practice at your organization	• Applied theoretical understanding of NAFLD/MAFLD, liver metabolism, and diagnostic approaches in real-world interactions. • Used public health and pharma survey knowledge to frame questions and interpret responses effectively. • Experienced how pharmaceutical companies use field data to support awareness and strategy.
Gaps identified on the working area.	• Some doctors still unfamiliar with MAFLD terminology and its revised criteria. • Time constraints limit depth of responses in many cases. • Variation in awareness levels and patient education strategies observed among doctors.
Suggestions for improvement	• Providing a simple brochure or awareness leaflet about MAFLD could encourage doctors to engage better. • Introducing digital survey tools may streamline response collection and reduce time. • Creating zone-wise doctor lists may help in scheduling and coverage planning.
Plan for the next week	• Begin categorizing and analyzing survey responses for key findings. • Continue survey collection with remaining doctors in nearby localities. • Prepare a preliminary summary of patterns observed across different specialties.

Signature of the Student; Mansi Gaikwad

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SUMMER INTERNSHIP WEEKLY REPORT

Name of the Organisation: Mankind Pharma
Area/ Department/ Project of Summer Internship Program: Market Research
Name of the Student: Mansi Gaikwad
Roll no:0666 **Stream**: MBA-PM16
Week no:6 **From:** 16-06-25 **to** 21-06-25

Activity Done	• Followed up with doctors previously contacted to complete pending surveys. • Approached new doctors in additional clinics/hospitals to broaden data collection. • Focused questions on MAFLD awareness, diagnosis, and differences from NAFLD. • Applied classroom concepts of liver health and metabolic dysfunction during survey conversations. • Identified trends and patterns in doctor responses for future analysis. • Improved professional communication, data handling, and time management skills.
Linking theory (Classroom learning) with practice at your organisation	• Applied theoretical understanding of NAFLD/MAFLD, liver metabolism, and diagnostic approaches in real-world interactions. • Used public health and pharma survey knowledge to frame questions and interpret responses effectively. • Experienced how pharmaceutical companies use field data to support awareness and strategy.
Gaps identified on the working area.	• Some doctors still unfamiliar with MAFLD terminology and its revised criteria. • Time constraints limit depth of responses in many cases. • Variation in awareness levels and patient education strategies observed among doctors.
Suggestions for improvement	• Providing a simple brochure or awareness leaflet about MAFLD could encourage doctors to engage better. • Introducing digital survey tools may streamline response collection and reduce time. • Creating zone-wise doctor lists may help in scheduling and coverage planning.
Plan for the next week	• Begin categorizing and analyzing survey responses for key findings. • Continue survey collection with remaining doctors in nearby localities. • Prepare a preliminary summary of patterns observed across different specialties.

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SUMMER INTERNSHIP WEEKLY REPORT

Name of the Organisation: Mankind Pharma
Area/ Department/ Project of Summer Internship Program: Market Research
Name of the Student: Mansi Gaikwad
Roll no:0666 **Stream**: MBA-PM16
Week no:7 **From:** 23-06-25 **to** 28-06-25

Activity Done	• Completed 100 doctors surveys with a few pending doctors. • I also coverd near by area of Indore to complete the task like Dhar Burhanpur and devas. • Some Data is pending and that will be upload in this week. • Finalized classification of responses based on specialty, awareness level, and key themes. • Prepared visual summaries of key findings from the survey.
Linking theory (Classroom learning) with practice at your organization	• Used research report writing concepts learned in class while preparing the final report. • Applied data interpretation techniques such as pattern analysis and segmentation. • Understood how pharma companies use such research to shape campaigns, product positioning, and doctor education.
Gaps identified on the working area.	• Some responses were still vague and lacked detailed clinical input. • Difficulty in converting qualitative responses into structured data. • Lack of technical support tools for real-time data validation or reporting.
Suggestions for improvement	• Pre-testing the survey with a few doctors can help refine questions before full rollout. • Providing small incentives or certificates of participation could increase doctor cooperation. • Involving a data analyst during survey execution may improve the quality of insights.
Plan for the next week	• Finalize the report layout and complete writing all sections (analysis, conclusion, etc.). • Going to more near by area in Indore like Ujjain, Jaora and Khandwa.

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SUMMER INTERNSHIP WEEKLY REPORT

Name of the Organisation: Mankind Pharma
Area/ Department/ Project of Summer Internship Program: Market Research
Name of the Student: Mansi Gaikwad
Roll no:0666 **Stream**: MBA-PM16
Week no:8 **From:** 30-06-25 **to** 05-06-25

Activity Done	• Completed 150 doctors surveys with a few pending doctors. • I also coverd near by area of Indore to complete the task like Ujjain. • Some Data is pending and that will be upload in this week.
Linking theory (Classroom learning) with practice at your organization	• Used research report writing concepts learned in class while preparing the final report. • Applied data interpretation techniques such as pattern analysis and segmentation. • Understood how pharma companies use such research to shape campaigns, product positioning, and doctor education.
Gaps identified on the working area.	• Lack of a centralized digital platform made it difficult to manage and analyze real-time data. • Some survey responses were too generic to derive actionable insights. • Time constraints limited deeper exploration of related liver conditions.
Suggestions for improvement	• Introducing digital data collection and instant reporting tools could make the process more efficient. • Training field interns on basic data analysis would improve output quality. • Conducting a short orientation on doctor engagement strategies before fieldwork can be helpful.
Plan for the next week	• Going to upload more data in this week.

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SUMMER INTERNSHIP WEEKLY REPORT

Name of the Organisation: Mankind Pharma
Area/ Department/ Project of Summer Internship Program: Market Research
Name of the Student: Mansi Gaikwad
Roll no: 0666 **Stream**: MBA-PM16
Week no:9 **From:** 14-07-25 **to** 18-07-25

Activity Done	• Completed 235 doctors survey. • Completed all final formalities related to the internship conclusion. • Submitted updated report and presentation after incorporating final feedback. • Prepared for internship viva or evaluation at the institute.
Linking theory (Classroom learning) with practice at your organisation	• Understood the importance of presentation and reporting in pharma-based field research. • Applied learning from health communication, reporting formats, and strategic insights. • Experienced how pharma companies use structured field inputs for decision-making.
Gaps identified on the working area.	• Limited exposure to backend data analytics during the internship. • Infrequent structured review meetings made it harder to assess ongoing progress. • Final presentation timing and feedback were rushed due to multiple submissions.
Suggestions for improvement	• Final report submission is pending of work which I done during my internship to Mankind Mentor.
Plan for the next week	• This was last week of internship only report submission in pending and ppt.

Signature of the Student; Mansi Gaikwad

Approved by the IIHMR University's Mentor

SUMMER INTERNSHIP WEEKLY REPORT

Name of the Organisation: Mankind Pharma
Area/ Department/ Project of Summer Internship Program: Market Research
Name of the Student: Mansi Gaikwad
Roll no: 0666 **Stream**: MBA-PM16
Week no:10 **From:** 14-07-25 **to** 21-07-25

Activity Done	• Completed 235 doctors survey. • Completed all final formalities related to the internship conclusion. • Submitted updated report and presentation after incorporating final feedback. • Prepared for internship viva or evaluation at the institute.
Linking theory (Classroom learning) with practice at your organization	• Understood the importance of presentation and reporting in pharma-based field research. • Applied learning from health communication, reporting formats, and strategic insights. • Experienced how pharma companies use structured field inputs for decision-making.
Gaps identified on the working area.	• Limited exposure to backend data analytics during the internship. • Infrequent structured review meetings made it harder to assess ongoing progress. • Final presentation timing and feedback were rushed due to multiple submissions.
Suggestions for improvement	• Final report submission is pending of work which I done during my internship to Mankind Mentor.
Plan for the next week	• This was last week of internship only report submission in pending and ppt.

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SUMMER INTERNSHIP WEEKLY REPORT

Name of the Organisation: Mankind Pharma
Area/ Department/ Project of Summer Internship Program: Market Research
Name of the Student: Mansi Gaikwad
Roll no:0666 **Stream**: MBA-PM16

Activity Done	**1. Structured Survey Design:** • Created a scientifically relevant questionnaire focusing on screening, dietary assessment, counseling, and pharmacological treatment in NAFLD/MAFLD patients. • The form also included sections on understanding Food-Induced Liver Injury (FILI), fibrosis, and progression to cirrhosis. **2. Doctor Interaction:** • Personally visited 235 doctors including General Practitioners, Internal Medicine Specialists, and Gastroenterologists across different hospitals and clinics. Surveys were conducted in offline mode. **3. FILI Focus:** • Integrated questions related to the role of unregulated supplements, junk food, and herbal toxicity in causing FILI.. • Many doctors reported an increase in cases of liver injury linked to high-fat, high-sugar diets and misuse of over-the-counter Ayurvedic or protein supplements. **4. Data Compilation:** • Created and cleaned the dataset in Excel, used filters, charts, and graphs to analyze trends in doctor responses. • Found notable differences based on specialties and geographical areas. **5. Awareness Analysis:** • Found that awareness about fibrosis staging (F1-F4) and cirrhosis risk varies greatly, with gastroenterologists being more protocol-oriented compared to GPs. **6. Final Output:** • Prepared an academic poster, PowerPoint, and final compiled report for IIHMR University submission.
Linking theory (Classroom learning) with practice at your organisation	• Applied principles of non-communicable disease (NCD) management by observing the real-world burden of lifestyle-related liver disorders such as NAFLD • The internship provided insight into how obesity, sedentary lifestyle, and metabolic syndrome play a central role in liver disease progression, confirming academic teachings on NCD risk factors. • Understood the pathophysiology of NAFLD and its clinical progression. Doctors emphasized how simple fatty liver, if unmanaged, can progress to Non-Alcoholic Steatohepatitis (NASH), lead to liver fibrosis (graded F1 to F4), and eventually result in cirrhosis or liver failure. This reinforced textbook learning through clinical validation. • Utilized public health research tools such as structured

	questionnaires, proper consent-taking procedures, and basic epidemiological principles including identifying trends, analyzing risk factors, and data interpretation. • These tools were crucial in designing and conducting the 235-doctor survey. • Gained exposure to pharmacological practices through interactions with doctors who prescribed hepatoprotective agents. Commonly discussed treatments included ursodeoxycholic acid, Silymarin, vitamin E, and liver support nutraceuticals. • Doctors' preferences and rationale added practical understanding to theoretical knowledge from pharmacology classes. • Observed the role of pharma companies in supporting public health education. Promotional material, CMEs (Continuing Medical Education), and field officer interactions highlighted how industry and clinical practice align in promoting liver health awareness.
Gaps identified on the working area.	**1. Lack of Standardization:** • One of the key gaps observed during the internship was the absence of a standardized clinical protocol for diagnosing NAFLD. • Different doctors used varied diagnostic approaches such as liver function tests (ALT/AST), ultrasound imaging, and in some advanced setups, • FibroScan. However, the usage was inconsistent across clinics. While some doctors emphasized regular monitoring of liver enzymes, others relied only on symptoms or patient history. • This variation in diagnostic practices can lead to delayed detection or misdiagnosis of NAFLD, especially in its early stages. **2. Insufficient Screening in High-Risk Populations:** • Despite knowing the risk associated with obesity, diabetes, and metabolic syndrome, most doctors admitted to screening only those patients who were already symptomatic. • Preventive screening, which is crucial for early detection of fatty liver and halting its progression, was not routinely followed in general practice. Many doctors acknowledged time constraints and lack of resources as major barriers. • This gap highlights the need for targeted screening programs for high-risk groups. **3. Deficit in Structured Dietary Counseling:** • While dietary modification is the cornerstone of NAFLD treatment, very few doctors reported referring patients to professional dieticians or nutritionists. • In most cases, dietary advice was given verbally and lacked structure or follow-up. Some doctors provided basic instructions such as "avoid fried food" or "cut down sugar," but there was no individualized or evidence-based plan shared with patients. • This gap limits the effectiveness of lifestyle intervention in

	reversing liver damage. **4. Underreporting and Misdiagnosis of FILI (Food-Induced Liver Injury):** • A major concern raised by some gastroenterologists was that FILI is often misdiagnosed as viral hepatitis or drug-induced liver injury. • Many general physicians were unaware of the liver-damaging potential of certain herbal supplements, unregulated protein powders, or fast-food consumption. • Due to lack of awareness and limited diagnostic clarity, food-induced liver injury is frequently ignored in clinical practice, leading to underreporting of actual cases. **5. Limited Use of Non-Invasive Fibrosis Assessment Tools:** • Tools like the NAFLD Fibrosis Score, FIB-4 Index, and FibroScan are globally recognized for evaluating the degree of liver fibrosis without the need for biopsy. • However, during the survey, it was found that many general practitioners were unaware of these tools or did not use them in routine practice due to cost concerns or lack of access. • This gap is critical, as early-stage fibrosis is reversible, but its progression to cirrhosis may be irreversible and life-threatening.
Suggestions for improvement	**1. Develop an Awareness Campaign on FILI and NAFLD for General Practitioners (GPs):** • There is a pressing need to enhance awareness among GPs regarding the increasing incidence of Food-Induced Liver Injury (FILI) and NAFLD. Many general physicians still overlook the impact of dietary toxins, unregulated supplements, and lifestyle patterns in causing liver dysfunction. • A targeted awareness campaign using digital brochures, informative posters, and Continuing Medical Education (CME) sessions can help bridge this gap. • These tools should be designed to explain risk factors, early symptoms, diagnostic strategies, and treatment options in simple, evidence-based formats. **2. Promote Routine Screening in High-Risk Populations Using Non-Invasive Tools:** • To catch liver disease early, routine screening should be encouraged especially in high-risk groups such as obese individuals, diabetics, hypertensive patients, and those with sedentary lifestyles. • Doctors can be educated to use cost-effective, non-invasive tools such as the FIB-4 Index, NAFLD Fibrosis Score, or APRI. These scoring systems are quick to calculate and do not require expensive imaging or biopsy, making them ideal for use in primary care settings. **3. Educational Support Alongside Pharmacological Promotion:** • Pharmaceutical companies should go beyond product promotion and take the initiative to disseminate educational content related to NAFLD and liver health. • While hepatoprotective medications like Silymarin and

	Ursodeoxycholic acid are commonly prescribed, their efficacy increases when patients follow structured lifestyle changes. • Pharma companies can support this by providing patient education material, animated explainer videos, and simplified medical guides that doctors can use in their clinics. **4. Develop a Mobile App for NAFLD Staging and Counseling:** • Introducing a mobile application designed for junior doctors, interns, and GPs could simplify the process of NAFLD staging, risk assessment, and patient counseling. • The app could feature calculators for fibrosis scoring, symptom checklists, dietary advice modules, and printable PDF summaries. • Such a tool would empower early-career practitioners with evidence-based protocols and ensure standardized care delivery, even in smaller clinics or remote settings. **5. Create Referral Pathways for Patients with Fibrosis or Cirrhosis Risk:** • Patients exhibiting signs of liver fibrosis or suspected cirrhosis should be systematically referred to specialized hepatology or gastroenterology departments for further evaluation. • Establishing clear referral guidelines can help reduce delays in diagnosis and prevent complications like portal hypertension or hepatic encephalopathy. • These pathways can be formalized as part of hospital policies or implemented through collaboration between GPs and tertiary hospitals. **6. Integrate Dieticians and Nutritionists into Liver Health Programs:** • One of the most important yet underutilized components of liver disease management is dietary counseling. • Structured, personalized dietary interventions can drastically improve liver function and metabolic health. • Hence, every liver clinic or hepatology department should include trained dieticians or clinical nutritionists who can develop meal plans, monitor dietary compliance, and support long-term lifestyle changes in patients with NAFLD, NASH, or fibrosis.
Key Learning	**7. Gained deep insights into doctor–patient interaction and real-world clinical practices:** • During the internship, I had the opportunity to closely observe how doctors engage with patients in real clinical settings. These interactions highlighted the importance of empathy, active listening, and time management in patient care. • I also observed how physicians communicate diagnoses and motivate patients to make lifestyle changes, especially in chronic conditions like NAFLD. • This exposure went beyond textbooks and helped me understand the human and psychological aspects of healthcare delivery. **8. Improved interpersonal and analytical skills through field surveys:**

	• Conducting a large-scale survey involving 235 doctors significantly improved my interpersonal communication skills. • Approaching senior physicians, introducing the study professionally, and encouraging their participation required confidence, patience, and diplomacy. • On the analytical front, compiling the responses, cleaning the data, and identifying key patterns through Excel sharpened my skills in quantitative analysis and health research interpretation. **9. Understood the practical challenges in managing a lifestyle-based chronic disease:** • One of the biggest takeaways was realizing how difficult it is to manage conditions like NAFLD, which require long-term behavioral changes rather than short-term medical interventions. • Doctors often face challenges such as poor patient adherence to dietary changes, lack of follow-up, and time constraints in counseling. • Despite having clear guidelines, effective implementation in real life remains complex, which provided me with a realistic view of chronic disease management in India. **10. Learned how pharmaceutical companies gather insights for product positioning and medical education:** • Through this internship, I understood the strategic role of field-based research in the pharmaceutical industry. The doctor surveys conducted were not just academic in nature—they also helped Mankind Pharma understand the market gaps, doctor preferences, and unmet needs in liver health. • These insights can later influence product marketing, educational campaigns, and brand positioning. • This experience deepened my appreciation for how pharma companies contribute to both business growth and public health education.

Signature of the Student; Mansi Gaikwad

Approved by the IIHMR University's Mentor
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