SUMMER INTERNSHIP PROGRAM

at

Mankind Pharma

From May 12 ,2025 to July 21, 2025

A REPORT BY

Avichal Gupta

Master Of Business Administration

Pharmaceutical Management

2024-26

Under the Mentorship of

Dr. Hemant Kumar Mishra

(Assistant professor)

IIHMR UNIVERSITY

Mankind

Serving Life

31-July -2025

To Whomsoever It May Concern

This is to certify that **Mr. Avichal Gupta** student of MBA Pharmaceutical Management from **IIHMR University Jaipur** has successfully completed his training program with **Mankind Pharma Ltd.** in PMT Department from **13th May 2025 to 25h July 2025.**

He was found to be diligent, sincere & dedicated during his training period.

We wish him all the best for future endeavors.

For Mankind Pharma Ltd.

MANKIND PHARMA LIMITED
New Delhi
110020

Abhishek Khare
DGM - Human Resources

IIHMR UNIVERSITY

IIHMR University Faculty Mentor Approval

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

He has carried out work as per the guidelines. His poster is approved for presentation.

Date: 28/7/2025

Signature of Faculty Mentor

Name: **Dr. Hemant Kumar Mishra**

Designation: **Assistant Professor, IIHMR University**

MARKET RESEARCH ON PHARMACOLOGICAL INTERVENTIONS IN NAFLD

IIHMR UNIVERSITY

Name- Avichal gupta
Roll number-0615 Batch- PM16(2024-2026)

Faculty name- Dr Hemant kumar mishra
Industry Mentor- Swati Singh

Mankind Serving Life

Mankind Pharma

Mankind Pharma, founded in 1995 by Mr. R.C. Juneja, is headquartered in New Delhi and is among India's leading pharmaceutical companies. With over 17,000 employees and operations in more than 34 countries, the company delivers affordable, high-quality medicines across multiple therapeutic areas such as gastroenterology, cardiology, dermatology, and liver care.

Vision

Mankind Pharma envisions a healthier world where quality healthcare is accessible and affordable to all. The company strives to serve life by delivering innovative, effective, and reliable pharmaceutical products that improve patient well-being and uplift communities across diverse regions.

Mission

The mission is to develop, manufacture, and market high-quality medicines at prices within reach of the common man. Guided by strong ethics and a patient-centric approach, the company continuously invests in research, innovation, and infrastructure to expand its therapeutic offerings.

Domestic business segmentation	FY20	FY21	FY22	CAGR (%) Mankind	CAGR (%) IPM
Acute	41,276	43,678	55,433	15.9	11.4
% growth		5.8	26.9		
% of sales	50.2	53.1	67.4		
Chronic	19,371	22,462	26,765	17.5	10.6
% growth		16.0	19.2		
% of sales	23.6	27.3	32.6		
Domestic sales	**60,647**	**66,140**	**82,198**	**16.4**	**11.0**

Source: Company, RHP

Objective

- Conduct primary market research on NAFLD treatment practices among Indian doctors.
- Study clinical perceptions of UDCA and Role of dietary components in NAFLD
- Identify gaps in awareness, diagnosis, and treatment.
- Provide actionable insights for Mankind Pharma's liver care strategy.

Introduction

Non-Alcoholic Fatty Liver Disease (NAFLD) is a growing health concern in India, closely linked to obesity, diabetes, and sedentary lifestyles. Prevalence is estimated at 25–32%, and early stages are often underdiagnosed, leading to risk of progression to NASH (non-alcoholic steatohepatitis) and fibrosis.

Methodology

- Collected primary data from 280+ doctors – Included general practitioners, gastroenterologists, and diabetologists
- Covered metro, semi-urban, and rural regions to capture diverse clinical practices
- Used a pre-designed structured questionnaire – The questionnaire, developed by the organization, provided a standardized set of questions
- Conducted in-person interviews and obtained written responses – Interacted directly with doctors during field visits
- Analyzed the collected data to identify trends in diagnosis and treatment practices

PESTEL Analysis

Political.

- Non communicable disease(NCD) policy is there but lack of specific national NAFLD programs creates policy gaps.

Economic

- Rising treatment costs and limited insurance coverage affect patient compliance.
- Urbanization and increasing incomes are contributing to NAFLD

Social

- Sedentary lifestyles and poor dietary habits drive NAFLD prevalence.
- Low awareness among patients leads to late diagnosis and treatment.

Technological

- Improved diagnostic tools (FibroScan, non-invasive biomarkers) are available but not widely accessible .

Environmental

- Urban pollution and lifestyle stressors may indirectly influence metabolic disorders.

Legal

- Need to adhere to clinical guidelines, ethical marketing, and regulatory norms for liver-care drugs.

Strenghts

- High awareness among doctors for the possible role of dietary components.
- Availability of safe options like UDCA and newer therapies like Saroglitazar.
- Increasing screening by doctors for high-risk patients (diabetics, obese).

Weaknesses

- Limited awareness among primary care physicians and patients.
- Low adoption of advanced diagnostics due to cost and accessibility issues.

Oppurtunities

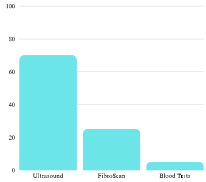
- Rising prevalence offers scope for targeted awareness campaigns.
- Potential to introduce innovative, combination, or supportive therapies.
- Collaboration with diagnostic companies for early detection.

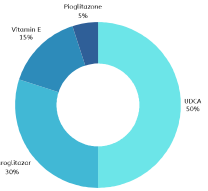
Threats

- Competing therapies and rapidly evolving treatment guidelines.
- High dependence on lifestyle modification compliance, which is hard to enforce.

Findings

- Most doctors screen high-risk patients (obese, diabetic).
- Ultrasound is the most used diagnostic tool (70%).
- FibroScan use is limited (25%) due to cost/access.
- UDCA is commonly used in mild NAFLD due to safety (50%).
- Saroglitazar is preferred in NAFLD with metabolic syndrome (30%).
- Vitamin E used selectively in non-diabetics (15%).
- Pioglitazone minimal use (5%).
- Treatment often starts at NASH or fibrosis stage.





Theoretical Learnings

- Learned research design, data collection methods, and analysis in theory
- Studied epidemiology, pharmacology, and healthcare systems conceptually
- Learned communication and reporting techniques in an academic setting

Practical Observations

- Saw diagnostic practices evolve, with growing use of non-invasive tools.
- Observed improved data collection through digital tools and structured surveys.
- Gained insight into how market research directly drives product strategies.

Major Learnings

- Deepened my understanding of how market research directly shapes product strategies.
- Enhanced my ability to interpret diverse clinical practices across different regions.
- Strengthened communication skills by engaging with doctors and internal teams.
- Improved time management and planning to handle large-scale data collection.

Challenges faced

- Even with my prior field experience, reaching doctors in remote and semi-urban areas was tougher than expected due to their packed schedules and limited availability.
- Despite my familiarity with the field, building trust for in-depth discussions with some practitioners took extra effort.
- At times I had to adapt my usual field approach to align with organizational processes, which was a valuable learning curve.
- I often encountered gaps in access to advanced tools like FibroScan, which affected how uniformly data could be gathered.

Suggestions

- Organize targeted awareness programs for physicians on early NAFLD diagnosis and management.
- Improve accessibility of advanced diagnostics like FibroScan in semi-urban and rural areas.
- Provide regular training sessions for sales and field teams on newer pharmacological options.
- Develop patient education materials to promote lifestyle changes alongside pharmacological therapy.

ABOUT

MANKIND PHARMA

Mankind Pharma, founded in 1995 by Mr. R. C. Juneja, is one of India's leading pharmaceutical companies headquartered in New Delhi. With a workforce of over 17,000 employees and operations in more than 34 countries, the company has built a strong reputation for delivering affordable, high-quality medicines. Mankind Pharma reports an annual revenue exceeding ₹8,000 crore (over USD 1 billion) and consistently ranks among the top five companies in the Indian Pharmaceutical Market (IPM). Guided by its philosophy of "Serving Life," the organization has developed several well-known brands such as Manforce, Prega News, Dydroboon, Nurokind, Telmikind, and Monticope, spanning therapeutic areas like gastroenterology, cardiology, women's health, and liver care.

Mission

To develop, manufacture, and market high-quality pharmaceutical products at prices within the reach of the common man. The company is committed to strong ethics, continuous research and development, and expanding its portfolio to meet the evolving needs of patients and healthcare professionals.

Vision

It is to serve life by making quality healthcare accessible and affordable to every individual. The company aims to improve patient well-being through innovative medicines and strives to be recognized as a trusted global name in the pharmaceutical industry, driven by excellence and social responsibility.

WORKING BRIEF SUMMARY

During my internship with Mankind Pharma from May 12, 2025 to July 19, 2025, I carried out a structured market research project titled "The Role of Pharmacological Interventions in NAFLD." The primary focus was to understand how Indian doctors approach screening and treatment of Non-Alcoholic Fatty Liver Disease, with special attention to the perception and use of Ursodeoxycholic Acid (UDCA) compared to other therapies such as Saroglitazar, Vitamin E, and Pioglitazone.

Over ten weeks, I interacted with more than 300 doctors across urban, semi-urban, and rural areas. Each week involved field visits to clinics, explaining the purpose of the survey, and collecting data on diagnostic habits, dietary counselling practices, and pharmacological preferences. I noticed growing interest in UDCA as a safe early-stage option, while Saroglitazar was preferred in patients with metabolic syndrome. I also observed practical challenges like inconsistent follow-up systems and limited access to non-invasive diagnostic tools such as Fibro Scan in smaller cities.

An important aspect highlighted during the internship was the role of dietary management in controlling NAFLD progression. Many doctors emphasized that lifestyle modification forms the foundation of treatment, with advice to reduce refined carbohydrates such as maida, limit saturated fats and sugars, and encourage balanced calorie intake. Several practitioners pointed out that patients who actively adhered to dietary changes often showed better liver enzyme profiles and slower disease progression, even before pharmacological interventions were introduced. However, I also observed that dietary counseling practices varied widely, and in some cases, fast-food consumption and poor meal planning were not addressed strongly enough during consultations.

In parallel with data collection, I compiled and analysed responses, converting raw inputs into charts and trend summaries. Weekly reviews helped me link my academic learning in pharmacology, research methods, and healthcare marketing to real-world practice. By the final weeks, I developed a comprehensive presentation and submitted a detailed report with actionable suggestions: creating a Liver Health Toolkit, expanding digital CME programs, and strengthening doctor engagement through case-based education.

This internship significantly enhanced my professional communication skills, deepened my understanding of hepatology, and provided first-hand experience in how pharmaceutical insights are generated and applied in the field.

Reporting Format (Weekly)

Name of the Organisation: Mankind Pharma

Department of Summer Internship Program: Market Research

Name of the Student: Avichal Gupta

Roll no: **0615** **Stream: PM**

Week no: 1 **From: 12/05/2025 to 17/05/2025**

Activity Done	• Visited and interacted with 5 doctors (gastroenterologists and general physicians) in the assigned region. • Explained the purpose of the market research survey regarding pharmacological interventions in NAFLD. • Collected filled survey forms and recorded qualitative feedback from doctors regarding current treatment patterns, challenges, and awareness of therapeutic options.
Linking theory (Classroom learning) with practice at your organisation	• Applied concepts from pharmacology and therapeutic management learned in the classroom to understand physician preferences and treatment modalities. • Utilized communication and market research strategies taught in healthcare marketing to approach doctors professionally and gain relevant insights.
Gaps identified on the working area.	• Lack of standardized treatment protocols followed among practitioners for NAFLD. • Some reluctance from doctors to engage in surveys due to time constraints.
Suggestions for improvement	• Organize a short webinar or CMEs with doctors to spread awareness on the role of pharmacological therapies in NAFLD and simultaneously collect data.

Reporting Format (Weekly)

Name of the Organisation: Mankind Pharma

Department of Summer Internship Program: Market Research

Name of the Student: Avichal Gupta

Roll no: 0615 Stream: PM

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

Activity Done	• Visited and interacted with 5 doctors (gastroenterologists and consultants) in the assigned region. • Compiled initial data for further analysis to identify trends and preferences in NAFLD treatment.
Linking theory (Classroom learning) with practice at your organisation	• Connected academic understanding of NAFLD pathophysiology with real-world prescribing behaviour and treatment provided by doctors.
Gaps identified on the working area.	• Many physicians have limited awareness of newer pharmacological agents for NAFLD beyond lifestyle interventions.
Suggestions for improvement	• Provide a brief information leaflet or summary along with the survey to improve doctor engagement and increase response quality.
Plan for the next week	• Target 5 new doctors in a different locality to expand the scope of research. • Begin compiling and categorizing feedback into themes for early-stage report drafting.

Signature of the Student

Avichal Gupta

Reporting Format (Weekly)

Name of the Organisation: Mankind Pharma

Department of Summer Internship Program: Market Research

Name of the Student: Avichal Gupta

Roll no: 0615 Stream: PM

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

Activity Done	• Visited and interacted with 35 new doctors in a different locality this week. • Observed increased acceptance and prescribing trend of **Ursodeoxycholic Acid (UDCA)** among doctors for managing fatty liver, especially in patients with elevated liver enzymes.
Linking theory (Classroom learning) with practice at your organisation	• Used classroom knowledge of hepatology and pharmacological action of bile acids (like UDCA) to engage in informed discussions with doctors. • Applied academic understanding of disease progression and treatment hierarchy to compare theoretical and practical approaches in Indian clinical settings.
Gaps identified on the working area.	• While awareness of UDCA is increasing, there is still inconsistency in when and how it is used across different practitioners. • Some doctors remain unaware of emerging data supporting UDCA's role beyond cholestatic liver conditions.
Suggestions for improvement	• Share updated literature or study summaries on UDCA's efficacy in NAFLD to standardize awareness. • Encourage doctors to consider early pharmacological intervention in appropriate NAFLD cases, especially when lifestyle modification alone is insufficient.
Plan for the next week	• Meet another set of 35 doctors from a new region. • Start preparing a presentation draft for internal review based on collected trends and insights.

Reporting Format (Weekly)

Name of the Organisation: Mankind Pharma

Department of Summer Internship Program: Market Research

Name of the Student: Avichal Gupta

Roll no: 0615 Stream: PM

Week no: 4 From: 02/06/2025 to 07/06/2025

Activity Done	• Began preparation of a comprehensive **PowerPoint presentation** summarizing key insights, trends, and therapeutic patterns observed so far. • Categorized responses based on variables such as location, specialty, pharmacological preference, and dietary counselling practices.
Linking theory (Classroom learning) with practice at your organisation	• Leveraged skills in data visualization and presentation (learned in college coursework) to build a coherent and professional summary deck.
Gaps identified on the working area.	• Some physicians are unfamiliar with the role of **non-invasive diagnostics** like FIB-4 and FibroScan due to cost or limited access. • Mixed perceptions around **UDCA's role** — while its use is growing, clarity around its exact indication in NAFLD is lacking among many.
Suggestions for improvement	• Recommend focused Continuing Medical Education (CME) sessions for doctors on NAFLD staging and updated treatment algorithms. • Disseminate simplified clinical tools (e.g., decision trees or treatment checklists) for doctors to align with evidence-based practices. • Encourage pharma representatives to highlight clinical data on UDCA and other pharmacological interventions in future field visits.
Plan for the next week	• Meet another set of 35 doctors from a new region. • Polish the **presentation deck** with charts, graphs, and quote-based highlights from doctor interactions.

Reporting Format (Weekly)

Name of the Organisation: Mankind Pharma

Department of Summer Internship Program: Market Research

Name of the Student: Avichal Gupta

Roll no: 0615 Stream: PM

Week no: 5 From: 09/06/2025 to 14/06/2025

Activity Done	• Met 30 additional doctors across mixed urban and semi-urban areas. • Focused on gathering comparative feedback on **UDCA vs Saroglitazar** in clinical use. • Noted increasing willingness among doctors to try UDCA in mild NAFLD cases.
Linking theory (Classroom learning) with practice at your organisation	• Started referencing clinical guidelines (AASLD, EASL) in discussions, improving credibility with physicians.
Gaps identified on the working area.	• Lack of standardization in when to introduce pharmacological treatment (early vs late-stage NAFLD). • Poor documentation of patient follow-up or ALT trend tracking post-prescription.
Suggestions for improvement	• Propose a simple **tracking template or patient follow-up chart** for doctors to assess treatment efficacy over time. • Develop a brief stage-based NAFLD treatment guide, co-branded by Mankind..
Plan for the next week	• Conduct focused interviews with 10 hepatologists or specialists for advanced perspectives. • Begin outlining the final report structure and data visuals.

Signature of the Student

Avichal Gupta

Reporting Format (Weekly)

Name of the Organisation: Mankind Pharma

Department of Summer Internship Program: Market Research

Name of the Student: Avichal Gupta

Roll no: 0615 Stream: PM

Week no: 6 From: 16/06/2025 to 21/06/2025

Activity Done	Conducted 10 in-depth interviews with gastroenterologists and hepatologists in tertiary care settings. Collected qualitative feedback on barriers to prescribing newer agents like **Saroglitazar** or **Nor-UDCA**.
Linking theory (Classroom learning) with practice at your organisation	• Used communication techniques from to adapt language between general physicians and specialists. • Mapped clinical pharmacology concepts to real-world brand communication—how benefits are positioned and justified.
Gaps identified on the working area.	Limited availability of non-invasive diagnostic tools in semi-urban areas still hampers accurate NAFLD staging. Many doctors unaware of **Indian guideline updates** or CME sessions around liver care.
Suggestions for improvement	Recommend expanding the reach of digital CMEs or webinars through WhatsApp/YouTube. • Create a simple diagnostic workflow poster for clinic use.
Plan for the next week	Finalize survey data entry and begin quantitative analysis. Collaborate with Mankind's marketing team to share a field-level summary of findings.

Signature of the Student

Avichal Gupta

Approved by the IIHMR University's Mentor

Reporting Format (Weekly)

Name of the Organisation: Mankind Pharma

Department of Summer Internship Program: Market Research

Name of the Student: Avichal Gupta

Roll no: **0615** **Stream: PM**

Week no: 7 **From: 23/06/2025 to 28/06/2025**

Activity Done	• Completed full **data compilation of over 100 doctors** across 6 regions. • Performed initial **quantitative analysis** – frequencies, response trends, and treatment preference statistics. • Identified key variables: UDCA usage rate, awareness of Saroglitazar, diagnostic tools preference, and dietary counseling frequency.
Linking theory (Classroom learning) with practice at your organisation	• Applied statistical tools and SPSS knowledge from coursework for basic data analysis. • Used principles of public health to stratify data by doctor type and location.
Gaps identified on the working area.	• Gap between knowledge and practice: many doctors acknowledge the role of pharmacotherapy but delay its implementation. • Digital CME content not uniformly reaching doctors due to format or delivery issues.
Suggestions for improvement	• Help Mankind create an **interactive CME deck** customized by region. • Suggest adding case studies and audio-visual elements to increase retention.
Plan for the next week	• Polish final presentation with clear graphs, tables, and doctor quotes. • Prepare executive summary to present to Mankind Pharma's medical team.

Signature of the Student

Avichal Gupta

Reporting Format (Weekly)

Name of the Organisation: Mankind Pharma

Department of Summer Internship Program: Market Research

Name of the Student: Avichal Gupta

Roll no: **0615** **Stream: PM**

Week no: 8 **From: 30/06/2025 to 05/07/2025**

Activity Done	Completed additional feedback collection from 15 doctors to balance rural–urban response ratio. Focused specifically on **treatment behavior in early-stage NAFLD** and awareness of **UDCA + Saroglitazar combination scenarios**.
Linking theory (Classroom learning) with practice at your organisation	Refined understanding of real-world **prescribing psychology** and what influences adoption of therapies (cost, familiarity, risk aversion).
Gaps identified on the working area.	Doctors desire ready-to-use tools (charts, guideline digests) but pharma outreach remains mostly brand-focused. Multiple doctors unaware of **recent Nor-UDCA approval** or newer trial data.
Suggestions for improvement	Mankind can pilot a **"Clinical Liver Pack"** with decision-making aids, brief guideline summaries, and QR-linked video explainers.
Plan for the next week	Finalize analytical framework for the report – response percentages, treatment algorithm trends. Refine visual slides, especially charts and heat maps.

Signature of the Student

Avichal Gupta

Approved by the IIHMR University's Mentor

Reporting Format (Weekly)

Name of the Organisation: Mankind Pharma

Department of Summer Internship Program: Market Research

Name of the Student: Avichal Gupta

Roll no: 0615 Stream: PM

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

Activity Done	• Delivered final presentation to both **Mankind Pharma's internal panel** and **college mentor**. • Submitted full written project report (including executive summary, insights, charts, references, and appendices). • Conducted a Q&A round with Mankind's team, receiving feedback on: - Strength of field insights - Value of survey design - Suggestions for real-world brand positioning based on report findings • Documented personal learnings, challenges faced, and key takeaways from working across clinical and commercial interfaces.
Linking theory (Classroom learning) with practice at your organisation	• Demonstrated application of **research methodology, Pharmacoeconomics, market research, and strategic communication**. • Completed end-to-end clinical marketing research project with real impact potential.
Gaps identified on the working area.	• Final discussions revealed limited platforms for structured feedback from field doctors to marketing/R&D teams. • Need for continuous academic-industry dialogue.
Suggestions for improvement	• Recommend creating a **"Doctor Insight Portal"** or feedback loop system to collect clinical input at scale. • Propose internship-based research projects as a model for regional therapeutic insights.
Plan for the future	• Share summarized version of the project with select doctors as a token of gratitude. • Remain in touch with Mankind Pharma for further research internships or campus opportunities.

Reporting Format (Weekly)

Name of the Organisation: Mankind Pharma

Department of Summer Internship Program: Market Research

Name of the Student: Avichal Gupta

Roll no: 0615 Stream: PM

Week no: 9 From: 07/07/2025 to 12/07/2025

Activity Done	• Completed the **full final presentation deck** with all the slides, summarizing:
	  ○ Survey insights from over 120 doctors
	  ○ Usage trends of UDCA vs Saroglitazar
	  ○ Diagnostic patterns and gaps
	  ○ Prescribing barriers and educational needs
	• Collaborated with the marketing team to align insights with brand strategy.

Linking theory (Classroom learning) with practice at your organisation	• Incorporated health economics elements into positioning (e.g., cost-effectiveness of UDCA in early-stage treatment).
Gaps identified on the working area.	• Disparity between metro and non-metro physicians in awareness of staging tools like FibroScan, NAFLD Fibrosis Score. • Doctors prefer *Indian clinical experience* over international trial data.
Suggestions for improvement	☐ Mankind could create **India-specific case studies** with real-world outcomes to support brand confidence. ☐ Expand support for FibroScan access partnerships with diagnostic labs in Tier 2/3 cities.
Plan for the next week	☐ Final dry run of presentation. ☐ Submit written report draft to mentor and Mankind team. ☐ Prepare reflection summary for internship evaluation.

Compiled Report

Name of the Organisation: Mankind Pharma
Area Program: Market Research
Name of the Student: Avichal Gupta
Roll no: 0615 Stream: Pharmaceutical management

Activity Done	Over the course of ten weeks, I engaged with more than 300 doctors, covering urban, semi-urban, and rural regions. My weekly schedule involved visiting 30–35 doctors initially, which progressively increased as I expanded my network and experience. I administered a structured survey to capture their approach to screening, dietary counselling, and use of pharmacological agents like UDCA, Saroglitazar, Vitamin E, and Pioglitazone in NAFLD management. Alongside field visits, I collected anecdotal case experiences, compared prescribing behaviors, and observed marketing practices followed by field executives. As the weeks progressed, I began compiling and analysing the data, creating tables, charts, and a PowerPoint presentation that summarized findings and highlighted actionable insights for Mankind Pharma. By the final weeks, I presented the insights internally and submitted a comprehensive report to both my college mentor and the organization.
Linking theory (Classroom learning) with practice at your organisation	• Concepts from pharmacology classes helped me understand the mechanism of action and clinical role of UDCA, which allowed me to have informed conversations with doctors. • Data collection and analysis techniques learned in research methodology subjects were directly applied when compiling and evaluating survey responses. • Knowledge of healthcare marketing strategies from classroom sessions proved valuable when observing how Mankind Pharma representatives position UDCA and other products in the market. • Business communication skills, presentation techniques, and public health principles from my coursework enabled me to convert raw data into meaningful, actionable insights for the organization.

Gaps identified on the working area.	There is no uniform screening protocol for NAFLD across different practice settings; many doctors screen only when symptoms become prominent. Access to advanced non-invasive diagnostic tools such as FibroScan remains limited in Tier-2 and Tier-3 cities. While awareness of UDCA is growing, many physicians are uncertain about its precise role in early NAFLD, leading to inconsistent prescribing patterns. Follow-up mechanisms to monitor patient outcomes after initiating therapy are often absent, which affects treatment optimization.
Suggestions for improvement	• Develop a concise "Liver Health Toolkit" for doctors, including treatment algorithms, staging flowcharts, and a quick-reference prescribing guide. • Expand educational initiatives such as digital CME programs or short webinars, highlighting evidence-based use of UDCA and comparison with newer agents like Saroglitazar. • Create region-specific case studies or testimonials to strengthen confidence in pharmacological interventions beyond lifestyle modification. • Facilitate collaborations with diagnostic centers to improve access to tools like FibroScan, particularly in semi-urban areas.
Compiled week plans	• Week 1–3: Initiate contact with doctors, explain survey purpose, and compile initial responses. • Week 4–6: Broaden outreach to specialists (hepatologists, diabetologists), integrate qualitative insights, and begin thematic categorization of data. • Week 7–8: Perform detailed analysis, design visuals (charts, graphs), and start creating the PowerPoint presentation. • Week 9–10: Finalize the report, rehearse and deliver the presentation to Mankind Pharma, and submit the compiled findings to my college mentor.

Signature by Faculty Mentor

Final college report 2.pdf

ORIGINALITY REPORT

1%	0%	0%	1%
SIMILARITY INDEX	INTERNET SOURCES	PUBLICATIONS	STUDENT PAPERS

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Exclude quotes	On	Exclude matches	Off
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