

Internship at Dr. Sheela Sharma Memorial Charitable trust, Mathura

By

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INTERNSHIP REPORT

INTRODUCTION

This report provides a comprehensive overview of my internship experience at Dr. Sheela Sharma Memorial Charitable Trust, Mathura. My internship period from March 10, 2025, to May 31, 2025. Throughout these three months, I was involved in various activities that allowed me to gain valuable insights and practical experience in the Organization.

OBJECTIVES OF THE STUDY

- ❖ To assess the current extent and nature of digital health adoption in cancer prevention, early detection, and care in India and globally.
- ❖ To identify the barriers and facilitators influencing the implementation and effectiveness of digital tools in oncology.
- ❖ To evaluate the perceived and measurable outcomes of digital interventions in terms of accessibility, efficiency, patient experience, and clinical impact.
- ❖ To analyze the roles of various stakeholders (government, private sector, civil society) in promoting or hindering digital transformation in cancer care.
- ❖ To provide evidence-based recommendations for scaling effective digital interventions and overcoming contextual barriers in low-resource settings.

ORGANIZATION PROFILE

Dr. Sheela Sharma Memorial Charitable Trust is a long-standing, mission-driven, non-profit tertiary cancer centre, offering diagnosis, surgery, chemotherapy, radiation, and palliative care. It is strongly committed to affordability and community outreach, backed by multiple international partners and government ties. It's a crucial resource for cancer care in Western Uttar Pradesh.

Mission & Vision

- Vision: Deliver *comprehensive, affordable cancer care*—from prevention and diagnosis to treatment and palliation—to all, regardless of socio-economic status .
- Mission: Pioneer cancer cure and research tailored for Western UP, emphasizing treatment accessibility for the underprivileged .
- Community outreach includes rural cancer awareness camps and early screening programs .

Services & Facilities

Diagnostics & Imaging

- CT scan, Ultrasonography, X-ray (500 mA), lab, histopathology/cytopathology, microbiology, clinical pathology, immunohistochemistry, blood bank .
Oncology Care

- **Radiation oncology:** Cobalt-60 Teletherapy (imported from Canada) in the K.R. Anand Radiotherapy dept. (inaugurated April 2003) .
- **Surgical oncology:** Two modular OT's, 4-bed ICU, endoscopic & head/neck/uro/gyn/neuro-oncology.
- **Medical oncology:** Chemotherapy, palliative treatment and surgery under one roof .Supportive & Allied Services
- **Outreach programs:** Breast & cervical cancer screening funded by Volkart Foundation; involvement in national TB, tobacco control, and Ayushman Bharat schemes .
- **Past initiatives:** 100 free cataract camps (1986–94), TB control (1993–2000), sterilization camps, deaf school, and ongoing Jan Seva free services .

Collaborations & Recognitions

- Empanelled under Ayushman Bharat PM Jan Arogya Yojana since 2018
- MoU with AIIMS for academic and clinical linkage .
- Member of FCRA, enabling foreign donations and partnerships (e.g., CIDA, HelpAge UK, Volkart Foundation).

KEY ACTIVITIES/PROJECTS UNDERTAKEN OTHER THAN DISSERTATION:

- ❖ Organised and participated in HPV DNA Screening Camp at Bhardwaj Model School, Delhi.
- ❖ Assist in various oral and cervical cancer awareness outreach activities.
- ❖ Prepare and formulate various cervical cancer awareness educational materials and models.
- ❖ Gain hands on experience with the hospital software regarding cervical, breast and oral cancer ongoing outreach activities and performance evaluation of these activities.

KEY LEARNINGS FROM INTERNSHIP :

- ❖ Participated in rural cancer awareness camps, mobile screening units, and patient counseling, enhancing skills in communication, outreach, and cultural sensitivity.
- ❖ Learned how a charitable trust manages resource constraints while delivering oncology services, including optimization of staff, diagnostics and logistics.
- ❖ Understood common cancer types prevalent in North India (oral, cervical, breast), staging protocols, WHO cancer control strategies, and national guidelines like NPCDCS.
- ❖ Observed real challenges such as stigma, gender bias, financial dependency, low awareness, and delayed health-seeking behavior among patients from rural areas.

- ❖ Understood the difference between textbook strategies and field implementation, adapting health interventions to real-world community dynamics.
- ❖ Learned about the health system's approach to cancer prevention, screening models, behavior change strategies, and evidence-based practices in underserved populations.