SUMMER INTERNSHIP PROGRAM

At

State Cancer Institute, Pratap Nagar, Jaipur

From -15th May 2025, to 29th July 2025

A REPORT BY

Priya Bharti

Master of Business Administration

(Hospital and Health Management)

Roll no. – 2040

2024-26

Under the mentorship of

Dr. Seema Mehta
Professor (SDG-SPH)

IIHMR UNIVERSITY

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No.2096...F/SCI/ESTT/2025 Date. 30 /07 /2025

Completion Certification from the organization

CERTIFICATE

This is to certify that Ms. Priya Bharti of batch 2024-2026 of MBA Hospital and health Management, IIHMR University has worked with our organization for her summer internship from 15th May, 2025 to 29th July, 2025. The overall performance shown by her during the period was excellent.

Dr. Sandeep Jasuja
Medical Superintendent
State Cancer Institute, Pratap Nagar,
Jaipur.

IIHMR UNIVERSITY

IIHMR University Faculty Mentor Approval

This is to certify that **Ms. Priya Bharti** of the academic year 2024-26 **Institute of Health Management Research** 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. Seema Mehta
Professor
IIHMR University, Jaipur

A STUDY OF CANCER CARE AT THE STATE CANCER INSTITUTE, JAIPUR WITH FOCUS ON THE PATIENT REFERRAL CARD

PRESENTED BY: PRIYA BHARTI
ROLL NO: 2040 (MBA HM-29)

ORGANISATION MENTOR: DR. SANDEEP JASUJA
FACULTY MENTOR: DR SEEMA MEHTA, IIHMR UNIVERSITY

ORGANISATIONAL HISTORY

State cancer institute is one of the newly established tertiary care hospital in the city of Jaipur Rajasthan It started functioning in Feb 2020. It was envisaged to open a whole some cancer care facility in the state. State Cancer Institute completes this dream & offer various & all facilities for the cancer care diagnosis & treatment. This institute is made to provide comprehensive cancer care under one roof..

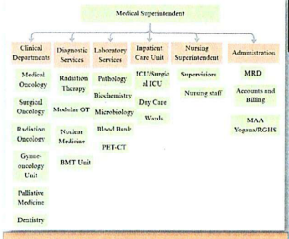
ORGANISATION VISION

To deliver one stop solution for all types of cancer.

ORGANISATION MISSION

To provide affordable, complete cancer care under one roof and strengthen cancer services through training and statewide outreach.

ORGANISATION STRUCTURE



LEARNING DURING INTERNSHIP

- Awareness of health policy- exposure to schemes such as MAA Yogana and RGHS.
- Team collaboration- recognized the value of cooperation in medical environment.
- Medical knowledge- Exposure to types of cancer, diagnosis, treatment.
- Patient Interaction- Improved communication skills through interaction with patients and their families.

OBJECTIVES

- To study the current status of Cancer at SCI ,Jaipur.
- To study the role of Cancer survivor Privilege Card.

METHODOLOGY

It is a descriptive study is based on secondary data collected from the State Cancer Institute, Jaipur. And informal interviews were conducted with 2–3 cancer survivors to gather insights on the impact of the Cancer Survivor Privilege Card.

OBSERVATION

- More manual procedures, minimal digitization.
- No token/appointment system for OPD
- New patients lack guidance on hospital workflow

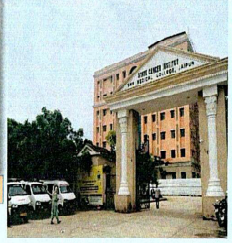
STATUS OF CANCER AT SCI, JAIPUR

04.02.2020 TO 31.03.2025 DATA OF CANCER PT.

S.No.	MEDICAL ONCOLOGY	RADIOTHERAPY	SURGICAL ONCOLOGY	CHEMOTHERAPY	RADIOTHERAPY	SURGERY
2020	4294	200	13	2406	35	7
2021	8988	706	110	4431	255	101
2022	14368	200	233	4572	34	130
2023	21190	3748	1612	10042	1455	219
2024	44018	21113	9027	18558	10938	1768
2025	9642	5141	2877	4725	2618	503

S.No.	MOST COMMON CANCER	DIGNOSED PT. 2020	DIGNOSED PT. 2021	DIGNOSED PT. 2022	DIGNOSED PT. 2023	DIGNOSED PT. 2024
1	Oral Cancer	56	60	120	74	521
2	Head & Neck Cancer	30	50	80	533	347
3	Lung Cancer	100	130	160	92	964
4	Stomach Cancer	50	80	120	430	476
5	Breast Cancer	120	190	230	102	887
6	Cervical Cancer	70	120	160	219	265
7	Ovary Cancer	80	110	165	803	487
8	Others	370	420	643	3623	3030

	Major OT	Minor OT	Total PET-CT
2021	87	21	7359
2022	283	79	
2023	465	260	
2024	837	1487	
2025	262	393	



ROLE OF CANCER SURVIVOR CARD

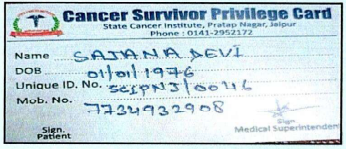
Year	Number of patients
2020	2451
2021	4816
2022	4736
2023	11716
2024	31260

The data is taken from the record of SCI

CASE STUDY

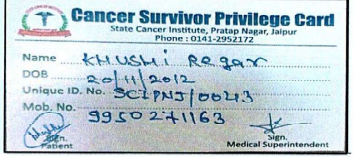
Name: SAJANA DEVI
Date of Birth: 01/01/1976
Gender: Female
Diagnosis: Breast Cancer
Treatment Duration: 4 years
Current Status: In remission; follow-up every 5 months
Referral Source: Cancer Survivor Card holder
Location: Jaipur

Journey:
Sajana Devi, referred through a Cancer Survivor Card holder, underwent four years of treatment for breast cancer at the State Cancer Institute, Jaipur. With timely care, she is now in remission and visits for regular follow-ups. Her journey highlights the impact of the Survivor Card in enabling access to early and effective cancer treatment.



Name: KHUSHI REGAR
Age: 15 years
Gender: Female
Diagnosis: Blood Cancer
Treatment Duration: 2.5 years
Current Status: In remission; follow-up every 3 months
Referral Source: Cancer Survivor Card holder
Location: Jaipur

Journey:
Khushi Regar, diagnosed with blood cancer at the age of 13, was referred to the State Cancer Institute, Jaipur, through a Cancer Survivor Card holder. After 2.5 years of treatment, she is now in remission and visits the hospital every three months for follow-ups. Her family expressed satisfaction with the care received, and Khushi credits the Survivor Card for timely access to treatment.



ORGANISATION SWOT ANALYSIS

STRENGTH
- Comprehensive cancer care under one roof
- Free treatment under RGHS and MAA yojana Rajasthan residents.
- Advanced Facilities: PET-CT, Radiotherapy etc.
- Innovative initiatives like the Cancer Survivor Card.

WEAKNESS
- Overcrowding causes longer waiting times
- Infrastructure still under construction
- Limited public awareness and outreach
- Issues in hygiene and water supply.
- Shortage of staff.

THREAT
- Patient overload may affect quality of care
- Delays in government funding or recruitment
- Competition from private hospitals for paying patients
- Rising cancer cases may outpace

OPPORTUNITY
- Collaborate with national institutes for research/training
- Use telemedicine and digital records for follow-up care
- Conduct rural cancer screening and awareness camps.

CHALLENGES DURING INTERNSHIP

- Lack of Clear Guidance in the Initial Phase
- Limited Orientation or Training Sessions
- Unstructured Internship schedule

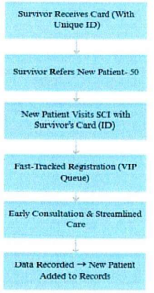
SUGGESTIONS FOR ORGANISATION

- Digitize records to reduce paperwork.
- Use token/appointment system to manage patient flow.
- Increase staff to improve service delivery.

PRACTICAL EXPOSURE

- It involves hand on experience, and it emphasizes applications and skills.
- It bridges the gap between theory and practice and practical education directly address practical challenges.

SURVIVOR CARD WORKFLOW



REPORTING FORMAT-1

Name of the Organization: State Cancer Institute, Jaipur

Area/ Department/ Project of Summer Internship Program: Hospital Administration

Name of the Student: Priya Bharti

Roll no: 2040 Stream: MBA HM-29

Week no: 1 From: 15/5/25 To 17/5/25

Activity Done	• Initiated work on the assigned task: planning a smooth workflow for NGO provided meal distribution (Dal, Khichdi, Daliya). • Observed the facility and analyzed issues related to cleanliness and hygiene.
Linking theory (Classroom learning) with practice at your organization	• Applied knowledge gained in hospital services. • Applied knowledge healthcare management to propose streamlined workflows for improved patient care.
Gaps identified on the working area.	• Poor seating arrangement. • Lack of effective communication tools like no floor maps or signage. • Inadequate hygiene and cleanliness. • Shortage of staff
Suggestions for improvement	• Implement strict hygiene protocols with regular monitoring. • Install proper signage and floor maps.
Plan for the next week	• Create a smooth workflow for NGO meal distribution. • Seek feedback from patients and attendants regarding facilities. • Conduct further observations.

Signature of the Student
Approved by the IIHMR University's Mentor

REPORTING FORMAT-2

Name of the Organization: State Cancer Institute, Jaipur

Area/ Department/ Project of Summer Internship Program: Hospital Administration

Name of the Student: Priya Bharti

Roll no: 2040 Stream: MBA HM-29

Week no: 2 From: 19/5/25 to 24/5/25

Activity Done	• Observed patient registration, documentation, and initial consultation flow in the OPD. • Understood the process of verifying Aadhaar and Jan Aadhaar cards for eligibility under government schemes like RGHS and MAA Yojana. • Witnessed the crowd management practices and manual registration system. • Noted how the lack of digital queue/tokens leads to overcrowding at counters.
Linking theory (Classroom learning) with practice at your organization	• Applied knowledge from Health Policy and Healthcare Operations Management to understand service delivery under public schemes. • Recognized the importance of documentation and workflow optimization taught in Hospital Administration classes. • Related real-time operational challenges with theoretical concepts of patient flow and system design.
Gaps identified on the working area.	• No token or digital queue system in place, leading to long waiting times and patient discomfort. • Lack of proper guidance for patients unfamiliar with the hospital structure or government schemes. • Manual paperwork adds to administrative burden and reduces efficiency.

Suggestions for improvement	• Implement a digital token system or mobile-based appointment tool to streamline queues. • Place clear signboards and deploy volunteers or help desks for guiding new patients. • Gradually introduce digitized registration forms and documentation processes.
Plan for the next week	• Observe the admission and discharge processes of patients under MAA Yojana and RGHS. • Learn how the administrative team handles government portal entries and documentation.

Signature of the Student

Approved by the IIHMR University's Mentor

REPORTING FORMAT-3

Name of the Organization: State Cancer Institute, Jaipur

Area/ Department/ Project of Summer Internship Program: Hospital Administration

Name of the Student: Priya Bharti

Roll no: 2040 **Stream: MBA HM-29**

Week no: 3 From: 26/5/25 to 31/5/25

Activity Done	• Observed the complete process of patient admission and discharge under government schemes (MAA Yojana and RGHS). • Monitored how documents such as Aadhaar and Jan Aadhaar were verified before uploading to scheme portals. • Understood how pre-authorizations are raised for free treatment under these schemes. • Learned how discharge summaries, bills, and treatment documents are submitted for claim settlement.
Linking theory (Classroom learning) with practice at your organization	• Applied learnings from Health Insurance and Healthcare Financing modules to understand cashless treatment workflows. • Observed the real-time use of digital health portals in administrative processes, as discussed in Health Informatics classes.
Gaps identified on the working area.	• Patients often lack awareness about required documents, resulting in delays in admission. • High patient load managed through manual queuing increases stress on administrative staff.
Suggestions for improvement	• Display visual guides and posters explaining required documents at registration points. • Provide pre-verification assistance at the entrance to reduce processing delays. • Install token or queue management system.

Plan for the next week	• Visit the Blood Bank and Medical Records Department (MRD) to study their operational workflow and support role in patient care.

Signature of the Student

Approved by the IIHMR University's Mentor

REPORTING FORMAT-4

Name of the Organization: State Cancer Institute, Jaipur

Area/ Department/ Project of Summer Internship Program: Hospital Administration

Name of the Student: Priya Bharti

Roll no: 2040 Stream: MBA HM-29

Week no: 4 From: 2/6/25 to 7/6/25

Activity Done	• Observed the functioning of the Blood Bank, including donor registration, blood and platelet collection, and crossmatching techniques. • Learned about blood storage protocols and temperature monitoring practices followed multiple times a day. • Noted that most blood units were collected through replacement donations with minimal voluntary donors. • In MRD, observed systematic patient file management — including discharge summaries, reports, billing details, and consent forms. • Understood the importance of maintaining confidentiality and proper sequencing for quick retrieval and audits.
Linking theory (Classroom learning) with practice at your organization	• Applied knowledge from Hospital Support Services and Health Information Management to understand the operational roles of Blood Bank and MRD. • Understood logistical aspects of blood handling and the regulatory importance of recordkeeping, as discussed in Quality and Accreditation modules. • Observed practical application of confidentiality and patient data management concepts.
Gaps identified on the working area.	• Absence of post-donation refreshments or recognition reduces donor satisfaction and retention. • Shortage of trained staff during peak hours affects efficiency and timely service.
Suggestions for improvement	• Implement digital donor registration and blood inventory tracking systems. • Provide refreshments or appreciation kits to encourage voluntary donations.

	• Hire or train additional staff to manage high patient and donor loads during busy periods.
Plan for the next week	• Visit the PET-CT and Radiation Therapy departments to study diagnostic imaging and radiation planning processes used in cancer care.

Signature of the Student

Approved by the IIHMR University's Mentor

REPORTING FORMAT-5

Name of the Organization: State Cancer Institute, Jaipur

Area/ Department/ Project of Summer Internship Program: Hospital Administration

Name of the Student: Priya Bharti

Roll no: 2040 Stream: MBA HM-29

Week no: 5 From: 9/6/25 to 14/6/25

Activity Done	• Visited the PET-CT and Radiation department and observed complete scan workflows, including pre-scan preparation, and scanning. • In the Radiation Therapy unit, observed steps from mask-making to CT simulation and treatment planning. • Understood how treatment plans are created by oncologists and physicists using the Treatment Planning System (TPS). • Understand the process of patient's registration to discharge.
Linking theory (Classroom learning) with practice at your organization	• Related academic learning on interdisciplinary coordination to observed teamwork between doctors, physicists, and technicians.
Gaps identified on the working area.	• These two departments work very smoothly also maintain cleanliness.
Suggestions for improvement	• Distribute printed instruction leaflets to patients at the time of scan appointment. • Introduce anonymous feedback forms to gather patient and staff suggestions for process improvement.
Plan for the next week	• Visit the Pharmacy Department to understand inventory management, internal medicine distribution, and coordination with RMSC.

Signature of the Student **Approved by the IIHMR University's Mentor**

REPORTING FORMAT-6

Name of the Organization: State Cancer Institute, Jaipur

Area/ Department/ Project of Summer Internship Program: Hospital Administration

Name of the Student: Priya Bharti

Roll no: 2040 Stream: MBA HM-29

Week no: 6 From: 16/6/25 to 21/6/25

Activity Done	• Observed the hospital's pharmacy store and the internal supply chain from RMSC (Rajasthan Medical Services Corporation) to OPD/IPD pharmacies. • Learned how medicine stock is received, verified, and updated in inventory logs. • Studied the process of internal medicine requisition and dispatch to departments based on daily patient load. • Understood how expired or near-expiry medicines are tracked and managed. • Observed the implementation of the FIFO (First-In, First-Out) method and the alphabetical drug arrangement system.
Linking theory (Classroom learning) with practice at your organization	• Applied concepts from Hospital Inventory Control. • Understood how real-time inventory tracking and distribution practices align with patient safety and service continuity. • Related learnings from Quality Assurance to the safe storage, handling, and labeling of drugs.
Gaps identified on the working area.	• The hospital under construction has limited space so some medicine cartons are placed in the corridor.
Suggestions for improvement	• The FIFO method should be reinforced through regular checks to maintain compliance and minimize expiry rates

Plan for the next week	• Visit the Operation Theatre (OT), Wards to understand surgical and critical care workflows and team coordination.

Signature of the Student

Approved by the IIHMR University's Mentor

REPORTING FORMAT-7

Name of the Organization: State Cancer Institute, Jaipur

Area/ Department/ Project of Summer Internship Program: Hospital Administration

Name of the Student: Priya Bharti

Roll no: 2040 Stream: MBA HM-29

Week no:7 From: 23 /6/25 to 28 /6/25

Activity Done	• Learned about sterile and non-sterile zoning and witnessed coordination between surgeons, anesthetists, and OT staff. • Observed ICU rounds, monitoring of critically ill patients, infection control, and quick-response systems. • Interacted with patients and staff in inpatient wards, gaining insight into post-surgery care and ward-based nursing activities.
Linking theory (Classroom learning) with practice at your organization	• Applied theoretical learning from Hospital Operations, Infection Control, and Clinical Support Services modules. • Observed teamwork dynamics and safety standards that reflect patient care principles taught in class. • Related real-life ward management and patient recovery.
Gaps identified on the working area.	• In pre-operation area few AC are not working. • Store items are kept in changing room of surgical ICU. • Surgical ICU's beds in maintenance. • Some water taps are not working in medical ICU.
Suggestions for improvement	• Repair or replace non-functional Acs. • Shift store items from the surgical ICU changing room. • Expedite the maintenance of surgical ICU beds • Fix the non-working water taps in the medical ICU. • Each department should undergo regular monitoring.
Plan for the next week	• Visits another department.

Signature of the Student
Approved by the IIHMR University's Mentor

REPORTING FORMAT-8

Name of the Organization: State Cancer Institute, Jaipur

Area/ Department/ Project of Summer Internship Program: Hospital Administration

Name of the Student: Priya Bharti

Roll no: 2040 Stream: MBA HM-29

Week no: 8 From: 30/6/25 to 5/7/25

Activity Done	• Collected data on inpatient department (IPD) admissions under MAA Yojana, RGHS, and other government health schemes. • Engaged with three NGOs working with the hospital in the areas of patient transportation, awareness, and recovery support. • One NGO assisted patients with travel concessions (75% for patients, 50% for attendants). • Koshish Foundation offered emotional support and breast cancer awareness. • Sanjeevani NGO promoted healthy living during and after treatment (diet, yoga, mental wellness).
Linking theory (Classroom learning) with practice at your organization	• Applied knowledge gained from National Health program module. • Understood the importance of non-clinical interventions in patient recovery and access. • Observed real-time data gathering and scheme tracking.
Gaps identified on the working area.	• Many patients are unaware of the facilities and support provided by NGOs. • No dedicated space or cabin is allotted to NGOs. • lacks a separate cabin or counseling space to interact privately and effectively with patients for Koshish foundation which is for breast cancer. • Lack of signboards, posters, or announcements.
Suggestions for improvement	• Install informative posters and digital displays in OPD, IPD, and waiting areas. • Allocate a dedicated cabin or counseling space. • Include NGO orientation in the patient admission process. • Organize weekly awareness sessions.

Plan for the next week	• Report to the mentor and asked about next task.

Signature of the Student

Approved by the IIHMR University's Mentor

REPORTING FORMAT-9

Name of the Organization: State Cancer Institute, Jaipur

Area/ Department/ Project of Summer Internship Program: Hospital Administration

Name of the Student: Priya Bharti

Roll no: 2040 Stream: MBA HM-29

Week no: 9 From: 7/7/25 to 12/7/25

Activity Done	• Assigned a project on Cancer Survivor Privilege Card and started working on it. • Coordinated with the registration and documentation teams to extract data on patients referred via the card.
Linking theory (Classroom learning) with practice at your organization	• Understood practical implementation of community-based referral systems. • Related survivor-led awareness and trust-building with behavioral change theories from classroom learning.
Gaps identified on the working area.	• No feedback mechanism exists to evaluate the survivor or referred patient experience.
Suggestions for improvement	• Create a digital dashboard to track Survivor Card referrals and outcomes. • Introduce short feedback forms for survivors and patients to document their journey and suggestions.
Plan for the next week	• Conduct in-depth interviews with 2–3 cancer survivors who are part of the initiative. • Collect qualitative insights on their experiences, motivation, and referral stories.

Signature of the Student

Approved by the IIHMR University's Mentor

REPORTING FORMAT-10

Name of the Organization: State Cancer Institute, Jaipur

Area/ Department/ Project of Summer Internship Program: Hospital Administration

Name of the Student: Priya Bharti

Roll no: 2040 Stream: MBA HM-29

Week no: 10 From: 14/7/25 to 19 /7/25

Activity Done	• Visited hospital wards to observe working condition. • Interacted with patients and staff to learn of their experience. • Observed hygiene and safety issues. • Working on the Project.
Linking theory (Classroom learning) with practice at your organization	• Applied knowledge from the subject of Organizational Behavior and Essential of hospital services.
Gaps identified on the working area.	• Visitors are chewing tobacco, smoking, and spitting in the staircases, which leads to a horrible environment. • Anti-tobacco rules are not properly enforced within hospital premises. • Water is not available many times, inconveniencing patients and staff.
Suggestions for improvement	• Place visible "No Tobacco" signs around the hospital, while strict action or penalty shall be imbibed on whoever is found to be smoking. • Deploy staff near the staircase and other crowded areas to watch and discourage spitting
Plan for the next week	• Complete the project. • Present the completed project to the Medical Superintendent.

Signature of the Student
Approved by the IIHMR University's Mentor

REPORTING FORMAT-11

Name of the Organization: State Cancer Institute, Jaipur

Area/ Department/ Project of Summer Internship Program: Hospital Administration

Name of the Student: Priya Bharti

Roll no: 2040 Stream: MBA HM-29

Week no:11 From: 21/7/25 to 26/7/25

Activity Done	• Finished the Cancer Survivor Privilege Card project that was given to me. • Engaged with patients who were referred via the card in order to learn about their experiences, collect feedback, and arrange follow-ups.
Linking theory (Classroom learning) with practice at your organization	• Applied classroom-taught ideas of patient engagement tactics, health promotion, and referral systems to a real-world hospital environment.
Gaps identified on the working area.	• No formal mechanism for collecting feedback from staffs and patients. • In departments like OPD and MAA Yojana where the patient load is high, some operators work in two shifts based on their personal preference. However, due to inadequate rest, they sometimes appear fatigued and frustrated which makes it harder for them to explain procedures and locations to patients. • Employee motivation has also declined as a result of salary payment delays, which have been ongoing for the past two months.
Suggestions for improvement	• Hire and assign personnel with the necessary training to efficiently manage the patient load and ensure smooth functioning. • Make sure salaries are paid on time to maintain employee motivation and workflow uniformity. • Establish a system for staff and patients to provide

	feedback in order to pinpoint problems and continuously enhance service delivery.
Plan for the next week	• Present the completed project to the Medical Superintendent. • As my Summer Training Program Complete on 29th July. • Obtain the completion certificate from the State Cancer Institute.

Signature of the Student

Approved by the IIHMR University's Mentor

COMPILED SUMMARY OF SUMMER INTERNSHIP 2024-26

The internship at the State Cancer Institute in Jaipur began on 15th May 2025, and from day one, I was kept busy with a highly responsible task. I had my first meeting with the Medical Superintendent, who instructed me to coordinate with an NGO that was planning to begin the next day with the provision of nutritious morning meals for cancer patients. There lay the responsibility — ensuring that the entire process went smoothly, including timely delivery and proper distribution among the wards, without causing any disruption in the duly scheduled treatment at the hospital.

With this responsibility taken on from day one, I was able to get an immediate insight into the operational and administrative workings of a hospital. Through logistic arrangements with the NGO team and appropriate hospital staff communications, we refined the scheduling of delivery for food distribution so that it could be completed on time and according to minimal standards of hygiene and nutritional requirements appropriate for cancer patients. Within the week, I created the prerequisites for a streamlined process that became part of everyday operations, allowing the NGO and hospital to collaborate for the benefit of the patients. This hands-on experience laid down the foundation for me to understand the importance of inter-agency coordination, time management, and effective communication in the hospital environment.

In my second week, I had the responsibility of observing the daily administrative procedures in the Outpatient Department. It gave me exposure to the practical aspects of how patients are received, registered, admitted, and billed. I closely observed the cooperation among the departments to ensure that services flow smoothly once a patient is inside the hospital.

A key observation was the inquiry into how free treatment is provided to the patients from Rajasthan under government health schemes. It came to light that two documents have an essential role for the residents of the state, namely, the Aadhaar Card and the Jan Aadhaar Card. These identity proof documents are a must for any patient to be eligible under schemes like RGHS (Rajasthan Government Health Scheme) or MAA Yojana. Without any of these two, the patient may be put to unnecessary delay or even refusal of free service. Once these documents are verified

by the staff members during registration, the patient record is created. These records are then linked to government portals to approve payments for treatments.

I saw the difficulties the administrative staff faced on days with a lot of patient footfall. There are long lines at the registration desks since the hospital does not use a token or digital queue system. Waiting in congested areas can be challenging for patients, many of whom are old or very sick. The workload is increased by the laborious paperwork, particularly as the number of new cases rises. The personnel managed the pressure with remarkable efficiency and patience in spite of these limits.

I gained a better appreciation this week of how crucial precise documentation and efficient procedures are to providing timely care. The obstacles that patients frequently encounter—especially those who are not familiar with government processes—were also made clear to me. I was able to observe firsthand how effective hospital administration systems, appropriate identification verification, and patient flow coordination are all essential to the provision of healthcare, in addition to clinical services, while working in the OPD. Making the connection between health administration theory and practical issues and procedures was a worthwhile educational experience.

During the third week, I was tasked with observing and comprehending how the Rajasthan Government Health Scheme (RGHS) and the MAA Yojana, two significant government health policy work. In order to guarantee that qualified patients receive free or cashless care, these schemes are essential. This week, I concentrated on learning how patients insured by various plans are admitted and discharged.

I received the data that at least 150 patients are admitted daily under RGHS and MAA Yojana, which is indicative of the heavy patient load that the administrative personnel is responsible for managing. The first step in the procedure is document verification, which involves checking the patient's Aadhaar or Jan Aadhaar card. Next, they must register on the web for the relevant scheme. After verification, a pre-authorization request is made for treatment coverage, and the patient is admitted under the relevant scheme based on eligibility.

Similar to this, in order to guarantee claim processing and ultimate approval, the discharge procedure entails submitting all medical records, treatment summaries, and final invoices to the

scheme site. I discovered that in order to prevent delays in claim settlements, both admission and release necessitate thorough documentation, collaboration between the administrative and medical teams, and prompt online updates.

But even with the methodical work, I found that a major barrier was the absence of a token system or digital queue. Long lines can cause confusion and discomfort for patients and their attendants. Despite the staff's best efforts to control the crowd, the lack of digital queue management increases stress, particularly given the large volume of entries each day.

I gained a thorough knowledge this week of how hospital-level government health insurance schemes are run and how important administrative cooperation is to guaranteeing that patients receive benefits on time. It also caused me to consider how crucial digital health systems and health informatics are to increasing productivity and lowering patient burden in public health settings.

During the fourth week, I learned how the Medical Records Department (MRD) and the Blood Bank, two vital support departments. I gained a deeper understanding of the clinical and administrative support operations that go on behind the scenes to guarantee efficient patient care and hospital administration this past week.

I watched the everyday activities and processes at the Blood Bank that help to guarantee the timely and safe supply of blood and its constituent parts. I discovered that the blood bank collects 15–20 units of blood and 3–5 platelet contributions every day, and that it is completely operationally efficient. I saw that cross-matching is carried out with both manual and gel card approache**s**, guaranteeing safe compatibility testing for transfusion-dependent patients.

In order to ensure ideal storage conditions, blood storage procedures are closely adhered to, including temperature monitoring two to three times per day. In order to ensure that donors are both physically and psychologically prepared, I also watched pre- and post-donation counselling sessions. With comparatively few voluntary donations, the majority of donors were replacement donors, frequently members of the patient's family.

During my observation, I discovered certain limits. Patient attendants get blood directly, which increases the possibility of improper handling or distribution. Furthermore, there were no

refreshments offered after the gift, which I felt would enhance donor retention and happiness if it were offered. Additionally, a lack of skilled workers occasionally resulted in workflow disruption, particularly during times of strong demand.

Later in Medical Records Department (MRD), I discovered how patient records are kept up to date and arranged correctly. All treatment-related paperwork, including permission forms, billing information, discharge summaries, investigation reports, and admission slips, is kept in each patient file. I observed files are organized by date and patient ID.

Along with learning about their internal operations, I also developed a respect for the precision, discipline, and coordination needed to maintain these operations.

During my fifth week, I got the chance to understand the PET-CT unit and the Radiation Therapy department, two vital divisions that serve as the cornerstone of cancer detection and therapy. I now have a idea about, patient care, and departmental coordination that are necessary for providing quality oncology care thanks to this week.

Department of PET-CT

The PET-CT unit operates with remarkable expertise and efficiency. I saw how the procedure starts with patient preparation, which includes required health examinations such vital signs, blood sugar levels, and hydration condition. Every step, from injecting the radiotracer to scanning and picture capture, was carried out with care and precision thanks to the staff's attentiveness and training. There was no scanning or reporting delays, and the entire process ran smoothly and on schedule.

PET-CT Department Workflow

Patient Registration & Document Verification
↓
Patient Preparation (Fasting confirmed, sugar test)
↓
Rest in Isolation Room (45–60 minutes wait)

↓
PET-CT Scanning
(Patient positioned & scanned)
↓
Image Processing & Reporting
(Radiologist prepares diagnostic report)

↓
Post-Scan Instructions & Exit

Department of Radiation Therapy

State Cancer Institute have a World Class Radiation Therapy Machine. The radiation therapy department uses a multi-stage, highly technical, and structured workflow. After checking in at the reception, patients proceed to the radiation oncology department for a case review. The following stage is mask-making, in which a specially made thermoplastic mask is made to immobilize patients who need head-and-neck or brain radiation therapy. A CT simulation scan is then performed, where precise pictures are taken for planning.

After that, the pictures are transferred to the Treatment Planning System (TPS), where radiation oncologists and medical physicists work together to develop a customized radiation regimen. The plan is finalized and distributed to the technician's following approval. Following that, patients are scheduled for five weekly radiation therapy sessions, which last eight to ten minutes each. The team minimizes side effects and precisely targets the problematic areas by ensuring meticulous monitoring and exact alignment throughout each session.

I learned a lot about the integration of clinical knowledge and technology in radiation oncology by observing this methodical process. From reception to TPS and treatment delivery, the interdepartmental collaboration demonstrates the degree of accuracy needed in cancer treatment.

Radiation Therapy Workflow

Patient Arrival & Registration
↓
Consultation with Radiation Oncologist
↓
Mask Making (if required)
(Immobilization device for head/neck)
↓
CT Simulation Scan
(Imaging for treatment planning)
↓
Image Transfer to TPS (Planning System)
↓

Radiation Dose Planning (TPA)
(Physicist & Oncologist prepare treatment plan)
↓
Approval & Scheduling of Sessions
↓
Radiation Therapy (5 days/week)
(Each session lasts 8–10 minutes)
↓
Monitoring & Progress Documentation

During the sixth week, I was assigned to the hospital's pharmacy store, where I watched the inventory control and supply chain for medications, especially how they are moved from the main RMSC store (Rajasthan Medical Services Corporation) to different locations throughout the hospital, including the OPD and IPD pharmacy stores. I now have a brief idea of how crucial effective medication management is in a large hospital setting.

First, medications are delivered to the main RMSC store, where they are accepted, checked, and added to the hospital's inventory database. From there, medications are sent to the pharmacy stores in the outpatient department (OPD) and inpatient department (IPD) based on daily requests and patient volume. To guarantee that all departments have enough inventory and that patient treatment is not delayed because necessary medications are not available, this internal distribution is closely watched.

I also heard about the hospital's monthly medication expiration date check procedure.
Medications that are about to expire or have already expired are promptly separated and returned if necessary. In order to reduce waste and guarantee that older stock is used first, the pharmacy adheres rigorously to the FIFO (First-In, First-Out) technique.

Pharmacists can find and distribute the necessary medication more quickly and easily thanks to the alphabetical ordering of medications, which is another noteworthy system in place. This systematic design aids to better efficiency, especially during rush hours or emergencies.

I was able to relate my academic understanding of inventory control and hospital supply chain to practical applications this week. In order to guarantee that patients receive their medications on time and that the hospital does not suffer financial or medical losses as a result of inadequate

inventory management, I recognized the significance of appropriate storage, labelling, expiry tracking, and departmental internal communication.

During the seventh week, I got the chance to tour the Operation Theatre (OT) complex and watch how the various inpatient wards and the Surgical and Medical ICUs operated. There is three modular OT at SCI. This week provided me with invaluable exposure to the clinical side of hospital operations.

I gained knowledge of the rigor's sterilization procedures, the division of sterile and non-sterile spaces, and the procedures that are followed both before and after surgery during my tour to the OT complex. In order to guarantee seamless surgical procedures, I watched how surgical teams collaborate with the anesthetists, OT nurses, and support personnel.
I also observed the Medical ICU (MICU) and Surgical ICU (SICU), where patients in critical condition are constantly watched. The intensive care units were outfitted with sophisticated monitoring systems and adhered to stringent infection control protocols. I observed how the ICU physicians and nursing staff coordinated to oversee patient care, keep thorough records, and act fast in the event of a clinical decline.

I gained knowledge about the patient journey throughout treatment or after surgery by interacting with both patients and staff in the general wards. I was better able to comprehend the psychological and emotional facets of hospitalization as a result of the patients' sharing of their experiences and worries. The way ward nurses handle medication rounds, patient hygiene, bed making, and patient demands was another thing I watched. These encounters demonstrated the value of empathy, open communication, and patient-centered care.

My understanding of clinical operations and the interconnectedness of several departments in providing seamless treatment has expanded as a result of this week. Every position—from physicians to nurses to housekeeping—contributes to the overall standard of patient care, whether it is life-saving surgery or simple post-operative care in the wards.

During the eighth week, I collected data on IPD (Inpatient Department) admissions under government health schemes, including RGHS and MAA Yojana. I now have a clear idea of how many patients gain from free or heavily discounted care. I created statistics that represented the daily patient load, grouped by the schemes under which they were admitted, by looking through

hospital records and liaising with the admission and billing departments. It emphasized how important these schemes are in giving economically disadvantaged groups access to affordable cancer care.

In addition, I had a good interaction with three non-governmental organizations (NGO's) that are actively collaborating with the hospital to provide cancer patients with support beyond medical care. These exchanges were enlightening and improved my comprehension of the cancer care methodology.

1. First Nonprofit: Learned about an NGO program that provides transportation assistance for which observed issuance of special travel passes signed and stamped by doctors enabling:

- Concession of 75% for bus/train fares for patients.
- 50% concession for one attendant.

2. Koshish Foundation: This non-profit organization specializes in raising awareness, providing assistance, and counselling regarding breast cancer. I saw how they support patients emotionally, and mentor them along their course of treatment also provide information about diet and exercise.

3. Sanjeevani NGO: This group aims to raise awareness of the value of diet, lifestyle, and exercise for cancer patients. I went to a quick session where they informed patients about how diet, meditation, and modest exercise might enhance healing and treatment results. They give online classes in which they provide this information.

It emphasized the value of collaborations between hospitals and civil society groups as well as the ways in which administrative tasks like data gathering and scheme tracking complement NGOs' patient welfare programmes. My knowledge of the socioeconomic difficulties faced by cancer patients and how kind, neighborhood-based initiatives may make their journey easier has grown as a result of these encounters.

In the ninth to the eleventh week, I started working on the project. It was about the Cancer Survivor Privilege Card, a ground-breaking programme that the institute introduced on February 4, 2024. Understanding the card-based referral system's operational effectiveness, community impact, and potential to improve survivor-led outreach was the aim of this project.

My main duty was to gather and examine information on patients who were referred using this card. In order to determine how many new patients were admitted through this referral pathway, I collaborated closely with the hospital's registration and documentation department. Around 50 new patients had been admitted as a result of the effort as of the time.

In order to comprehend the experiences of patients and survivors, I also concentrated on gathering qualitative data in addition to quantitative data. Two to three cancer survivors who have received the Survivor Privilege Card were interviewed by me. These discussions were emotionally impactful and enlightening. Survivors talked about how the card inspired them to give back to society and made them feel appreciated. Knowing that their fight against cancer could now enable someone else to receive prompt care gave them a sense of empowerment.

These interviews demonstrated the importance of trust in healthcare outreach. As a result of their sense of duty and affiliation with the institute, the survivors turned their own healing processes into group social activity. Patient’s stress levels were lowered by priority-based registration, queue bypassing, and guided treatment navigation, particularly for first-time guests who were not familiar with hospital procedures.

In addition to helping me develop my abilities in data analysis, patient contact, and effect evaluation, this three-week project provided me with a more comprehensive understanding of how survivor engagement may operate as a link between the community and healthcare organizations.

The Cancer Survivor Privilege Card is more than just a tool for referrals; it is a representation of empowerment, hope, and acknowledgement.