



Stream: MBA (Hospital And Health Managment)
Roll No: 2053
University Mentor: Dr.Varsha Tanu

One of the most prestigious medical institutions in India is King George Medical University (KGMU) founded in Lucknow, Uttar Pradesh, in 1905. Considered high profile around the world in terms of clinical care, medical research and healthcare education, KGMU is the key tertiary care and teaching hub. The university has more than 4,500 beds in patient wards and a huge number of patients who are served in different super-specialty departments. It treats an average of over 10,000 outpatients and over 2,500 inpatients on a daily basis, a risk position that indicates its major contribution to the healthcare delivery system of the state as a whole. KGMU is armed with state of the art infrastructure and specialized medical staff which makes the University a B-school in terms of patient care and innovation.

To become a center of excellence in medical education, research and patient-centered clinical care.

In a bid to offer medical education of high standard and offer complete healthcare services and promote medical research to enhance the health of the population.

Hon V-Chancellor (KGMU, Lucknow)



The internship bridged the gap between classroom concepts and real hospital operations. Core theories like the Lean Model, PDCA Cycle, MIS, and Quality Indicators were not just understood but applied – for example, while mapping OPD workflows, analyzing patient satisfaction data, and improving signage systems.

Unlike the structured academic setting, the hospital environment demanded adaptability, real-time decision-making, and interpersonal sensitivity. This on-ground exposure not only deepened conceptual clarity but also enhanced my confidence in managing real-time healthcare challenges.

STRENGTHS:
 AVAILABILITY OF EXPERIENCED CLINICAL AND NURSING STAFF.
 SPECIALTY-WISE SEGREGATION OF COUNTERS (IN OPD).
 24X7 INPATIENT CLINICAL SUPPORT AND STANDARDIZED ADMISSION/DISCHARGE PROTOCOLS (IN IPD).
 PATIENTS FELT CONFIDENT IN DOCTORS' KNOWLEDGE AND TREATMENT QUALITY.

- IMPLEMENT STRUCTURED PATIENT FEEDBACK SYSTEM WITH QUICK RESOLUTION.
- USE OF DIGITAL TOKEN/DISPLAY SYSTEMS TO MANAGE QUEUE AND REDUCE PERCEIVED WAITING TIME.
- ORIENTATION AND SOFT-SKILL TRAINING FOR STAFF AND INTERNS FOR BETTER PATIENT COMMUNICATION.
- DEPLOY INDOOR NAVIGATION TOOLS TO HELP FIRST-TIME PATIENTS.
- DISPLAY BOARDS, HELPDESKS, AND FLOOR GUIDES FOR SMOOTHER FLOW.

- LONG WAITING HOURS, ESPECIALLY IN PEAK TIMES.
- LACK OF CLEAR SIGNAGE AND NAVIGATION AIDS.
- INCOMPLETE OR UNCLEAR COMMUNICATION BY STAFF REGARDING TESTS/MEDICINES.
- DELAYED FEEDBACK COLLECTION AND ACTION ON COMPLAINTS.
- DISCHARGE DELAYS AND INTERDEPARTMENTAL COORDINATION ISSUES.

- PATIENT DISSATISFACTION MAY LEAD TO NEGATIVE WORD OF MOUTH.
- INCREASED FOOTFALL WITH POOR SYSTEM RESPONSE MAY AFFECT HOSPITAL REPUTATION.
- STAFF BURNOUT LEADING TO REDUCED QUALITY OF INTERACTION.
- OVERDEPENDENCE ON MANUAL PROCESSES (QUEUES, REPORTS) CAN BREAK DOWN DURING SURGES.

- Improves patient movement and flow within large hospital areas (e.g., OPD/IPD).
- Reduces reliance on staff for directions, freeing them for core tasks.
- Enhances the first-time patient experience by reducing confusion and stress.
- Strengthens hospital image as a digitally enabled, patient-friendly institution.

- Integration with hospital mobile apps or ABDM health IDs for complete journey mapping.
- Multilingual voice-guided or visual aids to support differently-abled or non-Hindi speakers.
- Can be extended to link with token queue systems and feedback points.

- Requires technical infrastructure investment (QR codes, kiosks, app integration).
- Some departments may have unclear or overlapping layouts needing re-mapping.
- Digital illiteracy among elderly and rural patients could limit usage.

- Resistance from traditional users or frontline staff during transition.
- Potential glitches or maintenance issues could create dependency risks.
- Cybersecurity or privacy concerns if linked to personal patient information.
- High expectations once digital systems are introduced – any failure could increase dissatisfaction.

- The inability to operate official identification impaired the interaction with the patients.
- There was poor inter-departmental coordination. During rush hours, patients would be uncooperative.
- Regular feedback was not routinely followed up with. Unhindered data performance was cut due to communication barrier.

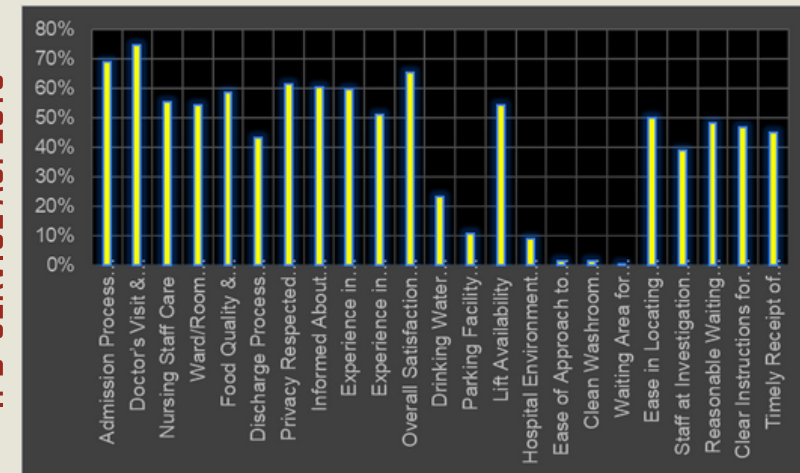
- OBTAINED ON THE SPOT EXPERIENCE, IN CONDUCTING PATIENT SURVEYS, ANALYZING DATA (N=400), AND MANAGING OPERATIONS.
- THE NQAS, NABH, WHO STANDARDS WERE USED TO GENERATE DESIGNED BILINGUAL QUESTIONNAIRES.
- USED THEORETICAL PRECEPTS IN THE RESTRUCTURE OF FACILITIES AND FACILITY REVAMPING OF NAVIGATION.
- GAINED AWARENESS OF HOW LITTLE OPERATING INEFFICIENCY CAN HAVE A DISMAL EFFECT ON PATIENT SATISFACTION. BETTER SOFT SKILLS AND LEADERSHIP, TEAMWORK, AND DECISION-MAKING IN PRESSURE.

"NON-SERVICE ASPECTS"



"PATIENT SATISFACTION RATE (%)"

"JPD SERVICE ASPECTS"



"PATIENT SATISFACTION RATE (%)"

- ON THE FIRST DAY ASSIGN THE INTERNS OFFICIAL ID CARDS TO BENEFIT THE INTERACTION AND ACCOUNTABILITY.
- PUT INDICATING SIGNS WITH COLORS AND INDOOR MAPS IN STRATEGIC POINTS.
- ESTABLISH A CROSS-FUNCTIONAL FEED BACK SYSTEM TO TRACK PATIENT EXPERIENCE AND SERVICE GAPS.
- IDENTIFY A DIGITAL DASHBOARD WHERE SURVEYS INFORMATION CAN BE MONITORED IN REAL-TIME AND REPORTS WRITTEN.
- DESIGNATE PEACEFUL AREAS TO CARRY OUT THE SURVEYS DURING THE BUSIEST HOURS IN THE HOSPITAL.
- ORGANIZE INTERDEPARTMENTAL MEETINGS ON THE FINDINGS OF THE INTERN EVERY WEEK, AND IMPLEMENT FIXES TO THE PROBLEMS AS SOON AS POSSIBLE.

The collage consists of six photographs arranged in a 2x3 grid. The top-left photo shows a man in a white shirt standing in front of a green hill with a large red heart and the word 'LOVE' painted on it. The top-middle photo shows a street view of a busy road with a white car and a red wall. The top-right photo shows a view of a large, ornate, colorful structure, possibly a religious monument or a large sculpture, with a GPS overlay showing the location. The bottom-left photo shows a man and a woman standing in a hallway. The bottom-middle photo shows a view of a long, narrow hallway with people walking. The bottom-right photo shows a view of a large, ornate, colorful structure, possibly a religious monument or a large sculpture, with a GPS overlay showing the location.