

SUMMER INTERNSHIP PROGRAM

at

Bramhananda Narayana Multispeciality Hospital, Jamshedpur

From 12.05.2025 to 19.07.2025

A REPORT BY

RAKSHIDA SINGH

Master of Business Administration

HOSPITAL AND HEALTH MANAGEMENT

Roll no – 2045

2024-26

under the Mentorship of

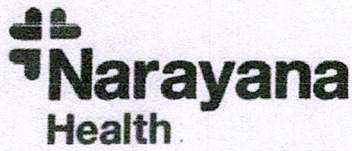
DR. ALOK KUMAR MATHUR

Professor

IIHMR University

Jaipur





NH/BNH/HR-Comm/2025/0482

July 19, 2025

TO WHOMSOEVER IT MAY CONCERN

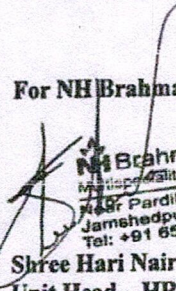
Brahmananda Narayana Multispecialty Hospital (A unit of Narayana Health), Jamshedpur constitutes a multi-disciplinary super specialty hospital dedicated to offering world class services at an affordable cost in different disciplines including Cardiology, Cardiac Surgery, Nephrology, Orthopedics, General Surgery & General Medicine etc.

This is to certify that **Dr. Rakshida Singh** has successfully undergone Internship Training with our organization for the period **May 12, 2025, till July 19, 2025**, and has completed her training hours at the **Outpatient Services & Quality Department**. During the period of training, she was found hard working, sincere and bears good moral character.

We wish her every success in all her future endeavors.

Thanking you.

For NH Brahmananda Narayana Multispecialty Hospital,


Brahmananda Narayana
Multispecialty Hospital
Near Pardi Chowk, Tamolia, NH-33
Jamshedpur, Jharkhand-831012
Tel: +91 657 6600 500
Shree Hari Nair
Unit Head - HR

Brahmananda Narayana Multispecialty Hospital

(A Unit of Narayana Hrudayalaya Limited) CIN: L85110KA2000PLC027497

Hospital Address: Near Pardi Chowk, Tamolia, NH 33, Jamshedpur 831012

Tel +91 657 6600 500

Registered Office Address: 258/A, Bommasandra Industrial Area, Anekal Taluk, Bengaluru - 560099



Appointment
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Our Accreditation



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IIHMR University Faculty Mentor Approval

This is to certify that **Dr. Rakshida Singh**, of academic year 2024-26, of the **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: July 29, 2025

A handwritten signature in black ink, appearing to be 'Dr. Alok Kumar Mathur'.

Name: Dr. Alok Kumar Mathur

Designation: Associate Professor

- Set up multilingual kiosks and patient helpdesks to support users with low digital literacy.
- Introduce periodic digital skill building sessions and incentive based adoption strategies for staff.
- Introduce token-based systems with real time display and optimize doctor schedules using patient data.
- Implement SMS-based or WhatsApp-integrated feedback mechanisms in local languages.
- Conduct regular mock drills and assign dedicated IT staff to monitor real-time issues and guide users.

Reporting Format (Weekly)

Name of the Organisation: Bramhananda Narayana Multispeciality Hospital, Jamshedpur

Area/ Department/ Project of Summer Internship Program: OPD

Name of the Student: Dr. Rakshida Singh

Roll no: 2045

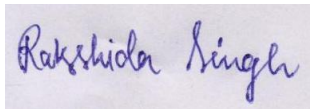
Stream: MBA Health and Hospital Management

Week no: 1 **From:**.....12-05-2025.....**to**...17-05-2025.....

Activity Done	• Observed patient journey across OPD, ER, diagnostics, and waiting areas to assess operational flow. • Noted issues in digital tools including technical glitches, language barriers, and missing doctor names. • Documented delays in doctor availability and lack of real time communication to waiting patients. • Tracked appointment and report timelines, specially delays between diagnostics and consultation. • Reviewed positive practices like efficient kiosk setup and ward differentiation through color-coded cards.
Linking theory (Classroom learning) with practice at your organisation	• Application of patient using digital tools (kiosk, NH Care app) observed in the Hospital. • Identified gaps in usability, language support, and digital inclusiveness. • limitations in automated communication systems • Concepts of patient flow and OPD operations helped to observe wait times and coordination gaps.
Gaps identified on the working area.	• Kiosk usability issues – technical errors, missing doctor names, and language barriers • Longer waiting time for the patient due to late arrival of the doctors. • Poor staff-patient communication and behaviour, especially in the ER.

	• Inadequate instructions leading to prolonged wait times. • Lack of appointment cancellation alerts to patients.
Suggestions for improvement	• Introduce multilingual kiosk interface. • Train staff regularly on soft skills and emergency protocols. • Implement SMS/WhatsApp notifications for doctor delays and cancellations. • Install washroom on upper floors or arrange elevator/attendant support.
Plan for the next week	• Report the collected data to the Facility Director as discussed. • Continue observation in Outpatient departments. • Collect quantitative feedback via surveys.

Signature of the Student



Reporting Format (Weekly)

Name of the Organisation: Bramhananda Narayana Multispeciality Hospital, Jamshedpur

Area/ Department/ Project of Summer Internship Program: OPD

Name of the Student: Dr. Rakshida Singh

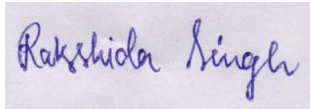
Roll no: 2045 Stream: Health and Hospital Management

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

Activity Done	• Conducted a feedback survey using Google Forms to systematically document patient experiences. • Assessed usage patterns of the NH Care App and Kiosk. • Learnt ATHMA software for the OPD area. • Explored AB-PMJAY implementation in reducing surgery and treatment costs in various departments. • Observed inconsistencies in staff behaviour, including both positive interactions and gaps in communication and responsiveness.
Linking theory (Classroom learning) with practice at your organisation	• Organisational Behaviour • Essentials of Hospital Services • National Health Programs • Digital Health
Gaps identified on the working area.	• Feedback limited to QR code • Underutilization of NH Care app • Inconsistent staff behaviour
Suggestions for improvement	• Propose an alternative like paper forms, SMS, or staff-assisted feedback. • Easy language on the spot training, and posters to support patient adoption. • Positive and negative reinforcement to enhance staff communication and patient service.

Plan for the next week

- Extend survey by one day.
- Discuss key operational issues with Head of Operations.
- Learn Athma software in detail.
- Understand other hospital departments.

Signature of the StudentA handwritten signature in blue ink that reads "Rakshida Singh". The signature is written in a cursive style and is positioned on a light-colored rectangular background.

Reporting Format (Weekly)

Name of the Organisation: Bramhananda Narayana Multispeciality Hospital,
Jamshedpur

Area/ Department/ Project of Summer Internship Program: Quality

Name of the Student: Dr. Rakshida Singh

Roll no: 2045 **Stream:** Health and Hospital Management

Week no:3 **From:**.....26/05/25.....**to**.....31/05/25.....

Activity Done	• Participated in NABH 6th Edition preparation discussions. • Conducted internal audits: MRD, Diet, Sample Collection, Radiology, IPSP 1-6, Laboratory. • Communicated with staff to address incomplete documentation and improve record completeness. • Documentation of monthly cancer patient data. • Code Blue patient data entry and review.
Linking theory (Classroom learning) with practice at your organisation	• Essentials in hospital services • Digital Health • Business Communication • MS-EXCEL
Gaps identified on the working area.	• Limited awareness among few departments regarding latest NABH 6th edition changes. • Missing time stamps and incomplete forms in few cases. • Minor IPSP protocol breaches.
Suggestions for improvement	• Regular audit follow-ups and reorientation of staff. • Mock audits for department specific NABH guidelines. • Deadline for interdepartmental reporting.
Plan for the next week	• Analysing quality issues in IPD areas such as CCU, MICU, General, and Private Wards. • Gain hands-on knowledge of Root Cause Analysis tools- 5 Whys and Fishbone diagram to investigate and solve quality issues like incomplete documentation, IPSP compliance breach, Incomplete MRD Documentation.

Signature of the Student

Rakshida Singh

Reporting Format (Weekly)

Name of the Organisation: Bramhananda Narayana Multispeciality Hospital, Jamshedpur

Area/ Department/ Project of Summer Internship Program: : Quality

Name of the Student: Dr. Rakshida Singh

Roll no: 2045

Stream: Health and Hospital Management

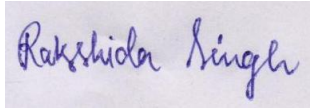
Week no: 4 From:.....2/06/25.....to.....7/06/25.....

Activity Done	• Conducted department-wise audits: 1. IPSPG – 50 cases 2. MRD – 40 files 3. Dietary Services – 25 records 4. Sample Collection – 50 observations 5. Radiology & Laboratory Diagnostics – 20 cases • Updated monthly data on mortality records • Reviewed emergency crash cart usage across departments like Dialysis, MICU, SICU, CCU, ITU, Private & General Wards, and Emergency • Verified Code Blue usage frequency and monthly crash cart checklist compliance
Linking theory (Classroom learning) with practice at your organisation	• Essentials in hospital services • Digital Health • MS-EXCEL
Gaps identified on the working area.	• A major compliance gap was observed during MRD audits, where most incomplete documentation were from the doctors' end, while nurses were consistently maintaining complete records. • Minor IPSPG protocol breaches.
Suggestions for improvement	• Encourage better team communication between doctors and nurses to ensure shared responsibility in maintaining complete and accurate documentation.

Plan for the next week

- Continue departmental audits with focus on documentation compliance and IPSG goals.
- Proceed with the assigned task.

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Reporting Format (Weekly)

Name of the Organisation: Bramhananda Narayana Multispeciality Hospital, Jamshedpur

Area/ Department/ Project of Summer Internship Program: Quality

Name of the Student: Dr. Rakshida Singh

Roll no: 2045 Stream: Health and Hospital Management

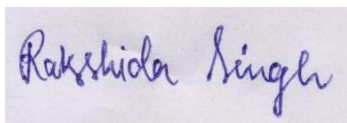
Week no: 5

From:.....09/06/2025.....to.....14/06/2025.....
.....

Activity Done	• Prepared a presentation on previous 3-month Code Blue data, highlighting documentation gaps in circulation, ventilation, and defibrillation. • Conducted audits on medication administration and indent medicine dispensing. • Conducted medical record audits. • Identified and documented non-compliance areas across departments. • Got exposure to upcoming hospital initiatives- • NAMAHA – nursing workflow and documentation platform, Online Medicine card, IP Bot- in-patient service automation tool and AIRO – AI-based radiology reporting and workflow system at Narayana Health
Linking theory (Classroom learning) with practice at your organisation	• Health System & Policy • Organisational Behaviour • Digital Health
Gaps identified on the working area.	• Incomplete documentation by doctors, especially in MRD and Code Blue forms. • Few cases of delay in medicine administration by nurses, observed during audits. • Some cases of impolite or inattentive behaviour by nursing staff were noticed, though not widespread.

Suggestions for improvement	• Assessment of nursing workload distribution and focusing on communication between pharmacy and nursing teams. • Soft skills and empathy training sessions to enhance patient-centred care by nurses
Plan for the next week	• Continue with the assigned work. • Work on summer internship project

Signature of the Student



Reporting Format (Weekly)

Name of the Organisation: : Bramhananda Narayana Multispeciality Hospital, Jamshedpur

Area/ Department/ Project of Summer Internship Program: Quality

Name of the Student: Dr. Rakshida Singh

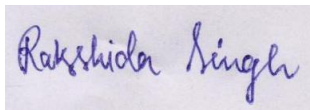
Roll no: 2045 Stream: : Health and Hospital Management

Week no: 6 From:.....16/05/2025.....to.....21/05/2025.....

Activity Done	• Conducted MRD audit, IPSC compliance audit and audit on medicine dispensing errors. • Prepared presentation on KPI analysis across departments - Cardiology, OT, Critical Care, Nephrology, Neurology, and Anaesthesia. • Assisted and observed a HAZMAT mock drill, assessing preparedness and identifying management gaps in emergency response. • Performed an HR document audit to ensure compliance with NABH standards. • Audited the implementation of Chaperone Policy in ECG, Echo, and TMT documentation.
Linking theory (Classroom learning) with practice at your organisation	• Organisational Behaviour • Human Resource Management
Gaps identified on the working area.	• Underperformance by nursing staff in announcing the HAZMAT mock drill which led to delayed response. • Maintaining both paper and digital records in the HR office is creating confusion, although steps are being taken towards fully paperless system.
Suggestions for improvement	• Standardize the documentation process by shifting completely to a digital system.

	• Staff training on regular intervals to be prepared for an emergency.
Plan for the next week	• Proceed with assigned work • Learn more in Quality department. • Work on SIP Poster,

Signature of the Student



Reporting Format (Weekly)

Name of the Organisation: Bramhananda Narayana Multispeciality Hospital, Jamshedpur

Area/ Department/ Project of Summer Internship Program: Quality

Name of the Student: Dr. Rakshida Singh

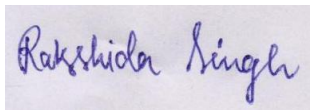
Roll no: 2045 Stream: : Health and Hospital Management

Week no: 7 From:.....23/05/25.....to.....28/05/25.....

Activity Done	• Conducted MRD and sample collection audits. • Audited chaperone policy documentation in diagnostic. • Performed an APACHE IV scoring audit in MICU, evaluating the consistency and completeness of clinical scoring documentation. • Documentation of code blue and mortality review checklist. • Carried out pre-analytical, analytical, and post-analytical audits in the laboratory. • Participated in a discussion on roles and responsibilities within the hospital under the Quality Department.
Linking theory (Classroom learning) with practice at your organisation	• Essentials in hospital services • Digital Health • MS-EXCEL
Gaps identified on the working area.	• Non-compliance was seen in the documentation of APACHE IV scoring, a key mortality review indicator. The issue was addressed and resolved the very next day.

Suggestions for improvement	• Assign clear responsibilities, use checklists, and train staff to ensure timely and accurate documentation.
Plan for the next week	• Continue with the assigned work • Work on summer Internship poster.

Signature of the Student



Reporting Format (Weekly)

Name of the Organisation: Bramhananda Narayana Multispeciality Hospital

Area/ Department/ Project of Summer Internship Program: OPD

Name of the Student: Dr. Rakshida Singh Roll no: 2045

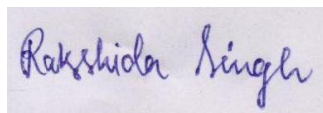
Stream: MBA Health and Hospital Management

Week no: 8 From:.....30-06-2025.....to...05-07-25

Activity Done	• Assisted OPD staff in managing patient queries related to registration, appointments, and directions. • Helped streamline patient flow by actively coordinating with departments. • Monitored kiosk usage and provided on-spot guidance to patients for using digital tools like kiosk and NH care app effectively. • Collected feedback regarding the OPD Doctors. • Trained doctors on digital medicine card, an upcoming initiative with implementation of NAMAHA.
Linking theory (Classroom learning) with practice at your organisation	• Essentials of Hospital Services • Organisation Behaviour • Business Communication • Digital health
Gaps identified on the working area.	• Poor staff behaviour of the BP measurement assisting staff. • Longer waiting time for the patient due to late arrival of the doctors.. • Inadequate instructions leading to prolonged wait times. • Noticed lack of motivation among doctors under training to adopt the digital medicine card, showing resistance to change.

Suggestions for improvement	• Train staff regularly on soft skills. • Install clear signage to guide patient flow. • Assign support staff during digital card implementation. • One attendee policy implementation to manage overcrowding.
Plan for the next week	• Training IPD doctors on the digital medicine card. • Learn more about the management of the OPD area and Athma software .

Signature of the Student



Reporting Format (Weekly)

Name of the Organisation: Bramhananda Narayana Multispeciality Hospital, Jamshedpur

Area/ Department/ Project of Summer Internship Program: OPD

Name of the Student: Dr. Rakshida Singh

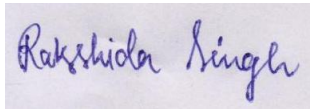
Roll no- 2045 Stream: : Health and Hospital Management

Week no:9 From:.....07/06/2025.....to.....12/06/2025.....

Activity Done	• Helped patients with registration, appointment-related queries in the OPD area. • feedback from patients regarding their experience with OPD services and doctor consultations. • Provided on-the-spot assistance for using digital tools like kiosks and the NH Care app, and supported doctors during the pilot phase of the digital medicine card. • Trained 10 doctors on digital medicine card
Linking theory (Classroom learning) with practice at your organisation	• The subject Essentisla of hospital services helped in understanding the structure and functioning of the OPD.The practical setting helped relate the theoretical aspects of hospital layout, service delivery, and patient handling to actual daily operations..
Gaps identified on the working area.	• Overcrowding occurred due to more than one attendant accompanying each patient. • Feedback collection was limited, as it relied only on QR code systems. • Inconsistent staff behaviour and communication were noted during peak and lunch hours.
Suggestions for improvement	• Place clear directional signage and assign support staff near kiosks to guide patients smoothly through the OPD process. • Introduce a simple feedback desk or verbal feedback collection at the exit point to improve response rates from patients.

Plan for the next week	• Work on SIP Poster and report.
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Signature of the Student

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Reporting Format (Weekly)

Name of the Organisation: Bramhananda Narayana Multispeciality Hospital, Jamshedpur

Area/ Department/ Project of Summer Internship Program:OPD

Name of the Student: : Dr. Rakshida Singh

Roll no: 2045 Stream: : MBA Health and Hospital Management

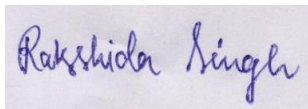
Week no: 10

From:.....14/06/2025.....to.....19/06/2025.....

Activity Done	- Helped OPD patients with registration, appointment booking, and kiosk-related queries. - Assisted users in using the NH Care app for scheduling and report access. - Conducted hands-on training sessions for doctors in MICU, CCU, and ITU on the digital medicine card system. - Collected and reviewed data on the usage of digital touchpoints over the past two months. - Identified usage patterns, common issues, and gaps in adoption of digital services. - Started compiling the final internship report and designing the SIP poster.
Linking theory (Classroom learning) with practice at your organisation	- The training of doctors on the digital medicine card and analysis of touchpoint usage reflected the real-world challenges in implementing health IT tools, including user resistance, incomplete adoption, and system-level issues. - Practical involvement in OPD and critical care units helped connect classroom learning about hospital workflows and service coordination with actual on-ground gaps in implementation and interdepartmental support.
Gaps identified on the working area.	Doctors required constant assistance during digital medicine card training, showing low readiness for digital transition.

	• Patient-side usage of kiosks and the NH Care app remained poor due to lack of on-ground support and digital literacy. • Lack of patient and attendees crowd management in peak OPD hours.
Suggestions for improvement	• Implement controlled entry with token-based access and limit one attendant per patient, supported by clear signage and active staff monitoring to maintain order during peak hour • Implement one attendant per patient, supported by clear signage and active staff monitoring to maintain order during peak hours.
Plan for the next week	• Presentation oof poster and report compilation.

Signature of the Student



Reporting Format- Compiled

Name of the Organisation: Bramhananda Narayana Multispeciality Hospital, Jamshedpur

Area/ Department/ Project of Summer Internship Program: OPD & Quality

Name of the Student: Dr. Rakshida Singh

Roll no: 2045 Stream: MBA Hospital and Health Management

Activity Done	Patient Journey & Experience
	• Observed patient journey across OPD, ER, diagnostics, and waiting areas to assess operational flow. • Interacted with patients to gather feedback on the newly established kiosks, NH Care app, and overall service experience. • Noted issues in digital tools including technical glitches, language barriers, and missing doctor names. • Documented delays in doctor availability and lack of real time communication to waiting patients. • Observed inconsistent staff behaviour, especially during lunch hours and in emergency services. • Reviewed infrastructure gaps such as absence of upper-floor washrooms and poor sanitation. • Tracked appointment and report timelines, specially delays between diagnostics and consultation. • Observed crowding due to multiple attendees and lack of clear management of waiting areas for the patient as well as the attendee. • Assessed inefficiencies in feedback collection due to dependence on QR codes only. • Noted recurring complaints regarding mispronounced or incorrectly entered patient names. • Conducted a survey using Google Forms to document patient experiences. • Collected feedback regarding the OPD Doctors. • Assisted OPD staff in managing patient queries related to registration, appointments, and directions. • Helped streamline patient flow by actively coordinating with departments.

- Monitored kiosk usage and provided on-spot guidance to patients for using digital tools like kiosk and NH care app effectively.

Digital Initiatives & Learning

- Reviewed positive practices like efficient kiosk setup and ward differentiation through color-coded cards.
- Assessed usage patterns of the NH Care App and Kiosk.
- Learnt ATHMA software for the OPD area.
- Trained doctors on digital medicine card, an upcoming initiative.
- Got exposure to upcoming hospital initiatives – NAMAHA, Online Medicine card, IP Bot, and AIRO.

Quality Assurance & NABH Preparation

- Participated in NABH 6th Edition preparation discussions.
- Conducted internal audits: MRD, Diet, Sample Collection, Radiology, IPSPG 1-6, Laboratory.
- Communicated with staff to address incomplete documentation and improve record completeness.
- Identified and documented non-compliance areas across departments.
- Performed an HR document audit to ensure compliance with NABH standards.
- Audited the implementation of Chaperone Policy in ECG, Echo, and TMT documentation.

Clinical & Emergency Audits

- Documentation of monthly cancer patient data.
- Code Blue patient data entry and review.
- Updated monthly data on mortality records.
- Reviewed emergency crash cart usage across departments like Dialysis, MICU, SICU, CCU, ITU, Private & General Wards, and Emergency.
- Verified Code Blue usage frequency and monthly crash cart checklist compliance.

- Prepared a presentation on previous 3-month Code Blue data, highlighting documentation gaps in circulation, ventilation, and defibrillation.
- Conducted audits on medication administration and indent medicine dispensing.
- Conducted medical record audits.
- Conducted MRD and sample collection audits.
- Audited chaperone policy documentation in diagnostic.
- Performed an APACHE IV scoring audit in MICU, evaluating the consistency and completeness of clinical scoring documentation.
- Documentation of code blue and mortality review checklist.
- Carried out pre-analytical, analytical, and post-analytical audits in the laboratory.

Department-Wise Audit Activities

- Conducted department-wise audits:
 - IPSPG – 50 cases
 - MRD – 40 files
 - Dietary Services – 25 records
 - Sample Collection – 50 observations
 - Radiology & Laboratory Diagnostics – 20 cases

Analytics & Reporting

- Prepared presentation on KPI analysis across departments - Cardiology, OT, Critical Care, Nephrology, Neurology, and Anaesthesia.
- Explored AB-PMJAY implementation in reducing surgery and treatment costs in various departments.

Mock Drills & Emergency Readiness

- Assisted and observed a HAZMAT mock drill, assessing preparedness and identifying management gaps in emergency response.

	Participated in a discussion on roles and responsibilities within the hospital under the Quality.
Linking theory (Classroom learning) with practice at your organisation	Essentials of Hospital Services - The internship helped reinforce concepts about the structure and functioning of hospitals learned in class. - Exposure to OPD, ER, diagnostics, and ward operations built on knowledge gained during the hospital field visit conducted as part of the curriculum. - First-hand observation of patient movement, service delivery gaps, and infrastructure challenges (e.g., inadequate sanitation and signage) strengthened the understanding of hospital systems. Digital Health - Observing patients interact with tools like kiosks and the NH Care app highlighted the real-world challenges of digital health adoption. - Identified issues such as technical errors, lack of language support, and limited awareness, connecting directly with course discussions on digital health accessibility. - The digital medicine card initiative provided insights into the gradual transition from paper-based to electronic systems in healthcare. National Health Programmes - Explored the application of schemes such as Ayushman Bharat (AB-PMJAY) in hospital services, especially in surgeries and critical care. - Gained awareness of how such programmes influence cost control, service access, and patient volume in public-private settings.

	Organisational Behaviour • Direct interaction with staff highlighted differences in motivation, attitude, and adaptability, validating OB concepts taught in class. • Resistance from some staff members to new digital practices showed real life examples of adaptability challenges in the organisation. • Observed the influence of leadership and peer dynamics on work performance and patient care. Communication Management • Noted gaps in hospital-patient communication, particularly around delays, directions, and report updates. • Applied interpersonal communication skills while guiding patients, handling feedback, and providing assistance. • Realized the importance of structured and timely communication in reducing confusion and improving the patient experience. Health Policy • Observed how compliance with internal policies (like documentation, chaperone presence, and safety protocols) contributes to quality accreditation. • Linked theoretical policy frameworks to their execution and monitoring within the hospital environment.
Gaps identified on the working area.	• Kiosk Usability Issues: Technical glitches, missing doctor names, and language barriers reduce patient convenience. • Longer Patient Wait Times: Often due to the late arrival of doctors and inefficient coordination. • Inadequate Patient Instructions: Leading to confusion and increased wait times. • Lack of Appointment Cancellation Alerts: Patients remain unaware of schedule changes.

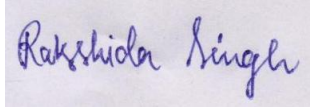
	• Infrastructure Limitations: Absence of upper-floor washrooms and unsanitary conditions. • Limited Feedback Mechanism: QR code-based system excludes users without smartphones or with non-Android devices. • Excessive Crowding: Caused by multiple attendants accompanying a single patient. • Scheduling Inefficiencies: Poor coordination between diagnostic services and consultations. • Underutilization of NH Care App: Limited awareness and engagement from patients and staff. • Inconsistent Staff Behaviour: Variability in staff conduct, especially in patient-facing roles like BP measurement support. • Communication Gaps: Poor staff-patient communication, particularly in the Emergency Room. • Limited NABH 6th Edition Awareness: Some departments lack clarity on recent accreditation updates. • Incomplete Documentation: Especially from doctors in MRD, Code Blue, and APACHE IV scoring forms. • Minor IPSG Protocol Breaches: Some inconsistencies were noted. • Delayed Medicine Administration: Few cases found during nursing audits. • Unprofessional Nursing Conduct: Some incidents of impolite or inattentive behaviour, though not widespread. • Mock Drill Underperformance: Nursing team delayed response during the HAZMAT drill. • Resistance to Digital Change: Doctors under training show reluctance in adopting the digital medicine card system. • Duplicate Record-Keeping in HR: Maintaining both paper and digital records creates confusion.
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	• MRD Compliance Gaps: While nurses maintained complete records, most documentation lapses were from doctors.
Suggestions for improvement	• Introduce multilingual kiosk interface. • Train staff regularly on soft skills and emergency protocols. • Implement SMS/WhatsApp notifications for doctor delays and cancellations. • Install washroom on upper floors or arrange elevator/attendant support. • Diversify patient feedback options – include verbal, written, and SMS methods. • Enforce one-attendant policy to reduce overcrowding. • Streamline coordination between diagnostics and consultations via dashboard alerts. • Encourage better team communication between doctors and nurses to ensure shared responsibility in maintaining complete and accurate documentation. • Assessment of nursing workload distribution and focusing on communication between pharmacy and nursing teams. • Soft skills training sessions to enhance patient centred care by nurses. • Standardize the documentation process by shifting completely to a digital system. • Staff training on regular intervals to be prepared for an emergency. • Assign clear responsibilities, use checklists, and train staff to ensure timely and accurate documentation. • Assign support staff during digital card implementation. • One attendee policy implementation to manage overcrowding.
Key Learnings	• Understood the patient journey across OPD, ER, diagnostics, and waiting areas; identified pain points like waiting time, poor communication, and inefficient flow.

	• Learned to interact with patients and gather feedback on digital tools (kiosks, NH Care app), helping improve their usage and effectiveness. • Gained hands-on experience with ATHMA software and supported doctors during the pilot implementation of the digital medicine card. • Understood hospital initiatives such as NAMAHA, digital medicine cards, and quality improvement programs. • Participated in NABH 6th Edition audit preparation and learned about hospital accreditation processes and compliance requirements. • Conducted internal audits in MRD, diet, lab, radiology, sample collection, and IPSP protocols, identifying key documentation gaps and departmental inefficiencies. • Supported audit activities like Code Blue reviews, crash cart compliance, mortality data documentation, and APACHE IV scoring audits. • Prepared and presented analytical reports, including departmental KPI reviews and Code Blue documentation gap analysis. • Learned to coordinate between departments for smoother patient services and better communication. • Participated in emergency preparedness activities like the HAZMAT mock drill and identified response gaps. • Identified and documented operational challenges such as infrastructure limitations, inconsistent staff behaviour, and feedback collection issues. • Observed resistance to digital adoption and duplicate record-keeping issues during the shift to paperless systems. • Developed improvement suggestions, including multilingual kiosk interfaces, SMS alerts, soft-skills training, and streamlined diagnostic-consultation coordination. • Strengthened interpersonal communication through interactions with patients, doctors, and staff; learned the
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	importance of empathy, clarity, and professionalism in healthcare.
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Signature of the Student

A handwritten signature in blue ink that reads "Rakshida Singh". The signature is written in a cursive style with a light blue background.

Approved by the IIHMR University's Mentor