SUMMER INTERNSHIP PROGRAM

AT

Kokilaben Dhirubhai Ambani Hospital & Medical Research Institute,Mumbai

Kokilaben Dhirubhai Ambani
hospital & medical research institute
Every Life Matters

FROM 12 MAY 2025 TO 21 JULY 2025

A REPORT BY

Nishi Patel

Master of Business Administration

Hospital and Health Management

Roll no-2018

2024-26

Under the Mentorship of

Dr. Dhirendra Kumar

Professor

Institute Of Health Management Research

IIHMR University

IIHMR UNIVERSITY

Kokilaben Dhirubhai Ambani
hospital & medical research institute
MUMBAI

Every Life Matters

21/07/2025

LETTER OF RECOMMENDATION

To Whom It May Concern

This is to recommend **Dr Nishi Deepak Patel**, who successfully completed her summer internship from 12th May to 21st July 2025 at Kokilaben Dhirubhai Ambani Hospital, Mumbai, in the **Clinical Operations and Quality Department**.

She has shown excellent performance, professionalism, and dedication throughout her tenure. We confidently recommend her for roles in any healthcare organization.

KOKILABEN DHIRUBHAI AMBANI HOSPITAL

Dr. Dhaval Bhatt

General Manager – Clinical Administration

Kokilaben Dhirubhai Ambani Hospital, Mumbai

IIHMR University Faculty Mentor Approval

This is to certify that **Dr. Nishi Patel** of academic year 2024-26 of **Institute of Health Management Research** has prepared a poster entitled **"From Cost to Care : Impact of Lower Deposits on Patient Admissions"** with respect to his/her summer internship held during May-July 2025.

She has carried out work as per the guidelines. Her poster is approved for presentation.

Date: 28-07-2025

Dr Dhirendra Kumar

Professor

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Weekly Report 1

Name of the Organisation: Kokilaben Dhirubhai Ambani Hospital, Mumbai

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

Name of the Student: Dr. Nishi Patel

Roll no: 2018 **Stream: MBA in Hospital and Health Management.**

Week no: 1 **From: 12th May 2025 to 17th May 2025**

Activity Done	Attended orientation by Dr. Ram Kishore Pandey and toured the hospital to understand departmental layout and workflows. Met project mentor Dr. Dhaval Bhatt and received a briefing on the project related to delays in admission deposit processing. Observed admission and billing counters, conducted informal interviews with front-desk staff, and began collecting preliminary data for analysis.
Linking theory (Classroom learning) with practice at your organisation	Classroom learnings in hospital operations management, patient flow, and administrative coordination were directly applicable. The orientation by Dr. Pandey and subsequent hospital tour helped contextualize theoretical knowledge about hospital layout, departments, and inter-departmental workflows. Understanding patient admission processes tied closely with learnings from hospital information systems and health service delivery modules.
Gaps identified on the working area.	Delay in processing admission deposits and Lack of standardized communication between departments.
Suggestions for improvement	Streamlining of admission workflow using digital tools and better inter-department coordination and pre-notification for expected admissions.
Plan for the next week	Conduct structured interviews with billing and admission staff and review detailed admission logs to quantify delay durations. Propose a data collection tool for ongoing observation.

Signature of the Student

Approved by the IIHMR University's Mentor

Weekly Report 2

Name of the Organisation: Kokilaben Dhirubhai Ambani Hospital, Mumbai

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

Name of the Student: Dr. Nishi Patel

Roll no: 2018 **Stream: MBA in Hospital and Health Management**

Week no: **From: 19th May 2025 to 24th May 2025**

Activity Done	-Collected admission data (Nov 2024 – Apr 2025), excluding single-day admissions (e.g., daycare, chemo). -Filtered relevant patient records for the study. -Collected corresponding billing data. -Discussed next steps with mentor.
Linking theory (Classroom learning) with practice at your organisation	-Applied concepts from Health Information Systems and Operations Management to real-time data handling. -Understood how administrative delays impact patient flow and experience.
Gaps identified on the working area.	-Mismatch between billing and admission systems. -No standardized SOP for delayed deposits. -Delays in interdepartmental communication.
Suggestions for improvement	-Introduce integrated systems for real-time updates. -Create SOPs and checklists for admission staff. -Conduct regular staff training.
Plan for the next week	-Analyze collected data to identify major causes of delays. -Categorize delay types and prepare visual presentations. -Begin outlining the project report.

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Weekly Report 3

Name of the Organisation: Kokilaben Dhirubhai Ambani Hospital, Mumbai

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

Name of the Student: Dr. Nishi Patel

Roll no: 2018 **Stream: MBA in Hospital and Health Management**

Week no: 3 From: 26th May 2025 to 31st May 2025

Activity Done	- Mined and cleaned admission data (~20,000 records), identifying top 10 active departments. - Segregated department-wise doctors and analyzed TPA patient data. - Categorized TPA cases (approved/denied/cancelled) and observed insurance trends. - Learned and applied advanced Excel tools .
Linking theory (Classroom learning) with practice at your organisation	- Applied Health Information Systems and Data Management concepts to real data. - Used Operations Management principles for departmental and insurance analysis. - Strengthened Excel skills, crucial for handling large hospital datasets.
Gaps identified on the working area.	- No standard naming conventions for doctors/departments. - Lack of unified system for data cleaning and validation. - No systematic tracking of doctor-wise insurance approvals.
Suggestions for improvement	-Standardize data entry formats and naming conventions. -Use automated tools for error detection and cleaning. -Develop a central dashboard for TPA and doctor-wise approval data.
Plan for the next week	- Start data mining of billing records. - Integrate billing data with admission and TPA datasets. - Identify billing trends and prepare visual summaries for the report.

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Weekly Report 4

Name of the Organisation: Kokilaben Dhirubhai Ambani Hospital, Mumbai

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

Name of the Student: Dr. Nishi Patel

Roll no: 2018 **Stream: MBA in Hospital and Health Management**

Week no: 4 **From: 03/06/2025 to 07/06/2025**

Activity Done	- Completed final analysis on the *Deposit Collection Delay during the Admission* project. - Conducted a new analysis project: *Total Bill vs Approval Rates by Insurance Companies* using data from April 2025. - Identified trends and gaps in approval percentages across different insurers. - Presented findings to mentor Dr. Dhaval Bhatt and received feedback for revisions. - Initiated modifications based on his suggestions.
Linking theory (Classroom learning) with practice at your organisation	- Applied classroom concepts of healthcare finance, insurance operations, and data analytics. - Utilized MS Excel tools for healthcare data interpretation, as practiced in quantitative techniques and health insurance modules. - Understood real-time hospital billing and insurance approval workflows, bridging theoretical knowledge with administrative realities.
Gaps identified on the working area.	- Lack of real-time integration between billing software and insurance portal caused delays in approvals. - Variation in approval percentages among insurance providers not tracked routinely.
Suggestions for improvement	- Implement automated dashboards to monitor insurance approval vs billing data monthly. - Create an alert mechanism for cases with a discrepancy of more than 20% between the billed and approved amounts. - Organize quarterly review meetings with key insurance partners based on approval rate performance.
Plan for the next week	- Complete all revisions suggested by the mentor on the insurance approval analysis. - Compile insights from both projects into a draft presentation.

	- Attend a review meeting with the department to present key findings.

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Weekly Report 5

Name of the Organisation: Kokilaben Dhirubhai Ambani Hospital, Mumbai.

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

Name of the Student: Dr. Nishi Patel

Roll no: 2018 **Stream: MBA in Hospital and Health Management**

Week no: 5 From: 9th June 2025 to 14th June 2025.

Activity Done	-Completed my project on Total Bill vs Insurance Approvals for the TPA department. -Compiled and submitted a detailed report, which will be presented next week. -Got briefed on a new assignment to create a patient education video for the EHC waiting area. -Made a sample video and shared it with my department head for review.
Linking theory (Classroom learning) with practice at your organisation	-Used health communication strategies while drafting content for the video. -Project planning skills from class helped me manage multiple tasks efficiently.
Gaps identified on the working area.	- Waiting areas lack engaging, informative visual content for patients. - There's no formal review system for intern contributions or projects.
Suggestions for improvement	-Introduce a real-time dashboard for tracking billing and approvals. -Add informational videos or content in waiting areas to improve patient engagement. -Set up a simple feedback process for intern-led initiatives.
Plan for the next week	-Present the TPA report and take feedback from the team. -Work on finalizing the EHC video after department input. -Start initial groundwork for two upcoming TPA-related projects.

Signature of the Student

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Weekly Report 6

Name of the Organisation: Kokilaben Dhirubhai Ambani Hospital, Mumbai

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

Name of the Student: Dr. Nishi Patel

Roll no: 2018 **Stream: MBA in Hospital and Health Management**

Week no: 6 From: 16th June 2025 to 21st June 2025

Activity Done	-Presented a PowerPoint presentation to the general manager in the boardroom and turned in the Week 6 report. -Studied the Executive Health Checkup (EHC) program's standard operating procedures. -Began preparing a patient education film for the EHC waiting room. -Examined robotic surgery billing information for an onco-uro surgeon, paying particular attention to co-pay and insurance sub-limit deductions.
Linking theory (Classroom learning) with practice at your organisation	-EHC workflows were evaluated using operations management principles. -Analysed robotic surgery deductions using health insurance billing concepts. -Incorporated SOP development lessons learned in the classroom into a practical program review.
Gaps identified on the working area.	-The EHC waiting area lacks instructional audiovisual materials. -Patients are not given clear, up-front information regarding billing and potential deductions. -Reasons for billing deductions are not tracked or examined centrally.
Suggestions for improvement	-Create brief instructional films to be shown in the EHC space. -Establish a routine procedure for patients to receive a billing briefing prior to surgery. -Improve the way the insurance, billing, and clinical teams work together.
Plan for the next week	-Work together with the education and marketing departments to plan and create the EHC video. -Create initial policy suggestions to increase the transparency of billing.

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Weekly Report 7

Name of the Organisation: Kokilaben Dhirubhai Ambani Hospital, Mumbai

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

Name of the Student: Dr. Nishi Patel

Roll no: 2018 **Stream: MBA in Hospital and Health Management**

Week no: 7 **From: 23rd June 2025 to 28th June 2025**

Activity Done	- Presented a data-driven analysis of Dr. T.B. Yuvaraja's robotic surgery cases; received positive feedback. - Extended the analysis to non-robotic cases and presented the findings in the boardroom to the GM and VP. - Drafted key points and created a sample patient education video for the EHC department; showed it to the department head. - Assigned a new project on patient experience: planning a Voice of Patient (VOP) survey for Chemo Daycare. - Began outlining the survey structure and identifying key focus areas for patient feedback.
Linking theory (Classroom learning) with practice at your organisation	-Applied data analysis and presentation skills learned in class for surgical case studies. -Used health communication concepts while creating the EHC video content. -Integrated patient experience and feedback methods into planning the VOP survey.
Gaps identified on the working area.	- No routine comparison of robotic vs. non-robotic surgery outcomes. - Lack of engaging, patient-friendly communication materials. - No structured feedback mechanism for Chemo Daycare patients.
Suggestions for improvement	-Conduct regular clinical outcome analysis to support decision-making. -Develop short, informative videos for various departments to educate patients. -Implement a formal VOP survey in Chemo Daycare to gather and act on patient feedback.
Plan for the next week	-Finalize and submit the surgical outcome report. Revise and further develop the EHC video based on the feedback. -Design and pilot the VOP survey and start mapping the patient journey in Chemo Daycare.

Signature of the Student

Approved by the IIHMR University's Mentor

Weekly Report 8

Name of the Organisation: Kokilaben Dhirubhai Ambani Hospital, Mumbai

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

Name of the Student: Dr. Nishi Patel

Roll no: 2018 **Stream: MBA in Hospital and Health Management**

Week no: 8 From: 30th June 2025 to 5th July 2025

Activity Done	-Completed and finalized the PPT presentation for the "Voice of Patient" survey report. -Designed the structure for the TPA department's patient information booklet and added all relevant FAQs. -Started collecting real-time data for Chemo Daycare to analyse turnaround times (TAT), focusing on patient wait-time concerns. -Tracked key steps in the chemo process – from admission to billing – to identify delay points.
Linking theory (Classroom learning) with practice at your organisation	-Used concepts of process mapping and workflow analysis to understand patient delays in chemo daycare. -Applied health communication strategies while drafting the TPA FAQs to make them easy and patient-friendly.
Gaps identified on the working area.	-No proper tracking of patient movement in Chemo Daycare – delays go unnoticed until patients raise complaints. -Unclear communication around TPA processes often leaves patients confused and anxious. -Pre-med and chemo start times are inconsistent due to coordination issues between departments.
Suggestions for improvement	-Start a basic patient tracking sheet or dashboard to record each step and highlight delays.
Plan for the next week	-Continue real-time observation in Chemo Daycare and document patient timelines in detail. -Analyse collected data to spot bottlenecks and delays in the process. -Finalize content and begin layout design for the TPA patient booklet. -Work on forming recommendations for improving TAT and patient experience in chemo daycare.

Signature of the Student

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Weekly Report 9

Name of the Organisation: Kokilaben Dhirubhai Ambani Hospital, Mumbai.

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

Name of the Student: Dr. Nishi Patel

Roll no: 2018 **Stream: MBA in Hospital & Health Management**

Week no: 9th From: 7th July 2025 to 12th July 2025

Activity Done	-Presented the final report on the Voice of Patient Survey for the Chemo-Daycare Department. -Completed data collection for chemotherapy Turnaround Time (TAT) analysis. -Finalised and discussed the TPA FAQs and the content structure for the TPA Patient Booklet.
Linking theory (Classroom learning) with practice at your organisation	-Applied concepts of patient experience and service quality to real-time feedback analysis. -Used operations and process mapping techniques to gather chemo TAT data efficiently.
Gaps identified on the working area.	-No clear TPA information guide available for patients, leading to frequent confusion. -Delays in the chemo process are not being captured or monitored properly. -Patient feedback lacks a structured follow-up or action mechanism.
Suggestions for improvement	-Introduce a TPA booklet that explains the entire cashless process with key contacts and timelines. -Develop a dashboard or tracker for monitoring delays in the Chemo-Daycare process.
Plan for the next week	-Start drafting the final project report including key findings and recommendations. -Prepare visual dashboards for chemo TAT and patient feedback outcomes. -Finalise the design and formatting of the TPA Patient Booklet for printing and usage.

Signature of the Student

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Weekly Report 10

Name of the Organisation: Kokilaben Dhirubhai Ambani Hospital, Mumbai

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

Name of the Student: Dr. Nishi Patel

Roll no: 2018 **Stream: MBA in Hospital & Health Management.**

Week no: 10th **From: 14th July 2025 to 21st July 2025**

Activity Done	-Wrapped up and submitted all pending internship deliverables. -Presented the workflow analysis of the Chemo Daycare Department to the concerned authority. -Completed and printed the TPA patient information booklet; presented it to Dr. Dhaval Bhatt. He appreciated the idea and suggested forwarding it to the graphics team for further development and implementation. -Took time to personally thank each department I worked with over the past 10 weeks. It was a wholesome and emotional conclusion to the internship.
Linking theory (Classroom learning) with practice at your organisation	-Gained first-hand experience of presenting insights, receiving feedback, and seeing a project move toward implementation.
Gaps identified on the working area.	-No standard communication material for TPA patients, often leading to confusion
Suggestions for improvement	-Implement the TPA information booklet hospital-wide to improve patient understanding and satisfaction.
Plan for the next week	- Internship officially concluded. No further activities planned. -Will begin compiling my final internship report and reflections.

Signature of the Student

Approved by the IIHMR University's Mentor

Compiled Reporting Format

Name of the Organisation: Kokilaben Dhirubhai Ambani Hospital, Mumbai.

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

Name of the Student: Dr. Nishi Patel

Roll no: 2018 **Stream: MBA in Hospital & Health Management**

Activity Done	A.) Initial Orientation & Hospital Tour • Took a guided hospital tour during the initial days to get acclimatized with Kokilaben Hospital's infrastructure, departmental layout, and patient care zones. • Observed the floor-wise distribution of clinical and non-clinical departments such as OPD, IPD, Emergency, ICU, Chemo Daycare, EHC, Central Pharmacy, Admission Desk, and CSSD. • Understood the workflow and interdepartmental coordination across billing, admissions, diagnostics, and nursing units. • Took note of the scope of services offered at the hospital, including preventive, curative, rehabilitative, and specialized high-end treatments. • Noted the hospital's emergency color codes (e.g., Code Blue, Code Violet, Code Yellow) and the mode of communication used for their announcement and management. • Heard the activation and deactivation of emergency codes on the public address (PA) system and observed how hospital staff responded. • Reviewed the hospital's IEC (Information, Education, Communication) materials in waiting areas and corridors, meant for patient awareness. • Observed use of hospital apps and digital platforms for patient communication and internal updates. • Interacted with key departmental staff to understand their day-to-day responsibilities, SOPs, and patient interaction protocols. • Gained preliminary exposure to the hospital's patient-centric processes and operational culture.

	B.) Impact of Reduced Initial Deposit on Admissions • Understood the workflow of the Admission Desk, Billing, and Finance Departments with respect to initial deposit collection policies. • Studied the existing deposit structure for various patient categories—cash-paying, insured, and corporate. • Conducted a retrospective analysis of hospital admission data from November 2024 to April 2025. • Segregated the data into cash and insurance admissions to assess the differential impact of reduced deposits. • Used Excel for compiling and analyzing the admission trends across months before and after the policy change. • Created visual representations (bar graphs and comparison charts) to identify the correlation between deposit reduction and admission volume. • Collaborated with department staff to understand how the new policy was communicated and implemented operationally. • Identified inconsistencies in how the policy was applied at the ground level due to the lack of standardization. • Assessed how staff clarity and patient awareness affected the outcome of the deposit change initiative. • Discussed preliminary findings with mentors and took feedback to refine the analysis direction. C.) Insurance Approval Percentage Analysis • Understood the end-to-end workflow of insurance claim processing from pre-authorization to final settlement. • Collected insurer-wise billing and approval data for 7 months (November2024–May 2025). • Segregated data by billed amount vs approved amount to calculate insurer-wise approval percentages. • Created comparison graphs and dashboards to visualize trends and rank insurers by approval efficiency. • Collaborated with billing and helpdesk staff to identify common reasons for deductions and delays.

	• Conducted a focused deduction analysis on robotic vs non-robotic surgeries performed by a senior onco-urologist, identifying patterns in partial approvals. • Mapped findings to support a potential policy change, emphasizing how surgical modality (robotic vs non-robotic) influences insurer behavior. • Documented variations in insurer response across similar procedures, highlighting inconsistencies in coverage. • Summarized data to assist in insurance policy review and negotiation strategies. • Took feedback from mentors and stakeholders to align findings with organizational goals. D.) Enhancing Communication in Executive Health Check (EHC) • Understood the layout, patient flow, and appointment structure in the Executive Health Check (EHC) unit. • Observed the communication gaps and confusion faced by patients, especially regarding the sequence of tests and waiting times. • Identified the need for better patient engagement during idle times in the waiting area. • Developed the base content and structure for a patient information video explaining the flow of tests, purpose of each investigation, and general instructions. • Submitted the content draft to the Marketing Team for design and production. • Provided a sample ECG explainer video to serve as a creative and visual reference. • Discussed communication improvement strategies with EHC staff and marketing personnel to ensure clarity and consistency in patient messaging. E.) Chemo Daycare – Voice of Patient (VOP) & Turnaround Time (TAT) Analysis • Understood the workflow of the Chemo Daycare Unit, including steps from admission, vitals, drug preparation, cannulation, to chemotherapy administration. • Conducted Voice of Patient (VOP) feedback with a sample size of 30 patients to understand patient experience, communication gaps, and pain points.

	• Performed workflow observation and turnaround time (TAT) analysis on 70 patients, documenting each stage of the chemo process. • Mapped patient journey in real-time to identify bottlenecks and stage-wise delays. • Recorded TAT from entry to chemo initiation, highlighting steps with the highest wait time. • Analyzed the coordination between nursing, pharmacy, and billing, especially during peak hours and shift changes. • Observed delays caused by lack of escalation systems when cases were stuck due to approvals or drug readiness. • Proposed use of timestamp-based tracking and real-time checklists to streamline movement. • Shared insights with staff on workload balancing and communication handovers. • Suggested staff rotation and better coordination with support departments for smoother flow. F.) Designed TPA Patient Insurance Guide Booklet • Understood the insurance-related challenges faced by patients during the admission and billing processes. • Interacted with front-desk CCOs, billing staff, and insurance helpdesk teams to identify repetitive queries and communication gaps. • Drafted the base content for an Insurance Patient Guide Booklet, covering common FAQs, step-by-step pre-authorization process, required documents, and timelines. • Ensured the language used was simple, patient-friendly, and visually structured for easy understanding. • Reviewed common queries and added clarifications on co-pay, exclusions, and approval timelines. • Submitted the draft content to the Marketing Team for design and visual enhancement. • Suggested the addition of flowcharts, checklists, and QR codes in future iterations for quicker patient reference. • Ensured the content aligns with hospital protocol and can be distributed at insurance helpdesks and outpatient billing counters.

Linking theory (Classroom learning) with practice at your organisation	• Applied hospital zoning and emergency code concepts from Essentials of Hospital Services. • Observed teamwork and communication gaps through Organizational Behaviour principles. • Used Health Economics to assess the impact of deposit reduction and insurance deductions. • Applied Operations Management tools to analyze turnaround time and workflow bottlenecks. • Used Communication Planning and BCC to develop patient-friendly education materials. • Ensured content clarity using Patient Education and Health Literacy concepts. • Incorporated Service Quality tools while capturing patient feedback and VOP surveys. • Analyzed insurer patterns through Revenue Cycle Management and Health Insurance learnings. • Interpreted feedback and TAT data using Biostatistics and Quantitative Techniques. • Managed large data sets efficiently with Excel and Healthcare IT tools. • Applied Design Thinking to create clear and accessible visual communication tools. • Linked Hospital Design theories to issues in signage, navigation, and waiting areas.
Gaps identified on the working area.	• Lack of SOPs for revised policies and departmental workflows. • Poor coordination between departments leading to service delays. • Insufficient educational material for patients. • Long waiting times at admission, insurance, and chemo stages. • Inadequate signage and confusing navigation for patients. • Underutilization of digital tools like hospital apps and kiosks. • Incomplete documentation causing claim denials or delays. • Shortage of frontline and support staff in key service areas.

Suggestions for improvement	• Draft and circulate SOPs across relevant departments. • Improve coordination through regular cross-functional meetings. • Create engaging educational tools like videos and multilingual guides. • Use digital dashboards to monitor workflow and TAT metrics. • Upgrade signage and include QR codes for digital navigation. • Train staff on documentation and communication protocols. • Promote and optimize hospital app usage for patients. • Reallocate staff or propose recruitment to address workload imbalance.
Key Learnings	• Understood the concept of price elasticity in healthcare how upfront cost barriers like deposits impact patient admission behavior, as explained in health economics literature. • Gained insight into financial access models, reinforcing that lower deposit thresholds can improve service utilization without necessarily increasing defaults. • Applied workflow reengineering principles to map admission and chemo processes and identify non-value-adding steps, supported by Lean Healthcare theory. • Analyzed approval variance across insurers, learning how payer behavior affects hospital revenue cycles, aligned with studies on reimbursement optimization. • Understood how documentation completeness and timeliness are directly linked to approval rates and claim rejections, as highlighted in healthcare finance research. • Applied concepts of service quality (SERVQUAL) and patient-centered care while designing the VOP survey and analyzing experience gaps. • Observed the importance of visual and digital health communication, supported by BCC models and WHO's health literacy frameworks. • Recognized how real-time feedback mechanisms and patient journey mapping can improve care delivery, rooted in quality improvement literature. • Gained practical knowledge of health IT integration in insurance tracking and admissions, emphasizing

	the role of interoperable systems as per HIMSS guidelines. • Understood that policy clarity, staff communication, and role definition are as critical as infrastructure in achieving hospital efficiency, as supported by organizational behavior studies. • Saw firsthand how patient empowerment tools like videos and booklets can reduce confusion and improve satisfaction, aligning with global health education strategies.

Signature of the Student

Approved by the IIHMR University's Mentor