**SUMMER INTERNSHIP PROGRAM**

**at**

**AIIMS BHOPAL**

**From 13/05/2025 to 21/07/2025**

A REPORT BY

**NIKKI PADAM**

Master of Business Administration

**Hospital & Health Management**

Roll no: **2008**

**2024-26**

under the Mentorship

**Dr. Sarthak Sen Gupta**

IIHMR UNIVERSITY

# अखिल भारतीय आयुर्विज्ञान संस्थान भोपाल

(स्वास्थ्य एवं परिवार कल्याण मंत्रालय भारत सरकार के अधीन राष्ट्रीय महत्व का संस्थान)
साकेत नगर भोपाल - 462020 मध्यप्रदेष दूरभाष - 0755.2970020

# All India Institute of Medical Sciences, Bhopal

(An Institute of National Importance under the Ministry of Health & Family Welfare, Govt. of India)
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Certificate No. PEH-2023-2397
Valid Thru : November 29, 2025

**No.AIIMS/BPL/Dean(A)/2025/3397** **Dated :22/07/2025**

## CERTIFICATE

This is to certify that **Dr. Nikki Padam** has successfully completed Non-MBBS/BDS Internship in the Department of **Hospital Administration** at AIIMS, Bhopal from **13/05/2025 to 21/07/2025** under guidance of **Dr. Kawal Krishan Pandita,** AIIMS Bhopal.

The details of achievements during skill up-gradation are detailed in the enclosed logbook.

**Supervisor/Mentor Faculty**

डॉ. कवल कृष्ण / Dr. KAWAL KRISHAN
एमबीबीएस, एमडी, एमएएचए / MBBS, MD, MAHA
अपर प्राध्यापक
Additional Professor
अस्पताल प्रशासन विभाग, एम्स, भोपाल
Hospital Administration, AIIMS, Bhopal

**Head of the concerned Department**

Dr. LAKSHMI PRASAD
Professor & HoD
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AIIMS, Bhopal

**Dean (Academics)** 22/7/2025

अधिष्ठाता (शैक्षिक)
DEAN (ACADEMICS)
AIIMS, BHOPAL (M.P.)
एम्स, भोपाल (म.प्र.)

**To,**

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**Copy to:**

1. HOD (Concerned), AIIMS Bhopal
2. Registrar, AIIMS Bhopal
3. Supervisor/Mentor Faculty
4. Guard File

# IIHMR University Faculty Mentor Approval

This is to certify that **Dr. NIKKI PADAM** of academic year 2024-26 **of 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. His poster is approved for presentation.

Date: 28/07/25

**Dr. Sarthak Sen Gupta**
**Assistant Professor**
**IIHMR UNIVERSITY, JAIPUR**

# A Checklist-Based Audit to Identify Documentation Gaps in Inpatient Medical Records in the Departments of OBGY, Medicine & Surgery at AIIMS Bhopal


Name- Dr. Nikki Padam
Roll no- 2008 (MBA HM 29)
Faculty Mentor - Dr. Sarthak Sen Gupta
Organization Mentor - Dr. Kawal Krishan Pandita


## ABOUT ORGANIZATION

AIIMS Bhopal, established in 2012 under Pradhan Mantri Swasthya Suraksha Yojana PMSSY, is a leading medical and teaching institute modeled after AIIMS Delhi. With a 1,250-bed modern hospital, it offers advanced care including robotic surgeries, organ transplants, cancer and cardiac treatments. The facility features 20 modular OTs, ICUs, digital records, and dedicated zones for trauma, maternity, and emergencies. It also runs community clinics and supports national health programs. Backed by expert departments and modern infrastructure, AIIMS Bhopal is a key center for healthcare, research, and outreach in Central India.

### Vision

To provide good and affordable healthcare in all regions, train skilled doctors and staff, and support research on important health problems in India.

### Mission

To become a top medical institute by providing quality education, research, and caring healthcare with a scientific approach.

President, Governing Body
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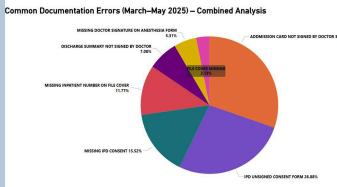
Director
↓
| Dean (Academics) | Dean (Research) | Dean (Examination) |
↓
Associate Deans in respective domains
↓
Medical Superintendent (Hospital Operations)
↓
Heads of Departments (Clinical & Non-Clinical)
↓
Administrative Heads:
- Additional Director (Administration)
- Financial Advisor
- Registrar
- Chief Security Officer
- Dy. Director (IT)
- Sr. Store Officer
- Superintendent Engineer
↓
Supporting Staff:
- Department Officers (HR, Finance, Stores, Maintenance, etc.)




## INTRODUCTION TO PROJECT

Inpatient medical records are an important part of patient care, as they help ensure safety, support treatment decisions, and maintain legal protection. But in high load departments like Medicine, OBGY, and Surgery, errors are still common. Many files are found with missing consent forms, unsigned admission details, or incomplete discharge summaries. Through this study, I tried to identify these documentation gaps by using a checklist aligned with NABH standards to help improve overall record quality. The project was carried out through a manual audit of closed inpatient files, focusing on discharge records accessed from the Medical Records Department.

## OBJECTIVE

- To assess the completeness and accuracy of inpatient medical records
- To identify documentation gaps across selected departments (OBGYN, Medicine, Surgery)
- To recommend improvements in inpatient documentation practices

## METHODOLOGY

Study Design & Setting: A descriptive retrospective audit conducted at AIIMS Bhopal, a tertiary care teaching hospital.

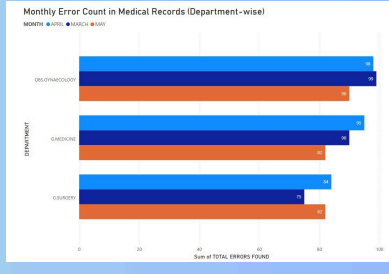
Departments Covered: Obstetrics & Gynaecology, General Medicine, and General Surgery.

Duration: March–May 2025 (3 months).

Sampling: Continuous monthly sampling based on NABH guidelines.

Tool Used: A structured checklist assessing completeness, timeliness, legibility, consent, discharge summaries, and signature/date compliance.

Data Collection & Analysis: Manual review of inpatient records; data entered in Excel and analyzed using Excel & Power BI for dashboard-based visualizations.




## MAJOR LEARNINGS DURING INTERNSHIP

- Learned how tocollect, clean & manage hospital data from physical files.
- Used Power BI for data visualization and analze data for the first time.
- Understood MRD workflow and real documentation practices
- Gained experience in audit of inpatient records.
- Realized the role of proper records in patient care & hospital efficiency.

## DIFFERENCE BETWEEN PRACTICAL EXPOSURE AND THEORETICAL KNOWLEDGE

- Theoretical Understanding:
Learned structured concepts of hospital management, documentation standards, and team coordination in class.

- Practical Exposure:
Realized that effective work needs more than theory — it requires leadership, communication, planning, adaptability, and handling on-ground challenges.

- Theory taught how things should work
Practice showed how things actually work — with manpower gaps, delays, and efforts done just to keep the system running, not always for patient satisfaction.

## SUGGESTIONS

- Strengthen Verification of Documentation Checklists
- Introduce Dual Sign-Off for Medical Records
- Conduct Random File Audits Weekly
- Highlight Incomplete Files with Color Tags or Stickers

## CHALLENGES FACED DURING INTERNSHIP

- Difficulty in Locating Department-Wise Files
The major challenge was locating patient files department-wise in the MRD, where records were poorly organized and not arranged by IPD or CR numbers.
- Communication Barriers with MRD Staff
Coordinating with MRD staff was difficult at times due to limited availability and lack of clarity in communication.
- Adjusting to a New Work Environment
It took time to adapt to the hospital setting, work culture, and administrative processes in a busy tertiary care institution.
- Learning Power BI for Data Visualization
As a first-time user of Power BI, understanding its interface and using it effectively for creating charts and analyzing results was a steep learning curve.

## SWOT ANALYSIS

**S** — Efficient initial segregation and routing of records through assigned counters ensures operational clarity and accountability.

**W** — Digitization of records has been suspended since January 2025 due to the absence of a vendor, resulting in complete reliance on manual documentation and increasing the risk of delays and inefficiencies.

**O** — The organization can bring back scanning by either hiring a new vendor or building its own digitization system. This will make records easier to find and help meet compliance requirements

**T** — Relying only on paper records can lead to lost data, slower patient care, and problems meeting legal and accreditation requirements.

## RESULT

- Obstetrics & Gynaecology reported the highest documentation errors, peaking at 99 in March. • General Medicine showed fluctuating errors, with a high of 95 in April. • General Surgery had the lowest errors, ranging from 75 to 84 over three months. • The most common documentation gaps were: • Admission card not signed by doctor (30.3%) • IPD unsigned consent form (26.9%) • Missing IPD consent form (15.5%) • Other frequent issues included Missing IPD Number on Cover File Missing Consent Forms, Anesthesia Signatures, and File Cover Missing Information.

**Weekly Report – Week 1**

**Name of the Organisation: AIIMS Bhopal**

**Area/ Department/ Project of Summer Internship Program: MRD, Engineering Department. (Rotational Internship)**

**Name of the Student: Nikki Padam**

**Roll no: 2008**

**Stream: MBA (Hospital and Heath Management)**

**Duration: From: 13th may 2025 to 17th may 2025**

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| **Activity Done** | 1.Observed manual record-keeping and filing process with partial EHR use in the MRD department .<br>2.Studied hospital fire safety systems including sprinklers, hydrants, alarms, and control panels.<br>3.Understood power supply backup systems – UPS, DG sets, and transformer setup.<br>4.Visited HVAC plant and learned about water screw chillers and zonal air conditioning system and maintenance under AMC/CMC |
| **Linking theory (Classroom learning) with practice at your organisation** | 1.Applied Hospital Support Services, Disaster Preparedness, Health Infrastructure, and Biomedical Engineering concepts to hospital operations. (Studied in essentials of hospital module)<br>2.Related NABH fire safety norms and audit principles to observed fire safety systems.<br>3.Connected HVAC and power backup theories with practical hospital systems.<br>4.Linked Health Information Management theory on medical records with manual processes in MRD. (related with digital heath module) |
| **Gaps identified on the working area.** | 1.Manual record-keeping in MRD is prone to human error and inefficiencies.<br>2.Scanning and digitization of medical records are not currently practiced. |

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| | 3.Renewable energy sources like solar power are not utilized, limiting sustainability efforts |
| **Suggestions for improvement** | 1.initiate in-house medical record scanning to improve efficiency.<br>2.Allocate dedicated personnel for digitization.<br>3.Implement solar energy systems for sustainable power.<br>4.Establish a secure, fire-safe electrical storage room. |
| **Plan for the next week** | 1.Continue observation in Engineering<br>2.Department (Hospital Support Services) till 20th May.<br>3.Rotation to ICU department scheduled for 20th to 24th May.<br>4.Begin departmental analysis for poster project. |

**Weekly Report – Week 2**

**Name of the Organisation: AIIMS Bhopal**

**Area/ Department/ Project of Summer Internship Program: MEDICAL ICU (Rotational Internship)**

**Name of the Student: Nikki Padam**

**Roll no: 2008**

**Stream: MBA (Hospital and Health Management)**

**Duration: From: 19thMay 2025 to 24th May 2025**

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| Activity Done | 1. Introduction to ICU<br>2. Understood workflow in ICU<br>3. ICU management process<br>4. Studied ICU inventory and pharmacy system<br>5. Gained knowledge of patient diet planning and distribution<br>6. Understood patient safety protocols<br>7. Observed documentation and record-keeping procedures |
| Linking theory (Classroom learning) with practice at your organisation | 1. Zoning in hospitals<br>2. SOP<br>3. ICU physical layout and workflow. |
| Gaps identified on the working area. | 1. Not much use of digital methods.<br>2. APL patients are self-responsible for their medication. |

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| Suggestions for improvement | 1. Increased use of digital systems for entry and monitoring<br>2. More awareness programs on nurse burnout and well-being |
| Plan for the next week | 1. Study dietary services in detail<br>2. Understand nutritional assessment and planning<br>3. Observe meal preparation and food distribution<br>4. Participate in patient diet review and counseling sessions<br>5. Assist in diet-related education for patients |

**Weekly Report – Week 3**

**Name of the Organisation: AIIMS Bhopal**

**Area/ Department/ Project of Summer Internship Program: HOSPITAL ADMINISTRATION (Rotational Internship)**

**Name of the Student: Nikki Padam**

**Roll no: 2008**

**Stream: MBA (Hospital and Health Management)**

**Duration: From: 26TH May 2025 to 31ST May 2025**

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| Activity Done | 1. Orientation and familiarization with the dietary services department ·<br>2. Gained practical insights into the processing, packaging, storage, and overall management of dietary services ·<br>3. Initiated work on the Summer Internship Project (SIP)<br>4. Reviewed inpatient discharge files to Identify Gaps in Medical Record Documentation. (Topic For poster presentation). |
| Linking theory (Classroom learning) with practice at your organisation | 1. concepts of workflow management in understanding departmental operations ·<br>2. Observed staffing patterns and deployment strategies.<br>3. Experienced interdepartmental coordination essential for operational efficiency ·<br>4. Understood the significance of teamwork and communication in delivering healthcare setting |
| Gaps identified on the working area. | 1. The dietary services are outsourced to a third-party vendor, which introduces coordination challenges and potential communication gaps ·<br>2. Record maintenance is predominantly manual, leading to a higher probability of human error<br>3. ( A clause indicating a 5% deduction in payment to the vendor in case of human errors which is being currently followed) |
| Suggestions for improvement | 1. Improved ventilation systems across departments for better air quality and comfort ·<br>2. Enhance sterilization protocols and hygiene practices to meet optimal standards ·<br>3. Install digital display boards and signage to streamline patient navigation and reduce dependency on manual directions. |
| Plan for the next week | 1. Introduction to the Registration and OPD Departments ·<br>2. Observation and understanding of the patient admission process ·<br>3. Continued data collection and departmental observation relevant to the SIP project.<br>4. Analyzing discharge files to identify documentation gaps for internship project. |

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**Reporting Format (Weekly)**

**Name of the Organisation: AIIMS, BHOPAL**

**Area/ Department/ Project of Summer Internship Program: HOSPITAL ADMINISTRATION (Rotational Internship)**

**Name of the Student: Nikki Padam**

**Roll no: 2008 Stream: MBA (hospital and health management)**

**Week no: 04 From: 02/06/2025 to 07/06/2025**

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| Activity Done | • Studied the overall functioning of the OPD<br>• Observed the patient flow: registration → waiting → consultation → diagnostics → pharmacy<br>• Understood the complete registration process for both new and follow-up patients.<br>• Analysed the implementation of digital tools such as HMIS, ORS (Online Registration System), ABHA ID integration, and QR code systems.<br>• Observed token system management and patient queue flow across departments.<br>• Reviewed UHID generation process and linkage with Ayushman Bharat and ABHA systems.<br>• Evaluated existing infrastructure including signage, help desks, and waiting areas.<br>• Examined real-time use of electronic health records and patient data capture during registration.<br>• Continued reviewing patient case files from OBG, Medicine, Surgery, and Paediatrics for summer internship project. |
| Linking theory (Classroom learning) with practice at your organisation | • Usage of HIS system and its practical importance<br>• Patient flow and work flow management<br>• Staff training, leadership and collaboration practices<br>• Communication and behaviour management practices |

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| Gaps identified on the working area. | • Absence of digital signages<br>• Long waiting que even after digital token generation<br>• Crowded infrastructure<br>• Less staff to manage such a huge patient flow |
| Suggestions for improvement | • Conduct regular soft-skill training for front-desk staff to improve patient interaction.<br>• Improved signage and visual aids in multiple languages can ease the process for new patients. |
| Plan for the next week | • Introduction to TEM department<br>• Its working and functions<br>• Coordinating with MRD department for Summer Internship Project data and insights<br>• Physical observation in AIIMS BHOPAL |

**Reporting Format (Weekly)**

**Name of the Organisation: AIIMS, BHOPAL**

**Area/ Department/ Project of Summer Internship Program: HOSPITAL ADMINISTRATION (Rotational Internship)**

**Name of the Student: Nikki Padam**

**Roll no: 2008 Stream: MBA (hospital and health management)**

**Week no: 05 From: 08/06/2025 to 15/06/2025**

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| Activity Done | • Orientation and departmental overview of Trauma & Emergency<br>• Observed triage system and categorization of patients<br>• Understood patient registration and initial assessment protocols<br>• Studied the workflow of emergency admissions and referrals<br>• Observed interaction between clinical and non-clinical teams (doctors, nurses, paramedics, and administrative staff)<br>• Studied resource allocation and crowd management strategies<br>• Analysed data recording, medico-legal documentation, and registration in trauma cases<br>• Storage of medicine in the department.<br>• Analyzed manual medical records for the Medicine Department to identify documentation gaps and suggest improvements. |
| Linking theory (Classroom learning) with practice at your organisation | • Triage system: - its uses, practicality and functioning<br>• Patient handling<br>• Quick response units, teams<br>• Patient registration and interaction<br>• Communication with patients and relatives<br>• Storage of medicines |
| Gaps identified on the working area. | • gaps in patient communication, waiting time, and emergency transport coordination.<br>• Less digitization.<br>• Absence of central monitoring unit. |

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| Suggestions for improvement | • Using more digital equipments<br>• Staff training and checking of regular improvements |
| Plan for the next week | • Insight to laundry services in aiims Bhopal<br>• Coordinating with the concerned department for the summer internship project. |

**Reporting Format (Weekly)**

**Name of the Organisation: AIIMS, BHOPAL**

**Area/ Department/ Project of Summer Internship Program: HOSPITAL ADMINISTRATION (Rotational Internship)**

**Name of the Student: Nikki Padam**

**Roll no: 2008 Stream: MBA (hospital and health management)**

**Week no: 06 From: 15/06/2025 to 21/06/2025**

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| Activity Done | • Introduction to the Laundry Department and its scope within hospital support services<br>• Understood linen collection, segregation, washing, drying, ironing, folding, and distribution processes<br>• Observed handling of soiled, infected, and non-infected linen as per hospital infection control protocols<br>• Studied the workflow from hospital units (wards, OT, ICU) to the laundry and back<br>• Examined the use of industrial washing machines, dryers, and calendar rollers<br>• Gained insight into manpower allocation, shift duties, and workload distribution<br>• Analysed logistics and scheduling of linen pickup and delivery<br>• Understood the linen inventory management system and linen reuse policy<br>• Observed compliance with safety and hygiene standards for laundry staff |
| Linking theory (Classroom learning) with practice at your organisation | • work flow management<br>• Staff training, leadership and collaboration practices<br>• Hygiene maintenance<br>• SOP's for the respective department<br>• Infection control management<br>• Outsourcing vendors and logistics |

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| Gaps identified on the working area. | • limited digital system use<br>• digital Tracking of linen<br>• Manual registers used for stock and movement records — prone to errors. |
| Suggestions for improvement | • Digitize inventory and tracking with linen management software or RFID.<br>• Schedule preventive maintenance and invest in energy-efficient machines.<br>• Implement green laundry practices (e.g., water recycling, biodegradable detergents). |
| Plan for the next week | • Introduction to PR Cell<br>• Its working and functions |

**Week 7 Report**

**Name of the Organisation: AIIMS Bhopal**

**Area/ Department/ Project of Summer Internship Program: Public Relations (PR) Cell, Department of Nuclear Medicine, and Hospital Infection Control Committee (HIC)**

**Name of the Student: Nikki Padam**

**Roll no: 2008** **Stream: MBA – Hospital and Health Management**

**Week no 7: From:23/06/25 to 28/06/25**

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| Activity Done | • PR Cell<br>  o Observed internal communication workflows related to public awareness campaigns and hospital achievements like NABH accreditation<br>• Nuclear Medicine<br>  o Observed the infrastructure and layout of the department, which has been non-operational for the past 6–7 months due to lack of technical staff.<br>• HIC (Hospital Infection Control)<br>  o Observed routine infection control rounds conducted by the HIC team in inpatient ward<br>.<br>. |
| Linking theory (Classroom learning) with practice at your organisation | • Health communication and public relations strategies.<br>• Promotion of hospital services and training initiatives.<br>• Infrastructure and service delivery planning.<br>• Regulatory compliance in radiation-based diagnostics.<br>• Infection prevention practices and monitoring.<br>• Quality improvement and hospital safety indicators.<br>• NABH standards and compliance audits. |
| Gaps identified on the working area. | • Absence of a dedicated Public Relations Officer (PRO) currently, communication duties are being handled by other staff alongside their primary roles.<br>• Limited interdepartmental coordination for event visibility.<br>• No technical staff available to operate nuclear medicine equipment. |

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| | • Departmental services have been on hold, impacting patient access and diagnosis timelines.<br>• Major infection prevention workload is dependent on housekeeping staff, with limited cross-functional support from clinical teams. |
| Suggestions for improvement | • Appoint a qualified Public Relations Officer (PRO) to streamline communication strategies and strengthen the institution's visibility.<br>• Create interdepartmental PR coordination committees to ensure timely promotion of clinical initiatives, trainings, and patient education drives.<br>• Expedite technician recruitment or partner with external diagnostic service providers.<br>• Develop a temporary referral workflow until services are resumed.<br>• Conduct regular refresher training sessions for all cadres, including nurses and clinical staff, to share infection control responsibilities. |
| Plan for the next week | Introduction to CSSD<br>Continue developing content and analysis for my poster presentation topic. |

**Week 8 Report**

**Name of the Organisation: AIIMS Bhopal**

**Area/ Department/ Project of Summer Internship Program: Central Sterile Supply Department (CSSD)**

**Name of the Student: Nikki Padam**

**Roll no: 2008** **Stream: MBA – Hospital and Health Management**

**Week no 8: From: 1/07/25 to 8/07/25**

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| Activity Done | • Observed sterilization processes including autoclaving and packaging.<br>• Understood workflow of receiving pre-cleaned instruments from departments.<br>• Monitored use of green sterile cloth and handling protocols.<br>• Understood documentation and quality control processes.<br>. |
| Linking theory (Classroom learning) with practice at your organisation | • Applied knowledge of infection control and sterile techniques.<br>• Observed implementation of hospital operations management and quality assurance.<br>• Related concepts of workflow efficiency and resource planning to real-time practice. |
| Gaps identified on the working area. | • Manpower shortage: Only 6–7 staff members handling all CSSD activities.<br>• Instrument cleaning and washing done at departmental level before reaching CSSD, leading to inconsistency in preparation standards. |

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| Suggestions for improvement | • Increase manpower to manage workload and improve efficiency.<br>• Centralize instrument cleaning within CSSD to maintain consistent sterilization standards.<br>• Conduct training sessions for departmental staff on pre-sterilization cleaning protocols. |
| Plan for the next week | • Posted in Central Pharmacy Department.<br>• Will observe drug inventory management, issue and indent processes.<br>• Continue developing content and analysis for my poster presentation topic. |

**Week 9 Report**

**Name of the Organisation: AIIMS Bhopal**

**Area/ Department/ Project of Summer Internship Program: Central pharmacy department**

**Name of the Student: Nikki Padam**

**Roll no: 2008** **Stream: MBA – Hospital and Health Management**

**Week no 9 : From: 9/07/25 to 12/07/25**

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| Activity Done | Observed the complete workflow of the Central Pharmacy including request, procurement, and storage. Studied the procedure for handling unavailable drugs and the role of Amrit Pharmacy (external vendors).<br>Learned how narcotic drugs and expired medicines are handled. \|<br>. |
| Linking theory (Classroom learning) with practice at your organisation | • Procurement & Vendor Management: Delays in vendor delivery highlight gaps in SLA enforcement and the importance of strategic vendor partnerships taught in materials management.<br>• FIFO Technique (First-In First-Out): Practical use of FIFO method for expired stock reflects warehouse and inventory control practices covered in classroom learning.<br>• Communication Flow: Departmental email-based medicine requests show how formal communication channels function in hospital administration—supporting modules on hospital communication systems. |

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| Gaps identified on the working area. | • Delay in medicine supply from Amrit Pharmacy (24+ hours)<br>• Approval process for unavailable drugs takes 15–20+ days<br>• Limited manpower in Central Pharmacy |
| Suggestions for improvement | • The delivery time from Amrit Pharmacy should be reduced by setting a proper timeline.<br>• The approval process for unavailable medicines should be made faster, maybe using online systems.<br>• More staff should be added to the Central Pharmacy to manage the workload better. |
| Plan for the next week | • I will be posted in the Medical Records Department (MRD), Operation Theatre (OT) section.<br>• The focus will be on understanding the documentation workflow specific to OT cases.<br>• I will finalize and review my internship poster based on the audit conducted in MRD.<br>• Final corrections, formatting, and feedback incorporation for the poster will be completed. |

**Week 10 Report**

**Name of the Organisation: AIIMS Bhopal**

**Area/ Department/ Project of Summer Internship Program: MRD, OT & Sample Collection**

**Name of the Student: Nikki Padam**

**Roll no: 2008** **Stream: MBA – Hospital and Health Management**

**Week no 10 : From: 14/07/25 to 21/07/25**

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| Activity Done | This week, I was posted in MRD, OT, and the sample collection area.<br>In MRD, I observed how files are handled manually — including storage, retrieval, and movement.<br>In OT, I got to see how the staff prepares before surgeries, maintains sterile conditions, and handles instruments.<br>At the sample collection area, I noticed the workflow of how patient samples are collected and sent for testing.<br>. |
| Linking theory (Classroom learning) with practice at your organisation | From our hospital operations classes, I had some idea of how MRD functions — and seeing it in person helped me understand the challenges of manual recordkeeping.<br>In OT, I could relate it with infection control protocols we studied. |
| Gaps identified on the working area. | • MRD is working well, but since everything is manual, it takes time and there's a risk of misplacing files.<br>• In OT, there is limited manpower and sometimes coordination with pharmacy becomes difficult.<br>• In the sample collection area, there are few staff and limited resources, which causes some delays. |

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| Suggestions for improvement | • Introducing EMR or some form of digitization in MRD can make things faster and safer.<br>• OT should ideally have more support staff and better communication with pharmacy for timely availability of drugs.<br>• Sample collection areas need more manpower and maybe a small dedicated team to handle transport of samples efficiently. |

Compiled Report

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| Activity Done | 1. Medical Records Department (MRD):<br>o I observed that records were maintained manually, and only some parts were digital.<br>o I carried out an audit of 1,511 inpatient files from different departments.<br>o Found several gaps in documentation — missing forms, late entries, illegible handwriting, and incomplete signatures.<br>2. Engineering Services (Fire Safety, Power, HVAC):<br>o Understood how fire safety systems like alarms and sprinklers work.<br>o Learned about power backups using diesel generators and UPS.<br>o Saw how hospital cooling is maintained through chillers and HVAC systems.<br>3. ICU (Intensive Care Unit):<br>o Observed ICU workflow and protocols for critical care.<br>o Learned about inventory and diet management for ICU patients.<br>4. Dietary Services:<br>o Understood how meals are prepared, packed, and delivered.<br>o Took part in checking nutritional needs of patients.<br>5. Outpatient Department (OPD):<br>o Observed both manual and digital patient registration.<br>o Learned about UHID generation, ABHA card linking, and patient flow.<br>6. Emergency Department (TEM):<br>o Observed patient triage and how emergency cases are handled. |

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| | - Noted documentation for medico-legal cases and how staff managed crowds.<br>7. Laundry Services:<br>- Watched how soiled linen is collected, washed, dried, and redistributed.<br>- Learned about infection control in linen management.<br>8. Public Relations (PR) Cell:<br>- Noted the absence of a dedicated PRO.<br>- Saw that internal communication and promotion could be improved.<br>9. Hospital Infection Control (HIC):<br>- Joined in ward rounds with the HIC team.<br>- Observed how SOPs are followed and how cleanliness is monitored.<br>10. CSSD (Central Sterile Supply Department):<br>- Saw how surgical tools are cleaned, packed, and stored in a sterile way.<br>- Noticed that more staff and better cleaning coordination are needed.<br>11. Central Pharmacy:<br>- Learned how medicines are ordered, stored, and distributed.<br>- Observed delays in medicine delivery, especially for special drugs.<br>12. Operation Theatre (OT) & Sample Collection:<br>- Observed OT protocols, sterile techniques, and surgical prep.<br>- Understood how patient samples are collected and sent for testing. |
| Linking theory (Classroom learning) with practice at your organisation | I was able to connect what we learned in class — like hospital operations, disaster planning, infrastructure, and infection control — with how things actually work in a real hospital.<br>I saw how SOPs are followed, how records are kept, how patients are managed, and how different departments work together day-to-day. |

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| Gaps identified on the working area. | • Manual documentation in MRD led to missing and incomplete patient records.<br>• Many documents were not signed or dated properly.<br>• No solar energy use; dependency on generators only.<br>• PR cell lacked proper staffing and hospital communication was weak.<br>• Some departments like OT and CSSD had staff shortages.<br>• Pharmacy deliveries were delayed due to slow processes. |
| Suggestions for improvement | • Digitize medical records to reduce errors and improve access.<br>• Hire dedicated staff to maintain and monitor documentation.<br>• Use solar power to reduce dependency on generators.<br>• Appoint a full-time PRO for better communication and visibility.<br>• Set deadlines for pharmacy vendors and streamline approvals.<br>• Increase manpower in key departments like OT and CSSD.<br>• Improve signboards, helpdesks, and staff behavior at the OPD. |
| **Key Learnings** | • **I learned how to check inpatient files properly and found that many were incomplete or had missing documents.**<br>• **I saw that most medical records were still kept manually, and there's a big need to shift to digital systems.**<br>• **I got to understand how support systems like fire safety, power backup, and air conditioning help a hospital run smoothly.**<br>• **I observed how ICU and OT teams work, follow safety rules, and maintain infection control.**<br>• **I understood the working of support services like CSSD, laundry, and dietary, and how they affect patient care.**<br>• **I noticed some important gaps — like staff shortage, delay in pharmacy supply, and no dedicated PR team.**<br>• **I was able to use what we studied in class — hospital operations, SOPs, infection control, and quality systems — in real hospital settings.**<br>• **This internship helped me feel more confident in doing audits, understanding hospital systems, and suggesting ways to improve.** |