SUMMER INTERNSHIP PROGRAMME

ASSESSMENT OF CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD) PATIENT ACCORDING TO GOLD STANDARDS

Faculty Mentor: Dr Sanjay Gupta

Presented by: Kanishka Tewari
[1971 MBA HM 29]

Organization Mentor: Dr Ruchi Khanna

Brief History and Description about the Organization

Eternal Hospital

Eternal Hospital (A unit of Eternal Heart Care Centre and Research Institute) established on 5th October 2013 -this landmark Healthcare Institute was founded by Dr. Samin K. Sharma, world- renowned Interventional Cardiologist based at Mount Sinai Hospital ,New York, USA.
he hospital is JCI (Joint Commission International) accredited and affiliated from The Mount Sinai Hospital, New York, USA. Hospital is also NABH & NABL accredited.
Eternal Hospital is an 250 bedded hospital and has state-of-the-art technology focusing on the specialities like Cardiology, Cardiac Surgery, Neurology, Neuro Surgery, Orthopaedic & Joint Replacement, Spine Surgery, Nephrology, Paediatrics, Gynaecology, Critical Care, Urology, Pulmonology, Gastroenterology, Diabetes and Endocrinology and many more.

Organization Mission & Vision

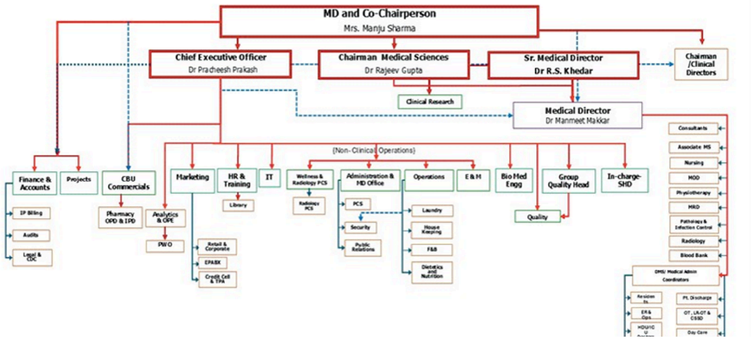
MISSION

To redefine healthcare by improving outcomes and experience of patients through cutting edge research and personalized clinical care including innovative, preventive, diagnostic, therapeutic and rehabilitation services.

VISION

A centre of excellence in area of medicine with highest international standard at affordable cost for the community around the globe.

Organogram-EHCC



Difference between practicalexposure at SIP organisation and theoretical understanding from IIHMR University

- Theory teaches ideal protocols; practical exposure reveals real-world constraints.
- Theory emphasizes individual knowledge; practical exposure demands teamwork and adaptability.
- Theory outlines structured care; practical exposure highlights gaps in execution and patient compliance.
- Theory builds clinical concepts; practical exposure develops critical thinking and real-time decision-making

Learning During the Internship:

- Gained exposure to the functioning of a healthcare institution.
- Understood the importance of teamwork in clinical settings.
- Improved time management and organizational skills..
- Enhanced communication skills with staff and patients.
- Understood the role of discipline and professionalism in healthcare.
- Developed a structured approach to problem-solving.

Challenges faced during internship

- Lack of clear orientation or structured training module for interns.
- Hesitation among staff in sharing relevant information & to accept suggestions from interns.
- Limited access to hospital data and records due to confidentiality reasons.

PROJECT UNDERTAKEN

Assessment Of COPD Patients According To GOLD STANDARDS

Chronic Obstructive Pulmonary Disease (COPD) is a progressive yet preventable respiratory disorder characterized by persistent airflow limitation, often due to smoking and environmental exposures.
The project highlights diagnostic gaps, overtreatment in mild cases, and a lack of symptom assessment tools (CAT™, mMRC). It emphasizes the need for standardized protocols, prescriber education, and integration of non-pharmacological care to enhance patient outcomes.

Methodology : A retrospective observational study conducted on 69 respiratory patients admitted to EHCC

Objective : To evaluate adherence to GOLD guidelines in COPD management and identify gaps in diagnosis and treatment practices.

SWOT ANAYLSIS :

Strength

- EHCC is a reputed tertiary care hospital with excellent pulmonology and critical care departments.
- Availability of diagnostic tools like spirometry, X-rays, and lab services.
- Access to experienced specialists and multidisciplinary staff.

Weakness

- Lack of CAT™ and mMRC scoring indicates a gap in standardized symptom assessment protocols.
- Dependence on clinical staff for data or patient interaction can slow down progress.
- Poor patient follow-up or high dropout rate may affect results.

Opportunity

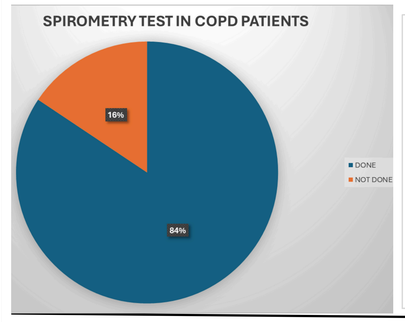
- Potential to start awareness campaigns
- Can collaborate with pharmacy, physiotherapy, and nursing team
- Use EHCC patient data to analyze readmissions, drug adherence, or inhaler technique.

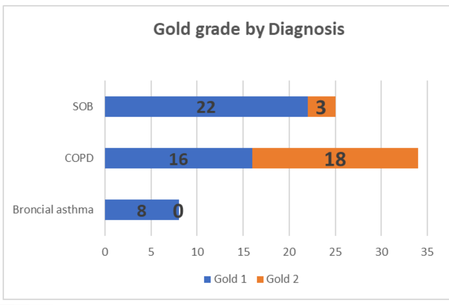
Threat

- Institutions with integrated pulmonary rehab and smoking cessation programs may offer more holistic care, attracting more patients.
- Competing hospitals adopting comprehensive COPD care pathways with integrated digital tools may surpass EHCC in delivering standardized, data-driven respiratory care.
- COPD patients may have low awareness or motivation for compliance and education

Finding :

- 48.5% of total cases were diagnosed as COPD while 84% of COPD patients underwent spirometry, reflecting good diagnostic coverage.
- Lack of CAT™ and mMRC scoring contributed to poor recognition of symptom burden in GOLD 1 cases
- GOLD Stage 2 (moderate COPD) was the most common severity grade.
- Mild COPD (GOLD 1) cases were often over-treated with pharmacologic therapy.
- 75% of COPD patients were treated with nebulized bronchodilators and systemic steroids, indicating a strong reliance on acute-phase management.





Suggestions :

- Conduct training sessions for doctors and nursing staff to implement CAT™ and mMRC scoring effectively.
- Ensure spirometry is performed in all suspected COPD and SOB cases to minimize underdiagnosis.
- Support patients through structured non-pharmacological care including smoking cessation counseling, referral to pulmonary rehabilitation, timely vaccination.
- Provide inhaler training to the patient's and ensure scheduled follow-ups to reduce readmissions.