SUMMER INTERNSHIP PROGRAM

At

ADITYA BIRLA MEMORIAL HOSPITAL, PUNE

From **12 May 2025** to **21 July 2025.**

A REPORT BY

AURA SINGHA ROY

Master of Business Administration

(Hospital and Health Management)

Roll no:- **1917**

2024-26

under the Mentorship of

Dr. Sandesh Kumar Sharma

Associate Professor

IIHMR UNIVERSITY

ADITYA BIRLA
MEMORIAL HOSPITAL

Affordable, World-Class Healthcare

Ref.No. ABMH/Academics/Internship/462

Date: 21st July 2025

TO WHOMSOEVER IT MAY CONCERN

This is to certify that **Dr. Aura Singha Roy** (Student of IIHMR University, Jaipur) has successfully completed her Internship at **Aditya Birla Memorial Hospital**, Pune in **Quality Department** from **12th May 2025 to 21th July 2025.**

During her tenure, she has been hardworking, sincere and eager to learn.

We wish her "All the Best" in her future endeavor.

For Aditya Birla Memorial Hospital.

Sweta Kumari
Senior Manager
Quality Department

Dr. Rajshekhar Iyer
Head of Academics

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IIHMR UNIVERSITY

IIHMR University Faculty Mentor Approval

This is to certify that **Dr. AURA SINGHA ROY** 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. Her poster is approved for presentation.

Date: 24/07/2025

Dr. Sandesh Kumar Sharma
Assistant Professor

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ADITYA BIRLA MEMORIAL HOSPITAL, PUNE

"Analysing the reasons behind Call Drops in OPD receptions at Aditya Birla memorial hospital, Pune".

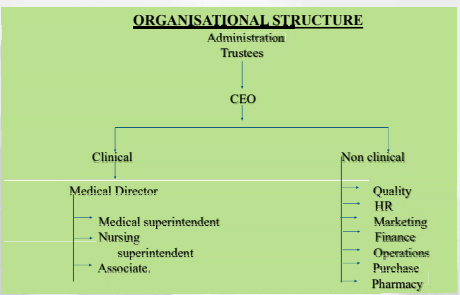
INTRODUCTION OF HOSPITAL

ABMH is a multi-specialty medical center started in 2006 located in Pimpri-Chinchwad, Pune. It is Maharashtra's first Joint Commission International and National Accreditation Board for Hospital, ACHS accredited hospital. ABMH is also India's first HACCP and ISO 22000:2005 certified hospital. It is a private limited organization, with Mrs. Rajashree Birla as its chairperson.

VISION: Excellence first and always.

MISSION: Compassionate Quality Healthcare

ORGANISATIONAL STRUCTURE



DIFFERENCE BETWEEN PRACTICAL EXPOSURE AND THEORICAL EXPERIENCE

- PRACTICAL :- Exposure involved hands on experience with the operational aspects such as, observing process, understanding equipment functionality, and interacting with hospital staff and patients.
- THEORETICAL :- Knowledge and Understanding helped in making informed decision in management, ensuring compliance with regulations, implementing best practices and enhanced knowledge of hospital principles.

MAJOR LEARNINGS:-

- Observed the complete flow of communication in the OPD departments of the hospital, right starting from call centre.
- Got familiar with Hospital Information System and call centre working.
- Better exposure to hospital work and culture.
- Learned about the organizational working protocols and communication with staffs and patients.

DR. AURA SINGHA ROY
HM, ROLL NO- 1917
UNIVERSITY MENTOR- DR. SANDESH SHARMA
ORGANIZATION MENTOR- MS. SWETA KUMARI

SWOT ANALYSIS

Strengths	Weakness
• Has in-house call centre for better quality communication.	• Shortage of staff • Outdated software. • Deficiency of resource.
Opportunities	**Threats**
• Introducing latest services and technologies. • Upgradation of software to leverage smooth communication functioning. • Spreading services to rural areas.	• Technical issues. • Other hospitals offering similar services.

INTRODUCTION:-

The initial contact of patient to hospital is through telephonic communication, so it is necessary that this way should be smooth & well equipped. Call drops is when call is either not received or the conversation didn't get complete due to various reasons.

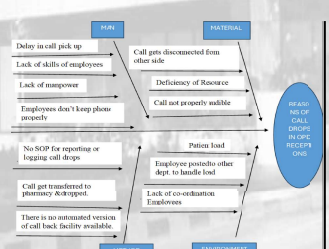
OBJECTIVE:

To analyse the reasons of call drops and recommend ways to reduce it.

METHODOLOGY

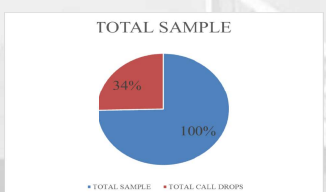
STUDY DESIGN: Observational study
SAMPLING METHOD: Convenience sampling
STUDY SETTING:
The set-up of the study was OPD Reception areas at Aditya Birla Memorial Hospital, Pune where all calls and drops from various OPD departments were analysed.
SAMPLE SIZE:
A sample size of 300 calls were used.
(Acc to the Formula- n= Z^2* p* (1-p)/ E^2.)
DURATION: 1 month.

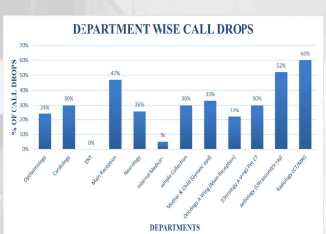
FISHBONE ANALYSIS



OUTCOMES

TOTAL SAMPLE	Drops numbers	TOTAL CALL DROPS	TOTAL CALL PICK UPS
300	101	34%	66.00%

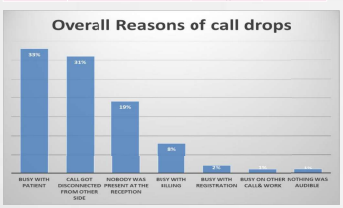




CHALLENGES FACED DURING INTERNSHIP:-

- Took time to understand and adapt to organization's work culture.
- Uncooperative behaviour from some staffs.
- Shortage of staff & huge patient flow made the interpersonal communication between me and staffs difficult.

Sl. No.	Overall Reasons of call drops	Number of times issue appeared overall in %	Number of times issue appeared
1	Busy with Patient	33%	33
2	Call got disconnected from other side	31%	31
3	Nobody was present at the reception	19%	19
4	Busy with Billing	8%	8
6	Busy with Registration	2%	2
7	Busy on other call& work	1%	1
8	Nothing was audible	1%	1



CONCLUSION

The analysis of call drops at OPD receptions revealed that the issue stems from a combination of systemic, operational, and human factors. Addressing this challenge requires more than isolated fixes—it demands coordinated interventions aimed at improving communication channels, staffing, and workflow processes. Call centre should have an AI based system for automatic call backs & shouldn't be dependent manually on people completely.

SUGGESTIONS:-

- Implementation of staff training, timely meetings, optimizing staffing levels to reduce the number of call drops in OPD receptions.
- Providing proper SOP.
- Educating call centre agents about fasting hours for radiology tests to reduce number of call transfers.
- Allocate resources based on real- time demand and patient/calls load.
- The immediate patient needs, should be called back within 10 mins (TAT), other calls within half n hour.

Reporting Format (Week 1)

Name of the Organisation: Aditya Birla Memorial Hospital, Pune

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

Name of the Student: Dr. Aura Singha Roy

Roll no: 1917 **Stream:** MBA HHM 29

Week no: 1 **From:** 12/05/2025 **to** 17/05/2025

Activity Done	-Orientation -General visit around various departments of hospital. -Visit to outsourced call centre. -Started working on Project- call centre- reasons for call drops, call transfer issues.
Linking theory (Classroom learning) with practice at your organisation	-NABH Guidelines. -Gap Analysis -Interpersonal Communication. - Team work among healthcare professionals.
Gaps identified on the working area.	Absence of Sinages noticed in IPD Building (ICUs)
Suggestions for improvement	Proper Sinage in bold letters with arrows for direction is necessary for patient's clear understanding.
Plan for the next week	Working on the Project – Data collection work.

Signature of the Student Dr. Aura Singha Roy

Approved by the IIHMR University's Mentor

Reporting Format (Week 2)

Name of the Organisation: Aditya Birla Memorial Hospital, Pune

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

Name of the Student: Dr. Aura Singha Roy

Roll no: 1917 **Stream:** MBA HHM 29

Week no: 2 **From:** 19/5/2025 **to** 24/5/2025

Activity Done	- Data Collection for the Project "Reasons for call drops, call transfer issues in OPD affecting quality and patient satisfaction", in various OPD receptions like ophthalmology, cardiac, ENT, main reception, orthopaedic, radiology. - Discussion on the issues identified.
Linking theory (Classroom learning) with practice at your organisation	-Team co-ordination and team participation. -Importance of digital health records in hospital. - Efficient time and work management.
Gaps identified on the working area.	-Miscommunication among staffs. -Overloading of patients at the reception area in peak working hours. -High work load and time constraints on particular days.
Suggestions for improvement	-Optimizing staffing level to improve the quality of patient care. -Implementing standardized communication protocol. -Implementing regular team meeting. -Encouraging reception employees to prioritize task based on patient need and urgency.
Plan for the next week	-Data collection. -Working on the ongoing project. -Discussions related to issues identification and quality improvement.

Signature of the Student Dr. Aura Singha Roy

Approved by the IIHMR University's Mentor

Reporting Format (Week 3)

Name of the Organisation: Aditya Birla Memorial Hospital, Pune

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

Name of the Student: Dr. Aura Singha Roy

Roll no: 1917 **Stream:** MBA HHM 29

Week no: 3 **From:** 26/05/2025 **to** 31/05/2025

Activity Done	- Data Collection for the Project "Reasons for call drops", on various OPD receptions like radiology (ultrasound & CT/MRI), main reception, Neurology. -Application of various data collection methods. -Discussion on problem area.
Linking theory (Classroom learning) with practice at your organisation	-Conflict Management -Team work Efficient resource management, effective decision making.
Gaps identified on the working area.	-Absence of employee at the opd reception area during specific time of the day- in Radiology (CT/MRI), morning 8-9 am and after 5:30 pm, no employee is present at the reception. -Technical issues- voice not properly audible in reception telephone in radiology(ultrasound)opd.
Suggestions for improvement	-Optimizing staffing level and working times. -Regular monitoring for any technical issues for smooth functioning.
Plan for the next week	- Data collection – Recording reasons of call drops at various OPDs. -Discussion on the issues found and process improvement.

Signature of the Student Dr. Aura Singha Roy

Approved by the IIHMR University's Mentor

Reporting Format (Week 4)

Name of the Organisation: Aditya Birla Memorial Hospital, Pune

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

Name of the Student: Dr. Aura Singha Roy

Roll no: 1917 **Stream:** MBA HHM 29

Week no: 4 **From:** 2/6/25 **to** 7/6/25

Activity Done	-Data Collection for the Project "Reasons for call drops", on various OPD receptions like Internal Medicine, Sample Collection, Mother and Child receptions. -Process flow of hospital call centre.
Linking theory (Classroom learning) with practice at your organisation	-Importance of effective Telecommunication. -Workflow Management.
Gaps identified on the working area.	-Employee's skill to manage and multitask efficiently can be improved. -Delay in receiving calls leading to unanswered calls and query of patients.
Suggestions for improvement	-Implementation of staff training, special attention to new staffs, regular and timely meeting. -Managing task with time can reduce the benchmark time.
Plan for the next week	-Working on the project, sample collection.

Signature of the Student Dr. Aura Singha Roy

Approved by the IIHMR University's Mentor

Reporting Format (Week 5)

Name of the Organisation: Aditya Birla Memorial Hospital, Pune

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

Name of the Student: Dr. Aura Singha Roy

Roll no: 1917 **Stream:** MBA HHM 29

Week no: 5 **From:** 9/06/2025 **to** 14/06/2025

Activity Done	-Data Collection for the Project "Reasons for call drops in Opd receptions", on various OPD receptions oncology building (A-wing) main reception, Pet-Ct, Radiology dept (ultrasound/ x-ray). - Use of various data collection method.
Linking theory (Classroom learning) with practice at your organisation	-Health Information System/ RHIS -Quality management and continuous improvement. -Problem solving attitude. -NABH guidelines.
Gaps identified on the working area.	-2 Reception in Radiology (ultrasound and CT/MRI) department makes the management difficult and confusing. -Employees are shifted from their respective reception to other receptions to handle the load, leaving empty receptions and no replacements, leading unanswered patient queries and chaos.
Suggestions for improvement	-Combining the receptions for department to avoid confusion and better & convenient management. -Managing number of receptions and hence accordingly the no. of employees can be improved.
Plan for the next week	-Continue working on the project. -Analysis of the data collection, Report making.

Signature of the Student Dr. Aura Singha Roy

Approved by the IIHMR University's Mentor

Reporting Format (Week 6)

Name of the Organisation: Aditya Birla Memorial Hospital, Pune

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

Name of the Student: Dr. Aura Singha Roy

Roll no: 1917 **Stream:** MBA HHM 29

Week no: 6 **From:** 16/6/25 **to** 19/6/25

Activity Done	Project "Reasons for call drops in Opd receptions". Analysis on all the data collection done. Report Making on the given project topic.
Linking theory (Classroom learning) with practice at your organisation	-NABH guidelines. -Sampling Techniques. -Hospital's Communication process. -Electronic health record. -RHIS/ Hospital Information System.
Gaps identified on the working area.	-Long response time for calls. -Call transfer issues- wrong call transfers. - Shortage of staffs (Reception staffs) leading to workflow disruption.
Suggestions for improvement	-Regular meetings, trainings for staffs. -Implementation of proper SOP for reporting & logging calls & call drops. - Hiring/ optimizing adequate number of staffs.
Plan for the next week	Continue working on the project analysis, report.

Signature of the Student Dr. Aura Singha Roy

Approved by the IIHMR University's Mentor

Reporting Format (Week 7)

Name of the Organisation: Aditya Birla Memorial Hospital, Pune

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

Name of the Student: Dr. Aura Singha Roy

Roll no: 1917 **Stream:** MBA HHM 29

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

Activity Done	Project "Reasons for call drops in Opd receptions". -Analysis and Report making on the given project topic. -Data collection at hospital's inhouse call centre. -Learned about the working & operations of the "Emergency Codes". -Observed "Code Black" mock drill.
Linking theory (Classroom learning) with practice at your organisation	-NABH Guidelines. -Hospital Communication System (Telephonic system) -RHIS (Routine Health Information System)/ HIS -Sampling Techniques
Gaps identified on the working area.	-Tracking of name/number of the patient whose calls have been dropped can be better be improved by outsourced call centre. -Employee sometimes doesn't book appointment on time. -Lack of communication among different departments.
Suggestions for improvement	-There is a scope of improvement in call centre's tracking & reporting system. -Training for managing task, communication protocols.
Plan for the next week	-Continue with the current ongoing QIP project.

Signature of the Student Dr. Aura Singha Roy

Approved by the IIHMR University's Mentor

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Reporting Format (Week 8)

Name of the Organisation: Aditya Birla Memorial Hospital, Pune

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

Name of the Student: Dr. Aura Singha Roy

Roll no: 1917 **Stream:** MBA HHM 29

Week no:8 **From:** 30/6/2025 **to** 5/7/2025

Activity Done	- Project "To improve the efficiency of call centre by analyzing the reasons of Call drops in OPD Receptions". -Data collection at hospital's call centre. -Observed "Code Stroke" - announcement, communication protocols.
Linking theory (Classroom learning) with practice at your organisation	-NABH Guidelines. -Hospital Communication System (Telephonic system) -RHIS (Routine Health Information System)/ HIS -Sampling Techniques
Gaps identified on the working area.	-In this call centre- call doesn't get transferred from one employee's system to another employee if the call gets dropped/ not attended/missed. -No standard protocols followed regarding (greetings/introduction, thankyou) during starting and ending the calls. -Miscommunication among staffs.
Suggestions for improvement	-Upgrading into a better software/app from the currently installed basic software. -Training for the staffs for proper greetings/ communication at start & end of calls.
Plan for the next week	- Continue with the current ongoing QIP project. -Analysis & Report making, Presentation.

Signature of the Student Dr. Aura Singha Roy

Approved by the IIHMR University's Mentor

Reporting Format (Week 9)

Name of the Organisation: Aditya Birla Memorial Hospital, Pune

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

Name of the Student: Dr. Aura Singha Roy

Roll no: 1917 **Stream:** MBA HHM 29

Week no: 9 **From:** 7/7/25 **to** 12/7/25

Activity Done	- Project "To improve the efficiency of call centre by analyzing the reasons of Call drops in OPD Receptions". -Compiling/summarizing, analysis & Report making. -Presentation done in front of organization mentor and quality team and -Presentation done in front of Call centre/ Marketing head manager and OPD Manager. -Started working on Tools of NABH. -Started learning about IPSG Audits.
Linking theory (Classroom learning) with practice at your organisation	NABH Guidelines. -Audits -IPSG Goals -Hospital Communication System (Telephonic system) -RHIS (Routine Health Information System)/ HIS
Gaps identified on the working area.	-Radiology department have consistent problem of call dropping & no improvement. -Interdepartmental Miscommunication is seen.
Suggestions for improvement	-Training/ meetings with Radiology dept staffs is necessary, providing SOPs. -Setting standardized communication protocols for communicating between departments.

	-Use of various communication tools such as instant messaging apps, mails & chat platforms.
Plan for the next week	-Poster Designing & Final Report Compilation. -Further observation on Tools (NABH), Audits (IPSG). -Final presentation to organization mentor.

Signature of the Student Dr. Aura Singha Roy

Approved by the IIHMR University's Mentor

Reporting Format (Week 10)

Name of the Organisation: Aditya Birla Memorial Hospital, Pune

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

Name of the Student: Dr. Aura Singha Roy

Roll no: 1917 **Stream:** MBA HHM 29

Week no:10 **From:** 14/07/2025 **to** 19/07/2025

Activity Done	- Project "To improve the efficiency of call centre by analysing the reasons of Call drops in OPD Receptions". -Worked on 3 tools of NABH for NABH 6 Audit Manchester patient safety framework (MaPSaF), Safety Attitudes Questionaire and AHRQ Surveys on patient safety culture (SOPS). -Made Questionaire based on these tools. -Attended a Cultural Training. -Did IPSG Audit in IPD wards, opd departments etc- mainly IPSG 1 & 2, -Eye Wash Audit in various department. -FMS round. -NABH documentation work for ongoing nabh 6 audit. -Poster making. -Report Finalisation.
Linking theory (Classroom learning) with practice at your organisation	-NABH Guidelines. - IPSG Audits - Double Identification system. -Hospital Communication System (Telephonic system) -RHIS (Routine Health Information System)/ HIS
Gaps identified on the working area.	-Call centre are not using any automated system for call backs.

	-Knowledge of nursing staff about ID bands, transfer forms etc is not upto date. -Maintenance & Hygiene is compromised – seen during FMS round.
Suggestions for improvement	-AI based automated call back system can improve the call communication system. -Training the nursing staffs about IPSG. -Continuous repairing and maintaining hygiene.

Signature of the Student Dr. Aura Singha Roy

Approved by the IIHMR University's Mentor

COMPILED REPORTING FORMAT

Name of the Organisation: Aditya Birla Memorial Hospital, Pune

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

Name of the Student: Dr. Aura Singha Roy

Roll no: 1917 **Stream:** MBA HHM 29

Activity Done	**Orientation** - During my first week of internship in the hospital I was introduced to **orientation** of the whole hospital to get a better understanding about various departments and their functioning, familiarize with the hospital's operations, policies, and procedures. - Met with key administrative personnels and departments heads and learned about their roles and responsibilities and how their departments contribute to the hospital. - Also, there was a short celebration on International nurses' day which was on 12th May. - I learned about NABH Guidelines and protocols from the NABH Guidebook. - Began familiarizing myself with the hospital's policies, guidelines and Standard

	- operating procedures (SOPs) focusing on how these guidelines ensure smooth and efficient quality functioning of hospital. - Then I was assigned to Visit the Hospital's outsourced Call Centre where I observed/ noticed the complete communication process of hospital. - Aditya Birla has hired an outsourced call centre with approximately 10 employees to handle all the external calls. **Project** -I was assigned a **Project** on "To improve the efficiency of call centre by analysing the reasons of Call drops in OPD Receptions in Aditya Birla Memorial Hospital, Pune". -I started working on the project with – Data collection on various departments receptions in OPD building in the hospital like ophthalmology, cardiac, ENT, main reception, orthopaedic, radiology (ultrasound & CT/MRI), neurology, Internal Medicine, Sample Collection, Mother and Child receptions, oncology building (A-wing) main reception, Pet-Ct. - I also noticed and made the Process flow of hospital call communication system.

	- There I noticed the total call drops occurred in each department from morning 10 am to 1 pm and then again 2 pm to 5 pm. - Along with that the received calls, type of query, peak call timings. Data Collection- 1 month/ 30 days Sample Size- 300 calls. - Applied various Data collection method & discussion of the problem area with mentor/ supervisor. - I found out various reasons behind the Call drops happening in the opd departments. - -Along with collecting data for analysing the reasons of call drops, I also learned various managerial aspect on how to manage patient crowd, resolve patient's complaints, manage uncooperative patients and workflow management. - Also, I had a brief learning about working about working of RHIS. - I also observed the working of the Aditya Birla's Inhouse call centre.

	- I also learned about the hospital's emergency codes and its communication process, how its announcements and reporting's are done properly. - I have presented my Project in front on Quality team and Call centre/marketing HOD and OPD manager. - I also worked on some tools of NABH regarding NABH audit. - I actively participated in a Cultural training held in Aditya Birla hospital for all the employees. - I observed and learned about IPSG Audit- there I learned about double Identification process, communication process, importance of ID bands etc. - Eye Wash Audit- I learned about 2 types of Bottles, importance of maintain checklist, basically got to understand the need to do regular audit. - FMS rounds. - I worked on making a report of project, summarized, finalized and submitted it.

Linking theory (Classroom learning) with practice at your organisation	Throughout the internship I was able to link classroom learning with the practical experience in the hospital. - As my whole project and focus was based on the communication process, I observed how important the Interpersonal communication is in maintaining the smooth and efficient communication process in frontline. - I observed the importance of Teamwork and co-ordination among staffs especially during peak hours to effectively provide quality service and reduce number of drops in the calls. - Also, I learned about hospital information system and RHIS. - Also, I learned about Call communication softwares. - Overall, I practiced and observed various managerial theories like quality management, effective communication, teamwork, hospital information system, electronic health record system that helped me gain experience during my 70 days summer internship.
Gaps identified on the working area.	**The overall Gaps that I found out during my internship period-**

	- High Patient load/ work load and time constraints, employees are not able to manage all the tasks in a given amount of time i.e multitasking leading to frequent Call drops. - Employee is either busy with registration of patients, Billings leading to missed calls hampering the communication. - Gaps and miscommunication among staffs and departments results in misunderstanding and lack of co-ordinated care. - Call centre employees directly transfer Radiology department's calls as they don't have knowledge about the fasting hours required for radiology tests leading to increased call transfers and drops in radiology. - Employee are shifted to other receptions from their original work departmental receptions to handle the huge workload with no replacement arranged at their original workplace. - It was seen that there was Delay in the time between call arrival and call receive. - Some technical issues were also seen like Call was not audible.

	- In A Wing reception of the hospital call gets transferred to pharmacy & gets dropped as staff is not trained enough to answer the particular calls leading to so many dropping of calls and patient dissatisfaction. - Call gets disconnected from other side due to reasons like dialling of wrong extension number. - Deficiency of resources needed for smooth functioning- in radiology department there is absence of printer, for which employee have to repeatedly leave their place to deliver patient's papers to the cabins and meanwhile calls get missed. - Shortage of staff has been noticed. - There are no automated call back system/software/ facility available.
Suggestions for improvement	**Suggestions I would like to provide to the organization for improvement-** - Implementation of staff training, special attention to new staffs, regular & timely meetings is needed for an effective and efficient functioning. - Optimizing staffing levels according to the number of reception areas specially during peak hours, encouraging them to prioritize

	task based on processes, assign responsibilities to other team members. - Proper SOP should be provided & followed regarding calls attend/drops hence employee performance. - Instalment of printer in Radiology (ultrasound) dept. is advised to avoid employees leaving their places to deliver patient's papers. - Implementing standard communication protocol to avoid miscommunication happening between call centre and hospital staffs and between departments and also between patients and the hospital. - Call Centre should inform hospital employee (on WhatsApp group having all call centre & hospital staffs) all the dropped calls details i.e patient's name, phone no., & then employee should be given time limit to make the call backs. Tracking of name/number of the patient whose calls have been dropped can be better be improved by outsourced call centre. - The immediate patient needs should be called back within 10 mins (TAT), other calls within half n hour. - Call centre should have an AI based system for automatic call backs and shouldn't be

	dependent completely manually on people for the functioning.
Key Learnings	**Key Learnings during my summer internship-** - I observed the complete flow of communication in the OPD departments of the hospital. right starting from Call centre. - Learned about the importance and detailing of frontline communication process, either its external from patient or internal within departments. - Got familiar with Hospital Information System and call centre working. - Got experience and a better exposure to hospital work and culture. - Learned about the organizational working protocols and communication with staffs and patients. - Got a hands-on experience with how to work on project and manage it efficiently and with quality tools. - Learned how to balance multiple tasks and deadlines efficiently.

	- Learned about overall quality department's roles and responsibilities in the hospital.

Signature of the Student Dr. Aura Singha Roy

Approved by the IIHMR University's Mentor