SUMMER INTERNSHIP PROGRAM

at

King Geroge Medical University

Lucknow

12 May to 23 July 2025

A REPORT BY

Aryaveer Singh

Master of Business Administration

Hospital And Health Management

1915

2024-26

under the Mentorship of

Dr. Alok Mathur

Associate Professor

IIHMR UNIVERSITY

Completion Certification from the Organization

CERTIFICATE

This is to certify that Mr. Aryaveer Singh of 2024-26 (HM 29) Batch of MBA Hospital and Health Management, IIHMR University Jaipur has worked with our organization for his summer internship from 12 May 2025 to 23 July 2025. The overall performance shown by him during the period was excellent. This certificate is being issued to meet the requirements of the IIHMR University.

Date:

(Signature of organization Mentor)

Name: Dr. Nitin Dutt Bhardwaj

Designation: Additional Professor & Head

Seal/Stamp of the Organization

Head Of Department
Department Of Hospital Administration
KGMU, Lucknow

IIHMR UNIVERSITY

IIHMR University Faculty Mentor Approval

This is to certify that **Mr.Aryaveer Singh** of the academic year 2024-26 **Institute of Health Management Research** has prepared a poster with respect to his summer internship held during May-July 2025.

He has carried out work as per the guidelines. His poster is approved for presentation.

Date: 29/07/2025

Dr.Alok Mathur

Associate Professor

IIHMR University, Jaipur

UNDERSTANDING HOSPITAL OPERATIONS THROUGH PATIENT-CENTERED PRACTICES: INTERNSHIP EXPERIENCE AT KGMU

Name of the Organisation: King George Medical University, Lucknow
Submitted By :Aryaveer Singh
Organization Mentor: Dr.Nitin Dutt Bhardwaj

Stream: MBA (Hospital And Health Managment)
Roll No: 1915
University Mentor: Dr.Alok Kumer Mathur

HISTORY & DESCRIPTION

KGMU is among the oldest government medical universities in India that was founded in 1905. It is a leading tertiary-care hospital of about 4,000 4,500 beds managing more than one million out-patients each year thus becoming one of the largest residential hospitals in India.

VISION:

To become an international centre of medical education, research and delivery of health.

MISSION

To offer full range of healthcare services, encourage innovation in education and research, and make quality treatment available to everyone.

ORGANIZATION STRUCTURE

Hon V-Chancellor (KGMU, Lucknow)
▼
Dean- Medical and hospital
▼
Medical Superintendent
▼
Hospital Administrator hospital administration dept
▼
Department Head
▼
Doctors, Junior Doctors
▼
Residents/Interns / Support Staff
▼
Other Administrative Support units:Biomedical Engineering• Housekeeping SanitationSecurity Services and Front Office• IT & Records (MRD)• Dietetics / KitchenLaundry Services

DIFFERENCE BETWEEN THEORETICAL UNDERSTANDING & PRACTICAL EXPOSURE

THEORETICAL KNOWLEDGE IIHMR	EXPERIENCE IN KGMU
1.Quality instruments: Lean, PDCA, TQM, Structured workflow	1.OPD reality factors, problems in the flow of patients, the necessity of improvisation
2.In planning, Research and MIS models Research and MIS models have been used on the basis of the level of development, type of ownership and industry or sector in which the developing company is located.	2.Utilization of live patient data, hole in the floor report of the administrators, floor-level coordination
3.HRM structures & Health systems design	3.Deviations experienced at SOP, unanticipated delays, and communication problems with staff

Real life platform to apply an academic model taught at IIHMR was seen through internship- substantial learning and problem solving in hospital setup.

SWOT ANALYSIS OF PATIENT SATISFACTION

Strengths:

Availability of experienced clinical and nursing staff.
Specialty-wise segregation of counters (in OPD).
24x7 inpatient clinical support and standardized admission/discharge protocols (in IPD).
Patients felt confident in doctors' knowledge and treatment quality.

Opportunities:

- Implement structured patient feedback system with quick resolution.
- Use of digital token/display systems to manage queue and reduce perceived waiting time.
- Orientation and soft-skill training for staff and interns for better patient communication.
- Deploy indoor navigation tools to help first-time patients.
- Display boards, helpdesks, and floor guides for smoother flow.

Weaknesses:

- Long waiting hours, especially in peak times.
- Lack of clear signage and navigation aids.
- Incomplete or unclear communication by staff regarding tests/medicines.
- Delayed feedback collection and action on complaints.
- Discharge delays and interdepartmental coordination issues.

Threats:

- Patient dissatisfaction may lead to negative word of mouth.
- Increased footfall with poor system response may affect hospital reputation.
- Staff burnout leading to reduced quality of interaction.

SWOT ANALYSIS INDOOR NAVIGATION

Strengths

- Improves patient movement and flow within large hospital areas (e.g., OPD/IPD).
- Reduces reliance on staff for directions, freeing them for core tasks.
- Enhances the first-time patient experience by reducing confusion and stress.
- Strengthens hospital image as a digitally enabled, patient-friendly institution.

Opportunities

- Integration with hospital mobile apps or ABDM health IDs for complete journey mapping.
- Multilingual voice-guided or visual aids to support differently-abled or non-Hindi speakers.
- Can be extended to link with token queue systems and feedback points.

Weaknesses

- Requires technical infrastructure investment (QR codes, kiosks, app integration).
- Some departments may have unclear or overlapping layouts needing re-mapping.
- Digital illiteracy among elderly and rural patients could limit usage.

Threats

- Resistance from traditional users or frontline staff during transition.
- Potential glitches or maintenance issues could create dependency risks.
- Cybersecurity or privacy concerns if linked to personal patient information.
- High expectations once digital systems are introduced — any failure could increase dissatisfaction.

TOWS ANALYSIS INDOOR NAVIGATION

S-O (Strength–Opportunity) Strategy:
Although there is currently no digital navigation system, the hospital's large and well-defined physical layout and staff familiarity with departments can be used as a foundation to plan indoor navigation. These strengths can be leveraged to gradually implement QR-code based maps or digital kiosks in high-traffic areas.

S-T (Strength–Threat) Strategy:
In case of resistance to digital tools or technical failure, staff who already know the hospital layout can act as guides or provide manual directions. Also, the hospital's strong reputation can help build trust among patients when introducing this new system.

W-O (Weakness–Opportunity) Strategy:
Since there is no existing digital infrastructure and some patients may be digitally illiterate, the hospital can collaborate with startups or student interns to design low-cost, user-friendly solutions. This can include bilingual QR-code posters, color-coded signage, and touch-based kiosks for easy access.

W-T (Weakness–Threat) Strategy:
To avoid failure due to lack of digital literacy or system overload, printed maps and floor signboards can be provided alongside digital options. Additionally, human assistance (like volunteers or interns) can be placed near entry points to guide patients who face difficulty navigating.

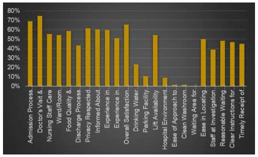
CHALLENGES

- Inability to get access to identification by interns in the first place
- Catching system deviations in rush hours
- Reluctance of staff performance observation
- The lack of communication between the departments affecting the accuracy in surveys
- The opposition to qualitative feedback derived by patients

KEY FINDINGS

OPD

IPD



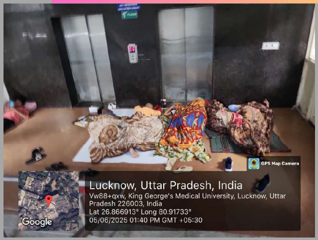
THE CRASH LEARNINGS OF THE INTERNSHIP

- Four hundred responses to design and implantation of a bilingual patient satisfaction tool (400 responses)
- Creation of patient flow maps, the gauging of gaps, and pictorial dashboards
- Incorporation of SWOT/TOWS frameworks of strategy to healthcare operations strategically
- Stakeholder dialogue and negotiation Field based stakeholder communication and negotiation with administrative stakeholders
- Ethical data collection manner and incorporation of feedback loop

INNOVATION IDEAS FOR BETTER BEHAVIOUR.

- Digital Token & Queue management in OPD counters
- Bilingual & Color-coded wayfinding signage for patients
- Staff volunteer or intern navigators during heavy demand days
- Interactive feedback kiosks at exit points with real time dashboard
- SOP refresh training for front line & floor staff on a regular basis.

GLIMPES OF INTERNSHIP



Reporting Format

(Weekly)

Name of the Organisation: King George Medical University (KGMU), Lucknow

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

Name of the Student: Aryaveer Singh

Roll no: 1915 **Stream:** MBA-Hospital And Health Managment

Week no: 1 **From**: 12 May 2025 to 16 May 2025

Activity Done	Attended intro classes in regard to the functions as well as the hospital setup. Hospital departments like laboratory, wards and the pharmacy were visited by somebody. The hospital employees were contacted so as to learn about scheduling. Learning of resource allocation was made. Knew the reporting pattern and the chain of command in the hospital as well
Linking theory (Classroom learning) with practice at your organisation	Practical experience with adventure of the patients and hospital operations occurred in the classroom discussion case studies. Interpreted already learned ideas with regard to patterns of staffing as taught in the classes in both OB and HRM. In linked Communication, conversation was attached to topics and real-time coordination in the hospital. Planning sessions.
Gaps identified on the working area.	The external information provided initially was nothing more than general information about the different departments in the hospital It was not very specific information as it was about specific departments in the hospital. An absence of a regular feedback system with intern queries
Suggestions for improvement	The mentor or the guide in the hospital requires a weekly feedback session. Process maps as well as organograms are important to be presented to the intern because they will have a better understanding.
Plan for the next week	Become more observant in order to coordinate patient care. Know about referral. Learn how to deal with an emergency case. - Document all daily learning and current enhancement.

Signature of the Student

Aryaveer Singh

Reporting Format

(Weekly)

Name of the Organisation: King George Medical University (KGMU), Lucknow

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

Name of the Student: Aryaveer Singh

Roll no: 1915 **Stream:** MBA-Hospital And Health Managment

Week no: 2 **From:**19 May 2025 to 24 May 2025

Activity Done	Visited various parts of a hospital like OPD, pharmacy, wards, and registrations in order to sight the daily activities in the hospital. Gathered background information on patient movement, and document flow and service use. - Carried out informal talks with administrative employees to gather more on their daily data habits. Presented some useful management ideas, like Lean, and IPO models, to supervisors so that they could consider them in practice. was able to contribute to the team work by assisting the department wise requirement of data and KPIs.
Linking theory (Classroom learning) with practice at your organisation	Theoretical use of Management Information System (MIS) explored with the use of real time data monitoring techniques. Applied Input-Process-Output model, to build a simplified flow chart of OPD entry system. Took advantage of gap analysis based on Lean Thinking to identify the process inefficiencies and suggest easier workflows. Applied the concept of the PDCA model during the planning of the early collection of data and their review. Interaction concepts of an organization such as team dynamics and hierarchy in organizations were observed when executing the tasks.
Gaps identified on the working area.	Lack of a standardized structure to capture the data of patients and operations. In certain areas, there is a duplication of efforts since the processes are performed on paper. The staff on the front line does not have an experience of organized data recording procedures. Communication between various departments appears informal, and it is not timely in some aspects.
Suggestions for improvement	Develop a common digital data entry procedure on generally used hospital forms. Undertake mini orientation programs to create awareness on the value of correct data. - Put up display charts and SOP in places adjacent to critical stations where knowledge about anticipated procedures will be great. - Promote cross-functional meetings so as to coordinate activities within the units.

Plan for the next week	Emphasize on the diagramming of entire flow of the OPD and Emergency processes. - Compile and perform trend analyses to facilitate reporting structures. Relate with employees and learn on the use of data to facilitate quality and decision making. - Create an operational template of department wise observation and improvement tracking.

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Reporting Format

(Weekly)

Name of the Organisation: King George Medical University (KGMU), Lucknow

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

Name of the Student: Aryaveer Singh

Roll no: 1915 **Stream:** MBA-Hospital And Health Managment

Week no: 3 **From:** 6 May 2025 to 31 May 2025

Activity Done	The third week of internship was devoted to the protocol development and preparations in regards to the data collection both in OPD (Outpatient Department) and IPD (Inpatient Department). We completed questionnaires that are structured (based on NQAS, NABH and WHO) criteria. Questionnaires were in hindi + English language and included important service satisfaction and emotional wellbeing parameters. Data Collection Protocol OPD: It was my responsibility to undertake data collection in OPD and IPD. The questionnaire involved the ten systematic questions associated with registration, consultation, cleanliness, staff behaviour, communication and patient satisfaction. Emotional states were measured with the help of mood scales. The gathering of the data was partially completed through interviewer-administered and Google Forms. Making data collection in the IPD as well. The question was concentrated on admission procedures, nursing intercessions, doctor rounds, solitude, food provisions, and emotional wellbeing. Inpatients who had been studied after verification according to inclusion criteria were interviewed in person.
Linking theory (Classroom learning) with practice at your organisation	Research Methodology: Such concepts as sampling, inclusion/exclusion criteria, ethical consent were practically used. The information on designing research tools and achieving primary statistical data that we had learned in classroom was applied literally in the real process of interviewing a patient in KGMU.
Gaps identified on the working area.	Non Provision of Communication by Departments: There were cases where certain departments failed to update the information on eligible patients or daily survey times on time which resulted in some confusion and loss of productive time.
Suggestions for improvement	The credit of all the contributors to data collection activities should be done clearly. 2. A better communication strategy among departments should be given between the communication strategy of the student intern and the efficient work of the student intern.

Plan for the next week	Next week we will shift the priority of our attention to more focused on in-depth and better structured data collection and preliminary data monitoring. Resting upon the challenges and learnings of week 3, we are arranging the following plans: Making IPD and OPD data collection cost effective: After the pilot test, data collection will be carried in both departments in a more structured schedule. Until and unless there is consistency in number of response per unit and timing clash during ward rounds and OPD peak time, it will be prioritized.

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(Weekly)

Name of the Organisation: King George Medical University (KGMU), Lucknow

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Name of the Student: Aryaveer Singh

Roll no: 1915 **Stream:** MBA-Hospital And Health Managment

Week no: 4 **From:** 1 June 2025 to 7 June 2025

Activity Done	• Maintaining the ongoing of data collection on the basis of structured questionards in OPD and IPD departments. • Their study has covered patient circulation, service provision, staff communication, and environment. • Registered patient feedback and these initial observations were about satisfaction and service gaps.
Linking theory (Classroom learning) with practice at your organisation	• Maintaining the ongoing of data collection on the basis of structured questionards in OPD and IPD departments. • Their study has covered patient circulation, service provision, staff communication, and environment. • Registered patient feedback and these initial observations were about satisfaction and service gaps.
Gaps identified on the working area.	The unavailability of official ID cards to the interns interfering with the identification of patients as well as collection of information. • The communication barrier between the hospital personnel and the interns making some confusion. • Reporting matter in which only one name per intern department is accepted at the same time although there are interdepartmental work.
Suggestions for improvement	Assign official ID badges to the interns to make them easier to spot and identify and facilitate the working process. • Enhance the communication procedures between the hospital administration and interns in order to enhance synchronized work. • Permit sharing of credits concerning the contribution of the interns in reports on the actual work undertaken.
Plan for the next week	• Close data recording in OPD and IPD with better coordination. • Do some initial data analysis and summary. • Meet authorities in the hospital on the issue of intern identification and the format of reporting.

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Reporting Format

(Weekly)

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Name of the Student: Aryaveer Singh

Roll no: 1915 **Stream:** MBA-Hospital And Health Managment

Week no: 5 **From:** 9 June 2025 to 17 June 2025

Activity Done	Finished the data collection procedure of OPD and IPD departments. Obtained data obtained through administration of structured questionnaires in a sample size of 400 patients in a bilingual way. Confirmed the ethics to be observed such as the patient consent, privacy, and comfort during interviews. Conducting of the survey on a daily basis with the nursing staff to maintain the flow of survey. Frequently refreshed database that contains the answers to analysis soon.
Linking theory (Classroom learning) with practice at your organisation	Use of the knowledge regarding patient satisfaction indicators as discussed in Quality assurance & Hospital operations modules. This awareness comprehended on earth level application of hospital quality standards (in agreement with NABH). Applied such tools as structured questionnaires, communication methods, the ethical practices learned during classes.
Gaps identified on the working area.	The issuance of the ID cards was not on a timely basis; hence most of the patients and staff could not recognise us as interns. It is the issue of name recognition: each department learns name recognition of a single intern even though putting in collar work. During high OPD/ IPD time, patients were not co-operative and this interfered with flow of data.
Suggestions for improvement	To be visible and have authority, it is a good practice to distribute temporary ID cards to the interns at the beginning.At the initial stages of the research, to increase the quality and accuracy of answers, a designated quiet room to conduct interviews would be handy.
Plan for the next week	Several activities are required to make an initial step into the data analysis phase and use Excel and/or SPSS. Determine the pattern and gaps in the services through data collected. Make Charts/visuals to draft reports and present reports.

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Reporting Format

(Weekly)

Name of the Organisation: King George Medical University (KGMU), Lucknow

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

Name of the Student: Aryaveer Singh

Roll no: 1915 **Stream:** MBA-Hospital And Health Managment

Week no: 6 **From:** 18 June 2025 to 23 June 2025

Activity Done	• Data analysis of 400 answers of patient satisfaction in OPD and IPD completed departments. • Tabulated information into neatly structured excel sheets to review and interpret. • Developed exploratory charts and graphs of the patient satisfaction measures. • Found out regular problems and unmet needs of the patients through their comments.
Linking theory (Classroom learning) with practice at your organisation	• Used statistical methods and methods of data analyses acquired in classes (Research Methodology and Healthcare Operations). • Produced statistical visualisations that matched the quality indicators. • Acquired applicable practice in transforming raw patient feedback to practical recommendations.
Gaps identified on the working area.	• Some of the responses by patients were vague as a result of ill-perceived questions. • In-depth analysis of the trends was slowed down by limited availability of statistical tools. Qualitative data is influenced by the refusing of the patient to detail the answers to the next question in open-ended questions richness.
Suggestions for improvement	• Be more organized in questions and patient guide, which will have abridged guiding sentences. • Offer interns statistical and analytical tools at a very early stage of the process. • More time should be devoted to qualitative data interview to gain more insight on the patient.
Plan for the next week	Complete trend identification data analysis. • Start working on the consolidated final patient satisfaction survey report. • Ready to form interim review meetings with the department

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Roll no: 1915 **Stream:** MBA-Hospital And Health Managment

Week no: 7 **From:** 24 June 2025 to 30 June 2025

Activity Done	• Began the process of clearing the responses on patient satisfaction received (n=400) to see the trend. • Was engaged in interpreting information that was provided by a manager through a managerial lens with a focus on gaps in services, delays in requests and services communication issues. • Feedback was mapped by departments to be able to see the problems as a system challenges satisfaction. • Counseled on drafting of key points and generation of comparative matrices at department level performance.
Linking theory (Classroom learning) with practice at your organisation	• Applied the concept of Healthcare Management, Quality Improvement and Hospital Administration courses. • Utilized management tools such as the SWOT and Fishbone analysis to identify the causes of causes dissatisfaction. • Understood how essential implementation of feedback on a timely basis is in hospital administration.
Gaps identified on the working area.	• Failure to communicate quickly among patients leads to confusion and negative response. • Insufficient employing of the patient feedback in everyday managerial processes. • Difference at the department level in processing patient complains.
Suggestions for improvement	• Develop a weekly review of feedback mechanism at the OPD/IPD unit level. • Data visualization during meetings in order to convey patient experience. • Appoint feedback liaisons per ward to resolve any issue promptly.
Plan for the next week	Start assembling final report of analysis. • Focus the observations of NABH and institutional purposes. Write up to take a presentation to the internal review.

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Roll no: 1915 **Stream:** MBA-Hospital And Health Managment

Week no: 8 **From:** 1 july 2025 to 7 july 2025

Activity Done	Still conducted the analysis and synthesis to the department level. Identified the key problem of the effective signage and confusion of patients in the hospital navigation. Planned and presented a prototype of indoor navigation support, composed of coloured lines. Recommendation on how to improve current signage boards and their placements. Suggestions were welcomed at the hospital administration and the new signage boards were put up as pilot areas.
Linking theory (Classroom learning) with practice at your organisation	Applied concepts in Hospital Planning and Facility management. - Related patient experience mapping to operation design. Gained an understanding of the role that small steps in infrastructure can play to induce less confusion and enhance satisfaction.
Gaps identified on the working area.	- Serious navigation problems of new or rural patients on the large hospital premises. Old signages were inappropriate, shoved and confusing. Employees took much time offering instructions which impacted on efficiency.
Suggestions for improvement	- Install directional signages of different colors at sensitive points. - Provide indoor maps of navigation at major entrances and the OPD counters. Put in digital screens or fixed You Are Here maps department to department.
Plan for the next week	Complete any analysis documents and recommendations. Provide a short report about the outcome of signage implementation. Start the internship final summary and impact statement.

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Name of the Student: Aryaveer Singh

Roll no: 1915 **Stream:** MBA-Hospital And Health Managment

Week no: 9 **From:** 8 july 2025 to 14 july 2025

Activity Done	Initiated creation of final report on the results of the patient satisfaction survey. - Summarized intelligence-based information accrued in the course of last weeks. Camera-base prepared a list of recommendations that can be implemented on the basis of patients feedback observations. Organized the report into a department-wise manner to attain a more in-depth analysis.
Linking theory (Classroom learning) with practice at your organisation	Applied the information of Quality Management and Health Systems Assessment modules. Understood the techniques of transforming survey knowledge into specific and useful departmental recommendations. - Experienced a practical course of action in drafting formal reports in healthcare in decision-making.
Gaps identified on the working area.	The absence of a system of handling and responding to feedback in the middle. The communication gap remained to be a problem between OPD and IPD. - Disregard action after receiving feedback points because of channels of responsibility that are not well defined.
Suggestions for improvement	Form and maintain a feedback response committee that considers suggestions every week. The department heads should be encouraged to review satisfaction during monthly meetings. Ensure that the feedbacks are well tracked by using feedback sheets in each unit.
Plan for the next week	Send in the final report to the hospital mentor and academic guide. - Design slide presentations to be used during the final assessment. - Summarize the reports about the internship.

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Name of the Student: Aryaveer Singh

Roll no: 1915 **Stream:** MBA-Hospital And Health Managment

Week no: 10 **From:** 14 july 2025 to 19 july 2025

Activity Done	The last week of the internship was a time when all the findings, the results of a survey were presented, as well as a certain judgment as to which department to go to. the findings in the observations were set out in a final report. The complete records such as survey records, feedback assessment and departmental examinations was presented to the responsible people at KGMU. Special attention The attention was paid to the organization and formatting of the report in accordance with the standards of the profession.
Linking theory (Classroom learning) with practice at your organisation	Programs such as Quality Management, Operations Management and Healthcare The internship directly used communication. The last report abilities acquired in Research Methodology, Strategic Hospital Planning modules, and Management.
Gaps identified on the working area.	Lacunas in communication with patients, incorrect system of signs, lack of feedback mechanisms and absence of clarity of indoor navigation were major findings. Discrepancies gaps between planning and actual implementation of managers were also identified.
Suggestions for improvement	- Designated feedback at OPD and IPD. Vernacular language signboards having a clear view. - Application of indoor navigation model or application. - Front-desk personnel orientation and training on a regular basis.
Key Learnings	It was an eye opener of an internship. Real-time conduction of surveys to by managing patient feedback and offering managerial advice. acquired critical thinking, soft skills, professional communication and practical skills insight on how hospitals operate. The experience enabled us to be confident in taking the issue. apply classroom learning to real-world healthcare difficulties. It also highlighted on the the value of compassion and transparency to healthcare provision.

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Compiled Reporting Format

Name of the Organisation: King Geroge Medical University (KGMU), Lucknow

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

Name of the Student: Aryaveer Singh

Roll no: 1915 **Stream:** MBA (Hospital and Health Management)

Activity Done	**Week 1:** Went through orientation, viewed major departments, acquired command structure and scheduling of hospital. **Week 2:** Toured OPD, wards and pharmacy; collected patient flow; got introduced to Lean & IPO model; participated in patient flow data collection. **Week 3:** Designed bilingual questionnaires; started recording the OPD/IPD patient data. **Week 4:** Maintained surveys; documented customer response and noticed blanks in service delivery among others. **Week 5:** Collected and compiled 400 patient surveys; developed and updated real time data sheet. **Week 6:**Communication with Excel in the background began; drawn trends and charts were created. **Week 7 :** Analysis of the feedback department wise; prepared SWOT and fishbone matrices. **Week8 :** Noted signs problems; suggested colored maps to patients navigation. **Week 9:** Prepared department recommendations and findings; wrote final report. **Week10:** Delivered final report and gave all analysis and documents.
Linking theory (Classroom learning) with practice at your organisation	• Hospital hierarchy and coordination were connected with Organizational Behavior (OB), Communication and HRM. • Lean, IPO, PDCA models and MIS knowledge in actual patient-flow environments. • Research methodology that will be applied: sampling, informed consent, and a questionnaire. • Quality instrumented patient satisfaction; ethics of data and experience. • Implemented the quality monitoring and operations in the course of filling the survey. • Conducting statistical analysis using Excel; linking quality indicators of hospitals.

	• Quality management skills SWOT, Fishbone and department matrix. • They used facility management and designing signage to make easy navigation among patients. • Quality reporting insights and hospital administration have been used in compilation. • The final presentation skills realised in Communication and Research modules, strategic planning.
Gaps identified on the working area.	• No real intern feedback, not personalized. • Redundant data, unstandardized documentation, inter-department communication, which is informal. • Departments did not communicate patient eligibility details on time. • There were no ID cards; the staff members had communication problems; mono-crediting was used. • Uncooperative patients during rush hours; ID problems are still there. • General absence of qualitative insight; general imprecise answers; poor analysing instruments. • Latency of communication between a department and a patient; unequal management of feedback. • Incomprehensible signs; time spent by employees to direct patients. • Mismatch between OPD-IPD; feedback failing to be followed up. • Communication and signage are of primary concern; there is no process of feedback.
Suggestions for improvement	• Undertake frequent feedbacks; avail process maps and organogram charts. • SOP displays, paperwork, well-organized inter-department meetings. • Advance eligibility, collective credits system of team work. • Intern ID cards; enhance communication ties. • Offer peaceful area to conduct surveys; interim identity system. • Better survey instructions; train better at the qualitative tool. • Visual dashboards; given regular review meetings; ward links. • Digital maps at the entrance points, color-coded signboards. • Establish feedback committee, monthly debrief sessions and monitor suggestions. • Local advertising; inquiry desks; locomotive front-desk officials.

Signature of the Student

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