SUMMER INTERNSHIP PROGRAM

AT

RUKMANI BIRLA HOSPITAL, JAIPUR

From 12th May to 21st July

A REPORT BY

Anjali Chuadhary

Master of Business Administration

Hospital and Health Management

1902

2024-26

Under the Mentorship of

Dr. Arindam Das

Professor, IIHMR University

IIHMR UNIVERSITY, JAIPUR

CK Birla Hospitals
RUKMANI BIRLA HOSPITAL

RBH/2025/Jul/HRD/6858

Date: 21 Jul 2025

TO WHOM SO EVER IT MAY CONCERN

This is to certify that **Anjali Chaudhary** has successfully completed her internship in the **Quality** Department from 12 May 2025 to 21 Jul 2025.

Her behavior was respectful, punctual, and in alignment with hospital policies. She showed enthusiasm to learn, adapt, and communicate effectively with staff members, while maintaining a professional attitude throughout the program.

We commend her dedication and discipline during the tenure and believe she has gained valuable exposure to the work culture and expectations of a healthcare environment. We wish a continued success in all future academic and professional pursuits.

For **CK Birla Hospital – RBH**

Ravi Kumar
Unit Head | Human Resources

IIHMR UNIVERSITY

IIHMR University Faculty Mentor Approval

This is to certify that **Miss. Anjali Chaudhary** of academic year 2024-26 of **Institute of Health Management Research** has prepared a poster with respect to her summer internship held during May 2025 - July 2025.

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

Date: 25/07/2025

Arindam Das.

Dr. Arindam Das

Professor

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Assessment of Knowledge, Attitude and Perception of Healthcare Professionals towards Hospital Acquired Infections (HAIs) and Compliance with IPSG – 5.

Name – Anjali Chaudhary | Roll No - 1905 | University Mentor – Dr. Arindam Das | Organization Mentor – Dr. Kalpana Bindal

ABOUT HOSPITAL

BRIEF HISTORY AND INTRODUCTION

The 230-bedded Rukmani Birla Hospital is a multispecialty hospital in Jaipur with world-class facilities that provide extensive inpatient and outpatient care. Since its founding, RBH has been offering its patients comprehensive medical care, including outpatient services, cardiology, neurology, gastrology, renal science, orthopaedics, and joint replacement, among other services. The three iconic CKBirla Hospitals—the Calcutta Medical Research Institute (CMRI, 1969, Kolkata), the BM Birla Heart Research Centre (BMB, 1989, Kolkata), and its most recent addition, Rukmani Birla Hospital (RBH, 2016, Jaipur)—have established significant milestones in the healthcare sector.

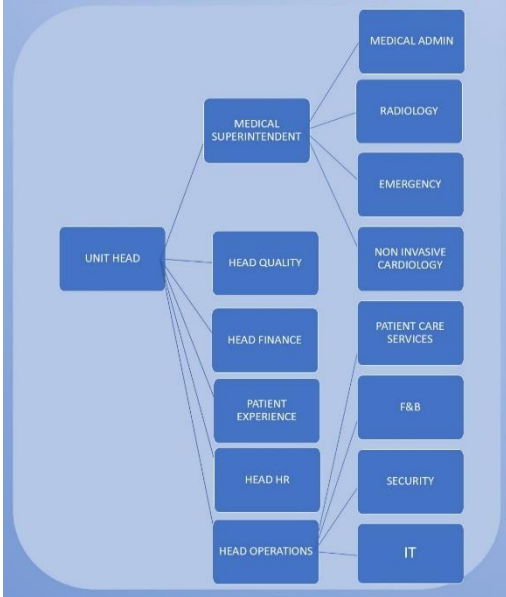
VISION

To deliver the best possible clinical excellence and patient care.

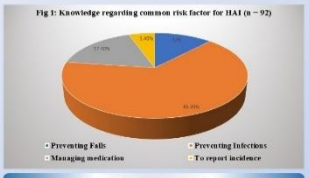
MISSION

Establishing a clinical centre of excellence with a solid foundation in research , academics and evidence based medicine to achieve the greatest possible clinical and patient outcomes.

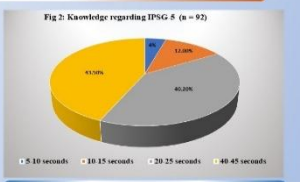
ORGANIZATIONAL STRUCTURE



KEY FINDINGS

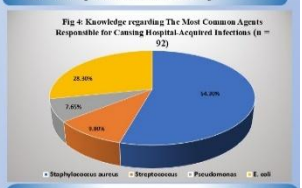


About **65%** understood the correct focus of IPSG-5, but **one-third were unclear** — indicating room for awareness improvement.

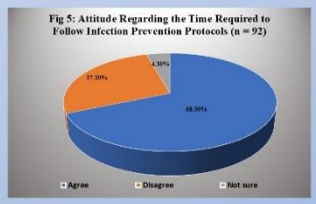


More than half correctly identified that proper hand hygiene is not a risk factor, but nearly **47%** confused it with actual infection risks — showing a need for better understanding.

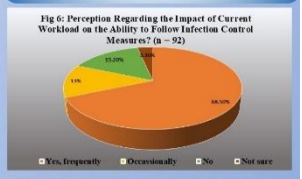
37% correctly identified the recommended sequence for donning PPE, as WHO's guidelines. This reflects partial awareness of standard precautions. However, 63% selected incorrect sequences, indicating the need for enhanced training on PPE protocols to ensure infection prevention and staff safety .



Over half (54.3%) correctly identified Staphylococcus aureus as the most common causative agent of HAIs, reflecting decent microbiological awareness. Yet, **45.7%** chose incorrect options, with many leaning toward E. coli, which is also a significant HAI pathogen but less common than Staphylococcus in many settings. This reveals a moderate gap in pathogen-specific knowledge among respondents.



According to the data, **68.5%** of respondents agreed that changing a mask before seeing another patient is a hospital-acquired infection control measure.



This chart shows that **68.5%** of respondents believe that their current workload affects their ability to follow infection control measures. In contrast, **15.2%** disagreed and some were not sure about it.

THEORETICAL UNDESTANDING

Theoretical knowledge acquired at university helped in understanding different fundamental concept and principle related to the function of a hospital.

PRACTICAL EXPOSURE

Practical knowledge taught how to operate in real time hospital setting using the theoretical knowledge that I gained in university.

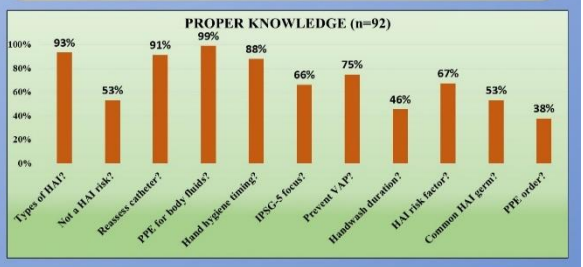
USEFULNESS OF INTERNSHIP

- Hospital practical experience.
- Through the quality department, I gained exposure to the MICU, NICU, pre-op post-op department, In-patient unit, general wards, CSSD, and OT robotic surgery. Acquired knowledge about departmental work procedures, recognizing important problems and difficulties.
- Exposure to the corporate culture
- Strong communication skills and a greater comprehension of PATIENT NEEDS were developed because to the internship's beneficial opportunities for direct patient involvement.

OVERALL FINDINGS

➢ KNOWLEDGE FINDINGS (n=92):

- The average score of respondents– **7.7** for Knowledge survey of (KAP).
- There was limited understanding observed regarding correct PPE use and proper hand hygiene
- knowledge gaps were found in PPE use, pathogen ID and distinguishing risk vs prevention.
- **Significant gaps in understanding level:**
  - Hand hygiene duration **only 43.5%** were correct,
  - PPE donning method **only 37%** were correct,
  - IPSG -5 Objective **only 65.2%** were correct.



➢ ATTITUDE & PERCEPTION FINDINGS (n=92):

- **About 25%** of respondents who thought infection control procedure were time consuming or inconvenient.
- There is a gap between accountability and IPC success as evidenced by the **7** respondents who believed that staff attitude had no bearing on infection control results and the **5** who were unaware..
- Staff around 15% were hesitant to speak up when witnessing a break in sterile technique, pointing to a gap in assertiveness and communication
- Some staffs are uncertain about specific infection control guidelines, reflecting incomplete internalization of IPC standards and protocols.
- There is a perceived disconnect between real-time feasibility and ideal practices , especially because of limited resource or high volume settings.
- Several participants expressed that patients are not clearly informed about and Hospital acquired infection do not consistently follow IPC.

SWOT ANALYSIS

STRENGTH

- ➢ Staff with experience and expertise.
- ➢ Collaboration with infection control department
- ➢ Positive organizational for patient safetyefforts.
- ➢ Robust Network
- ➢ A positive brand image

WEAKNESSES

- ➢ A small sample size due to time and resource limitations.
- ➢ The ability to generalize may be impacted by the exclusion of KTU, Pediatrics.
- ➢ Staff negligence or lack of seriousness while filling the survey.

OPPORTUNITIES

- ➢ As part of an infection control strategy, implement routine KAP assessment.
- ➢ Potential for focused training to fill in knowledge gaps.
- ➢ Can be used to guide future quality improvement projects.
- ➢ Through evidence-based evaluation, it supports accreditation initiatives.

THREATS

- ➢ Training participation may be hampered by a heavy workload and time constraints.
- ➢ Staff have a negative opinion of audits or evaluations.

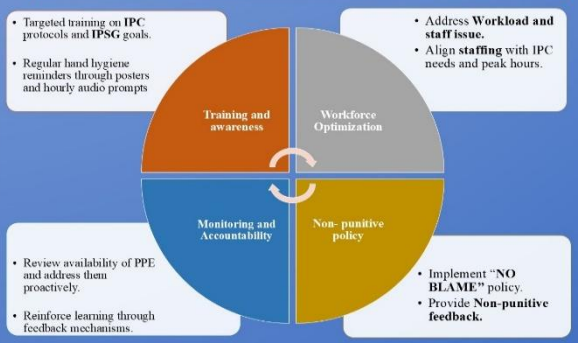
OBJECTIVES

- To assess healthcare professionals' Knowledge, Attitude and Perception regarding healthcare-associated iinfections (HAIs).
- To identify barriers to adherence to infection prevention and control (IPC) measures.
- To evaluate their awareness and compliance with IPSG – 5 protocols.
- To suggest strategies for improving IPSG – 5 compliance and reducing healthcare-associated infections (HAIs).

METHODOLOGY

Study Design : Cross sectional Study
Sampling : Convenience Sampling
Population and sample size : 92 Nursing and technicians (85+7).
Duration : From 30th May to 26th June.
Study Tools : Self-administered Questionnaires through the Google Forms. (31 Questions.)
Data Analysis : MS Excel, Percentages.
Ethical Considerations : Verbal consent obtained, Anonymity & confidentiality ensured.

SUGGESTIONS



LEARNINGS

- ➢ Understanding of Various Emergency Codes
- ➢ Continues audits of various departments.
- ➢ Developed the understanding about Hospital Information System.
- ➢ Gained insights about patient feedback mechanism.

CHALLENGES

- Healthcare personnel limited time to complete the survey.
- Low response rate because staff members are buys or uninterested, lack of seriousness when completing the questionnaire.
- Fear of being judged, which results in socially acceptable(no honest) responses.
- Lack of willingness to accept knowledge gaps

Weekly Report-1

Name of the Organisation: CK Birla Hospital

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

Name of the Student: Anjali Chaudhary

Roll no: 1905 Stream: MBA in Hospital and Health Management

Week no: 1 From: 12th May to 17th MAY

Activity Done	○ My first week was a breif introduction to the hospital. I observed key clinical areas—Emergency, general wards, IPD, OPD, NICU, CSSD, and TPA.). ○ Learned about NABH guidelines ○ I have Conducted an audit of the OPD.
Linking theory (Classroom learning) with practice at your organisation	○ The "Essentials of Hospital Services" module halped me to connect theoretical knowledge with practical application.
Gaps identified on the working area.	○ Many signs appear only in English. Non-English-speaking patients have to rely on staff or other visitors for directions. ○ Posters in waiting areas use medical jargon makingit difficult to understand. ○ Shortage of staffs.
Suggestions for improvement	○ Replace text-heavy posters with pictograms or plain-language bullet points to make instructions more understandable. ○ Replace complex English instructions with pictorial representations or simpler language.
Plan for the next week	○ I'll conduct detailed audits of the ICU and Emergency Department, under guidance from Dr Kriti Tambi mam (Head of Quality).

Signature of the Student :

Approved by the IIHMR University's Mentor:

Weekly Report- 2

Name of the Organisation: CK Birla Hospital

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

Name of the Student: Anjali Chaudhary

Roll no: 1905 Stream: MBA in Hospital and Health Management

Week no: 2 From: 19th May to 24th MAY

Activity Done	○ In 2nd week I have conducted an audit of the Emergency Department, General Ward, Hospital's Housekeeping team. ○ Participated in a mock drill on code blue. ○ Got orientation of blood bank and MRD.
Linking theory (Classroom learning) with practice at your organisation	○ The "Principles of Management" module halped me during the audit process as I was able to apply the planning, organising,coordination and supervision method, as it helped me to apply key managerial skills to understand that how various department work collaborately to maintain hospital services. ○ Essential of Epidemiology helped to understand about the various disease patterns within the hospital setting.
Gaps identified on the working area.	○ While auditing the General ward, I noticed a few areas where expected standards were not fully met. ○ The housekeeping staffs were not following their assigned tasks completely as instructed .
Suggestions for improvement	○ To conduct a continues audit on general ward to identify the gap. ○ These observation highlights the need of regular reinforcement of hygiene protocols to ensure a well maintained hospital environment.

Plan for the next week	○ To work with infection control department to know more about Hospital Acquired Infections (HAI). ○ I'll conduct the audit on other department of the hospital.

Signature of the Student :

Approved by the IIHMR University's Mentor:

Weekly Report- 3

Name of the Organisation: CK Birla Hospital

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

Name of the Student: Anjali Chaudhary

Roll no: 1905 **Stream: MBA in Hospital and Health Management**

Week no: 3 **From: 26th May to 31th MAY**

Activity Done	○ In 3rd week, I have conducted audit in the bloodc bank and radiology department to check hiw well protocols are being followed ○ I also reveiwed compliances with IPSG – 5 in both IPD and ICU areas. ○ After these observation, I'm planning to take up Hospital Acquired Infection as the topic for my SIP.
Linking theory (Classroom learning) with practice at your organisation	○ The Essential of hospital really helped me during the audit of the radiology department, as it gave me the clear understanding of of how the department functions and support patient care within gthe hospital.
Gaps identified on the working area.	○ While auditing I noticed that in some areas, especially in the IPD and ICU, hand hygiene practices were not being followed consistently by all staffs. ○ In the radiology department, use of PPE (like gloves and aprons) was sometimes missing while handling patients.
Suggestions for improvement	○ Staff could benefit from regular short trainings or refreshers, especially on simple but important practices like hand hygiene and proper PPE use.

	○ A simple daily checklist for staffs to check iv lines- could make it easier for staff to stay track for IPSG requirements.
Plan for the next week	○ To conduct detailed audit of every goals of IPSG. ○ Planning to check their knowledge, attitude and perception among staffs regarding IPSG.

Signature of the Student :

Approved by the IIHMR University's Mentor:

Weekly Report - 4

Name of the Organisation: CK Birla Hospital

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

Name of the Student: Anjali Chaudhary

Roll no: 1905 **Stream: MBA in Hospital and Health Management**

Week no: 4 **From: 2nd june to 7th june**

Activity Done	○ In the 4th week of my internship, I conducted audits in the laboratory and dialysis unit. I focused on checking the storage of high-risk medications, making sure they were properly stored and double-locked as required. I also looked into the storage practices for LASA medicines and supplies in the CSSD. I have also spoke with staffs and emphasized the importance of regularly checking expiry dates and ensuring medicines are stored under the good conditions. ○ As part of the audit, I also reviewed PM (Preventive Maintenance) labels, quality assurance registers, and training records to make sure everything was up-to-date and in line with quality standards. ○ In the lab, I checked whether the staff were using PPE properly during testing and while preparing reports. I also looked at waste segregation practices and got a better understanding of how outsourced tests are handled, especially in terms of their quality assurance process. ○ Alongside this, I continued working on my KAP (Knowledge, Attitude, and Perception) survey related to Healthcare-Associated Infections (HAIs). This week, I visited the Critical Care Unit, ICCU, MICU, and NICU to collect responses from clinical staff.
Linking theory (Classroom learning) with practice at your organisation	○ In departments like NICU and dialysis, I saw how patient care differs based on age groups and chronic health conditions.

	○ Finally, the whole process of preparing and conducting the survey helped me put my Research Methods knowledge into practice. From designing the survey tool to collecting data ethically, this hands-on experience was like a mini research project that brought theoretical learning to life. ○ The KAP survey on HAIs connected directly with concepts from Essentials of Epidemiology. I could see infection surveillance and prevention strategies in action, and observe the real-time risk factors and behaviors that contribute to HAIs. It made the epidemiological theories much more relevent. ○ Finally, the whole process of preparing and conducting the survey helped me put my Research Methods knowledge into practice. From designing the survey tool to collecting data ethically, this hands-on experience was like a mini research project that brought theoretical learning to life.
Gaps identified on the working area.	• Lack of awareness in departments like Nicu and Dailysis unit. • Lack of awareness session for HAIs.
Suggestions for improvement	• Tailored Awareness for Different Departments Departments like the NICU or dialysis unit deal with high-risk patients, and their infection control needs are quite specific. Targeted awareness sessions for each department could make the information more relevant and easier to apply in day to day practice.
Plan for the next week	○ Continue administering KAP questionnaires to other department. ○ Coordinate with nursing incharges to schedule survey timings for pending departments ○ To complete data collection of my project.

Signature of the Student :

Approved by the IIHMR University's Mentor:

Weekly Report - 5

Name of the Organisation: CK Birla Hospital

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

Name of the Student: Anjali Chaudhary

Roll no: 1905 **Stream: MBA in Hospital and Health Management**

Week no: 5 **From: 9th june to 14th june**

Activity Done	○ In the 5th week of my internship, I conducted audits in the Endoscopy unit of CK Birla Hospital. Where I have checked CPR Policy in their system, Document procedures of various clinical procedures, Qualification of the personnel who are performing the procedure, about informed, Storage of LASA and high risk medications, medication management, infection prevention, hand hygiene, spill management of hazardous material. ○ I have also done the hand hygiene audit. ○ Checked consents for various procedure. ○ Checked compliances with IPSG- 5. ○ Did data collection in Dialysis unit and IPD ward for my project. .
Linking theory (Classroom learning) with practice at your organisation	○ I conducted audits of several key areas like CPR policy, infection control practices, LASA medication storage and documentation of clinical procedures-areas we had study under Essentials of Hospital Services. ○ The hand hygiene audit and checking for compliance with IPSG-5 helped me connect theory to practice from Essentials of Epidemiology where the hospital-acquired infection has been discussed.

	○ I also observed the qualification of staff and verified informed consent which has been covered under Human Resource Management in the class.
Gaps identified on the working area.	○ While auditing clinical procedures and consents, I noticed that documentation practices were not always standardized. Some files lacked proper sign-offs, dates, or clear information about the procedure and personnel involved. ○ In the hand hygiene audit, it was observed that compliance varied across shifts and personnel. Some staff skipped handwashing steps or did not follow the WHO 5 Moments of hand hygiene strictly.
Suggestions for improvement	• Display visual reminders near hand rub stations, conduct random audits and even encourage peer reminders to improve hand hygiene compliance during all shifts. • Create a simple feedback system like monthly survey where nurses and residents can share practical challenges they face while following safety protocols- this can help make improvements more grounded and realistic.
Plan for the next week	○ To complete sample survey for SIP. ○ Conduct audit for other departments.

Signature of the Student :

Approved by the IIHMR University's Mentor:

Weekly Report - 6

Name of the Organisation: CK Birla Hospital

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

Name of the Student: Anjali Chaudhary

Roll no: 1905 **Stream: MBA in Hospital and Health Management**

Week no: 5 **From: 9th june to 14th june**

Activity Done	• **This week, I continued with data collection for my project and have completed 92 responses so far. The participants include nurses and technicians from both the IPD and OPD departments, which helped me get a balanced perspective from different clinical areas.** • **I conducted file audits in the inpatient wards and the MICU to review how well documentation practices are being followed, especially in terms of patient care and compliance with protocols.** • **I also carried out an audit in the OPD to understand how procedures are documented and to observe the overall workflow and standard practices.** • **Alongside this, I closely monitored infection control practices in various wards, paying attention to hand hygiene, use of PPE, and general adherence to infection prevention guidelines.**
Linking theory (Classroom learning) with practice at your organisation	• **During data collection from nurses and technicians, I could relate closely to the principles taught in Research Methods.**
Gaps identified on the working area.	• **While auditing IPD files, I observed that some files are lacking proper documentation, signatures and procedure notes.**

	• **While data collection, I realised that some staffs are unaware about donning and doffing method of using PPE.**
Suggestions for improvement	• **To address this, periodic training on medical record-keeping and the use of standard checklists could improve accuracy and consistency across departments.**
Plan for the next week	• **Aim to complete the required sample size for the survey.** • **Continue auditing the remaining department of the hospital.**

Signature of the Student

Approved by the IIHMR University's Mentor

Weekly Report - 7

Name of the Organisation: CK Birla Hospital

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

Name of the Student: Anjali Chaudhary

Roll no: 1905 **Stream: MBA in Hospital and Health Management**

Week no: 5 **From: 9th june to 14th june**

Activity Done	○ This week, I was given the task of collecting responses for a questionnaire focused on online consultation services. I interacted with 10 OPD patients, 10 IPD patients, and 10 doctors to understand their experiences, opinions, and satisfaction levels related to online consultations. ○ After collecting the responses, I also compiled the data for further analysis. ○ I also conducted an audit of the Pre-Operative and Post-Operative departments.
Linking theory (Classroom learning) with practice at your organisation	○ During this week, while interacting with patients and doctors for the online consultation questionnaire, I was able to practically apply concepts from the course "Digital Health".
Gaps identified on the working area.	○ While collecting feedback through the online consultation questionnaire, I observed that many patients, especially in the IPD, were not fully aware of the hospital's online consultation services. ○ Coordination between departments (especially between surgery and post-op wards) could be improved to ensure better continuity of care and communication about patient progress
Suggestions for improvement	• Increase awareness about online consultation services through regular patient education—via posters in waiting areas, and orientation during admission. Staff should also be trained to inform and guide patients.

	• Standardize documentation by implementing regular internal audits and mandatory digital checklists for pre- and post-operative records.
Plan for the next week	○ To complete sample survey for SIP. ○ Conduct audit for other departments.

Signature of the Student :

Approved by the IIHMR University's Mentor:

Weekly Report - 8

Name of the Organisation: CK Birla Hospital

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

Name of the Student: Anjali Chaudhary

Roll no: 1905 **Stream: MBA in Hospital and Health Management**

Week no: 8 **From: 30th june to 5th july**

Activity Done	• This week I have successfully completed the data collection for my main project on assessing the Knowledge, Attitude and Perception (KAP) of healthcare workers regarding Healthcare- Associated Infection (HAI's). • I have also started compiling and organizing the collected data for further analysis. • Additionally, I also assigned a new project on Robotic Surgery Outcome Measures, where I'll be working on understanding patient outcomes and the effectiveness of robotic-assisted procedure.
Linking theory (Classroom learning) with practice at your organisation	• The process of compiling and organizing data also helped reinforce the importance of data mangement and analysis techniques taught during our coursework. • Business communication helped me communicating more clearly and professionally while preparing reports and summaries of patient feedback. It also made it easier to coordinate and share updates with different departments in the hospital during my project work.
Gaps identified on the working area.	• While working on the KAP project, I observed that some healthcare staffs, especially new joiners, were not fully aware of the service. Better communication and visibility of digital services could help improve patient engagement.
Suggestions for improvement	• A structured mechanisms to collect post- operative patient feedback (especially after robotic surgeries) should be developed to assess outcome and improve care quality.
Plan for the next week	• Compile and analyze the KAP survey data. • Began data collection for the Robotic Surgery Outcome Measures project. • Coordinate with clinical teams for smooth data collection.

Signature of the Student :

Approved by the IIHMR University's Mentor:

Weekly Report - 9

Name of the Organisation: CK Birla Hospital

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

Name of the Student: Anjali Chaudhary

Roll no: 1905 **Stream: MBA in Hospital and Health Management**

Week no: 9 **From: 7th july to 12th july**

Activity Done	• This week I started gathering data for my ongoing project " A comparative study of laparoscopic, Robotic, and Open surgeries: Assessment of Patient outcome measures Post-operatively." • Data collection for following cases has been done. Endometriosis, Cholecystectomy, Overian cystectomy, benign hysterectomy and hysterectomy. • I have showed my project to Quality Head of CK Birla Hospital, my earlier project of Knowledge, Attitude, Perception study on Healthcare associated Infections.
Linking theory (Classroom learning) with practice at your organisation	• I used ideas from HR and organisation behaviour to examine how staff training gap can impact infection control compliance when going over my KAP project with the quality head mam. • Digital health served as the basis for investigation the integration of digital tools into the post-operative collection and analysis of patient feedback.
Gaps identified on the working area.	• The accuracy and completeness of outcome data are impacted by the lack of post-discharge follow-up communication with patients. • The integration of digital health tools for post operative outcome assessment and infection control tracking is lacking, which could simplify data collection and reporting.
Suggestions for improvement	• Introduce a structured follow up process direcly from patients to capture their recovery status (eg. phone call, e-mail). • Integrate digital health solution to ensure correct tracking of outcomes for quality analysis
Plan for the next week	• I have completely compiled my KAP project data • To complete data entry of my current project. .

Signature of the Student :

Approved by the IIHMR University's Mentor:

Weekly Report - 10

Name of the Organisation: CK Birla Hospital

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

Name of the Student: Anjali Chaudhary

Roll no: 1905 **Stream: MBA in Hospital and Health Management**

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

Activity Done	• This week I have successfully collected data of my 2nd project which is given by Dr. suhashini jain mam. • I have successfully presented my project to MS, DMS, Quality Head, and Senior quality executive of ck birla hospital..
Linking theory (Classroom learning) with practice at your organisation	• Research method helped me at the time of analyzing the data of my both of the project.
Gaps identified on the working area.	• Some files were incomplete at the time of data data collection. • Lack of follow up data of patients post discharge.
Suggestions for improvement	• To do regular auditing of close files • A system to collect data of post operative patient post discharge.
Plan for the next week	• To make a poster of my project after approval.

Signature of the Student :

Approved by the IIHMR University's Mentor:

Complied Reporting Format

Name of the Organisation: Ck birla Hospital RBH

Area/ Department/ Project of Summer : Quality

Name of the Student: Anjali Chaudhary

Roll no: 1905 **Stream:** MBA Hospital and Health Management

Activity Done	During my internship at CK Birla Hospital, I had the opportunity to deeply engage with the Quality Department and explore how systems and standards function in a real hospital setting. Some of the key activities I was involved in included: • Conducting audits in departments like Endoscopy, Dialysis, Laboratory, OPD, MICU, CSSD, and Pre-/Post-Operative areas to evaluate compliance with hospital protocols. • Reviewing policies and practices related to CPR readiness, infection control, LASA (Look-Alike Sound-Alike) medication storage, and IPSG-5 (International Patient Safety Goals). • Observing and evaluating documentation practices, particularly informed consents and clinical procedure records. • Carrying out hand hygiene audits and monitoring adherence to WHO's 5 Moments for Hand Hygiene. • Leading a survey-based project on Knowledge, Attitude, and Perception (KAP) of healthcare workers regarding Healthcare-Associated Infections (HAIs), where I collected and organized over 90 responses from nurses and residents.

	• Gathering feedback on online consultation services from both patients and doctors to understand awareness, satisfaction, and service gaps. • Starting and managing a second project on Robotic Surgery Outcome Measures, including data collection for cases such as hysterectomy, ovarian cystectomy, and endometriosis surgeries. • Presenting both of my projects to the Medical Superintendent, Deputy MS, Quality Head, and senior members of the Quality team.
Linking theory (Classroom learning) with practice at your organisation	• Being aware of departmental interdependencies, patient flow, and hospital workflows. • Critical care management, infection prevention, and surgery. • Techniques for gathering data and statistical analysis. • Operation theater cost control. Patient conduct, obstacles to communication, and the availability of healthcare. • Code management and emergency response processes. • Enhancement of procedures and optimization of patient flow. • Methodologies for audits and infection control procedures. • Benchmarking and comparative analysis of health information systems and implementation issues. • Field trips. • Procedures for audits and hand hygiene. • Techniques for infection prevention and control. Communication, patient interaction, patient management, quality check, research, staffing patterns, and departmental zoning The way departments work
Gaps identified on the working area.	• Through my observations and audits, I identified several areas where improvements could be made: • Hand hygiene practices were not consistently

	followed by all staff and varied depending on the shift. • Documentation in many cases was incomplete—missing signatures, dates, or proper records of procedures. • Many patients, particularly in IPD, were unaware of the hospital's online consultation services. • Use of personal protective equipment (PPE) was occasionally overlooked in diagnostic and support areas. • There was no formal structure to collect post-discharge recovery data from patients, especially after surgeries. • Newly joined staff sometimes lacked awareness about basic safety and infection control protocols. • The hospital could benefit from better use of digital tools to streamline feedback collection and infection monitoring. • Interdepartmental coordination—especially between surgery and post-op recovery units—needed improvement to ensure smooth patient care transitions.

	easier infection tracking and outcome monitoring. • Encourage weekly or bi-weekly joint discussions between surgical and post-operative care teams to align on patient care plans.
• Key Lcarnir1gs	• This internship was an incredibly valuable learning experience. It allowed me to apply what I've studied in the classroom to real-world }1ospital environments and showed me the in1portance of quality systems in ensuring safe, effective, and patient-centered care. • • I gained hands-on experience in conducting audits, handling data collection, and interacting with healthcare workers and patients. 1 also learned how to observe with a critical lens and communicate findings constructively. • Working on two research-based projects helped me sharpen my analytical thinking, organizational skills, and confidence in presenting to senior hospital leadership. Most importantly, I realized how small process gaps-like a missed handwash or incomplete docu1nentation-can impact patient safety, and how quality systems serve as the backbone of healthcare delivery. • This experience has provided me a right perspective on where I want chhose n1y career, and how I \viii contribute to the healthcare quality and safety in the future.

Signature of the Student Anjali Chaudhary

Approved by the IIHMRUniversity's Mentor Debindam Dey