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EDITORIAL

Welcome to the BHCM Internship Special Bulletin of V-Smile, published in May 2026. Since its inception in 2024, the Bachelor of Health Care Management (BHCM) Program at Valley State College affiliated with Pokhara University has experienced remarkable institutional growth. This publication stands as a premier forum for showcasing the experiential learning, internship achievements, and professional reflections of our undergraduate healthcare management scholars.

Through these immersive field experiences, our students have successfully bridged the gap between theoretical knowledge and contemporary organizational practices, gaining invaluable exposure to complex clinical and administrative environments. In this edition, our scholars present rigorous analyses that reflect their developmental journeys, strategic insights, and critical observations across diverse sectors of the healthcare industry.

The interdisciplinary foundation of our curriculum – which seamlessly integrates hospital operations, medical records management, clinical workflows, and patient care strategy – is vividly demonstrated throughout this volume. In an era defined by rapid technological disruption, shifting workplace dynamics, and regional healthcare transformation, these student contributions offer timely, meaningful perspectives that extend well beyond the traditional academic sphere.

Overview of Contributions

This issue opens with a series of experiential narratives, spearheaded by Aakritee Poudel's evaluative study, *4D/5D Ultrasound Specialty Service at Maulakalika Hospital: An Overview*. Her analysis establishes a robust framework of institutional critique and clinical service evaluation that sets the academic tone for the entire volume. Our scholars have effectively mapped theoretical healthcare concepts to professional execution across a multitude of specialized medical institutions:

- **Clinical Immersion and Real-World Transitions:** Aashika Chapagain explores institutional onboarding and operational systems in *45 Days inside a teaching hospital: From Observation to Real-World*, while Ayush Neupane provides a nuanced examination of operational realities and growth in *Lessons Beyond Books*. Similarly, Diksha Sapkota evaluates the transition from classroom to clinic in *Where Theory Meets Reality: Experiences Beyond Books*.
- **The Dynamics of Hospital Internships:** The critical field of practical healthcare training is comprehensively analyzed. Ritika Poudel presents *From Classroom to Corridor: Inside a Hospital Internship in Chitwan*, followed by Shreya Mainali's *Learning Beyond Textbooks: A Practical Internship Journey at Chitwan Medical College*. Additionally, an insightful contribution by the Niko Research Team documents localized training in *Learning Through Practice: Internship at Niko Children's Hospital*.
- **Professional Paradigms:** The broader evolution of healthcare professionals is thoughtfully examined by Riway Marasini, who maps a profound career shift in *Public Health to Health Care Management: A Journey of Transformation*.

Special Focus: Medical Record Keeping and Ancillary Services

A substantial portion of this edition is dedicated to the infrastructure supporting clinical documentation and diagnostics, underscoring their pivotal role in patient safety, legal compliance, and national health outcomes. The management practices, archival workflows, and operational dynamics of specialized departments are rigorously evaluated through the following contributions:

- **Medical Record Departments (MRD):** Anjila Pun highlights administrative foundations in Importance of Medical Record Keeping in Hospitals, complemented by Karusha Neupane's focused investigation, Medical Record Department (MRD) of CMC: A Study During Internship.
- **Diagnostic Operations:** Prabesh Lamichhane delivers a detailed operational analysis of essential ancillary services in X-Ray Department of College of Medical Sciences, Bharatpur: Operational Study.

Institutional Profiles and Outpatient Management

The concluding sections of this issue shift the analytical lens toward structural overviews of leading medical institutions and the strategic optimization of Outpatient Departments (OPD), highlighting localized patient management complexities and strategic operations summarized below:

Scholar(s)	Institutional Focus & Area of Analysis
Anupa Rijal & Bandana Neupane	Quality delivery and service gaps in Outpatient Department of Maulakalika Hospital: Expectation & Realities.
Deepika Bhattarai	Strategic administration and operational impact in The Importance of Internship in Shaping Healthcare Management: A Firsthand Experience at CMC Hospital.
Dipeeka Poudel	Macro-level health management frameworks in An Overview of Chitwan Medical College (CMC) from a Healthcare Management Perspective.
Mandip Bhurtel	Administrative workflows in Chitwan Medical College, Chitwan: Outpatient Department (OPD): A Healthcare Management Perspective.
Kabita Dhakal & Baburam Khanal	Outpatient Department of College of Medical Sciences, Bharatpur, Chitwan: Expectations and Realities
Kritika Rai	Operational capacity and service design in Institutional Overview: College of Medical Sciences Teaching Hospital (COMS-TH).
Rashmi Pun	Resource utilization and clinical governance in Institutional Overview: College of Medical Sciences Teaching Hospital.

Scholar(s)	Institutional Focus & Area of Analysis
Sheetal Magar	Structural assessment in College of Medical Sciences Teaching Hospital: An Institutional Overview.
Samana Lamsal	Strategic positioning in College of Medical Sciences, Chitwan: An Overview from a Healthcare Management Perspective.
Shreejana Puri	Frontline patient workflows in Outpatient Department (OPD): Overview of College of Medical Sciences, Bharatpur, Chitwan.
Sitashma Poudel	Frontline dynamics and scheduling pipelines in Outpatient Department of COMS: An Overview and Operational Analysis.
Sonima Shrestha	Care continuity patterns in Learning Experience During 45 Days Internship in MRD, OPD and ER at COMS.
Sujit Nagarkoti	Public health constraints and challenges in An Overview of Bharatpur Hospital (Government) from Health Care Management Perspectives.

Institutional Commendation

Collectively, these scholarly contributions present a sophisticated tapestry of experiential learning, successfully synthesizing localized operational realities with rigorous healthcare management theory. They perfectly exemplify the analytical acumen, research capability, and professional preparedness fostered within the BHCM Program at Valley State College.

We take immense pride in the dedication, intellectual curiosity, and analytical depth demonstrated by our undergraduate scholars. We remain entirely confident that these foundational experiences will shape them into competent, ethical, and visionary healthcare administrators uniquely equipped to navigate and transform the evolving global healthcare landscape.

We invite our readers students, alumni, faculty, and healthcare professionals - to engage with these ideas, challenge assumptions, and carry forward the conversations they spark.

Wishing you a productive and insightful 2026.

Sincerely,

Sudha Regmi

Editor-in-Chief, V-Smile: BHCM Internship Special Bulletin

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4D/5D Ultrasound Specialty Service at Maulakalika Hospital: An Overview

Aakritee Poudel, Scholar Bachelor of Health Care Management, Valley State College

Introduction

The Outpatient Department (OPD) is the most immediate point of contact between patients and the clinical services of any hospital. It is here that diagnostic technologies are first encountered, and where patient expectations either align with or diverge from operational realities. Among the many imaging modalities available in modern OPD settings, ultrasound—particularly the advanced 4D and 5D variants—has emerged as one of the most consequential tools for patient-centered care, especially in obstetrics and gynecology.

4D ultrasound builds upon conventional two- and three-dimensional imaging by producing real-time, moving three-dimensional images of internal structures. This has transformed antenatal care by allowing both clinicians and parents to observe foetal movement, facial expression, and anatomical positioning in ways previously unavailable without invasive procedures. 5D ultrasound takes this further by incorporating artificial intelligence (AI)-driven automation into the image acquisition and measurement process, substantially reducing dependence on operator skill and producing biometric data with greater consistency and speed.

Maulakalika Hospital Pvt. Ltd., situated in Bharatpur-10 of Chitwan district, is one of the principal multispecialty private hospitals serving the Chitwan-Nawalpur region of central Nepal. Its OPD houses a dedicated 4D/5D Ultrasound Specialty Service that caters to obstetric, gynecological, abdominal, and general diagnostic imaging needs. This report critically examines what patients, clinicians, and students expect from this service, and compares those expectations with the practical realities observed firsthand over a 42-day internship period.

Structure and Sub-Departments of the 4D/5D Ultrasound OPD

The 4D/5D Ultrasound Specialty Service operates as a dedicated unit within the broader OPD framework at Maulakalika Hospital. It is supported by close integration with adjacent clinical departments, enabling smooth referral pathways and co-ordinated patient management.

Major Clinical Areas Served

Obstetrics & Gynaecology	General Abdominal Imaging	Emergency Referrals
Antenatal Ultrasound (ANC)	Liver, Kidney & Spleen Scans	Ectopic Pregnancy Assessment
Foetal Anomaly Screening	Gall Bladder & Bile Duct	Acute Abdominal Pain Workup
Cervical Length Measurement	Urinary Tract Imaging	Internal Bleeding Detection
Doppler Flow Studies	Soft Tissue Assessment	Post-Surgical Monitoring

Specialised Sub-Services

Beyond the core imaging areas, the unit provides several advanced diagnostic sub-services that reflect the hospital's investment in competitive, technology-driven care:

- 4D Foetal Imaging – real-time, moving images of foetal facial features, limb movement, and intrauterine positioning
- 5D AI-Automated Biometry – AI-generated measurement of foetal head circumference, abdominal circumference, and femur length, with automated reporting
- Colour Doppler Ultrasound – assessment of blood flow dynamics in the foeto-placental unit and maternal vasculature
- Transvaginal Ultrasound (TVS) – high-resolution imaging for early pregnancy assessment and gynaecological evaluation
- HD Live Imaging – advanced surface rendering for detailed visualisation of foetal anatomy

These services collectively place Maulakalika Hospital among the more technologically equipped diagnostic centres within the broader Chitwan region.

Human Resources and Expertise

No imaging technology, however advanced, can function effectively without qualified personnel to operate, interpret, and manage it. The ultrasound unit at Maulakalika Hospital is staffed by a team of trained professionals whose roles span clinical, technical, and administrative functions.

Staff Category	Roles and Responsibilities
Radiologist / Sonologist	Image interpretation, clinical reporting, specialist consultations
Ultrasound Technicians	Machine operation, image acquisition, 4D/5D scan execution and patient positioning
OB-GYN Consultants	Referral decisions, correlation of imaging with clinical findings, treatment planning
Nursing Staff	Patient preparation, positioning, post-procedure care, and documentation
Hospital Administrators	Appointment scheduling, patient flow management, and billing coordination
Interns & Students	Supervised observation, case documentation, exposure to clinical imaging procedures

The inclusion of interns and students within this staffing structure is particularly noteworthy. The unit functions simultaneously as a service delivery platform and a clinical training environment, allowing students like myself to observe diagnostic procedures under qualified supervision – a valuable overlap that enriches both patient care and academic learning.

Expectations from the 4D/5D Ultrasound OPD

Patients, clinicians, and students who engage with the 4D/5D Ultrasound Specialty Service arrive with a set of expectations informed by the hospital's reputation, the technology on offer, and more broadly, the standards they associate with advanced private healthcare.

1. Diagnostic Accuracy and Technological Excellence

The most fundamental expectation is clinical reliability. Patients expect that the 4D/5D imaging they receive will produce accurate, detailed results – particularly regarding foetal biometry, anomaly screening, placental positioning, and amniotic fluid assessment. The AI-assisted features of 5D systems are expected to add a layer of precision that reduces human error and produces consistent, reproducible measurements.

2. Timely Access and Appointment Efficiency

Especially in antenatal care, timing is critical. A first-trimester anomaly scan or a second-trimester foetal growth assessment must happen within defined gestational windows. Patients therefore

expect a system that schedules appointments with appropriate urgency and minimises delays between referral and scan execution.

3. Qualified and Consistent Operators

Given the complexity of 4D and 5D ultrasound, patients and referring clinicians expect all scans to be performed or directly supervised by certified radiologists or trained sonologists. There is also an expectation of consistency that the quality of a scan does not depend heavily on which technician happens to be on duty.

4. Clear and Timely Reporting

A well-executed scan is only as useful as the report that accompanies it. Patients and doctors expect scan findings to be communicated promptly, in accessible language, and in a format that is practical for clinical decision-making. Ideally, reports should be available before the patient leaves the facility.

5. Privacy, Hygiene, and Patient Dignity

Ultrasound examinations particularly transvaginal scans and abdominal scans in pregnant women are intimate procedures. Patients rightly expect clean, curtained, private scan rooms; properly sanitised equipment; and staff who are sensitive to patient dignity throughout the examination.

Realities of the 4D/5D Ultrasound OPD at Maulakalika Hospital

Despite the hospital's clear investment in advanced imaging infrastructure, a candid assessment of day-to-day operations reveals several gaps between expectation and experience. These observations were gathered directly during the 42-day internship.

1. High Patient Demand and Appointment Backlogs

The ultrasound unit serves a large geographical catchment area, drawing patients from Chitwan and several neighbouring districts. This demand often outpaces scheduling capacity. Appointment slots for 4D/5D scans particularly in the second and third trimesters are frequently fully booked days in advance. Walk-in patients, including emergency referrals, further disrupt planned schedules, leading to significant delays that test both patient patience and staff composure.

2. Variability in Operator Skill

While 5D AI automation reduces some degree of operator dependency, the quality of image acquisition and the thoroughness of a scan still vary meaningfully based on the experience of the technician conducting it. Not all staff members have received equal training on the full range of 5D AI biometry tools, which introduces inconsistency in scan depth and reliability – an issue that sits in direct tension with patient expectations of uniform quality.

3. Report Turnaround Delays

During high-volume OPD hours, the radiologist responsible for interpreting and signing off scan reports is often stretched across multiple simultaneous cases. Combined with partially manual documentation processes, this results in reports occasionally being delayed by several hours – meaning patients sometimes leave without the findings they came for, and referring doctors must wait longer than expected.

4. Equipment Downtime and Supply Gaps

High-precision ultrasound machines require regular maintenance and are susceptible to unplanned technical issues. During the internship period, isolated instances of machine downtime resulted in scan cancellations and rescheduling that disrupted patient plans. Minor consumable shortages – including ultrasound gel during peak periods – were also occasionally noted, though these were typically resolved quickly.

5. Limited Time for Patient Counselling

For many patients – especially expectant mothers attending their first 4D scan – the experience carries emotional weight that extends beyond clinical necessity. They have questions about what they are seeing, what the measurements mean, and what any flagged finding implies. In practice, however, the volume of patients moving through the unit leaves little room for extended explanations. Technicians are not always authorised or positioned to answer clinical questions, and dedicated pre- or post-scan counselling sessions are not a consistent feature of the service.

Expectations vs. Reality: A Comparative Overview

Domain	Expectation	Observed Reality
Appointment Access	Easy, timely scheduling	Frequently overbooked; delays common
Waiting Time	Short and predictable	Often 30-60 minutes or more

Domain	Expectation	Observed Reality
Image Quality	Consistently high-resolution	Variable with operator experience
Report Turnaround	Available within the same visit	Sometimes delayed by several hours
Patient Counselling	Dedicated explanation session	Limited by patient volume
Machine Availability	Fully operational at all times	Occasional unplanned downtime
Workflow Efficiency	Smooth, end-to-end digital process	Partially manual; slows throughput

It is worth emphasising that the gaps noted above are not unique to Maulakalika Hospital. They reflect a broader pattern seen across healthcare institutions in rapidly developing regions, where patient demand frequently grows faster than institutional capacity to absorb it. What is notable about Maulakalika Hospital is that, despite these operational pressures, it maintains several genuine strengths:

- Advanced 4D/5D imaging technology that is genuinely comparable to what is available in major urban centres
- A team of qualified radiologists and sonologists with demonstrable clinical expertise
- A well-established referral network that channels cases appropriately into a specialised imaging unit
- A consistent commitment to non-invasive, patient-safe diagnostic practices

Suggested Improvements

Based on the observations made during the internship, the following targeted improvements could meaningfully close the gap between expectation and reality:

- Introduce an online appointment booking system with digital queue management to reduce walk-in overcrowding and give patients predictable wait-time estimates
- Conduct structured training on 5D AI-biometry tools for all ultrasound technicians to standardise scan quality across operators
- Establish a dedicated pre-scan counselling desk, ideally staffed by an OB-GYN nurse, to address patient questions before and after imaging

- Invest in hospital information system (HIS) integration for real-time digital reporting, enabling clinicians and patients to receive reports promptly
- Schedule regular preventive maintenance windows for ultrasound equipment to reduce the frequency and impact of unplanned downtime
- Develop a concise patient education leaflet on 4D/5D ultrasound to help manage expectations and reduce post-scan queries during busy sessions

Conclusion

The OPD 4D/5D Ultrasound Specialty Service at Maulakalika Hospital Pvt. Ltd. represents one of the more sophisticated diagnostic offerings available in the Chitwan region. By combining real-time three-dimensional foetal imaging with AI-driven biometric analysis, the hospital has positioned itself at the forefront of non-invasive diagnostics in central Nepal – a significant achievement for an institution serving a predominantly semi-urban and rural population.

In many respects, the service delivers on its promise. The technology is advanced, the clinical staff are competent, and the commitment to patient-safe diagnostics is evident. However, operational challenges – principally driven by high patient demand, partially manual workflows, inconsistent operator training, and limited counselling provision – create a meaningful gap between what patients expect and what they experience.

These are not failures of intent; they are the predictable consequences of a growing institution managing rising demand with finite capacity. With targeted improvements in digital infrastructure, staff training, patient communication, and equipment maintenance, the 4D/5D Ultrasound OPD at Maulakalika Hospital is well-positioned to fully realise its potential as a premier diagnostic service – one that is accessible, accurate, and genuinely centred on the patient.

My 42-day internship within this unit was among the most instructive periods of my academic training to date. Observing how technology, clinical skill, and institutional systems interact in a real hospital setting gave me a perspective on healthcare delivery that no classroom could have provided. The experience has deepened my respect for those who work within these systems, and sharpened my understanding of what it will mean to contribute to them.

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45 DAYS INSIDE A TEACHING HOSPITAL FROM OBSERVATION TO REAL-WORLD

Aashika Chapagain, Scholar, Bachelor of Health Care Management, Valley State College

Introduction

When I first walked through the gates of Chitwan Medical College Teaching Hospital, I didn't just enter a building, I stepped into a living, breathing world. For 45 unforgettable days, I wasn't just a student following a curriculum, I was a curious observer, a helpful hand, and sometimes, a friendly listener in the corridors where healing happens.

This wasn't about watching from the sidelines. It was about becoming part of the rhythm, the quiet hum of the Medical Records Department, the bustling energy of Outpatient Services, and the focused calm of the Emergency wing. What I carried away wasn't just knowledge of systems, but stories of people, patients who trusted me with their worries, staff who became my guides, and moments that taught me that in healthcare, every detail matters, and every connection counts.



Fig: Chitwan Medical College

Here is the story of my internship, not as a report, but as a journey of small discoveries and lasting impressions.



Fig: Group Photo @ CMC

PART I: MEDICAL RECORDS-WHERE EVERY FILE TELLS A STORY

Week 1: Learning the Language of Care

My journey began in the Medical Records Department, the quiet backbone of the hospital. On my first morning, I was warmly greeted by two staff members who didn't just train me, they welcomed me into their daily rhythm. They taught me the art behind the system, Red Files are for Medico-Legal Cases, Grey files are for everyday patient records & Blue files are for death patient every files are arranged by date each are stored in neat batches of fifty so any record could

be found in minutes. But the real magic started when they let me sit beside them at the computer. I learned how to navigate the hospital's, (Medisa software) where each click was tied to a person's story. I practiced using the (ICD-11) coding tool, transforming diagnoses into universal codes a skill that bridged patient care with insurance and government reporting. I remember one afternoon, a senior staff member showed me how the monthly reports were compiled. "This isn't just data," she said softly. "This is how we make sure the hospital keeps running smoothly for everyone."

Week 2: The Human Side of the System

One of my favorite tasks was helping patients collect their reports. Instead of just handing over files, I'd smile and ask, "Did you find everything okay?" Their answers surprised me some expressed relief, others shared small stories of their visit, and a few offered suggestions. One uncle told me, "You know, it's the little things a clear direction, a kind word that make a hospital feel like home."

That conversation stayed with me. It reminded me that behind every barcode, behind every neatly filed paper, was a person hoping for care and clarity. By the end of my time in MRD, I didn't just see files, I saw lives documented with dignity, managed with care, and retrieved with purpose.

PART II: THE OUTPATIENT

DEPARTMENT WHERE EVERY SMILE MATTERS

Week 3: First Contact, Lasting Impression

If MRD was the brain, the OPD was the heartbeat, lively, warm, and full of stories. My goal here was simple: learn the flow, but more importantly, understand the people moving through it. I started at the registration counter, helping first-time patients fill out forms. I quickly realized that for many, this was their first interaction with the hospital, and a friendly "Good morning, how can I help you?" could ease their nerves. Next came the Bima (insurance) section a place of quiet coordination where policies met patience. Watching the staff explain procedures with calm reassurance showed me how empathy smooths even the most bureaucratic processes.



Fig: Entrance of OPD

Week 4: Conversations in Waiting Area

But my most meaningful moments happened away from the counters, in the spacious, clean waiting area. Here, I didn't just "collect feedback." I listened. I met a young mother waiting for her child's vaccination. We spoke about the clear signage, the TV screens showing health tips, and how the space felt safe and calm. She said, "It doesn't feel like just a waiting room it feels like

a place that cares.” By my last day in OPD, I realized, healthcare isn’t delivered only in consultation rooms, it’s also delivered in kindness, in clear directions, in a moment of patience.

PART III: THE EMERGENCY DEPARTMENT WHERE CALM MEETS COURAGE

Week 5: The Quiet Intensity

Entering the Emergency Department felt like stepping into another world, one governed by triage signs and timed responses. Yet within what could feel like chaos, there was a profound sense of order and compassion.

I watched as patients were assessed within moments Red for critical, Yellow for urgent, Green for stable patient and directed to the right zone. There was no panic, only purpose.

In the Red Zone, doctors worked with focused intensity. Nurses moved with gentle urgency. Trolley-boys responded with urgency, yet always with care. I noticed how every trolley was lined with clean sheets, how every hand sanitizer station was full, how the whiteboard at the nursing station clearly listed who was on duty small details that together created an environment of safety and trust.

Week 6: Humanity in High-Stakes Moment

Even here, in the most high-pressure environment, kindness wasn’t forgotten. I saw a nurse kneel to speak to a scared child. I watched a security guard gently guide a confused family member. When I gathered feedback, it wasn’t with a clipboard, it was by offering water, by sitting quietly with someone who needed to talk, by witnessing how care extends beyond medicine.

One afternoon, a senior nurse told me, “In emergency, every second counts, but so does every word.” That stayed with me. Efficiency and empathy weren’t opposites here, they were two sides of the same heartbeat.

Emergency Reflection

My time in the Emergency Department taught me that in moments of urgency, clarity and compassion must work side by side. Every action carried purpose, every second held value, and every role contributed to saving to saving lives. I saw how teamwork, clarity, and compassion shape truly effective care.

Conclusion

“REQUIREMENT, BUT A MEANINGFUL BEGINNING TOWARD BECOMING A RESPONSIBLE HEALTHCARE PROFESSIONAL.”

As I look back on my 45 days at Chitwan Medical College Teaching Hospital, I realize this was more than an academic requirement. It was my first real conversation with the world I want to serve. I didn’t just learn about color-coded files and triage zones, I learned about the people behind them. I didn’t just see 'systems and software' I saw how they come alive through teamwork and trust. I didn’t just follow protocols, I experienced the heartbeat of a hospital that cares deeply for every person who walks through its doors. This experience taught me that healthcare

management isn't just about efficiency, it's about empathy in action. It's about the smile at the registration desk, the clear direction from a security 'dai' the calm voice in an emergency, and the quiet pride of a records keeper who knows her work matters I leave with not just a certificate, but with stories, lessons, and a heartbeat that I will carry forward in every step of my career.

Lessons Beyond Books

Ayush Neupane, Scholar Bachelor of Health Care Management, Valley State College

The internship undertaken at College of Medical Sciences (COMS), Bharatpur, as a part of the Bachelor of Health Care Management (BHCM) program, served as a significant milestone in my academic and professional journey. This practicum experience provided an opportunity to bridge the gap between theoretical knowledge acquired in the classroom and the practical realities of hospital operations. While textbooks offer structured concepts and models of healthcare systems, the actual functioning of a hospital environment presents a far more complex, dynamic, and human-centered perspective.

During the six-week internship, I was exposed to three major departments: the Outpatient Department (OPD), Emergency Department (ER), and Medical Record Department (MRD). Each department contributed uniquely to my understanding of healthcare management and highlighted the importance of coordination between clinical and administrative functions. Observing these departments closely allowed me to gain insights into how a large, multi-specialty hospital operates efficiently while catering to a high volume of patients.

One of the most important lessons learned during this internship was the significance of teamwork and coordination. In theory, hospital management emphasizes organizational structure and defined roles, but in practice, the smooth functioning of a hospital depends heavily on effective collaboration among doctors, nurses, administrative staff, and support personnel. Particularly in the Emergency Department, where time-sensitive decisions are crucial, teamwork becomes the backbone of patient care. The ability of healthcare professionals to communicate effectively and respond promptly to critical situations demonstrated the practical importance of coordination, which cannot be fully understood through theoretical learning alone.

Another vital lesson was the central role of patient satisfaction in healthcare delivery. In the Outpatient Department, which serves as the first point of contact for most patients, I observed how factors such as waiting time, staff behaviour, communication, and service organization directly influence the patient's overall experience. Although textbooks discuss patient-centered care, witnessing real patient interactions emphasized how even minor inefficiencies such as delays in doctor availability or lack of proper queue management can impact patient perception. This experience reinforced the understanding that effective healthcare management is not only about operational efficiency but also about ensuring a positive and respectful experience for patients.

Furthermore, my exposure to the Medical Record Department highlighted the critical importance of documentation and data management in healthcare institutions. Medical records are not merely files; they are essential tools that support clinical decision-making, ensure continuity of care, and serve administrative and legal purposes. Observing the systematic arrangement and maintenance of records in an alphanumeric order helped me understand how organized data management

contributes to efficiency and accuracy in hospital operations. This practical experience deepened my appreciation for the role of information systems in modern healthcare management.

The internship also provided valuable insights into hospital infrastructure and operational planning. The layout and design of departments, accessibility of services, availability of equipment, and workflow management all play a crucial role in delivering quality healthcare services. For instance, the strategic placement of the Emergency Department on the ground floor ensured easy access for patients and rapid response during critical situations. Such practical observations helped me understand how planning and design directly affect service delivery, an aspect that is often overlooked in theoretical studies.

In addition to technical and managerial knowledge, the internship contributed significantly to my personal and professional development. It enhanced my communication skills, as interacting with hospital staff and observing patient interactions required clarity, empathy, and professionalism. I also developed a better understanding of workplace discipline, time management, and responsibility. Real-life situations in the hospital environment required adaptability and problem-solving abilities, which are essential qualities for a healthcare manager.

Another important realization during the internship was the difference between theoretical assumptions and practical challenges. While theoretical models often present ideal scenarios, the real-world hospital environment involves constraints such as limited resources, high patient flow, and unexpected emergencies. Managing these challenges requires flexibility, quick decision-making, and the ability to prioritize tasks effectively. This experience made it clear that practical knowledge is indispensable for handling real-life situations in the healthcare sector.

Moreover, the internship highlighted the importance of continuous improvement in hospital management. Despite the hospital's strengths, such as qualified staff, modern equipment, and a well-maintained environment, there were also areas that required improvement, including better queue management and ensuring timely availability of doctors in the OPD. Identifying these gaps helped me understand the role of healthcare managers in analyzing problems and implementing effective solutions to enhance service quality.

In conclusion, the internship experience at College of Medical Sciences was highly enriching and transformative. It provided a comprehensive understanding of healthcare management by combining theoretical concepts with practical exposure. The lessons learned during this period extended far beyond academic knowledge, encompassing teamwork, patient care, communication, and problem-solving skills. This experience has not only strengthened my foundation in healthcare management but also prepared me to face future challenges in the healthcare industry with greater confidence and competence. Ultimately, it reaffirmed the idea that the most meaningful and lasting lessons are those learned beyond books, through direct experience and real-world engagement.

Importance of Medical Record Keeping in Hospitals

by Anjila Pun, Scholar Bachelor of Health Care Management, Valley State College

1. Introduction

Medical record keeping is a fundamental component of modern healthcare systems. It refers to the systematic documentation of a patient’s health history, diagnosis, treatment, and care outcomes. These records may be in paper-based, electronic (EHR), or hybrid form.

In hospitals, accurate medical records are essential for ensuring continuity of care, improving clinical decision-making, and supporting legal and administrative processes.

2. Meaning of Medical Records

Medical records include all documents related to patient care, such as:

- Patient identification details
- Medical history
- Physical examination reports
- Laboratory and diagnostic test results
- Treatment plans
- Medication records
- Discharge summaries

Table 1: Components of Medical Records

Component	Description
Patient Information	Name, Age, Sex, Address, ID number
Medical History	Past illness, Surgeries, Allergies
Diagnosis	Doctor’s clinical findings
Treatment Plan	Medications, Procedures, Therapies
Progress Notes	Daily updates on patient condition
Discharge Summary	Final report after hospital stay

3. Importance of Medical Record Keeping

3.1 Continuity of Care

Medical records ensure that healthcare providers have access to complete patient information, allowing smooth continuation of treatment even when doctors change.

3.2 Clinical Decision Making

Doctors rely on past records to diagnose diseases accurately and choose appropriate treatment methods.

3.3 Legal Evidence

Medical records serve as legal documents in cases of disputes, malpractice claims, or insurance issues.

3.4 Communication Tool

They help in communication among healthcare professionals such as doctors, nurses, pharmacists, and specialists.

3.5 Research and Education

Hospitals use medical records for research, medical studies, and training healthcare students.

3.6 Hospital Administration

Records help in planning, budgeting, and improving hospital services.

3.7 Insurance and Financial Claims

Insurance companies depend on medical records to verify claims and reimbursements.

4. Types of Medical Records

Table 2: Types of Medical Records

Types	Description
Paper-Based Records	Traditional handwritten files
Electronic Health Records (EHR)	Digital patient records stored in systems
Hybrid Records	Combination of paper and digital systems

5. Advantages of Proper Record Keeping

- Improves patient safety
- Reduces medical errors
- Enhances efficiency in hospitals
- Saves time for healthcare providers
- Supports evidence-based medicine

Diagram 1: Flow of Medical Record Usage

Patient Admission → Data Collection → Diagnosis & Treatment → Record Documentation → Review & Follow-up → Discharge Summary

6. Challenges in Medical Record Keeping

- Poor handwriting in paper records
- Data loss or misplacement
- Lack of trained staff
- Privacy and confidentiality issues

- High cost of electronic systems

Table 3: Challenges and Solutions

Challenge	Solution
Data loss	Use electronic backup systems
Poor documentation	Staff training programs
Privacy issues	Strong data protection policies
System cost	Government support and funding

7. Role of Healthcare Management in Record Keeping

- Healthcare managers play a key role in ensuring effective record keeping by:
- Implementing EHR system
- Training staff
- Monitoring data quality
- Ensuring confidentiality
- Improving workflow efficiency

8. Electronic Medical Records (EMR) System Overview

Diagram 2: EMR System Structure

Patient Input → Digital Database → Healthcare Providers → Analysis & Reports

Benefits of EMR:

- Fast access to patient data
- Reduced paperwork
- Better coordination among departments
- Improved accuracy

9. Confidentiality in Medical Records

Maintaining confidentiality is a legal and ethical responsibility. Unauthorized access can lead to:

- Breach of patient privacy
- Loss of trust
- Legal consequences
- Hospitals must use:
- Password protection
- Secure servers
- Access control systems

10. Conclusion

Medical record keeping is the backbone of effective hospital management. It ensures better patient care, legal protection, efficient administration, and supports medical research. With the advancement of technology, electronic medical records are becoming increasingly important in improving healthcare quality.

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APPENDIX



Outpatient Department of Maulakalika Aspatal Pvt. Ltd., Bharatpur, Chitwan: Expectations and Realities

by Anupa Rijal¹, Scholar, Bachelor of Business Administration, Valley State College

by Bandana Neupane², Scholar, Bachelor of Business Administration, Valley State College

Introduction

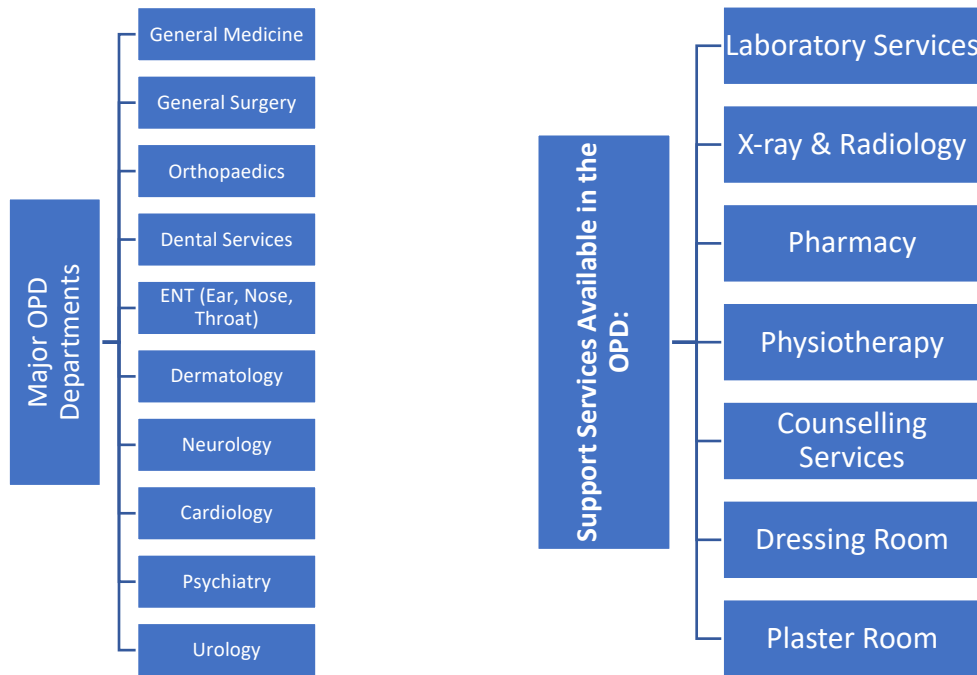
The Outpatient Department (OPD) is the frontline unit of any aspatal, acting as the first point of contact between patients and the healthcare system. Within a private institution like Maulakalika Aspatal Pvt. Ltd. of Bharatpur, Chitwan, the OPD plays a particularly important role in delivering accessible, affordable, and reliable healthcare services to a large and diverse population from across the central region of Nepal.



Set up with the vision of becoming a trusted and leading healthcare institution in Chitwan and the surrounding districts, Maulakalika Aspatal has grown into a multi-specialty private facility offering a broad range of clinical services through outpatient consultations across several specialties. Beyond direct treatment, the OPD also serves as a practical learning ground for healthcare management students and interns. This report critically examines the expectations associated with the OPD of Maulakalika Aspatal and contrasts them with the on-the-ground realities observed during a six-week internship undertaken from November 9, 2025 to January 4, 2026.

Structure and Sub-Departments of the OPD

The OPD at Maulakalika Aspatal is housed on the first floor of the building and is organized into multiple departments and sub-specialties to ensure comprehensive outpatient delivery. The major clinical departments and the support services available within the OPD are listed below.



This combination of clinical departments and support services reflects the aspatal's effort to provide targeted, comprehensive, and patient-friendly outpatient care under one roof.

Human Resources and Expertise

The performance of any OPD depends heavily on the people who run it. Maulakalika Aspatal is staffed with experienced doctors, nurses, technical personnel, and administrative workers who together coordinate the day-to-day clinical and non-clinical operations of the outpatient unit.

Key Human Resources in the OPD:

Category	Roles
Consultant Doctors	Diagnosis, treatment planning, and supervision
Medical Officers	Patient examination and case documentation
Nurses	Patient care, coordination, and support
Aspatal Managers	Administrative efficiency and patient-flow oversight
Technicians	Laboratory tests and imaging services

Support Staff	Registration and record keeping
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In addition to its service role, the aspatal also offers practical exposure to BHCM students through internship postings and supervised interactions across departments, which contributes meaningfully to the academic-clinical interface.

Expectations from the OPD

Patients visiting a recognised private aspatal such as Maulakalika generally arrive with a fairly defined set of expectations regarding their OPD experience. These expectations broadly fall into the following five categories:

- 1. Efficient Service Delivery**
 - Quick registration and consultation
 - Minimal waiting time
- 2. Quality Medical Care**
 - Accurate diagnosis
 - Availability of specialist doctors
- 3. Comprehensive Facilities**
 - Diagnostic services such as laboratory and imaging
 - Pharmacy and follow-up care
- 4. Professional Behavior**
 - Empathy and clear communication
 - Ethical medical practice
- 5. Clean and Organized Environment**
 - Hygienic waiting areas
 - Systematic patient flow

Graphical Representation (Pyramid Form):

Top: Quality Care

Middle: Efficiency Professionalism

Base: Facilities Hygiene Communication

Realities of OPD at Maulakalika Aspatal

Despite a strong infrastructure base and a dedicated workforce, several practical challenges were observed during the internship period.

1. High Patient Load

- As a growing private aspatal that draws patients from Bharatpur and the surrounding districts, Maulakalika Aspatal handles a heavy patient load every day. This translates into long queues during the morning hours and overcrowded waiting areas during peak times.

2. Waiting Time Issues

- Delays in seeing a doctor were frequently linked to consultants not being present at their scheduled OPD timing, as well as a high patient-to-doctor ratio during busy periods.

3. Administrative Bottlenecks

- The ticket and registration counter often lacked proper management, and there were not enough helper staff stationed to guide patients through the steps of the OPD process.

4. Resource Constraints

- Although the aspatal is reasonably well-equipped, demand at times exceeds capacity particularly in diagnostic services during busy hours and in specialist availability during scheduled OPD timings.

5. Communication Gaps

- Occasional instances of impolite behaviour by some staff toward patients were observed, and the limited consultation window left little time for in-depth doctor-patient interaction.

Expectations vs. Reality

Domain	Expectation	Reality
Waiting Time	Short	15-20 minutes on average
Patient Load	Moderate	Very high and growing
Consultation Time	Adequate	Limited during peak hours
Facilities	Easily accessible	Sometimes crowded
Service Efficiency	Smooth	Occasionally delayed

The gap between expectation and reality observed at Maulakalika is not unique to this institution; it is a common feature across growing healthcare facilities in Nepal. Even so, the aspatal carries clear strengths that set it apart in the local healthcare market.

Visual Observation and Hospital Infrastructure



Main entrance of Maulakalika Aspatal Pvt. Ltd., Bharatpur, Chitwan



Nursing Station: Staff coordinating OPD services and assisting patients



Reception Area: Registration and Billing Counter



Waiting Area: Patients seated on the ground floor near OPD

The visual evidence collected during the field visit reflects an organised and reasonably hygienic outpatient environment. Although crowding becomes visible at peak hours, the staff maintain a courteous attitude and the layout remains navigable for first-time visitors.

Strengths of Maulakalika Aspatal OPD

- Affordable OPD charges (Rs. 80 for consultant consultation and Rs. 50 for medical officer consultation)
- A wide spread of specialist OPD departments operating under one roof, including newer service lines such as Urology, Plastic Surgery and Breast Oncology
- Walk-in system that allows patients easy access to consultation without prior appointment
- In-house pharmacy, laboratory, and radiology that reduce the need for outside referrals

Suggestions for Improvement

- Introduce a digital OPD ticketing and queue management system to reduce confusion at the registration counter
- Increase staff deployment during peak morning hours to manage patient flow
- Set up dedicated patient counselling desks for guidance and information support
- Strengthen doctor-scheduling discipline to ensure consultants are available at their advertised OPD times

Conclusion

The Outpatient Department of Maulakalika Aspatal Pvt. Ltd., Bharatpur, stands as an important healthcare gateway for the residents of Chitwan and the surrounding region. Through its multi-specialty service mix, affordable consultation charges, accessible walk-in system, and newer service lines such as Urology, Plastic Surgery and Breast Oncology, the OPD meets a substantial share of patient expectations. At the same time, it continues to face practical challenges including high patient load, scheduling lapses, and occasional operational inefficiencies.

In essence, the OPD reflects a dynamic balance between rising demand and current capacity. With targeted improvements in management practices, technological adoption, and resource allocation, Maulakalika Aspatal is well-positioned to further raise its service quality and bring patient experience even closer to expectation.

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The Importance of Internship in Shaping Healthcare Management: A Firsthand Experience at CMC Hospital

by Deepika Bhattarai, Scholar, Bachelor of Health Care Management, Valley State College

Introduction

Healthcare management requires a unique blend of theoretical knowledge and practical wisdom. This article reflects on my internship experience at CMC Hospital, highlighting how hands-on training in a real-world healthcare setting shaped my administrative competencies, problem-solving abilities, and understanding of patient-centric care. This internship helped me bridge the gap between classroom learning and professional practice, proving indispensable in my journey toward becoming a healthcare manager.

Healthcare management stands at the intersection of clinical care, administration, and patient advocacy. In an era of rising patient expectations, regulatory complexities, and resource constraints, the role of a skilled healthcare manager has never been more critical. While academic programs offer robust theoretical frameworks in hospital operations, finance, human resources, and quality improvement, these concepts remain abstract until tested in a real-world setting. An internship bridges this gap, transforming a student into a reflective practitioner.

My internship at CMC Hospital provided me with an immersive, hands-on experience that not only

sharpened my administrative competencies but also reshaped my understanding of compassionate, efficient and safe healthcare delivery. This article reflects on how that internship was instrumental in shaping my professional growth and why such experiential learning is indispensable for aspiring healthcare managers.

Bridging Theory and Practice

The classroom introduces tools like SWOT analysis, patient flow mapping. Yet, seeing these tools applied in a busy tertiary care hospital was a revelation. At CMC Hospital, which handles thousands of outpatients daily, I observed how theoretical models must adapt to human complexity. For example, standard queuing theory suggests linear patient flow, but during my internship, I learned that because of lack of token system emergency bypasses, doctor preferences, and sudden equipment failures constantly disrupt ideal flow.

One specific instance stands out. I was tasked with observing the morning discharge process in a medical ward. Academically, discharge is a straightforward checklist. In reality, I found delays caused by mal-functioning machine. Documenting these delays and discussing them with my preceptor taught me that effective management requires understanding ground-level realities not just following protocols. This insight cannot be gained from textbooks. The internship

transformed me from a passive learner into an active observer and participant in hospital problem-solving.

Developing Core Healthcare Management Competencies

My internship at CMC Hospital helped me build several tangible skills that are essential for any healthcare management career.

Communication and Interpersonal Skills:

Every day, I interacted with diverse stakeholders, doctors who valued brevity, nurses who appreciated acknowledgment of their workload, billing staff who needed clear instructions, and patients' families who sought reassurance. I learned to tailor my communication style. In one instance, I helped resolve a misunderstanding between the insurance service provider and receiver. By calmly relaying each side's concerns and suggesting some ideas I prevented a recurring morning delay. This experience taught me that healthcare managers are often bridges between departments.

Problem-Solving Under Pressure:

Healthcare is unpredictable. One afternoon, the hospital's electronic medical record (EMR) system experienced a temporary slowdown during a busy outpatient session. Patients began queuing up anxiously. Though I couldn't assist the manager directly I informed them about the problem. Within an hour, the system was restored, and patient flow normalized. That hour taught me crisis management, staying calm, communicating clearly, and improvising with available resources. No classroom simulation could replicate that intensity.

Understanding Patient-Centric Management :

CMC Hospital's mission emphasizes compassionate care. I spent several days shadowing the patient relations department, handling real complaints and compliments. One elderly patient's son was upset about a delay in getting treatment. Listening to him, acknowledging his frustration, helped defuse the situation. I realized that healthcare management is fundamentally emotional labor. Managers must balance operational efficiency with human kindness. That balance, once learned, becomes a guiding principle.

Building Professional Networks and Confidence :

Beyond skills, my internship offered something equally valuable professional relationships and self-assurance. I was fortunate to receive mentorship from the hospital director, deputy hospital administrator, department heads, matrons etc. who allowed me to attend weekly departmental review meetings. Watching how senior managers discussed budget variances, staff shortages, and patient safety incidents gave me a realistic preview of my future career.

Additionally, I built a network of fellow interns, nurses, and junior doctors who shared insights about their own roles. These connections continue to serve as a sounding board for ideas and job

referrals. The confidence I gained knowing I could handle a crisis, analyze a problem, or comfort an anxious relative was transformative. I entered the internship as a student; I left as an emerging professional.

Challenges and Lessons Learned

No internship is without struggle. I initially found it difficult to adjust to the early morning shifts and the fast-paced environment. There were moments of confusion not knowing who to ask for permission, or making minor errors in data entry. However, each mistake became a learning opportunity. I learned to ask questions without hesitation, to double-check my work, and to accept that perfection is less important than progress. These soft skills are rarely taught but are essential for long-term success.

Conclusion

My internship at CMC Hospital was far more than a line on a resume. It was the crucible in which theoretical knowledge was forged into practical wisdom. I learned that healthcare management is not merely about spreadsheets, budgets, or protocols. At its heart, it is about patients in pain, families in worry, and staff striving to do their best. A manager's job is to create conditions where both patients and providers can thrive.

This internship taught me to think systemically, act compassionately, and lead confidently. For any student of healthcare management, an internship is not a formality to complete but an opportunity to embrace. It is the bridge between learning and doing, between ambition and capability. I carry forward not just a completion certificate, but a mindset that effective healthcare management is ultimately a service to humanity, delivered with both efficiency and empathy.

Where Theory Meets Reality: Experiences Beyond Books

by Diksha Sapkota, Scholar, Bachelor of Health Care Management, Valley State College

Introduction

During my 45-day observation internship at Pushpanjali Hospital Pvt. Ltd., I gained practical exposure to the real working environment of a hospital. My internship was conducted in the Outpatient Department (OPD), Emergency Department, and Medical Records Department from 11:00 AM to 4:00 PM daily.

Before joining the internship, my understanding of hospitals was mainly based on textbooks and classroom learning. I believed that hospitals functioned in a smooth and organized manner with fixed procedures. However, after spending time inside the hospital, I realized that hospital operations are much more dynamic, stressful, and emotionally demanding than theory explains. Every day brought new patients, unexpected situations, and different challenges that required coordination, patience, and teamwork



Beginning of the Day

When I arrived at the hospital each day, the environment was already active and crowded. Patients and their family members filled the waiting areas, especially near the OPD registration section. Some patients arrived early for consultations, while others came for follow-up visits or emergency treatment.

My Observation

During my internship, I observed that many patients faced confusion regarding hospital procedures, especially at the registration and consultation areas. Patients often struggled to understand where they needed to go for registration, doctor consultations, laboratory tests, or other diagnostic services. Elderly patients and first-time visitors required additional guidance, and family members frequently approached hospital staff for information and directions.

During peak hours, long queues formed at the registration counter, leading to overcrowding and increased waiting times. As a result, some patients became impatient and frustrated, particularly those who were already unwell or in discomfort. I noticed that staff members had to manage multiple responsibilities simultaneously, including registration work, answering patient inquiries, guiding visitors, and maintaining order in the waiting area.

This experience helped me understand that effective communication, patience, and proper patient guidance are essential components of hospital administration. I realized that even small misunderstandings or delays can affect patient satisfaction and the overall flow of hospital services.

Experience in the Outpatient Department (OPD)

The Outpatient Department (OPD) was one of the busiest and most active areas I observed during my internship. Every day, a large number of patients visited the department for consultations, follow-up checkups, and treatment for various health problems such as fever, infections, chronic illnesses, body pain, and minor injuries. Some patients were also referred to laboratories, diagnostic services, or specialized departments for further examination and treatment.

I observed that the OPD remained crowded throughout the day, creating pressure on doctors and healthcare staff. Many patients had to wait for long periods before consultation, which sometimes caused frustration. Despite the workload, doctors tried to provide proper care to each patient. I also noticed that clear communication helped patients feel calmer and more cooperative, while delays in registration or laboratory reports increased waiting times and affected patient flow.

Experience in the Emergency Department

The Emergency Department exposed me to the most critical and unpredictable situations in the hospital. Patients arrived with accidents, severe pain, breathing difficulties, injuries, and sudden health emergencies.

I observed how quickly doctors and nurses responded during emergency situations. Healthcare workers had to make rapid decisions and work under pressure to provide immediate care. The triage system helped prioritize patients based on the seriousness of their condition.

One memorable experience during my internship was seeing a road accident patient brought into the emergency room. The healthcare team immediately provided first aid and prepared the patient for further treatment. This showed me the importance of teamwork and coordination in

emergency care. I also noticed that patients' family members often appeared worried and anxious while waiting for updates about their loved ones.

Experience in the Medical Records Department

The Medical Records Department played an important role in maintaining patient information and hospital documentation. Although patients rarely notice this department, it is essential for proper hospital functioning.

I observed that maintaining patient records required accuracy and proper organization. Since many records were paper-based, searching for files sometimes caused delays, especially during busy hours. This experience helped me understand the importance of proper documentation can improve efficiency and reduce delays in patient services.

Challenges Observed During the Internship

During my internship, I observed several challenges within the hospital environment:

- Overcrowding in the OPD leading to long waiting times
- Patient confusion regarding procedures and department locations
- Delays in laboratory reports during peak hours
- Pressure and workload on healthcare workers during emergencies
- Delays in discharge and billing procedures at times

Lessons Learned Beyond Books

My internship experience taught me many lessons that cannot be fully understood through textbooks alone. I learned that hospitals are not only healthcare institutions but also emotionally intense environments where every second can be important.

I learned the value of:

- Effective communication with patients
- Teamwork and coordination among departments
- Time management in healthcare settings
- Patience while handling stressful situations
- Accuracy in medical documentation
- Compassion and empathy toward patients and their families

Conclusion

Completing my 45-day observation internship at Pushpanjali Hospital Pvt. Ltd. Provided me with valuable practical exposure to hospital operations and patient care services. The experience helped me bridge the gap between theoretical knowledge and real-world healthcare practice.

It gave me a deeper understanding of the responsibilities carried by healthcare professionals and the challenges involved in managing hospital services efficiently.

Personal Reflection

This internship was one of the most meaningful learning experiences of my academic journey. It helped me understand healthcare in a practical way and showed me how hospitals actually function beyond textbooks.

I realized that every patient comes with fear, hope, and expectations, while healthcare workers carry the responsibility of providing care with professionalism and compassion, even in stressful situations.

Beyond books, I learned that healthcare is based on humanity, responsibility, teamwork, and dedication. This experience increased my interest in hospital administration and motivated me to become a more responsible and skilled healthcare professional in the future.

An Overview of Chitwan Medical College (CMC) from a Healthcare Management Perspective

by Dipeeka Poudel, Scholar, Valley State College

Abstract

Chitwan Medical College (CMC), established in 2006 in Bharatpur, Nepal, has emerged as a significant player in the nation's healthcare landscape. From a healthcare management perspective, CMC represents a case study in integrating tertiary care delivery, medical education, and public health outreach. This article analyzes CMC's infrastructure, strategic international partnerships, academic management structure, and community health initiatives. It also addresses management challenges such as student fee controversies and the balancing act between profitability and patient affordability. The analysis reveals that CMC is evolving from teaching hospital into a regional healthcare hub, yet it faces typical managerial tensions present in private healthcare institutions in developing nations.

1. Institutional Overview and Strategic Infrastructure

Facility Scale and Capacity:

Chitwan Medical College operates a 750-bed teaching hospital located on a 22 Bigha campus in Bharatpur, Chitwan. From a capacity management standpoint, this bed count positions CMC as a tertiary care center capable of handling complex caseloads that would otherwise overwhelm Kathmandu's facilities.

Workforce Management:

CMC employs over 1,600 staff members, including faculty, nurses, and administrative personnel. Effective healthcare management here requires robust human resource strategies to retain specialists in a competitive market where many professionals prefer the capital city.

Academic Scope:

CMC offers 8 bachelor-level programs and over 25 postgraduate programs, including super-specialty DM/MCh courses. This vertical integration (running a medical college alongside a hospital) allows for efficient resource utilization: senior doctors can teach while practicing, and students provide a source of supervised, cost-effective labor for patient care.

Vision and Mission Alignment:

Management documents indicate that CMC aspires to become a "deemed university" and a "center of excellence for medical education, services, and research". This strategic goal requires

significant managerial focus on quality accreditation and research output, evidenced by their publication of over 500 papers.

2. Clinical Network and International Partnerships (The Heidelberg Model)

One of the most significant healthcare management achievements of CMC is its role in the Nepal Stroke Project, partnered with University Hospital Heidelberg, Germany.

Problem-Solution Framework:

Before 2020, stroke treatments like intravenous thrombolysis were only available in Kathmandu. CMC management identified a gap in the Narayani zone and partnered with Heidelberg to fill it.

Network Management:

CMC functions as a "satellite clinic" and is developing into a regional stroke center. A key managerial innovation here is the establishment of a stroke network connecting CMC to ten district hospitals. This involves:

- **Communication Platforms:** Creating referral pathways.
- **Protocol Standardization:** Developing and implementing standardized treatment protocols across different facilities.
- **Training the Trainer:** CMC hosts workshops to train district staff, who then train others.

Impact on Service Delivery:

From a management perspective, this partnership has allowed CMC to offer a specialized service (stroke care) that is not only clinically effective but also financially sustainable due to German funding (up to 42,991 Euros) and technical support. It effectively turns CMC into a hub for non-communicable disease management in Province 3.

3. "Patients First" vs. Management Reality

Service Philosophy:

Officially, CMC aims to provide "patients-oriented services at affordable cost using cutting-edge technology". The management structure includes a specific goal to "deliver preventive, promotive, curative and rehabilitative services".

Operational Efficiencies:

The hospital provides a full spectrum of services from ICU/NICU to diagnostic imaging (CT, MRI) allowing for captive revenue cycling (patients do not need to be referred elsewhere for tests, keeping revenue inside the system).

The Management Challenge: Affordability vs. Profit

Despite the stated goal of affordability, CMC has faced significant management crises regarding fees. In 2019, students protested against "additional fees that exceeded government approved limits.

- **Stakeholder Tension:** This highlights the classic management tension in private medical colleges: balancing the need for capital to maintain "state-of-the-art" equipment with regulatory compliance and social responsibility.
- **Resolution Strategy:** Such protests forced management to negotiate with student unions and government bodies, indicating that CMC's management style must be highly adaptive to Nepal's regulatory environment.

4. Human Resource Development and Employee Engagement

Nursing Management:

CMC actively participates in national events like Nepal Nursing Day (January 28, 2025) . From an HR management perspective, such events serve dual purposes:

- **Staff Morale:** Recognizing nurses helps combat burnout and attrition in a high-stress field.
- **Brand Building:** It positions CMC as a supportive employer in the competitive healthcare job market.

Academic Leadership:

The management structure includes distinct roles: Chairman & MD (Prof. Dr. Harish Chandra Neupane), Academic Director, and Hospital Director. This separation of powers (academic vs. clinical operations) is a mature management practice that prevents educational quality from being cannibalized by clinical productivity demands.

5. Financial Management and Diversification

Revenue Streams:

CMC management has diversified income beyond patient fees and tuition:

- **Affiliation Fees:** Tribhuvan University affiliation provides academic legitimacy.
- **Grants:** International partnerships (Heidelberg) bring in grant money.
- **Sports Ownership:** In a unique move, CMC became the owner of the Chitwan team in the Nepal Premier League (NPL) cricket tournament in 2024.

The Cricket Strategy:

Owning a sports team is an unconventional healthcare management strategy. It functions as:

- **Marketing:** Brand awareness across Nepal.

- Community Engagement: Fulfilling their mission of "promoting sports" and corporate social responsibility (CSR).

5. Challenges in Healthcare Management at CMC

Regulatory Compliance:

Affiliation with multiple councils (Nepal Medical Council, Nursing Council, etc.) requires rigorous documentation and adherence to changing government standards.

Geographic Competition:

While located in Bharatpur (a major transport hub), CMC still competes with Kathmandu institutions for top-tier specialists and complex cases.

Student Unrest Management:

The 2019 fee protests highlight a vulnerability in financial management. Ensuring that fee hikes are transparent and government-approved is critical to avoiding operational shutdowns due to strikes.

Data Management:

While the Stroke Project collects data for lobbying, institution-wide adoption of electronic medical records (EMRs) and data-driven management is an ongoing challenge for many Nepali hospitals, including CMC.

Conclusion

From a healthcare management perspective, Chitwan Medical College is a mature, expanding institution that successfully integrates clinical care with academic rigor. Its management excels in strategic networking (evidenced by the German partnership) and vertical integration (education + hospital).

However, the institution remains vulnerable to regulatory pressures and student/staff unrest regarding financial policies. The management's ability to balance its "affordable care" mission with the high costs of "cutting-edge technology" will determine its success in achieving its goal of becoming a deemed university. The diversification into sports management (NPL) suggests that CMC views healthcare management not just within hospital walls, but as a component of broader cultural and social influence in Nepal.

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Learning Through Practice: Internship at Niko Hospital

by Jina Amgain, Scholar, Bachelor of Health Care Management, Valley State College

Niko Children's Hospital Pvt. Ltd. is the first specialized pediatric hospital in the Narayani region. It is located at Bharatpur-10, Chitwan, Nepal, and was established on 20th September 2013 (4th Ashoj 2070 B.S.). Since its establishment, the hospital has been providing comprehensive and quality medical care for infants, children, and adolescents. With a team of experienced consultants, doctors, and nurses, the hospital is dedicated to ensuring the health and well-being of every child in a safe and caring environment.



Niko Children's Hospital provides a wide range of healthcare services for children. These include OPD services, 24-hour emergency care, and vaccination programs. The hospital is also equipped with laboratory facilities for medical tests, X-ray services for diagnosis, and a pharmacy that ensures the availability of necessary medicines. It focuses on both preventive and curative care through early diagnosis and proper treatment. Although the hospital does not perform major surgical operations, it offers almost all essential pediatric medical services with efficiency and care.

The vision of the hospital is to provide complete and high-quality pediatric medical care to all children using modern technology and advanced medical facilities. Its mission is to grow as a model children's hospital in the nation by delivering excellent hospital-based services as well as community-level healthcare through health camps and awareness programs. The hospital believes that every child deserves proper care and should grow up healthy without illness.

Niko Children's Hospital plays a vital role in improving child health in the Chitwan region. It helps in preventing diseases, providing timely treatment, and guiding parents about proper childcare. The hospital also contributes to community health by organizing awareness programs and health camps. In conclusion, healthcare is a trusted and important institution that continues to serve children with dedication, compassion, and quality medical care.



The hospital also follows a systematic waste management system to maintain cleanliness and safety. Medical waste is properly segregated into different categories such as infectious and non-infectious waste before the use of color-coded bins, safe disposal methods, and regular sanitation practices. These measures help in preventing the spread of infections and maintaining a hygienic hospital environment. Staff members are trained to follow proper waste handling procedures, ensuring the safety of both patients and healthcare workers.

- They create a safe and child-friendly environment for better recovery
- They understand child growth, development, and medical conditions.
- They create a safe and child-friendly environment for better recovery.

Along with its many facilities, there are some practical challenges observed in Niko Children's Hospital. At times, doctors may not be available on time, which can affect patient flow. The waiting time in the OPD is sometimes longer than expected, causing inconvenience to patients and their families. In particular, some USG doctors are not always punctual, which may delay consultation and treatment. These issues highlight the need for better time management and coordination within the hospital to improve overall service quality and patient satisfaction.

Niko Children's Hospital provides a variety of specialized treatment services for children. The hospital offers care for ENT (ear, nose, and throat) problems, including infections and hearing issues. It also provides treatment for skin-related diseases such as allergies, rashes, and infections. In addition, physician services are available for general health problems, diagnosis, and overall medical care. The hospital also includes cardiac care services to monitor and treat heart-related conditions in children. Qualified doctors from different specialties are available in the hospital, ensuring that each child receives proper care according to their specific health needs. With these various services and expert doctors, the hospital provides comprehensive and effective healthcare for children.



In conclusion, Niko Children's Hospital Pvt. Ltd. is a well-managed and reliable healthcare institution that offers comprehensive pediatric services. With its organized departments, proper waste management system, and skilled medical professionals, the hospital ensures safe, effective, and high-quality care for children. Its dedication to maintaining standards and improving services makes it an important center for child healthcare in the region.

Outpatient Department of College of Medical Sciences, Bharatpur, Chitwan: Expectations and Realities

Kabita Dhakal, Scholar BHCM, Valley State College
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Introduction

The Outpatient Department (OPD) is the frontline of any hospital, serving as the first point of contact between patients and healthcare providers. In a tertiary care institution like the College of Medical Sciences (CMS), Bharatpur, Chitwan, the OPD holds immense significance in delivering accessible, affordable, and quality healthcare services to a diverse population.

Established in 1993 and affiliated with Kathmandu University, CMS has evolved into a major tertiary-care teaching hospital offering a wide range of clinical services, including outpatient consultations across multiple specialties. The OPD functions not only as a treatment center but also as a training ground for medical students, interns, and residents.

This essay critically explores the expectations from the OPD of CMS and compares them with the ground realities observed in practice.

Structure and Sub-Departments of OPD

The OPD at CMS is organized into various departments and sub-specialties to ensure comprehensive healthcare delivery. These include:

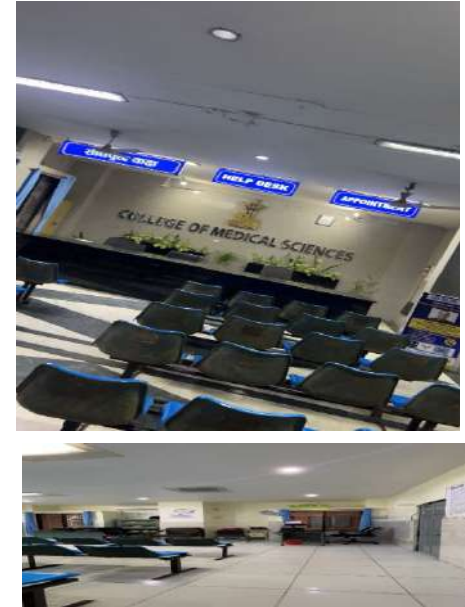
Major OPD Departments

<i>General Medicine</i>	<i>General Surgery</i>	<i>Pediatrics</i>	<i>Obstetrics and Gynecology</i>	<i>Orthopedics</i>
<i>Dermatology</i>	<i>Ophthalmology</i>	<i>Psychiatry</i>	<i>ENT (Ear, Nose, Throat)</i>	<i>Dental Services</i>

Specialized Clinics (Examples)

<i>Antenatal Care (ANC) Clinic</i>	<i>Postnatal Care (PNC) Clinic</i>	<i>Infertility Clinic</i>
<i>Cancer Screening Clinic</i>	<i>Family Welfare Clinic</i>	<i>Ultrasound & Diagnostic Clinics</i>

These specialized services reflect the hospital's commitment to targeted and preventive healthcare.



Human Resources and Expertise

The effectiveness of an OPD largely depends on its human resources. CMS is known for its experienced and internationally trained faculty and clinicians and other healthcare workers.

Key Human Resources in OPD

<i>Category</i>	<i>Roles</i>
<i>Consultant Doctors</i>	<i>Diagnosis, treatment planning, supervision</i>
<i>Junior Doctors & Interns</i>	<i>Patient examination, case documentation</i>
<i>Nurses & Matrons</i>	<i>Patient care, coordination, triage</i>
<i>Hospital Managers</i>	<i>Administrative efficiency, patient flow</i>
<i>Technicians</i>	<i>Lab tests, imaging services</i>
<i>Support Staff</i>	<i>Registration, record keeping</i>

The hospital also integrates academic learning with clinical practice, where students gain exposure through OPD postings and supervised interactions.

Expectations from the OPD

Patients visiting a reputed tertiary hospital like CMS generally have high expectations, including:

1. Efficient Service Delivery

- *Quick registration and consultation*
- *Minimal waiting time*

2. Quality Medical Care

- *Accurate diagnosis*
- *Availability of specialist doctors*

3. Comprehensive Facilities

- *Diagnostic services (lab, imaging)*
- *Pharmacy and follow-up care*

4. Professional Behavior

- *Empathy and communication*
- *Ethical medical practice*

5. Clean and Organized Environment

- *Hygienic waiting areas*
- *Systematic patient flow*

Graphical Representation of Patient Expectations in Pyramid form.



Realities of OPD at CMS

Despite strong infrastructure and expertise, practical challenges exist:

1. High Patient Load

Being a tertiary-care hospital, CMS receives a large number of patients daily, leading to:

- *Long queues*
- *Overcrowded waiting areas*

2. Waiting Time Issues

Patients may experience delays due to:

- *Limited consultation time per patient*
- *High patient-to-doctor ratio*

3. Administrative Bottlenecks

- *Registration delays*
- *Documentation inefficiencies*

4. Resource Constraints

Although CMS is well-equipped, demand often exceeds capacity in:

- *Diagnostic services*
- *Specialist availability*

5. Communication Gaps

- *Limited time for doctor-patient interaction*
- *Language or understanding barriers*



Expectations vs Reality in Table Form:

Domain	Expectation	Reality
Waiting Time	Shorty	Often long
Patient Load	Moderate	Very high

Consultation Time	Adequate	Limited
Facilities	Easily accessible	Sometimes crowded
Service Efficiency	Smooth	Occasionally delayed

The gap between expectations and reality is not unique to CMS but common in developing healthcare systems. However, CMS has several strengths:

- *Tertiary-care infrastructure with ICU, OT, and advanced facilities*
- *Highly qualified faculty and specialists*
- *Wide range of departments and super-specialties*

Suggested Improvements:

- *Introduce Digital OPD ticketing and queue management*
- *Increase staffing during peak hours*
- *Arrange Patient counseling desks*
- *Strengthen primary healthcare referrals to reduce overload*

Conclusion

The Outpatient Department of the College of Medical Sciences, Bharatpur, stands as a crucial healthcare gateway in central Nepal. While it meets many expectations through its advanced facilities, specialized services, and expert human resources, it also faces practical challenges such as high patient load and operational inefficiencies.

The reality reflects a dynamic balance between demand and capacity. With strategic improvements in management, technology, and resource allocation, the OPD can further enhance its service quality and align more closely with patient expectations.

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Medical Record Department (Mrd) Of CMC: A Study During Internship: A Study Based on Internship Experience at CMC

by Karusha Neupane, Scholar, Bachelor of Health Care Management, Valley State College

“Data saves lives when it speaks at the right time and Medical Records give it a voice.”

Introduction:

The Medical Record Department (MRD) of Chitwan Medical College (CMC) is a vital unit that ensures the proper management, safety, and accessibility of patient information. During my internship, I observed that MRD acts as the backbone of hospital management by maintaining accurate and complete medical records. These records support patient care, legal documentation, research activities, and administrative functions within the hospital.

Strength: Systematic Organization and Public Health Contributions:



At CMC, medical records are carefully organized using inpatient numbers, allowing quick retrieval when needed. The department follows a well-organized system where patient records are maintained both manually and digitally, reflecting a blend of traditional and modern practices. After patient discharge, records are carefully checked for completeness, and any missing information is returned to the respective departments for correction. Records such as inpatient files, consent forms, discharge summaries, and operation records are maintained with high precision. Once verified, records are coded using ICD-II standards, recorded in Midas software, assembled properly and securely stored. Importantly, confidentiality is strictly preserved, and only authorized personnel can access sensitive information.

Moreover, A major strength of MRD contributes to hospital statistics and reporting systems. The department prepares regular reports that assist in planning, and research, and improvement of health care. The department also maintains strict confidentiality and follows clear policies regarding record retention- general files are stored for five years, while medico-legal cases are preserved for longer durations (25 years).

Early Warning and Reporting System: A vital Strength



One of the most impactful function of MRD at CMC is the **Early Warning and Reporting System (EWARS)**, which plays a critical role in public health surveillance. This system ensures timely reporting of communicable and critical diseases to health authorities.

During my internship, I observed that MRD regularly reports diseases such as:

- Acute Gastroenteritis, Kalazar, Diphtheria, Leptospirosis, Yellow Fever,
- Influenza-like illnesses, Japanese Encephalitis, Measles-like illness, Whooping cough,
- Malaria, Rabies, Anthrax, Pneumonic plague,
- Cholera, Scrub Typhus, Tetanus, Snake bite, Dengue, Hepatitis, and others.

The Medical Record Officer submits **weekly reports** to the **Family Health Welfare Program in Hetauda** and **monthly reports** through the **Hospital Information Management System (HIMS)**. This system strengthens

- Early detection of diseases
- Rapid response to outbreaks
- Rapid response to outbreaks

Thus, MRD not only manages records but also actively contributes to public health surveillance and safety.



Weakness: Limitations and Areas for Improvement:

Despite its strong system, the MRD department faces several challenges during the internship period. One of the major issues observed is the **lack of adequate storage space**, as records from different years are kept in the same area, leading to congestion and difficulty in management.

There is also a **shortage of staff relative to the workload**, which can affect efficiency in record handling, coding, and retrieval processes. The continued reliance on **physical storage** (50, 50 pieces in one bag from UHID-UHID) which increases the risk of damage and requires more maintenance and storage capacity, **Reduce documentation delays, focused on Clinical audit (Regular monitoring) and Time limit for file completion.**

Although digital systems are in place, they are not fully advanced or integrated, limiting the department's ability to achieve maximum efficiency. These limitations indicate the need for improvements in infrastructure, human resources, and digitalization to meet the increasing demands of healthcare services.

Future Potential and Professional Excellence of MRD at CMC:

Despite these challenges, The MRD of CMC demonstrates strong professionalism and dedication. The department maintains **accuracy, confidentiality, and systematic organization**, which are essential for quality healthcare services.

The presence of **ICD coding, proper filing systems, and reporting mechanisms** reflects its commitment to global standards. With improvements such as **expansion of storage space, increased staffing, and advanced digital record systems**, etc.

My internship experience clearly showed that MRD is not just a record-keeping unit-it is a core component of hospital management that supports clinical decisions, legal safety, research, and public health monitoring.

Conclusion:

In conclusion, the Medical Record Department plays a fundamental role in the effective functioning of a hospital. It ensures that patient information is accurately recorded, safely stored, and readily available when needed. My internship at MRD provided valuable knowledge about record management, reporting systems, and the importance of data in healthcare services. **“Quality is never an accident; it is always the result of high intention, sincere effort, intelligent direction, and skillful execution.”**

Institutional Overview: College of Medical Sciences Teaching Hospital

by Kritika Rai, Scholar, Bachelor of Health Care Management, Valley State College

Abstract: *The College of Medical Sciences Teaching Hospital (COMS-TH), situated in Bharatpur, Chitwan, Nepal, stands as one of the foremost tertiary-level teaching hospitals in the country. This article provides a comprehensive overview of the institution, encompassing its history, vision, infrastructure, services, and key operational departments – namely the Outpatient Department (OPD), Emergency Department (ED), and Medical Record Department (MRD). Drawing on observational data gathered during an internship conducted from November to December 2025, this article highlights the hospital's strengths in patient management, emergency care, and health information systems, while also identifying areas for continued improvement.*

1. Introduction

The College of Medical Sciences Teaching Hospital (COMS-TH) is a premier healthcare institution located in Bharatpur-10, Chitwan, Nepal. Established under the College of Medical Sciences (COMS), the hospital has grown into a comprehensive tertiary care and academic center, serving not only the Chitwan district but also patients referred from neighboring districts such as Nawalpur, Makwanpur, and Parsa. It operates under the dual mandate of delivering high-quality clinical services and providing practical training to students enrolled in medicine, nursing, pharmacy, and allied health sciences programs affiliated with B.P. Koirala Institute of Health Sciences (BPKIHS) and Pokhara University.



With a bed capacity exceeding 750 and an outpatient daily load of approximately 250-300 patients, COMS-TH is one of the busiest and most respected teaching hospitals in the Gandaki and Bagmati provinces. The hospital's unique position as both a clinical provider and an

academic institution makes it an ideal setting for healthcare management research, professional training, and systemic study of hospital operations.

2. Vision, Mission and Institutional Values

COMS-TH's overarching vision is to be a leading center of excellence in healthcare delivery, medical education, and research in Nepal and the broader South Asian region. This vision is supported by a clearly articulated mission that drives the institution's strategic and operational priorities.

Vision

To be a leading center of excellence in healthcare delivery, medical education, and research in Nepal and the region.

Mission

- To provide quality, accessible, and patient-centered healthcare services to the community.
- To develop competent healthcare professionals through quality education, training, and research.
- To promote ethical medical practice and continuous quality improvement in health service delivery.
- To foster partnerships with national and international healthcare organizations for knowledge sharing and capacity building.

The hospital's values emphasize patient safety, integrity, teamwork, compassion, and accountability. These principles are reflected in the day-to-day conduct of clinical and administrative staff across all departments.

3. Institutional Profile and Infrastructure

COMS-TH is strategically located in Bharatpur, close to the East-West Highway, making it accessible to patients traveling from multiple districts across central Nepal. The campus houses modern infrastructure including dedicated buildings for inpatient wards, outpatient services, emergency care, diagnostic departments, operation theatres, intensive care units, and administrative offices.

Established	As part of the College of Medical Sciences (COMS)
Location	Bharatpur-10, Chitwan, Nepal
Type	Tertiary-level Teaching Hospital

Bed Capacity	Approximately 750+ beds
OPD Daily Load	Approximately 250-300 patients per day
Emergency Services	24-hour emergency care, 7 days a week
Affiliation	B.P. Koirala Institute of Health Sciences (BPKIHS) and Pokhara University
Website	https://cmsnepal.edu.np/



Figure 2: Multi-storey wing of the hospital complex

The hospital employs a large multidisciplinary workforce of specialist physicians, resident doctors, nurses, paramedics, medical record officers, and support staff. Regular in-service training, continuing medical education (CME) programs, and workshops ensure that staff competencies are maintained and continuously enhanced in line with evolving healthcare standards.

4. Healthcare Services Rendered

COMS-TH delivers a broad spectrum of healthcare services that cater to the diverse medical needs of its catchment population. These services span primary, secondary, and tertiary care levels, positioning the hospital as a comprehensive referral center for the region.

Clinical Specialties

Outpatient consultation services are available across multiple specialties including internal medicine, general surgery, gynecology and obstetrics, pediatrics, orthopedics, ENT, ophthalmology, dermatology, and psychiatry. Specialists are available during designated OPD hours, with approximately 250-300 patients accessing these services daily.

Diagnostic and Surgical Services

The hospital provides comprehensive diagnostic services including pathology, clinical microbiology, radiology, ultrasound, computed tomography (CT) scanning, magnetic resonance imaging (MRI), and electrocardiography (ECG). Fully equipped operation theatres support both elective and emergency surgical procedures. Intensive care services are provided through dedicated ICU and Neonatal Intensive Care Unit (NICU) facilities.



Additional Services

- Maternal and child health services: antenatal care, delivery services, and postnatal care
- Pharmacy and dispensing services with in-hospital formulary management
- Dental and oral health services
- Physiotherapy and rehabilitation services
- 24-hour emergency care and trauma services

5. Key Operational Departments

Three departments form the operational backbone of patient services at COMS-TH: the Outpatient Department (OPD), the Emergency Department (ED), and the Medical Record Department (MRD). Each plays a critical role in patient care coordination, health information management, and overall service delivery.

Department	Key Functions	Daily Volume
Outpatient Department (OPD)	Patient registration, token queue system, multi-specialty consultation, HMIS integration	~250 patients/day
Emergency Department (ED)	24/7 triage (Red/Yellow/Green), ambulance handling, emergency documentation, trauma care	15-20 cases/shift
Medical Record Department (MRD)	ICD-10 coding, terminal digit filing, EMR system management, record confidentiality	Ongoing hospital-wide

5.1 Outpatient Department (OPD)

The OPD serves as the primary gateway for patients seeking non-emergency healthcare services at COMS-TH, operating Sunday to Friday from 8:00 AM to 4:00 PM. The department manages an average of approximately 250 patients per day across multiple specialty clinics. A structured patient registration process assigns every new patient a unique Patient Identification Number (PID) through the computerized Hospital Management Information System (HMIS), enabling real-time data entry, quick retrieval of medical history, and seamless inter-departmental communication.

A token-based queue management system is employed to regulate patient flow and minimize crowding. Patients follow a structured pathway from registration to the waiting area, specialist consultation, diagnostic investigation (where required), pharmacy, and billing. The OPD's peak hours fall between 8:00 AM and 11:00 AM, during which active coordination among registration staff, nurses, and doctors is essential. The HMIS reduces each registration to approximately 2-3 minutes, contributing significantly to departmental efficiency. Areas identified for further enhancement include staggered appointment scheduling to reduce peak-hour congestion and dedicated patient navigation support for rural and low-literacy patients.

5.2 Emergency Department (ED)

The Emergency Department operates 24 hours a day, 7 days a week, and is equipped with resuscitation bays, trauma beds, defibrillators, oxygen supply systems, and emergency medication stores. The department employs a structured three-level triage system to sort incoming patients by severity: Red (Immediate) for life-threatening conditions, Yellow (Urgent) for serious but stable cases, and Green (Non-Urgent) for minor conditions. Triage assessments

-including measurement of vital signs and documentation of the chief complaint are completed by trained triage nurses, typically within 5 minutes of patient arrival.

The ED also manages ambulance arrivals through a coordinated handover protocol. Ambulance crews notify the emergency team before arrival, enabling advance preparation. Upon arrival, a formal patient handover including mechanism of injury, pre-hospital treatment, and current vital signs ensures continuity of care. Each patient is documented in an Emergency Treatment Record (ETR) capturing demographics, triage category, clinical findings, treatment administered, and final disposition. The department handles approximately 15-20 emergency cases per shift, with close teamwork and clear communication identified as key operational strengths.

5.3 Medical Record Department (MRD)

The Medical Record Department is the custodian of all patient health information at COMS-TH. It is responsible for the collection, organization, storage, retrieval, and confidential management of patient medical records. The department uses a Terminal Digit Filing System, in which records are arranged by the last digits of each patient's unique Medical Record Number (MRN), facilitating efficient retrieval in a high-volume environment. Active and inactive records are stored separately, with color-coding used to further aid rapid identification.

Record coding at COMS-TH is performed using the International Classification of Diseases, 10th Revision (ICD-10), with coded records reviewed by the Medical Record Officer for accuracy and completeness before entry into the hospital database. The department has implemented an Electronic Medical Record (EMR) system as part of the hospital's HMIS, enabling digital storage of complete patient records, electronic ordering of investigations and referrals, and role-based access control. Regular data backups protect against data loss. While the EMR system has significantly improved record accessibility and retrieval speed, ongoing staff training and a systematic digitization project for older paper records have been identified as priorities for continued improvement.

6. Healthcare Management Context

COMS-TH operates within Nepal's three-tiered healthcare system primary, secondary, and tertiary at the tertiary level, providing specialized services while also functioning as a training

institution. Nepal's healthcare landscape has undergone significant reforms in recent years, driven by national frameworks such as the Nepal Health Sector Strategy 2015-2020, which emphasized the strengthening of health information systems, service quality improvement, and enhanced management capacity in healthcare institutions.

The hospital's use of a computerized HMIS, ICD-10 disease coding, and EMR systems reflects alignment with national and international health information standards. Institutional commitments to accreditation, quality improvement, and patient safety further position COMS-TH as a model teaching hospital in the region. The hospital's balanced approach—combining clinical service delivery with academic training—creates a mutually reinforcing environment that benefits both patients and the next generation of healthcare professionals.

7. Conclusion

The College of Medical Sciences Teaching Hospital represents a cornerstone of healthcare delivery and medical education in the Chitwan region and beyond. Its comprehensive range of services, modern infrastructure, and structured operational systems—particularly in the OPD, Emergency Department, and Medical Record Department—demonstrate a strong institutional commitment to quality patient care and health information management.

Continued investment in digital health infrastructure, staff capacity building, physical space optimization, and systematic records digitization will further strengthen the hospital's ability to serve its growing patient population. As a tertiary teaching hospital, COMS-TH plays an indispensable dual role: delivering life-saving clinical care while nurturing the healthcare professionals who will shape the future of Nepal's health system.

Chitwan Medical College, Chitwan: Outpatient Department (OPD): A Healthcare Management Perspective

by Mandip Bhurtel, Scholar, Bachelor of Healthcare Management, Valley State College

1. Introduction

The Outpatient Department (OPD) of Chitwan Medical College, Chitwan, plays a crucial role in delivering accessible and efficient healthcare services. As the first point of contact for patients, the OPD ensures proper consultation, diagnosis, and treatment. This article analyzes OPD services from a healthcare management perspective, focusing on patient flow, organization, and service efficiency.

Chitwan Medical College is a leading private medical institution located in Bharatpur, Chitwan, Nepal. It was established on June 20, 2006, and is affiliated with Tribhuvan University. The college provides medical education along with tertiary healthcare services through its teaching hospital.

The Outpatient Department (OPD) serves as the primary entry point for patients, ensuring efficient healthcare delivery and access to specialized medical services.

2. Structure of OPD Services

Major Departments

- * General Medicine
- * General Surgery
- * Pediatrics
- * Gynecology & Obstetrics
- * Orthopedics
- * Dermatology
- * ENT (Ear, Nose, Throat)
- * Ophthalmology



Each department operates under scheduled hours with specialist doctors available for consultation.

3. Patient Flow System in OPD

Flow Process

Registration → Waiting → Consultation → Diagnosis → Pharmacy → Follow-up

Step-wise Process

1. Registration: Patient details are recorded at the counter
2. Waiting Area: Patients wait according to queue system
3. Consultation: Doctor examines and diagnoses the patient
4. Investigation: Laboratory or imaging tests if required
5. Pharmacy: Medicines are dispensed
6. Follow-up: Future visits are scheduled

Direct Path to Recovery:

Treatment → Surgery/ICU → Recovery → Discharge → Follow-up

4. Healthcare Management Perspective

Function	Application in OPD
Planning	Scheduling doctors and managing patient flow
Organizing	Department-wise service structure
Staffing	Skilled doctors, nurses, and support staff
Directing	Supervision by department heads
Controlling	Monitoring quality and patient satisfaction

5. Infrastructure and Facilities

- * Well-equipped consultation rooms
- * Spacious waiting areas
- * Registration system (manual and digital)
- * Diagnostic services (Laboratory, X-ray, CT Scan, Ultrasound)
- * In-house pharmacy

6. Role of OPD in Hospital Management

- * Reduces inpatient and emergency department load
- * Provides early diagnosis and preventive care
- * Improves hospital efficiency and service delivery
- * Supports clinical training for medical students

7. Challenges in OPD

- * High patient flow leading to long waiting times
- * Limited consultation time per patient
- * Resource and staff management challenges
- * Need for advanced digital healthcare systems

8. Suggestions for Improvement

- * Implementation of online appointment system
- * Adoption of Electronic Health Records (EHR)
- * Improved queue management system
- * Establishment of patient help desk services

9. Conclusion

The OPD of Chitwan Medical College plays a vital role in healthcare delivery. Since its establishment in 2006, the institution has continuously improved its services and infrastructure. With further focus on digital transformation and efficient management practices, OPD services can be enhanced to achieve higher patient satisfaction and operational excellence.

X-Ray Department of College of Medical Sciences, Bharatpur

by Prabesh Lamichhane, Scholar, Bachelor of Health Care Management, Valley State College

Introduction

The X-ray department of the is a vital component of its radiology services. It plays a crucial role in modern healthcare by providing diagnostic imaging that assists clinicians in identifying diseases, injuries, and abnormalities within the human body. As a teaching hospital, the department not only serves patients but also contributes significantly to medical education and training.

Objectives of the Department

The primary objective of the X-ray department is to deliver accurate and timely diagnostic imaging services. It aims to support patient care across outpatient, inpatient, and emergency settings. Additionally, the department focuses on maintaining radiation safety, improving image quality, and providing practical training to medical and radiography students.

Infrastructure and Layout

The X-ray unit is strategically located within the radiology department of the hospital for easy access. It is designed to ensure smooth workflow and patient comfort. The department typically includes a reception area, waiting room, examination rooms, control rooms for radiographers, and reporting rooms for radiologists. Proper shielding and safety measures are incorporated into the design to protect both patients and staff from unnecessary radiation exposure.

Equipment and Technology

The X-ray department at the is equipped with modern imaging technologies. Conventional X-ray machines are used for routine examinations such as chest and skeletal imaging. Digital radiography (DR) and computed radiography (CR) systems enhance image quality and allow faster processing. Portable X-ray machines are used for bedside imaging in critical care units, while fluoroscopy may be available for real-time imaging procedures.

Types of Examinations

A wide range of X-ray procedures are carried out in the department. These include chest X-rays for detecting lung diseases, skeletal X-rays for fractures and joint problems, abdominal X-rays, spinal imaging, and skull examinations. In some cases, contrast studies such as barium studies may also be performed to visualize internal organs more clearly.

Staffing and Management

The department is managed by a team of qualified professionals. Radiologists are responsible for interpreting images and providing diagnostic reports. Radiographers or X-ray technicians

operate the machines and ensure proper patient positioning. Nurses and support staff assist in patient preparation and administrative tasks, ensuring smooth functioning of the department.

Workflow and Functioning

The workflow of the X-ray department follows a systematic process. Patients are first registered and referred by clinicians. After verifying clinical history, the radiographer prepares and positions the patient for imaging. The X-ray is then taken, and the image is processed digitally. Radiologists analyze the images and prepare reports, which are sent back to the referring doctors for diagnosis and treatment planning.

Radiation Safety and Protection

Radiation safety is a top priority in the department. Protective equipment such as lead aprons and thyroid shields are used to minimize exposure. The department follows the ALARA principle (As Low As Reasonably Achievable) to ensure that radiation doses are kept to a minimum. Special precautions are taken for vulnerable groups, such as pregnant women and children.

Role in Medical Education

Being part of a teaching institution, the X-ray department plays an essential role in education. Students gain practical knowledge of radiographic techniques, anatomy, and image interpretation. Interns and radiography students receive hands-on training, which prepares them for professional practice.

Role in Patient Care

The X-ray department is indispensable in patient care. It supports early diagnosis, guides treatment decisions, and helps monitor disease progression. In emergency situations, such as trauma or accidents, X-ray imaging provides rapid and critical information that can be life-saving.

Record Management and Digital Systems

Modern X-ray departments use digital systems such as PACS (Picture Archiving and Communication System) for storing and retrieving images. This reduces reliance on traditional film, improves efficiency, and allows easy access to patient records for follow-up and teaching purposes.

Quality Assurance and Challenges

To maintain high standards, the department conducts regular equipment maintenance, calibration, and quality checks. Staff are trained continuously to keep up with technological

advancements. However, challenges such as high patient load, equipment costs, and the need for ongoing upgrades remain significant.

Conclusion

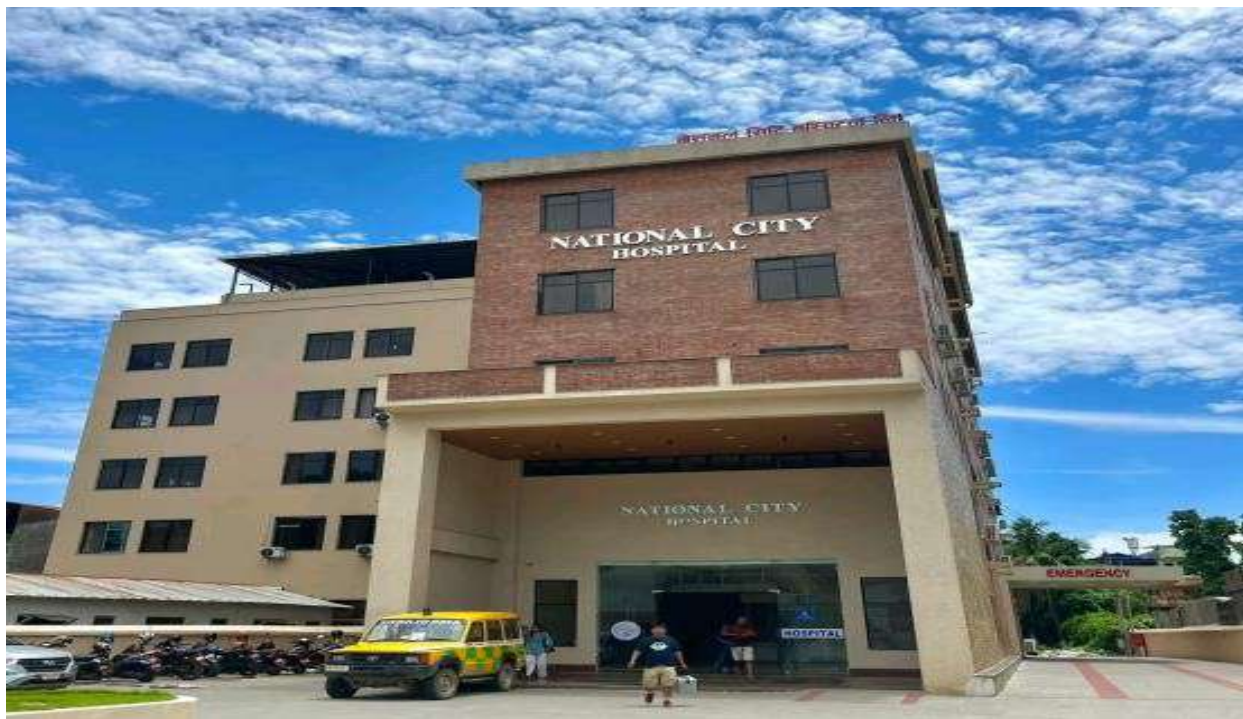
The X-ray department of the is a cornerstone of diagnostic medicine. With its advanced technology, skilled personnel, and commitment to safety and education, it plays a critical role in improving healthcare services and outcomes. Its integration of patient care, teaching, and research makes it an essential part of the institution.

National City Hospital: An Overview from a Healthcare Management Perspective

by Prakriti Acharya¹, Goda Sapkota², Bindu Kandel³, Scholar, BHCM, Valley State College

Introduction

National City Hospital is a well-established private healthcare institution in Nepal, playing a significant role in delivering quality medical services to the people of Chitwan and surrounding districts. From a healthcare management perspective, the hospital demonstrates how effective coordination, infrastructure, and human resources contribute to improved patient care.



Hospital Overview

National City Hospital was established as a community-initiated public limited company with the involvement of local business leaders and medical professionals. It has been serving patients for over 15 years with a commitment to affordable and quality healthcare.

The hospital operates in a modern six-story building covering more than 70,000 square feet. It has:

- Around 100 inpatient beds
- ICU and surgical ICU
- NICU (Neonatal Intensive Care Unit)
- Multiple operation theatres

- Emergency ward

These facilities reflect strong healthcare infrastructure management.

Outpatient Department (OPD)

Functions:

The OPD is the first point of contact for most patients. It provides:

1. Patient registration and record creation
2. Diagnosis and consultation
3. Referral services
4. Follow-up treatment Management

Importance

Efficient OPD management ensures:

1. Reduced waiting time
2. Smooth patient flow
3. Better patient satisfaction

- Staffing:
4. Doctors (general & specialists)
 5. Nurses
 6. Administrative staff

Proper coordination among staff ensures efficient service delivery.

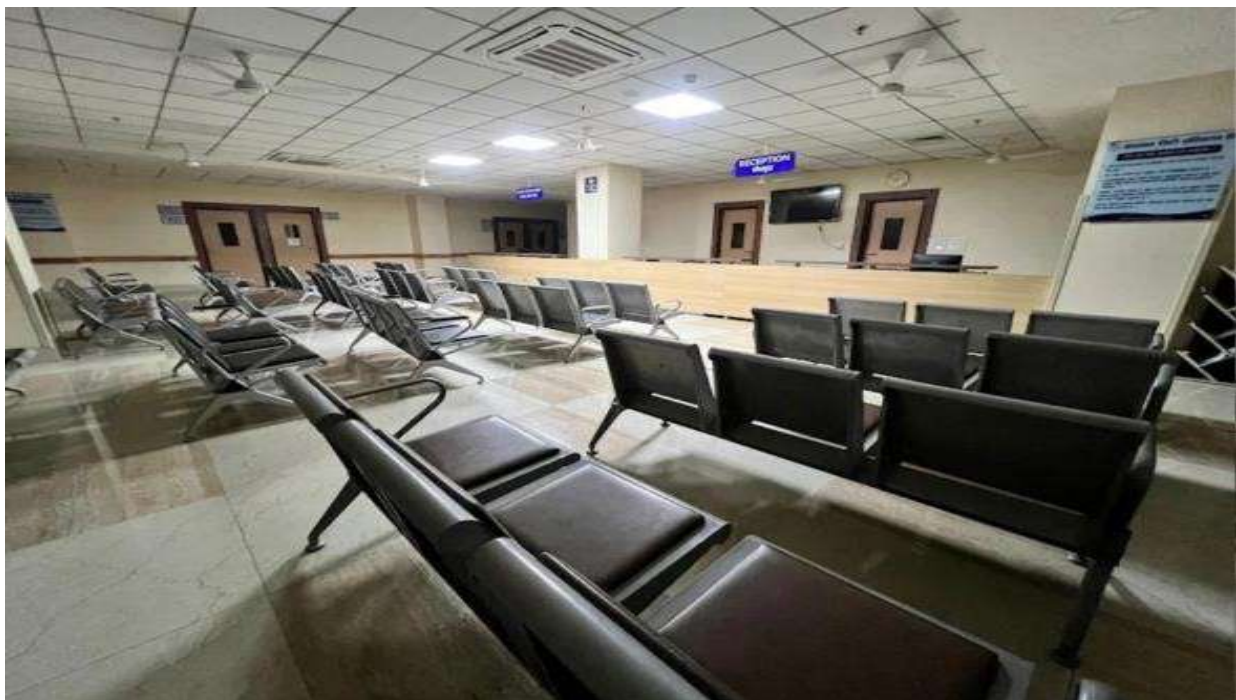


Fig: Reception & Waiting Area

Emergency Department

Functions:

The Emergency Department operates 24/7 and provides:

- 1.Immediate treatment for critical cases
- 2.Trauma and accident care
- 3.Patient stabilization
- 4.Referral to ICU or wards

The hospital maintains a round-the-clock emergency service, which is essential for saving lives.

Management Perspective:

Effective emergency management requires:

- 1.Quick decision-making
- 2.Availability of equipment
- 3.Team coordination

Staffing:

- 1.Emergency doctors
- 2.Critical care nurses
- 3.Paramedics



Fig: Emergency Department

Medical Record Department (MRD)

Functions:

The MRD handles all patient data and documentation:

- Maintaining patient records
- Data storage and retrieval
- Ensuring confidentiality
- Supporting hospital reports Management Role:

Good record management helps:

- Continuity of care
- Legal documentation
- Hospital planning
- Modern hospitals are increasingly shifting toward digital record systems for efficiency.

Facilities and Services:

The hospital provides a wide range of services:

- Laboratory and diagnostic services
- Pharmacy services
- Inpatient and outpatient services
- ICU, NICU, and surgical services
- Ambulance and emergency care

These services show a well-integrated healthcare delivery system.

Human Resource Management:

Human resources are the backbone of the hospital. National City Hospital employs:

- Doctors and specialists
- Nurses
- Technicians
- Administrative staff Management Focus:
 - Staff recruitment and training
 - Performance evaluation
 - Team coordination
 - Motivation and retention

Good HR management leads to improved patient care and hospital efficiency.

Healthcare Management Perspective

From a management viewpoint, the hospital emphasizes:

- Quality service delivery
- Efficient use of resources
- Patient-centred care
- Coordination among departments

The hospital also participates in community health programs and medical education, improving overall healthcare access.

Challenges and Improvements

Challenges:

- Increasing patient load
- Need for advanced technology
- Resource limitations Improvements:
 - Digital health systems

- Staff training programs
- Infrastructure expansion

Conclusion

National City Hospital plays a vital role in the healthcare system of Chitwan. Its wellstructured departments such as OPD, Emergency, and MRD demonstrate effective healthcare management practices. With continuous improvement and modernization, the hospital can further enhance its quality of care.

Summary

In summary, National City Hospital is a growing healthcare institution with strong infrastructure and management practices. Its focus on patient care, efficient service delivery, and skilled staffing makes it an important healthcare provider in Nepal.

Institutional Overview: College of Medical Sciences Teaching Hospital

by Rashmi Pun, Scholar, Bachelor of Health Care Management, Valley State College

The College of Medical Sciences (CMS) is one of the leading private medical institutions in Bharatpur, located in the Chitwan District of Nepal. Established in 1993 through a collaboration between the Government of Nepal and the International Society for Medical Education (ISME), the college has grown into a prominent center for medical education, healthcare services, and research. The hospital attached to CMS plays a vital role in delivering quality healthcare services while simultaneously training future healthcare professionals. Among its many departments, the **Emergency Department**, **Outpatient Department (OPD)**, and **Medical Record Department (MRD)** are central to its functioning and patient care system.



Introduction and Background

The College of Medical Sciences began its academic journey with the aim of producing highly skilled and ethical healthcare professionals. It is affiliated with Kathmandu University and recognized by national and international medical councils.

Since its establishment, CMS has focused on providing quality medical education along with modern healthcare services. The institution integrates teaching, research, and clinical practice, making it a comprehensive medical learning center.

Academic Programs

CMS offers a wide range of academic programs at undergraduate, postgraduate, and super-specialty levels. These include:

- MBBS (Bachelor of Medicine and Bachelor of Surgery)
- BDS (Bachelor of Dental Surgery)
- B.Sc. Nursing
- MD/MS programs in various medical fields
- DM/M.Ch super-specialty courses

The MBBS program typically spans about five and a half years, including a compulsory internship, ensuring both theoretical knowledge and practical clinical training.

Teaching Hospital

A major strength of CMS is its well-equipped teaching hospital. The CMS Teaching Hospital, established in 1999, serves as a center for clinical training and patient care. It has modern diagnostic facilities, intensive care units, and operation theatres, providing hands-on experience to students.

The hospital plays a vital role in improving healthcare services in the Chitwan region and surrounding areas.

Facilities and Infrastructure

The college provides a wide range of facilities to support students' academic and personal development:

- A well-stocked central library with thousands of books and journals
- Modern lecture halls with audio-visual technology
- Laboratories and research centers
- Separate hostels for male and female students
- Sports, gym, and recreational facilities
- Transportation and security services

These facilities create a conducive environment for learning and overall development.

Location and Environment



CMS is situated in Bharatpur, a centrally located city in Nepal, making it easily accessible by road and air. The region is known for its natural beauty, including proximity to Chitwan National Park.

Bharatpur has also developed as a major healthcare hub, often referred to as a “medical city” due to the presence of multiple medical institutions.

Vision and Mission

The main vision of the College of Medical Sciences is to become a center of excellence in medical education and healthcare. Its mission includes:

- Producing competent and compassionate healthcare professionals
- Providing quality and affordable healthcare services
- Promoting research on local and global health issues

Key Operational Departments

Three departments form the operational backbone of patient services at COMS-TH: the Outpatient Department (OPD), the Emergency Department (ED), and the Medical Record Department (MRD). Each plays a critical role in patient care coordination, health information management, and overall service delivery.

Emergency Department (ED)

The Emergency Department at CMS is the frontline of critical care, operating 24 hours a day to manage life-threatening conditions and urgent medical situations.

EMERGENCY DEPARTMENT TRIAGE PROCESS & WAIT TIMES

Emergency Departments **sort (triage) patients based on need for care.**
 All patients are important and will be seen, some require care more urgently than others.
Please let us know if your symptoms change while waiting.

	CRITICAL
	Suspected stroke Serious car crash Suspected heart attack Unconsciousness Severe breathing problems
	EMERGENT
	Severe stomach pains Head injury Large broken bones Allergic reaction
	URGENT
	Smaller fractures Seizure Asthma attack Vomiting & diarrhea
	LESS URGENT
	Cough or congestions Minor cuts Sore ear, eye or throat Sprains & strains

**PEOPLE HAVING A MENTAL HEALTH CRISIS
 ARE TRIAGED DIFFERENTLY THAN EXAMPLES ABOVE.**

SCHEDULED PATIENTS MAY BE DELAYED BY EMERGENCIES.

PRAIRIE MOUNTAIN HEALTH

Key Functions

- Immediate assessment and stabilization of critically ill or injured patients.
- Trauma care, accident management, and emergency surgeries.
- Rapid triage system to prioritize patients based on severity.
- Coordination with ICU, operation theatre, and diagnostic services.
- Emergency resuscitation and first aid
- Cardiac monitoring and life support
- Poisoning and overdose management
- Emergency obstetric and pediatric care

Importance

The Emergency Department ensures timely intervention, which can significantly reduce mortality and morbidity. It acts as a crucial entry point for patients requiring urgent attention and plays a major role in disaster and mass casualty management.

Outpatient Department (OPD)

The **Outpatient Department (OPD)** is often referred to as the “*shopping window of the hospital*” because it is the first contact point between patients and healthcare providers.

Key Functions

- Registration and consultation of patients
- Diagnosis and treatment of non-emergency conditions
- Referral to specialized departments if required
- Follow-up and continuity of care

Services Available

- General medicine, surgery, pediatrics, gynecology, orthopedics, and more
- Diagnostic services such as laboratory tests and imaging
- Pharmacy services for prescribed medications



Patient Flow in OPD

1. Registration
2. Waiting area
3. Consultation with doctor
4. Diagnostic tests (if needed)
5. Pharmacy/medication
6. Follow-up instructions

Importance

The OPD helps reduce the burden on inpatient services by managing a large number of patients efficiently. It plays a significant role in **preventive, promotive, and curative healthcare.**

Medical Record Department (MRD)

The Medical Record Department (MRD) is the backbone of hospital information management. It ensures proper documentation, storage, and retrieval of patient data.



Key Functions

- Maintenance of patient records (inpatient and outpatient)
 - Coding and indexing of diseases and treatments
 - Data collection for research and statistical analysis
 - Ensuring confidentiality and legal compliance

Services and Activities

- Preparation of discharge summaries
- Filing and retrieval of medical records
- Maintaining electronic health records (EHR)
- Supporting audits and quality assurance programs

Importance

The MRD ensures accurate documentation, which is essential for:

- Continuity of patient care
- Legal protection of hospital and patients
- Medical research and education
- Hospital planning and decision-making

Healthcare Management Context

Healthcare management in the College of Medical Sciences (CMS), Bharatpur, Nepal refers to the system of organizing and coordinating hospital and academic services to ensure effective patient care and medical education. CMS Teaching Hospital operates through different departments such as medicine, surgery, nursing, laboratory, pharmacy, and administration, all working together in a coordinated manner.

The main purpose of healthcare management in CMS is to provide quality and timely treatment to patients while also supporting medical students in their clinical training. It involves managing human resources, hospital operations, medical equipment, patient records, and maintaining safety and quality standards.

CMS also serves a large population from Bharatpur and surrounding areas, making its management system very important for handling high patient flow efficiently. Despite challenges like workload and resource pressure, effective healthcare management helps CMS deliver better healthcare services and produce skilled medical professionals.

Overall, healthcare management in CMS acts as the backbone of the institution, ensuring smooth functioning of both healthcare delivery and medical education.

Conclusion

In conclusion, the College of Medical Sciences, Bharatpur, stands as a significant institution in Nepal's medical education system. With its modern infrastructure, experienced faculty, and strong clinical training, CMS continues to contribute to the development of skilled medical professionals and improved healthcare services in the country.

From Classroom to Corridor: Inside a Hospital Internship in Chitwan

by Ritika Poudel, Scholar, Bachelor of Health Care Management, Valley State College



Maulakalika Aspatal Pvt. Ltd. — Bharatpur, Chitwan, Nepal

INTERNSHIP FIELD REPORT • 2025 26

From Classroom to Corridor

Inside a Hospital Internship in Chitwan, Nepal

A Healthcare Management Student's Six Weeks in the OPD, Emergency, and Medical Records
Departments of Maulakalika Aspatal

INTRODUCTION

The Hospital: A Community Anchor

What does it actually take to run a hospital? Not the clinical side—the surgeries, the diagnoses, the prescriptions—but the invisible scaffolding that holds it all together: the registration desks, the patient queues, the filing systems, the emergency protocols activated at 2 AM. These are questions most people never think to ask. For healthcare management students, they are the curriculum.

From November 2025 to January 2026, I completed a six-week internship at Maulakalika Aspatal Pvt. Ltd., a 100-bed private hospital in Bharatpur, Chitwan, as part of the requirements for my Bachelor of Health Care Management (BHCM) degree under Pokhara University. I was assigned to three departments: the Outpatient Department (OPD), the Emergency Department (ED), and the Medical Record Department (MRD). What I encountered was a vivid, sometimes chaotic, always illuminating picture of healthcare delivery at the community level.

"What I encountered was a vivid, sometimes chaotic, always illuminating picture of healthcare delivery at the community level."

Maulakalika Aspatal Pvt. Ltd. sits in Bharatpur, Chitwan—one of Nepal's fastest-growing cities—and serves as a critical access point for patients across the region. With a stated mission to deliver "high-quality, affordable, and compassionate medical services to all patients," the hospital brings together over 70 staff members across clinical, paramedical, and administrative functions.

The hospital offers a wide range of services: outpatient consultations, 24/7 emergency care, inpatient ward services, surgical procedures, laboratory diagnostics, radiology, pharmacy, and maternal and child health services. The Hospital Manager, Ms. Priyanka Singh Jha, oversees day-to-day operations under the guidance of the Medical Director, with a management structure that includes department heads, nursing leadership, and administrative officers.

-CHAPTER ONE

The OPD—The Hospital's Front Door

The Outpatient Department is the first thing most patients see when they arrive at a hospital and it sets the tone for everything that follows. At Maulakalika, the OPD is located on the ground floor for easy access, and handles between 80 and 100 patients per day, the majority

arriving in the morning between 9 AM and noon.

My time in the OPD revealed a department working efficiently under pressure. The patient journey follows a clear sequence: arrival → registration → vital signs measurement → queue for consultation

→ doctor review → investigation or prescription → pharmacy or follow-up. On paper, it sounds seamless. In practice, during peak hours, the registration counter becomes a hub of



controlled chaos.

The queue problem is real. Without a formal token or queue management system, patients cluster at counters, waiting times stretch to 20–45 minutes, and the atmosphere can feel frustrating for both staff and patients. The average consultation time of 5–10 minutes per patient while understandable given the volume raises legitimate questions about the depth of care possible within those constraints.

"Without a formal queue management system, waiting times stretch to 20–45 minutes — frustrating for both staff and patients."

Still, what stood out was the dedication of OPD staff. Nurses monitored vitals, receptionists registered patients, doctors consulted with focus and efficiency. The OPD operates on two shifts — morning and evening — and staff maintained professional discipline throughout.

Follow-up rates of approximately 30% suggest that a meaningful proportion of patients are returning for continuity of care rather than one-off visits.

CHAPTER TWO

The Emergency Department Where Seconds Matter

If the OPD is the hospital's front door, the Emergency Department is its heartbeat. Open 24 hours a day, seven days a week, the ED at Maulakalika manages everything from cardiac emergencies to trauma cases, obstetric crises, pediatric emergencies, and poisoning incidents.

What I witnessed in the Emergency Department was impressive. The department is positioned at the hospital entrance with a dedicated ambulance bay — a deliberate design choice that dramatically reduces response time for critical patients. Inside, the space is organized around clear functional zones: a triage area, resuscitation bay, observation beds, crash cart with
The triage system — the process of rapidly classifying patients by severity to prioritize treatment — was operating with genuine discipline. Staff were trained in Basic Life Support (BLS) and Advanced Cardiac Life Support (ACLS), and emergency drills were part of their routine. The coordination between the Emergency Department, ICU, laboratory, radiology, surgery, and blood bank was particularly effective, reflecting a well-established communication culture.

The metrics tell a story: the Emergency Department demonstrated high responsiveness with consistent staff coverage across shifts. There were no significant gaps in coverage or equipment failures observed during the internship period. For a community-level private hospital in Nepal, this level of emergency preparedness is commendable.



Emergency Station

"For a community-level private hospital in Nepal, this level of emergency preparedness is commendable."

CHAPTER THREE

The Medical Record Department The Memory of the Hospital

Of the three departments, the Medical Record Department is perhaps the least visible to patients — and yet it underpins everything. The MRD is the custodian of all patient health information: registrations, diagnoses, treatment histories, discharge summaries, ICD codes, birth and death records, and hospital statistics.



Hospital corridor outside the Laboratory — a busy day at Maulakalika

At Maulakalika, medical records are maintained using an alphanumeric filing system. Each patient is assigned a unique registration number at first visit, and all subsequent records are filed under that number in organized, labeled folders. A Master Patient Index (MPI) allows staff to retrieve records by name, number, or diagnosis.

Manual record systems are slow to retrieve at scale, vulnerable to physical damage, and difficult to analyze for trends. The absence of an Electronic Health Record (EHR) system or Hospital Information System (HIS) means that clinical staff cannot quickly access a patient's full medical history across departments, and hospital administrators cannot generate data-driven reports with ease. This is not unique to Maulakalika — it is a systemic challenge facing most community-level hospitals in Nepal.

"The system works. Records are organized, retrievable, and maintained with confidentiality. But it is entirely paper-based — and that is its critical limitation."

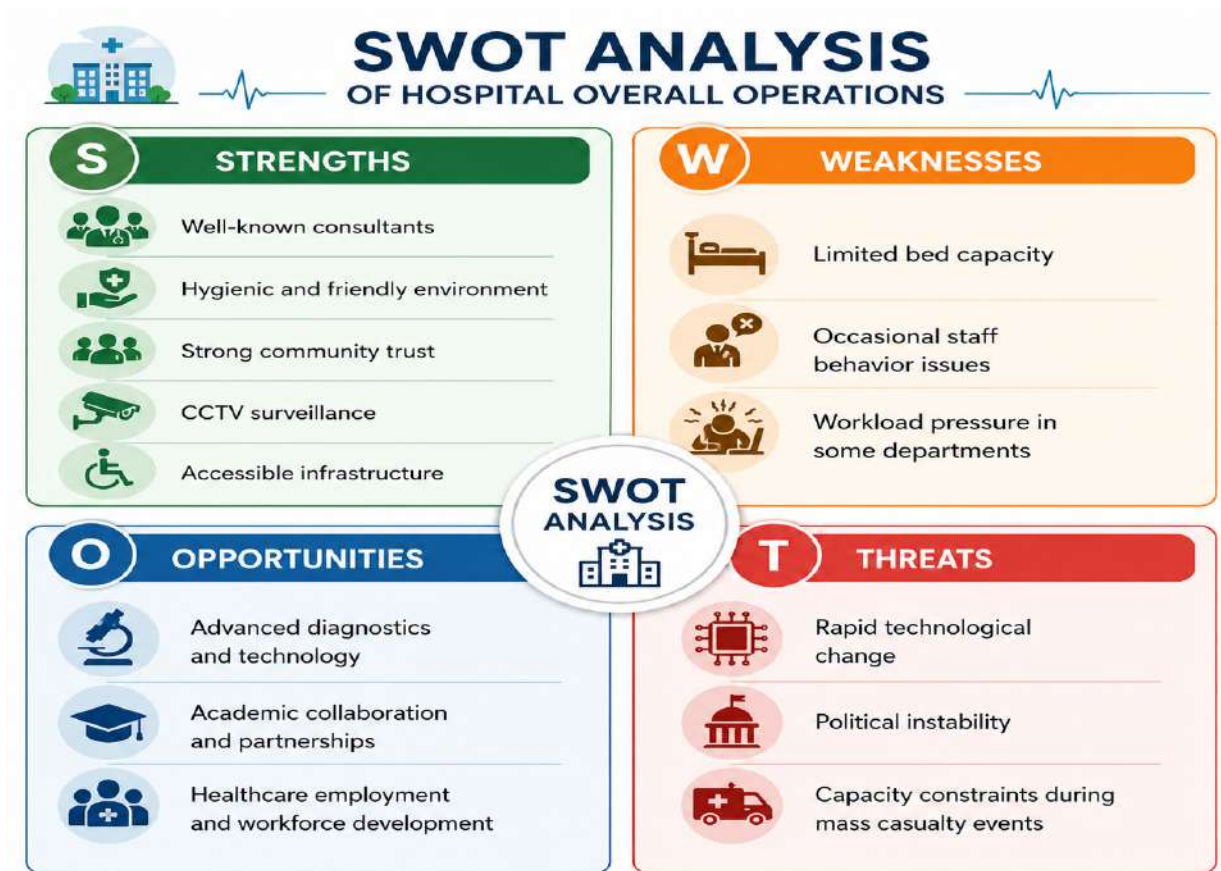
FINDINGS

What the Data Showed

A patient flow analysis during the internship yielded several concrete insights:

PARAMETER	OBSERVATION
Peak OPD	Morning (9 AM - 12)
Average Daily OPD Patients	80-100 patients/day
Average Consultation Time	5-10 minutes
Patient Waiting Time	20-45 minutes
Most Common Complaints	Fever, respiratory issues, general illness
Follow-up Rate	~30%

SWOT Analysis:



RECOMMENDATIONS

What Could Be Better

Six weeks of immersion in a hospital's daily operations brings perspective that academic study alone cannot provide. Based on those observations, several improvements emerge as

1

Digitalize Medical Records

The implementation of an EHR or HIS system is the single most impactful step Maulakalika could take. It would improve retrieval speed, reduce record loss risk, and enable data-driven clinical and administrative decisions.

priorities:

2

Introduce Queue Management in the OPD

A simple token-based system would reduce crowding, cut waiting times, and meaningfully improve the patient experience — especially during peak morning hours.

3

Increase Staffing During Peak OPD Hours

Deploying additional nursing and administrative staff during the 9 AM–12 PM window would reduce consultation delays and ease the workload on current staff.

4

Formalize Patient Health Education

Structured health education sessions in the OPD waiting area — covering medication adherence, disease prevention, and healthy habits — could improve patient outcomes and use waiting time productively.

5

Institutionalize Emergency Drills

Regular, documented emergency response drills should be standardized across all departments, ensuring preparedness for mass casualty scenarios.

6

Strengthen Interdepartmental Communication

A structured internal communication system — whether intercom or digital — would reduce delays and improve real-time coordination between departments.

REFLECTIONS

Closing Thoughts

Healthcare management is often described as "behind the scenes" work. That framing, while accurate, undersells its importance. The smoothness or friction of every patient's hospital experience — from the speed of registration to the legibility of a medical record retrieved a year later — depends on the systems that healthcare administrators design and maintain.

Six weeks at Maulakalika Aspatal gave me something textbooks cannot: the sight of those systems in motion, under real-world conditions, with real patients and real stakes. I saw dedicated staff absorb high patient volumes without complaint. I watched emergency nurses execute triage under pressure. I filed records in a system built on consistency rather than technology.



A health worker conducting a blood pressure check in the OPD area

The challenges I observed are not unique to this hospital. They are the challenges facing much of Nepal's private healthcare sector: under-digitalization, staffing constraints, resource limitations, and the persistent gap between administrative ideals and operational realities. But they are challenges that good management can address — systematically, patiently, and with data.

"That, ultimately, is the work healthcare managers are trained to do."

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Public Health to Health Care Management: A Journey of Transformation

by Riwaj Marasini, Scholar, Bachelor of Health Care Management, Valley State College

Stepping out of the College of Medical Sciences with my Health Assistant credentials, I viewed the healthcare world primarily through the lens of direct patient care and community intervention. My days were defined by clinical assessments, grassroots public health initiatives, and the immediate, tangible impact of primary care. Today, as I navigate the Bachelor in Health Care Management program at Valley State College, that lens has widened significantly. My journey from public health to health care management has not been a change of direction, but rather a necessary evolution—a transformation from understanding how to treat a patient to understanding how to heal a system.

The Grassroots Foundation

My background as a Health Assistant laid an indispensable foundation. In public health, you learn to see the social determinants of health firsthand. You understand the struggles of patients navigating the system, the impact of health education, and the critical importance of preventive medicine. You are on the front lines, acting as the crucial bridge between medical science and the community.

However, being on the front lines also exposes the cracks in the foundation. I frequently witnessed how the best clinical efforts could be bottlenecked by systemic inefficiencies—whether it was a disrupted supply chain for essential medicines, poor resource allocation, or a lack of strategic planning at the organizational level. It became clear that while strong clinical skills are vital, they are bound by the environment in which they operate.

Recognizing the Need for Systemic Change

The realization that good health outcomes depend on more than just good clinicians was the catalyst for my transition. I wanted to understand the "behind-the-scenes" mechanics that dictate how care is delivered. Why do certain health programs succeed while others fail? How can a hospital optimize its budget without compromising patient safety? How do we translate national health policies into actionable, effective facility-level protocols?

These questions led me to Valley State College. I realized that to amplify my impact, I needed to learn the language of management.

A Shift in Perspective

Transitioning into health care management has required a paradigm shift. Instead of focusing solely on the micro-level of individual patient interactions, I am now training to analyze the macro-level:

- **From Treating to Facilitating:** Shifting from administering care directly to creating an environment where doctors, nurses, and allied health professionals can perform at their absolute best.
- **From Resource Utilization to Resource Allocation:** Moving away from simply using the tools available to strategically planning how budgets, staffing, and technology can be distributed for maximum efficiency and equity.
- **From Health Education to Organizational Leadership:** Evolving from educating a community on hygiene or nutrition to leading healthcare teams, managing hospital operations, and navigating health economics.

Bridging the Gap: The Best of Both Worlds

The most beautiful part of this transformation is that my public health background is never left behind; it is my greatest asset in management. A healthcare manager who has never seen the clinical reality might make decisions purely based on spreadsheets and bottom lines. But a manager with roots in public health approaches administration with deep empathy.

When we discuss human resource management in class, I think of the overworked staff at rural health posts. When we study health economics, I remember the patients who had to choose between paying for medication or feeding their families. My past ensures that my management strategies will always remain patient-centered and community-focused.

Looking Ahead

The journey from the College of Medical Sciences to Valley State College is more than just an academic progression; it is a commitment to holistic healthcare improvement. Public health taught me *why* we need to fight for better health outcomes; health care management is teaching me *how* to build the sustainable systems to achieve them. As I

continue to grow in this field, my goal remains unchanged: to ensure that quality healthcare is not just a clinical promise, but a well-managed reality.

College of Medical Sciences, Chitwan: An Overview from a Healthcare Management Perspective

by Samana Lamsal, Scholar, Bachelor of Healthcare Management, Valley State College

Abstract

The College of Medical Sciences (CMS), Chitwan, is one of Nepal's leading private medical institutions, integrating medical education with tertiary healthcare services. Established in 1993, CMS has evolved into a comprehensive healthcare system that combines academic excellence, hospital management, and community-oriented services. This article analyzes CMS from a healthcare management perspective, focusing on organizational structure, service delivery, infrastructure, and management efficiency.



1. Introduction

The College of Medical Sciences is located in Bharatpur, Chitwan, along the Mahendra Highway, making it accessible nationwide. It was established through a collaboration between the Government of Nepal and the International Society for Medical Education (ISME) in 1993.

The institution is affiliated with Kathmandu University and recognized by national and international medical councils. CMS combines education, research, and hospital services, making it a model for integrated healthcare management.

2. Objectives

- To understand healthcare management principles
- To analyze hospital structure and service delivery
- To identify challenges in healthcare systems
- To suggest management-based improvements

3. Institutional Profile

Table 1: Basic Information of CMS

Particulars	Details
Name	College of Medical Sciences
Location	Bharatpur, Chitwan, Nepal

Particulars	Details
Established	1993
Affiliation	Kathmandu University
Type	Private Medical Institution
Hospital Type	Teaching Hospital
Bed Capacity	500beds (expanded phases)
Academic Programs	MBBS, BDS, Nursing, MD/MS, Super-specialty

CMS started MBBS programs in 1996 and now offers a wide range of undergraduate and postgraduate courses.

4. Healthcare Delivery System

4.1 Teaching Hospital Structure

CMS Teaching Hospital is the core service unit providing tertiary care with advanced diagnostics, ICU, and OT services. Key features include an integrated clinical training system, comprehensive OPD/IPD services, and specialized diagnostic imaging.

Figure 1: Hospital Service Flow (Process Map)

Patient Entry → OPD/Emergency → Diagnosis → Admission (IPD)

Direct Path to Recovery: **Treatment → Surgery/ICU → Recovery → Discharge → Follow-up**

4.2 Bed Distribution (Illustrative)

Department	Approx. Share (%)
Medicine	25%
Surgery	20%
ICU & Critical Care	15%
Pediatrics	10%
Gynecology	10%
Others	20%



5. Healthcare Management Perspective

5.1 Organizational Structure

CMS operates with a dual-wing system to balance educational goals with clinical outcomes:

- **Academic Administration:** Oversees faculty, curriculum, and student affairs.
- **Hospital Administration:** Focuses on patient flow, logistics, and clinical operations.

5.2 Key Management Functions

Function	Application at CMS
Planning	Expansion of hospital beds and specialized services.
Organizing	Clear departmental split between clinical and academic wings.

Function	Application at CMS
Staffing	Recruitment of skilled specialists, nurses, and faculty.
Directing	Leadership through the CEO and Department Heads.
Controlling	Monitoring through quality assurance and audit committees.

6. Infrastructure and Facilities

- **Academic:** 7 lecture halls (150+ capacity), central library with 20,000+ books, and HINARI digital access.
- **Clinical:** Advanced ICU/OT complex, diagnostic imaging (MRI/CT), and air-conditioned specialized wards.
- **Support:** 24/7 security, power backup, and separate hostel facilities for male and female students.

7. Human Resource Management

Human resource management (HRM) is a pillar of CMS's operational success.

Table 2: HR Category Roles

Category	Role
Doctors	Clinical services and specialized treatment.
Nurses	Direct patient care and ward management.
Faculty	Academic instruction and clinical research.
Admin Staff	Financial, logistical, and operational management.

8. Quality Assurance and Patient Care

CMS emphasizes evidence-based practice and patient-centered care. Management tracks several **Key Performance Indicators (KPIs)** to ensure efficiency:

- **Bed Occupancy Rate:** Measures hospital utilization.
- **Average Length of Stay (ALOS):** Indicates resource efficiency.
- **Patient Satisfaction:** Collected via feedback mechanisms.

9. SWOT Analysis

Strengths	Weaknesses
<ul style="list-style-type: none"> - Strong infrastructure - Integrated teaching hospital - Skilled professional workforce 	<ul style="list-style-type: none"> - High operational costs - Private sector resource limitations
Opportunities	Threats
<ul style="list-style-type: none"> - Expansion into medical tourism - Digital health implementation - Super-specialty growth 	<ul style="list-style-type: none"> - Intense local competition - Policy/Regulatory changes - Brain drain of medical staff

10. Challenges and Future Prospects

The primary challenges include managing high patient volumes while maintaining financial sustainability. However, the future remains promising with the potential to:

1. Expand into advanced super-specialty services.
2. Develop robust digital health systems (EHR/EMR).
3. Strengthen research capacity within the Nepalese context.

11. Conclusion

The College of Medical Sciences stands as a robust example of integrated healthcare delivery in Nepal. From a management perspective, it effectively utilizes its resources and organizational structure to serve both students and patients. For continued excellence, focusing on digital transformation and staff retention will be key to navigating the evolving healthcare landscape.

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College of Medical Sciences Teaching Hospital : An Institutional Overview

by Sheetal Magar, Scholar, Bachelor of Health Care Management, Valley State College

College of Medical Sciences, Bharatpur, Nepal

The College of Medical Sciences (CMS) is one of the leading private medical institutions in Bharatpur, located in the Chitwan District of Nepal. Established in 1993 through a collaboration between the Government of Nepal and the International Society for Medical Education (ISME), the college has grown into a prominent center for medical education, healthcare services, and research. The hospital attached to CMS plays a vital role in delivering quality healthcare services while simultaneously training future healthcare professionals.

Among its many departments, the Emergency Department, Outpatient Department (OPD), and Medical Record Department (MRD) are central to its functioning and patient care system.

Introduction and Background

The College of Medical Sciences began its academic journey with the aim of producing highly skilled and ethical healthcare professionals. It is affiliated with Kathmandu University and recognized by national and international medical councils.

Since its establishment, CMS has focused on providing quality medical education along with modern healthcare services. The institution integrates teaching, research, and clinical practice, making it a comprehensive medical learning center.

Academic Programs

CMS offers a wide range of academic programs at undergraduate, postgraduate, and super-specialty levels. These include:

- MBBS (Bachelor of Medicine and Bachelor of Surgery)
- BDS (Bachelor of Dental Surgery)
- B.Sc. Nursing
- MD/MS programs in various medical fields
- DM/M.Ch super-specialty courses

The MBBS program typically spans about five and a half years, including a compulsory internship, ensuring both theoretical knowledge and practical clinical training.

Teaching Hospital

A major strength of CMS is its well-equipped teaching hospital. The CMS Teaching Hospital, established in 1999, serves as a center for clinical training and patient care. It has modern diagnostic facilities, intensive care units, and operation theatres, providing hands-on experience to students.

The hospital plays a vital role in improving healthcare services in the Chitwan region and surrounding areas.

Facilities and Infrastructure

The college provides a wide range of facilities to support students' academic and personal development:

- A well-stocked central library with thousands of books and journals
- Modern lecture halls with audio-visual technology
- Laboratories and research centers
- Separate hostels for male and female students
- Sports, gym, and recreational facilities
- Transportation and security services
- These facilities create a conducive environment for learning and overall development.

Vision and Mission

The main vision of the College of Medical Sciences is to become a center of excellence in medical education and healthcare. Its mission includes:

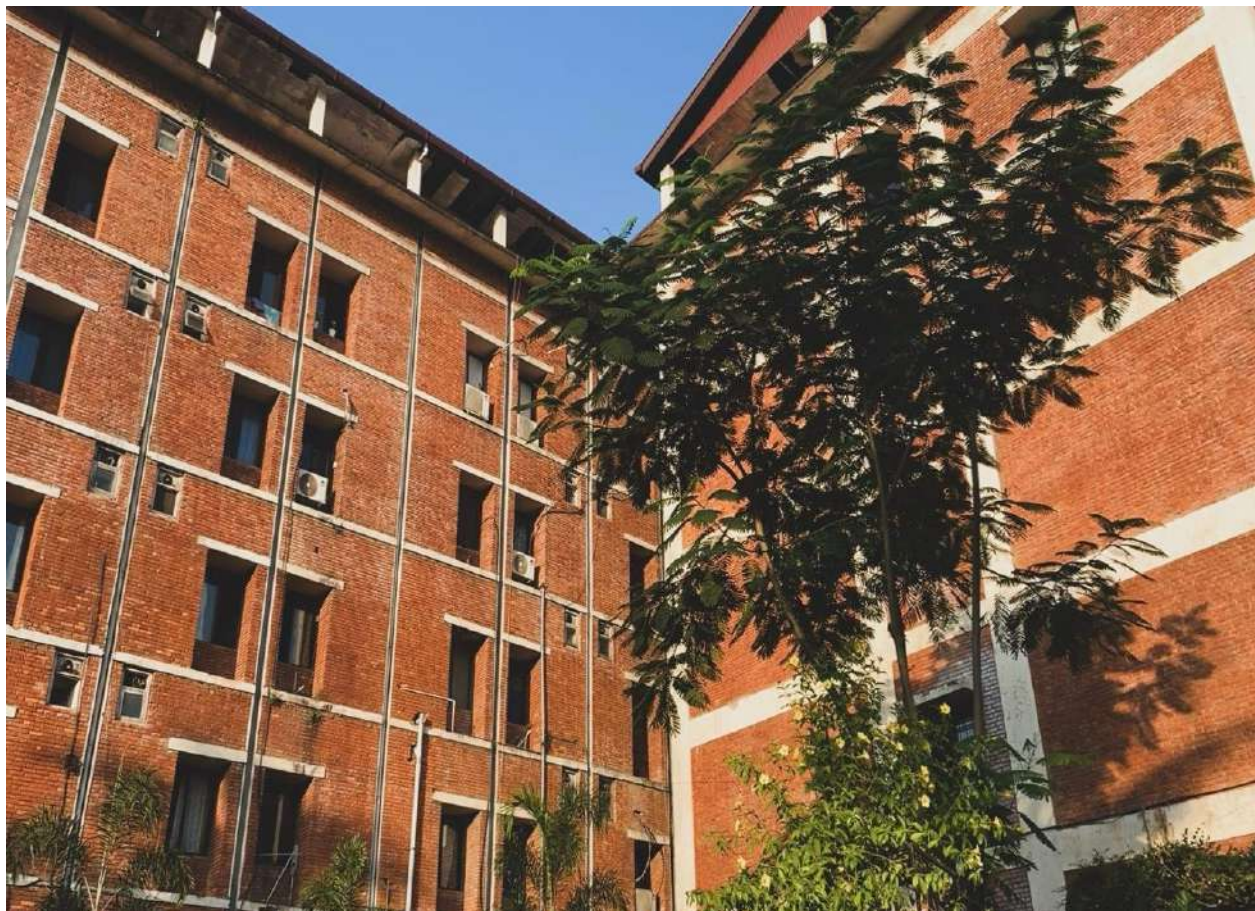
Producing competent and compassionate healthcare professionals

Providing quality and affordable healthcare services

Promoting research on local and global health issues

Location and Environment

CMS is situated in Bharatpur, a centrally located city in Nepal, making it easily accessible by road and air. The region is known for its natural beauty, including proximity to Chitwan National Park. Bharatpur has also developed as a major healthcare hub, often referred to as a “medical city” due to the presence of multiple medical institutions.



Key Operational Departments

Three departments form the operational backbone of patient services at COMS-TH: the Outpatient Department (OPD), the Emergency Department (ED), and the Medical Record Department (MRD). Each plays a critical role in patient care coordination, health information management, and overall service delivery.

Emergency Department (ED)

The Emergency Department at CMS is the frontline of critical care, operating 24 hours a day to manage life-threatening conditions and urgent medical situations.

Producing competent and compassionate healthcare professionals Providing quality and affordable healthcare services

Promoting research on local and global health issues

Key Functions:

Immediate assessment and stabilization of critically ill or injured patients

Trauma care, accident management, and emergency surgeries

Rapid triage system to prioritize patients based on severity

Coordination with ICU, operation theatre, and diagnostic services

Services Provided

Emergency resuscitation and first aid

Cardiac monitoring and life support

Poisoning and overdose management

Emergency obstetric and pediatric care



Fig: Emergency Department

Importance

The Emergency Department ensures timely intervention, which can significantly reduce mortality and morbidity. It acts as a crucial entry point for patients requiring urgent attention and plays a major role in disaster and mass casualty management.

Outpatient Department (OPD)

The Outpatient Department (OPD) is often referred to as the “*shopping window of the hospital*” because it is the first contact point between patients and healthcare providers.

Key Functions

Registration and consultation of patients

Diagnosis and treatment of non-emergency conditions

Referral to specialized departments if required

Follow-up and continuity of care

Services Available

General medicine, surgery, pediatrics, gynecology, orthopedics, and more

Diagnostic services such as laboratory tests and imaging

Pharmacy services for prescribed medications

Patient Flow in OPD:

Registration

Waiting area

Consultation with doctor

Diagnostic tests (if needed)

Pharmacy/medication
 Follow-up instructions
Importance

The OPD helps reduce the burden on inpatient services by managing a large number of patients efficiently. It plays a significant role in preventive, promotive, and curative healthcare.



Fig: OPD Department

Medical Record Department (MRD)

The Medical Record Department (MRD) is the backbone of hospital information management. It ensures proper documentation, storage, and retrieval of patient data.

Key Functions

- Maintenance of patient records
- Coding and indexing of diseases and treatments
- Data collection for research and statistical analysis
- Ensuring confidentiality and legal compliance

Services and Activities

- Preparation of discharge summaries
 - Filing and retrieval of medical records
 - Maintaining electronic health records (EHR)
 - Supporting audits and quality assurance programs
- Importance**

The MRD ensures accurate documentation, which is essential for:

- Continuity of patient care
- Legal protection of hospital and patients
- Medical research and education
- Hospital planning and decision-making

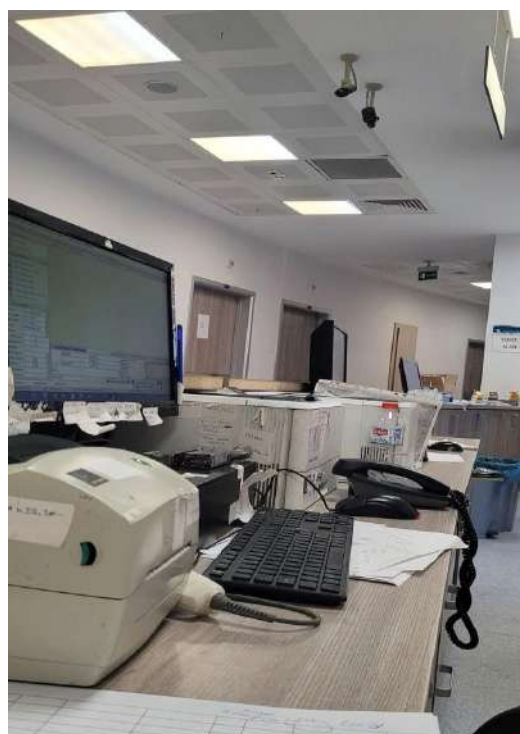


Fig: Medical Record Department

Healthcare Management Context

Healthcare management in the College of Medical Sciences (CMS), Bharatpur, Nepal refers to the system of organizing and coordinating hospital and academic services to ensure effective patient care and medical education. CMS Teaching Hospital operates through different departments such as medicine, surgery, nursing, laboratory, pharmacy, and administration, all working together in a coordinated manner. The main purpose of healthcare management in CMS is to provide quality and timely treatment to patients while also supporting medical students in their clinical training. It involves managing human resources, hospital operations, medical equipment, patient records, and maintaining safety and quality standards.

CMS also serves a large population from Bharatpur and surrounding areas, making its management system very important for handling high patient flow efficiently. Despite challenges like workload and resource pressure, effective healthcare management helps CMS deliver better healthcare services and produce skilled medical professionals. Overall, healthcare management in CMS acts as the backbone of the institution, ensuring smooth functioning of both healthcare delivery and medical education.

Conclusion

In conclusion, the College of Medical Sciences, Bharatpur, stands as a significant institution in Nepal's medical education system. With its modern infrastructure, experienced faculty, and strong clinical training, CMS continues to contribute to the development of skilled medical professionals and improved healthcare services in the country.

Outpatient Department (OPD): Overview of College of Medical Sciences, Bharatpur, Chitwan

Shreejana Puri, Scholar, Healthcare Management Student, Valley State College

1. Introduction

College of Medical Sciences (COMS) is a tertiary-level teaching hospital and medical college located in Bharatpur, Chitwan, Nepal. Established in 1993 and affiliated with Kathmandu University, it provides advanced clinical services along with academic training for medical and allied health students.

The Outpatient Department (OPD) is one of the most important functional units of the hospital, acting as the first point of contact between patients and healthcare services.

2. Concept of OPD

The OPD refers to a hospital section where:

- Patients receive diagnosis, consultation, and treatment without admission
- Follow-up care and preventive services are provided
- Minor procedures are performed

It is the gateway to hospital services, ensuring efficient patient flow.

3. Key section area

Section	Function
Registration counter	Patient record entry, appointment, lab test result
Waiting area	Seating and patient flow management
Consultation room	Doctor examination and diagnosis
Pharmacy	Medicine dispensing
Billing section	Payment processing, OPD ticket
Diagnostic units	Lab, radiology, imaging

4. OPD Patient Flow Process

Registration → Waiting → Consultation → Investigation → Diagnosis → Pharmacy → Follow-up

CMS has introduced integrated OPD services, allowing multiple services (ticketing, tests, medicines) in one place for patient convenience.

5. Departments Covered Under OPD

The OPD at CMS includes multiple specialties such as:

- General Medicine
- General Surgery
- Paediatrics
- Gynaecology & Obstetrics
- Orthopaedics
- ENT
- Dermatology
- Psychiatry
- Cardiology (super-specialty) etc...

The Paediatrics Department provides OPD services including immunization clinics and child health care programs.

6. Functions of OPD

- Diagnosis and treatment of diseases
- Preventive health services
- Follow-up care
- Patient registration
- Record maintenance
- Appointment scheduling
- Clinical training for students
- Case discussions and bedside teaching

7. Environment and Infrastructure

The OPD environment plays a crucial role in patient care and infection control.

Key Features

- Clean, hygienic, and well-maintained surroundings
- Wide corridors (~3 meters) for smooth movement
- Proper ventilation and natural sunlight
- Direction boards and maps for easy navigation
- Availability of seating arrangements
- Color-coded dustbins for waste segregation

A good environment ensures:

- Comfort for patients and staff
- Reduced infection risk

- Better hospital image

8. Patient type and Description

Insurance Patients	Require referral letter, insurance ID, proper documentation
Paying Patients	Direct payment for consultation and service

Requirements for Insurance

- Government and insurance stamps, hospital stamp, referral letter with diagnosis and reason.

Proper documentation ensures transparency and accountability.

9. Quality Assurance and Safety Measures

- Maintenance of patient confidentiality
- Proper record handling system
- Infection prevention practices
- Biomedical waste management
- Coordination among departments
- Complaint handling mechanism

10. Patient Satisfaction Factors

- Efficient token system (reduced waiting time)
- Availability of doctors and services
- Clear communication and counselling
- Clean and comfortable environment
- Availability of medicines
- Respectful behaviour of staff

11. SWOT Analysis of OPD

Strengths	Weaknesses
<ul style="list-style-type: none"> • Well-organized system and workflow • Skilled doctors and trained staff • Clean and safe environment • Good coordination between departments 	<ul style="list-style-type: none"> • Overcrowding during peak hours • Longer waiting time in busy periods

<p style="text-align: center;">Opportunities</p>	<p style="text-align: center;">Threats</p>
<ul style="list-style-type: none"> • Implementation of digital systems (EMR, online booking) • Patient education and awareness programs 	<ul style="list-style-type: none"> • High patient load leading to stress • Risk of infection transmission • Patient dissatisfaction due to delays

12. Conclusion

The OPD of COMS Hospital is a well-structured and efficiently managed department that plays a vital role in delivering healthcare services. It ensures organized patient flow, effective communication, and quality care. The internship experience provided valuable practical knowledge about hospital management, teamwork, and patient handling.

13. OPD Overview



Learning Beyond Textbooks: A Practical Internship Journey at Chitwan Medical College

Shreya Mainali, Scholar, Bachelor of Health Care Management, Valley State College

Introduction

This article presents a structured reflection on a 45-day internship at Chitwan Medical College (CMC), focusing on practical exposure to hospital operations from a healthcare management perspective. The internship provided observational learning across Emergency, Outpatient Department (OPD), and Medical Record Department (MRD), along with exposure to diagnostic and specialized services. Key areas of learning included patient flow management, triage systems, ICD coding, Hospital Information Management System (HIMS), and interdepartmental coordination. The experience highlights the gap between theoretical knowledge and real-world healthcare delivery while enhancing understanding of hospital administration and service efficiency.

Healthcare systems require both clinical efficiency and strong administrative coordination for effective service delivery. While academic learning provides theoretical foundations, practical exposure is essential to understand real-time hospital functioning.

The 45-day internship at Chitwan Medical College (CMC), a tertiary-level teaching hospital in Nepal, offered structured exposure to hospital workflows, patient management systems, and healthcare service coordination. This experience served as a bridge between theoretical learning and professional healthcare practice.

Institutional Overview (CMC)

Chitwan Medical College is a multidisciplinary teaching hospital affiliated with Tribhuvan University, integrating medical education, clinical training, and healthcare services. It provides emergency care, outpatient consultation, inpatient services, diagnostic facilities, and specialized clinical departments.

The hospital operates through a structured system supported by modern healthcare infrastructure and information management systems, enabling efficient service delivery and academic training simultaneously (CMC, 2026).



Fig: CMC Hospital

Methodology

The internship followed an observational learning approach, involving:

- Departmental rotation exposure
- Direct observation of patient management systems
- Interaction with healthcare professionals
- Weekly reporting and presentations
- Reflection-based learning from hospital operations

This approach facilitated understanding of real-world healthcare systems without direct clinical intervention.

Departmental Exposure and Findings

Emergency Department



The Emergency Department functions as a high-priority critical care unit requiring immediate response and coordination. Observations included:

- Triage-based patient prioritization system
- Medico-Legal Case (MLC) handling procedures
- Waste management protocols
- Patient flow from admission to discharge or referral
- Crowd management challenges
- Importance of consultation room organization

This department emphasized rapid decision-making, teamwork, and structured workflow efficiency in emergency healthcare delivery.

Outpatient Department (OPD)



The OPD manages a large volume of patients across multiple specialties and diagnostic services.

Clinical Services Observed

General Medicine, General Surgery, Pediatrics, Obstetrics & Gynecology, Orthopedics, Dermatology, ENT, Ophthalmology, Psychiatry, Dental Services, Neurology, and Cardiology.

Support & Diagnostic Services

- Antenatal Care (ANC)
- Postnatal Care (PNC)
- Family Planning Services
- Maternal and Child Health Services
- Ultrasound and Imaging Services
- Nuclear Medicine Services (functional diagnostic imaging using radiotracers)

Nuclear Medicine plays a significant role in functional diagnosis and organ assessment in modern healthcare systems (World Health Organization, 2023).

The OPD system demonstrated structured registration, interdepartmental coordination, queue management, and patient feedback mechanisms.

Medical Record Department (MRD)



The MRD is essential for healthcare documentation and data governance. Key observations included:

- Patient record management systems
- ICD coding for disease classification
- Hospital Information Management System (HIMS) usage
- Confidentiality and data protection protocols
- Medical record retrieval systems
- Challenges in storage and documentation management

Accurate medical records are critical for clinical continuity, legal compliance, and healthcare planning (WHO, 2023).

Key Learning & Outcomes

The internship contributed significantly to professional development in healthcare management, including:

- Understanding hospital workflow systems
- Observing interdepartmental coordination
- Gaining insight into healthcare documentation systems
- Developing analytical and observational skills
- Understanding the gap between theory and practice

Recommendations

Based on practical observations:

- Strengthen crowd management systems in Emergency Department
- Improve OPD waiting area capacity and implement structured token systems
- Enhance consultation room allocation for better patient flow
- Improve MRD storage infrastructure and record organization systems

Conclusion

The internship at Chitwan Medical College provided meaningful exposure to real-world healthcare systems. It enhanced understanding of hospital operations, patient management, and administrative coordination. Exposure to Emergency, OPD, MRD, and diagnostic services including Nuclear Medicine contributed to bridging the gap between theoretical knowledge and practical healthcare delivery.

Overall, this experience strengthened professional competence, analytical thinking, and awareness of healthcare management systems.

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Outpatient Department of COMS: An Overview

Sitashma Poudel, Scholar, Bachelor of Healthcare Management, Valley State College

The Outpatient Department (OPD) serves as the primary gateway to hospital services, playing a crucial role in delivering accessible and efficient healthcare. During my internship at the College of Medical Sciences (COMS), Bharatpur, Chitwan, I had the opportunity to closely observe the functioning, management, and patient care processes within the OPD. This experience provided valuable insights into how theoretical knowledge of healthcare management is applied in real-world settings.

The OPD at COMS is designed to provide medical consultation, diagnosis, and treatment to patients who do not require hospitalization. It acts as the first point of contact between patients and the hospital, often shaping the overall perception of healthcare services. Commonly referred to as the “shop window” of the hospital, the OPD reflects the efficiency, quality, and responsiveness of the institution.

Located in Block B of the hospital, the OPD is easily accessible for patients. The department operates from 9:00 AM to 5:00 PM, offering a wide range of services including general medicine, surgery, pediatrics, gynecology, orthopedics, dermatology, ENT, cardiology, and more. This diversity of services ensures that patients receive comprehensive care under one roof.

One of the key functions of the OPD is to provide early diagnosis and treatment, along with preventive and promotive healthcare services. It also plays a significant role in screening patients who may require admission to the inpatient department (IPD). Additionally, follow-up care and patient education are integral parts of OPD services, contributing to improved health outcomes and patient satisfaction.

The patient flow in the OPD follows a systematic process. Upon arrival, patients register at the reception and receive a token number. They then wait for their consultation with the respective doctor. After examination and diagnosis, patients may either be prescribed medication and discharged or referred for further investigation, admission, or specialized care. This structured flow helps in maintaining order and efficiency within the department.

During my observation, the average waiting time for patients ranged from 10 to 20 minutes, which indicates a relatively efficient service delivery system. The OPD is equipped with essential diagnostic tools such as blood pressure monitors, ECG machines, thermometers, and laboratory facilities, enabling timely and accurate diagnosis.

The staffing pattern in the OPD includes an OPD in-charge, consultants, nurses, and paramedical staff. Each professional plays a vital role in ensuring smooth operations. However, my internship experience also highlighted certain challenges. At times, the absence of doctors during scheduled hours led to delays and increased waiting times for patients. Additionally, there was a noticeable shortage of support staff, which affected service efficiency during peak hours.

From a management perspective, the OPD at COMS demonstrates a well-organized structure with clearly defined functions and responsibilities. The department maintains good patient flow and provides a wide range of services. However, there is room for improvement in areas such

as queue management, staff availability, and scheduling of doctors. Implementing a digital queue management system and ensuring strict adherence to duty schedules could further enhance operational efficiency.

Overall, the OPD at COMS reflects a balance between quality service delivery and resource utilization. My internship experience in this department emphasized the importance of coordination, communication, and patient-centered care in healthcare management. It also highlighted how practical exposure complements theoretical learning, enabling students to better understand the complexities of hospital operations.

In conclusion, the Outpatient Department of COMS plays a vital role in delivering primary healthcare services to the community. With its wide range of services, structured processes, and dedicated staff, it continues to serve as an essential component of the hospital. Strengthening management practices and addressing minor operational challenges can further improve its effectiveness and contribute to higher levels of patient satisfaction.

Learning Experience During 45 Days Internship in MRD, OPD and ER at College of Medical Sciences

Sonima Shrestha, Scholar, Bachelor of Healthcare Management, Valley State College

Internship is an essential part of the Bachelor in Health Care Management (BHCM) program as it provides practical exposure and helps students understand the real working environment of healthcare institutions. It bridges the gap between theoretical knowledge and practical application and allows students to develop professional skills, confidence, and understanding of healthcare administration. As a third semester BHCM student of Valley State College, I completed a 45-day internship at College of Medical Sciences, Bharatpur. During this internship, I was posted in three major departments: Medical Record Department (MRD), Outpatient Department (OPD), and Emergency Room (ER). Along with departmental learning, I also experienced the hospital environment, social interaction with peers, and real-life healthcare workflow, which made the internship more meaningful and memorable.

College of Medical Sciences is one of the leading healthcare and medical education institutions in Nepal. It is an ideal institution for internship because it provides a well-structured and professional hospital environment where students can gain practical exposure to real healthcare services. It has multiple functional departments such as MRD, OPD, and ER, which allow interns to understand different aspects of hospital administration, patient management, and emergency care in one setting. The presence of experienced healthcare professionals, supportive staff, and advanced health information systems enhances learning opportunities. Students also benefit from observing a high patient flow, diverse clinical cases, and efficient hospital operations, which help develop practical skills, confidence, communication, and teamwork. Overall, CMS offers a strong learning environment that effectively bridges the gap between theoretical knowledge and real-world healthcare practice.

Learning Experience in Medical Record Department (MRD)

The Medical Record Department (MRD) is one of the most essential support departments in a hospital. It serves as the backbone of hospital operations by acting as a central unit responsible for the collection, maintenance, storage, retrieval, and management of patient records. Medical records play a vital role not only in ensuring continuity and quality of patient care but also in legal documentation, medical research, statistical reporting, and effective hospital planning and administration. Without a well-functioning MRD, it would be difficult for healthcare providers to deliver coordinated and efficient services.

During my internship posting in the MRD under CMS, I gained valuable insights into the overall functioning of health information management systems. This experience provided me with both theoretical understanding and practical exposure to how patient-related data is handled in a systematic and organized manner. I observed the complete lifecycle of medical records, starting from their creation at the time of patient registration to their storage and retrieval when needed for future reference.

Medical records consist of comprehensive information about a patient's health status and treatment. These include personal details, medical history, clinical findings, diagnosis, treatment plans, investigation reports, progress notes, and discharge summaries. I learned how each document must be properly recorded, verified, and arranged in a standardized format to ensure accuracy and accessibility. Proper documentation helps healthcare professionals make informed decisions and maintain continuity of care, especially in cases of follow-up visits or referrals. One of the most important aspects I learned during my posting was the process of record organization and filing. I observed different methods of filing such as numerical and unit record systems, which ensure that all records of a single patient are maintained under one unique identification number. This system reduces duplication and makes retrieval faster and more efficient. I also learned about indexing and tracking systems used to locate files quickly when required by doctors or other departments.

Another key area of learning was ICD coding (International Classification of Diseases). I was introduced to how diseases and health conditions are classified using standardized alphanumeric codes. This coding system is essential for maintaining uniformity in diagnosis reporting across healthcare institutions. I observed how trained staff assign codes based on patient diagnosis and how accuracy in coding is crucial for hospital statistics, insurance claims, research studies, and national health data reporting. Proper ICD coding contributes significantly to generating reliable data for decision-making and policy development.

In addition to manual record-keeping, I was exposed to various digital reporting systems such as MIDAS, HIMS, and EWARS. Through MIDAS, I observed how hospital data is entered, managed, and reported in a structured and efficient manner. It highlighted the importance of accurate data entry and timely reporting. The Hospital Information Management System (HIMS) helped me understand how digital technology is integrated into healthcare for maintaining patient records, scheduling, billing, and administrative functions. This system improves efficiency, reduces paperwork, and enhances accessibility of information. Furthermore, I gained knowledge about EWARS (Early Warning and Reporting System), which plays a crucial role in disease surveillance. I learned how this system helps in the early detection and reporting of communicable diseases, enabling timely public health interventions. Through these digital platforms, I understood how hospital data is not only used internally but also reported to higher health authorities for monitoring public health trends and planning healthcare services.

Another significant lesson from my MRD posting was the importance of confidentiality and ethical handling of patient information. Medical records contain sensitive and personal data, and it is the responsibility of healthcare workers to ensure that this information is protected. I observed strict protocols for record access, handling, and sharing. Maintaining confidentiality builds trust between patients and healthcare providers and is also a legal requirement. In addition to these technical aspects, my internship also helped me develop soft skills such as attention to detail, organization, responsibility, and teamwork. Working in the MRD requires accuracy, patience, and coordination with different departments, including OPD, IPD, laboratory, and administration. I observed how effective communication and coordination contribute to smooth hospital functioning.

Overall, my experience in the Medical Record Department was highly informative and enriching. It enhanced my understanding of the importance of proper documentation, data management, and information systems in healthcare. I realized that efficient medical record management is fundamental to quality patient care, hospital administration, and public health planning. This internship has strengthened my interest in health information management and has provided me with practical knowledge that will be beneficial in my future career.

Learning Experience in Outpatient Department (OPD)

Outpatient Department is one of the busiest and most important service areas of a hospital. It serves as the first point of contact for many patients. The Outpatient Department (OPD) of College of Medical Sciences is one of the major service departments of the hospital and is unique for its organized and patient-friendly service system. One remarkable feature of the OPD at CMS is that many essential services like Gynecology, Pediatric, Internal Medicine, ENT, Gas22ztrology, and other specialty clinics are available in a single setting, making the process convenient and efficient for patients. Services such as registration counter services, pharmacy access, and vital sign assessment are managed in a coordinated manner, allowing patients to receive multiple services smoothly within one area. This integrated system reduces patient movement, saves time, improves service flow, and enhances patient satisfaction. During my internship, observing this structured OPD system helped me understand effective patient flow management, coordination of services, and the importance of organized outpatient care in improving healthcare delivery.

The OPD experience helped me understand patient flow management and service delivery systems. OPD is one of the busiest departments where large numbers about 1200 patients are served daily. I observed the queue system, where patients are guided from registration to consultation in an organized manner. Proper queue management helps reduce waiting time and improves patient satisfaction. I also learned how patient flow is managed efficiently to avoid overcrowding and delays. Working in OPD also helped me understand the importance of communication, coordination, and teamwork among staff, doctors, and patients.

Another important aspects I observed in OPD was the referral system. Patients requiring specialized consultation, diagnostic investigations, or advanced treatment are referred systematically. Due to availability of advanced medical facilities and specialized services at CMS, many patient from various places are referred to the hospital for further treatment. I get to learning about follow-up management, where patients returning for further treatment are systematically recorded and managed. This ensures continuity of care and proper treatment tracking. I also observed insurance-related processes, including verification and documentation of insured patients. This gave me insight into healthcare financing systems and administrative procedures.

During my internship, I also observed the insurance system as an important part of patient service management. The insurance system helps patients receive healthcare services with financial support, making treatment more accessible and affordable. I observed how insured patients go through verification and documentation processes to receive services under insurance coverage. This system is important because it reduces the financial burden on

patients, increases access to healthcare services, promotes timely treatment, and supports patient satisfaction. From a hospital management perspective, the insurance system also helps improve service utilization, administrative coordination, and organized service delivery. Through this experience, I understood that health insurance plays a significant role in strengthening healthcare access and improving overall healthcare management.

Through OPD, I also observed coordination among doctors, nurses, registration staff, and administrative personnel. This taught me that communication and team work are essential for effective healthcare service delivery. My OPD experience improved my understanding of operational management and patient-centered care.

Learning Experience in Emergency Room (ER)

The Emergency Room (ER) of the College of Medical Sciences is one of the most vital and critical departments of the hospital, responsible for providing immediate and life-saving care to patients presenting with acute and life-threatening conditions. It functions as a 24-hour service unit, ensuring uninterrupted delivery of emergency medical services at all times. The ER also serves as a primary point of entry for patients requiring urgent medical attention, including trauma cases, medical emergencies, and surgical conditions. Due to the nature of its services, the department operates in a highly dynamic, fast-paced, and pressure-driven environment where prompt decision-making, clinical efficiency, and effective teamwork are essential.

During my internship posting in the Emergency Room, I gained valuable exposure to the functioning of emergency healthcare services. I observed that the ER handles a wide range of cases, including road traffic accidents, physical trauma, poisoning, burns, cardiovascular emergencies, respiratory distress, neurological emergencies, and acute surgical conditions. This diverse case exposure enabled me to understand the unpredictable and demanding nature of emergency medicine. It highlighted the importance of rapid assessment, immediate intervention, and prioritization in managing critically ill patients. One of the most significant learning experiences during my posting was understanding the workflow and organization of emergency services. Upon arrival, each patient undergoes an initial assessment followed by triage, which is a systematic process used to categorize patients based on the severity and urgency of their condition. Critically ill patients are prioritized and managed immediately, while those with less severe conditions are attended to accordingly. I learned that an effective triage system is fundamental in ensuring patient safety, optimal utilization of resources, and smooth functioning of the department.

Another important aspect of my learning was related to emergency documentation and medico-legal procedures. I observed that accurate and comprehensive documentation is an integral part of emergency care. Various records are maintained, including patient registration forms, treatment charts, progress notes, medico-legal case (MLC) documentation, and consent forms. Proper documentation not only ensures continuity of patient care but also serves as legal evidence when required. I learned that obtaining informed consent is particularly crucial before performing certain procedures or interventions. In emergency situations where patients may be unconscious or unable to provide consent, healthcare providers follow established ethical and legal guidelines to proceed with life-saving measures.

In addition, I gained insight into the observation and monitoring system within the ER. Certain patients are kept under observation for a specific period, depending on the severity and progression of their condition. During this time, continuous monitoring of vital signs, response to treatment, and overall clinical status is carried out. This observation period is critical in determining the appropriate course of action, whether it involves discharge, admission, or referral. It also allows for early detection of any deterioration in the patient's condition, thereby enabling timely intervention. Furthermore, I observed the use and importance of various emergency equipment and life-support systems. These include defibrillators, cardiac monitors, oxygen delivery systems, suction apparatus, infusion pumps, and emergency drug trolleys. I learned that the readiness and proper functioning of this equipment are essential for effective emergency response.

Another key learning point from my ER posting was the importance of teamwork and communication. The efficient functioning of the Emergency Room depends on the coordinated efforts of doctors, nurses, paramedical staff, and support personnel. Effective communication among team members is essential for accurate information sharing, timely decision-making, and continuity of care. I also observed how healthcare providers communicate with patients and their relatives, particularly in critical situations, where empathy, clarity, and professionalism are required. Moreover, I became aware of the various challenges associated with emergency care, including high patient volume, time constraints, emotional stress, and the need to manage critically ill patients simultaneously. Despite these challenges, the healthcare team demonstrated dedication, resilience, and professionalism in delivering quality care. This experience enhanced my appreciation for the demanding nature of emergency medicine and the level of commitment required to work in such an environment.

In conclusion, my internship experience in the Emergency Room was highly informative, practical, and enriching. It provided me with a comprehensive understanding of emergency healthcare services, including triage systems, patient management, observation protocols, documentation, and medico-legal aspects. This posting significantly improved my knowledge, clinical awareness, and confidence in understanding emergency care processes. It also emphasized the importance of preparedness, efficiency, teamwork, and ethical responsibility in saving lives and improving patient outcomes.

Overall Learning and Personal Development

My 45-day internship at College of Medical Sciences was a very enriching and memorable learning experience. One of the most special parts of this internship was that 13 students from our college were posted for internship at the same time in different departments, which created a supportive and collaborative learning environment. We had opportunities to learn together, share experiences, discuss observations, and support one another throughout the internship period. This made the internship more interactive and enjoyable. Working in a professional hospital environment helped me gain practical exposure to healthcare management, improve communication and teamwork skills, and understand departmental coordination. The friendly and supportive environment at CMS, along with guidance from staff and interaction with my classmates, made the internship both educational and memorable. Beyond academic learning,

the experience also helped me build confidence, professional discipline, and a deeper understanding of hospital operations.



Fig: Post Certification Group Photo

At last, I would like to express my sincere gratitude to College of Medical Sciences for providing me this valuable opportunity to complete my internship in such a reputed institution. I am deeply thankful to the entire CMS team, department heads, supervisors, and staff of MRD, OPD, and ER for their continuous support, guidance, and cooperation throughout my internship. Their willingness to teach and share practical knowledge made this experience highly meaningful.

I would also like to thank my institution Valley State College for arranging this internship and supporting my practical learning journey. I am also grateful to my friends from different departments who supported me throughout the internship and made the learning environment more interactive and enjoyable.

Emergency Overview at Chitwan Medical College

Soniya Johi, Scholar, Bachelor of Healthcare Management, Valley State College



Emergency services are one of the most important parts of a hospital because they provide immediate care to patients facing serious health conditions and accidents. During my 45-day internship at Chitwan Medical College, I got the opportunity to observe the functioning of the Emergency Department and understand how healthcare professionals work together to provide effective patient care.

Overview of the Emergency Department

The Emergency Department at Chitwan Medical College operates 24 hours a day and provides emergency healthcare services to patients from Chitwan and nearby districts. The department handles different emergency cases such as trauma, road traffic accidents, cardiac problems, respiratory distress, poisoning, fractures, surgical emergencies, and pediatric emergencies.

During my internship, I observed that the department was properly organized and managed by skilled doctors, nurses, paramedics, and support staff. The healthcare professionals worked together efficiently to provide timely treatment and care to patients.



Emergency Department, Chitwan Medical College

Triage System and Patient Care

One of the important systems used in the Emergency Department is the triage system, where patients are categorized according to the severity of their condition. At Chitwan Medical College, the emergency unit is divided into different treatment areas such as the Red Area, Yellow Area, Green Area, and Black Area.

The Red Area is allocated for critically ill patients who require immediate medical attention and continuous monitoring. The Yellow Area is used for patients with serious but stable conditions who need urgent treatment and observation. Similarly, the Green Area is designated for patients with minor injuries or less critical conditions who require basic medical care.

In addition, the Black Area is associated with mortuary services and management of deceased patients. This system helps healthcare professionals manage patient flow properly and reduce delays in emergency care.

I also observed patient registration procedures, communication with visitors, and coordination among healthcare staff members. Quick decision-making and teamwork were very important in handling emergency situations.

Facilities and Coordination

The Emergency Department is equipped with emergency beds, oxygen supply systems, monitors, wheelchairs, stretchers, suction machines, and emergency medicines required for immediate patient care. The department also coordinates with laboratory services, radiology, ICU, operation theatre, ambulance services, and pharmacy for proper diagnosis and treatment.

The availability of equipment and coordination among departments greatly helps in improving patient care and safety.

Learning Experience During Internship

My internship experience in the Emergency Department was very informative and practical. I learned about patient handling, emergency documentation, infection prevention practices, medical record maintenance through HIMS, and professional communication with patients and visitors.

One of the most inspiring experiences for me was observing how healthcare professionals remained calm and responsible even during difficult situations. Their dedication and teamwork motivated me to learn more about healthcare services and hospital management.

Challenges in Emergency Services

Managing emergency services can be challenging because healthcare professionals often work under pressure and deal with critical trauma cases and overcrowding. Despite these challenges, the staff members continue to provide quality healthcare services with responsibility and dedication.

The department focuses on patient safety, discipline, communication, and teamwork to maintain efficient emergency services.

Conclusion

The Emergency Department of Chitwan Medical College plays a vital role in providing immediate healthcare services and saving patient lives. My internship experience helped me gain practical knowledge about emergency healthcare management and improved my communication skills and professional understanding.

Overall, the internship was a valuable learning experience that helped me understand the importance of teamwork, responsibility, and patient-centered care in emergency healthcare services.

AN OVERVIEW OF BHARATPUR HOSPITAL (GOVERNMENT) FROM HEALTH CARE MANAGEMENT PERSPECTIVES

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Introduction

Bharatpur Hospital is one of Nepal's major government healthcare institutions, located in Bharatpur Metropolitan City, Chitwan. Established in 1956 as a primary health center and later upgraded to a hospital, it has evolved into a federal-level referral hospital serving central Nepal. From a healthcare management perspective, the hospital represents a complex system delivering preventive, promotive, curative, and rehabilitative services under significant patient load and resource constraints.

Organizational Structure and Governance

As a government hospital under the Ministry of Health and Population, Bharatpur Hospital follows a centralized administrative model. The **Medical Superintendent (MS)** acts as the chief executive authority, supported by administrative officers, departmental heads, and nursing leadership.

This hierarchical structure ensures:

- Clear authority and accountability
- Centralized decision-making
- Coordinated departmental functioning

However, centralization can sometimes slow operational flexibility, especially in high-demand situations.

Service Delivery System

From a management perspective, service delivery is organized into three critical functional areas:

1. Outpatient Department (OPD)

The OPD serves as the primary entry point for patients and handles approximately **1,500 2,000 patients daily**, indicating high service utilization. It provides multi-specialty consultation, diagnostic services, and minor procedures.

Management Insights:

- Strong patient flow system but high waiting time
- Essential for early diagnosis and reducing hospital admissions
- Requires improved appointment and queue management systems

2. Emergency Department (ER)

Operating 24/7, the emergency department provides immediate care, triage, trauma management, and medico-legal services.

Management Insights:

- Efficient triage and rapid response system
- Critical for life-saving interventions
- Needs better inter-staff communication and coordination

3. Medical Record Department (MRD)

The MRD manages patient data, documentation, and hospital statistics using both manual and computerized systems.

Management Insights:

- Maintains confidentiality and structured record systems
- Supports decision-making and policy planning
- Faces staffing shortages affecting efficiency

Human Resource Management

Human resources are a key strength of the hospital. The staffing includes doctors, nurses, administrative personnel, and support staff.

Key Features:

- Defined recruitment and selection procedures
- Orientation and training systems
- Allowances and occupational safety measures

Challenges:

- Staff shortage in some departments (especially MRD)
- Workload imbalance due to high patient inflow

Infrastructure and Facilities

The hospital has undergone significant modernization, with:

- Approximately **600-bed capacity**
- ICU, emergency, laboratory, and radiology services
- Specialized departments (surgery, pediatrics, obstetrics, etc.)

From a management viewpoint, infrastructure expansion has improved service capacity but must continuously adapt to rising demand.

SWOT Analysis (Management Perspective)

Strengths

- Well-established government referral center
- Experienced and trained healthcare professionals
- Wide range of services under one roof
- High patient trust and accessibility

Weaknesses

- High patient load leading to long waiting times
- Limited staff in certain departments
- Inefficiencies in appointment and communication systems

Opportunities

- Expansion of digital health systems (online registration, EMR)
- Training and research development
- Capacity expansion and service diversification

Threats

- Increasing competition from private hospitals
- Overburden due to rising patient inflow
- Changing government policies

Quality and Patient Care Management

The hospital demonstrates a patient-friendly environment with emphasis on:

- Cleanliness and hygiene.
- Structured workflow.
- Coordinated care delivery.

However, occasional communication gaps between staff and patients highlight the need for improved interpersonal and communication training.

Conclusion

From a healthcare management perspective, Bharatpur Hospital stands as a vital public health institution balancing **high patient demand, limited resources, and service quality**. Its strengths

lie in accessibility, service diversity, and trained workforce, while its challenges revolve around workload management, staffing, and system efficiency.

The hospital has strong potential to evolve into a **center of excellence in public healthcare delivery** through:

- Digital transformation
- Human resource strengthening
- Improved operational management systems

Overall, the study reflects that effective management practices, if further optimized, can significantly enhance both patient outcomes and institutional performance.

