Short Communication

Family Adoption Program for Undergraduate Medical Students at a New Medical School of Jharkhand: An Experience and SWOC Analysis

Swati Shikha, Abhishek Kumar, Jarina Begum, Syed Irfan Ali, Sunita Tripathy[1]

Departments of Community Medicine and [1]Biochemistry and Dean In-Charge, Manipal TATA Medical College, Manipal Academy of Higher Education, Manipal, Karnataka, India

Abstract

Introduction: Family adoption program (FAP) incorporated into the undergraduate medical education curriculum is beneficial to all stakeholders involved. Many medical colleges have started FAP at different times and various levels based on resources availability, feasibility, and accessibility. This article is intended to cover the process of FAP implementation, the strength, weakness, opportunities, and challenges at various levels, and its scope in future. **Methodology:** FAP was launched by adopting a hamlet 17 km away from the college. During the foundation course, orientation lessons and logbook discussions were conducted online before the actual field visit. During the initial visit, families were assigned, which was followed by collecting sociodemographic information, a plantation drive, and organizing medical camp/door to door screening in the last visits for phase one students. **Observations:** The strengths perceived were early community exposure of students and leadership skills, and the weaknesses were allocating adequate number of slots in the curriculum, adopting families far away, etc., Similarly, FAP has an opportunity to achieve the larger goal of Heath for All in terms of identifying, following up, and managing various socio clinical cases in the adopted families. However, few challenges can pose as it progresses across other phases, such as language problem, allotment of problem families, existing social pathology in family, cultural taboos, etc., **Conclusion:** The article suggests that once a student leaves, another student should continue the cycle of adoption and provide continuum care of services to prevent the family from being orphaned.

Keywords: Community medicine, family adoption program, new medical college

Introduction

The National Medical Commission (NMC), formerly the Medical Council of India (MCI), works tirelessly to appoint qualified physicians to rural India to deliver excellent health care to achieve Health for All goals by filling up the existing curricular gaps pertaining to lack of real-world experience by the physician.[1] NMC made certain curricular changes, creating a system of medical education that "increases opportunities for quality medical education, prepares competent and skilled medical professionals, promotes universal health care by supporting community health and making services available to all people[2] through Family Adoption Program (FAP), introduced in August 2019 to be implemented for MBBS students from 2021-22 batch as a part of new competency based medical education (CBME) curriculum." FAP provides community-based learning experience to medical students.[3-5]

Access this article online

Quick Response Code:

Website: www.ijcm.org.in

DOI: 10.4103/ijcm.ijcm_954_22

FAP was conceptualized upon "Sewagram model"[6] by Mahatma Gandhi Institute of Medical Sciences, Sewagram (MGIMS). FAP starts with the first professional phase and continues throughout the course, and is executed under the department of community medicine.[7] As per the program, five families must be adopted by each medical student in their first year, for whom they will monitor the general health and advice family members on health-related issues and point of seeking care, accompanying them to hospitals, and continue to follow-up until their final MBBS part one, under the guidance of faculty.[8,9]

Address for correspondence: Prof. Syed Irfan Ali, Professor, Department of Community Medicine, Manipal TATA Medical College, Manipal Academy of Higher Education, Manipal, Karnataka, India.
E-mail: syed.irfan@manipal.edu

How to cite this article: Shikha S, Kumar A, Begum J, Ali SI, Tripathy S. Family adoption program for undergraduate medical students at a new medical school of Jharkhand: An experience and SWOC analysis. Indian J Community Med 2024;49:218-22.

Received: 28-11-22, **Accepted:** 02-11-23, **Published:** 12-01-24

The need of this program arose due to distribution of health-care facilities contrasting population distribution, more concentrated geographically in rural areas, amounting to about 65% of the total population and health centers concentrated in urban areas,[10] combined with lack of health literacy and understanding in rural areas, leading to poor health care–seeking behavior and eventually serious negative health repercussions. Therefore, FAP would serve two purposes: to improve rural residents' access to health-care facilities and encourage them to seek it, and secondly, to provide budding health-care practitioners with community-focused training. To broaden the area of population coverage with the goal of serving the underserved and leaving no one behind, the villages to be included in FAP must not be those that are currently covered under Rural Health and Training Centre (RHTC). The present article on FAP implementation was intended to cover the process of FAP implementation, activities undertaken, and the strengths, weakness, opportunities, and challenges at various levels.

Methodology

FAP has been started at our institution for the medical students of phase one MBBS (batch 2021–2022) comprising 150 students. The village identified was located around 17 km and had about 317 houses. The details of methodology are depicted in Figure 1. As per the guidelines of NMC, there must be total of 27 h devoted to FAP in phase one, but due to the coronavirus disease 2019 (COVID-19) restrictions initially and lack of resources at the department level, we had to limit the number of hours to 21 (15 h for visit and 6 h for orientation on the basics of FAP – its aims and objectives, the role of students, what the students are expected from this program, its logbook, and virtual tour to the rural areas/ health-care delivery centers and various other health care programs, policies, etc.). The activities conducted in each FAP along with the teaching–learning method used are presented in Table 1. Two families were allotted to each student as per the temporary recommendations made in the NMC meeting, attributing to its initiation in medical colleges for the first batch of FAP 2021–2022.

Further, as a part of organizing health camp, as mentioned in FAP guidelines, during the last visit of phase one, a drive to screen for noncommunicable diseases like hypertension, diabetes mellitus, and obesity for all persons in the family above the age of 30 years was conducted, which was planned in a unique way. Screening for NCDs was done by door-to-door visit of the medical team to houses allotted to the students, to assist the students. Each team comprised seven members. Details of the team composition and work distribution are as follows: departmental clerk took the signature on the consent form, laboratory technicians measured the random blood sugar (RBS) using glucometer, the public health nurse was assigned the duty to record the height, weight, blood pressure, and pulse rate measured by students and RBS measured electronically, the medical officer in each team was assigned the duty to address any health-related complaint by family members, medico-social workers recorded the findings and gave them to the subjects, Sahiya (ASHA) helped to build rapport with the family, and a junior-level faculty was given the task to supervise each team. A total of four medical teams were formed for that day. Each team visited houses, while the students interacted with the family members of their allotted families, explaining them about NCDs, measuring anthropometry as well as vitals, and getting RBS estimated by the lab technician for those above 30 years who were willing to undergo screening. Those found with abnormal findings were given appropriate advice on lifestyle modifications by students, prescribing medication and referral by the medical officer. Those who did not consent on that particular day were motivated by students to undergo anthropometry and vitals measurement in subsequent visits. Overall supervision of the entire process running in the field was done by two senior professors of the department.

Observations and Discussion

FAP was conducted at Goradih village located at about 17 km

Table 1: Activities conducted in each FAP class with the teaching–learning method used

Visit number	Activity conducted	Teaching–learning method used
FAP 1	Orientation about FAP, its objectives, the role of students, what the students are expected from this program, briefing about the demography of the village in which families are to be adopted	Small group discussion and virtual tour
FAP 2	Orientation to FAP logbook and briefing on the logbook	Small group discussion
FAP 3	Allotment of family number 01 to students and interaction to collect sociodemographic details, family composition, and plotting of spot map	Community visit and family survey
FAP 4	Allotment of family number 02, interaction of students to collect sociodemographic details, family composition, and plotting of spot map	Community visit and family survey
FAP 5	Assessment of environmental and housing conditions with appropriate advice for its improvement by the students under the guidance of faculty, plantation drive, distribution of FAP card to family no. 1	Family survey and participation
FAP 6	Assessment of environmental and housing conditions with appropriate advice for its improvement by the students under the guidance of faculty, plantation drive, distribution of FAP card to family no. 2	Family survey and participation
FAP 7	Health education given by students about NCDs, screening for NCDs with appropriate advice and referral	Participation and door-to-door screening

FAP=family adoption program, NCDs=noncommunicable diseases

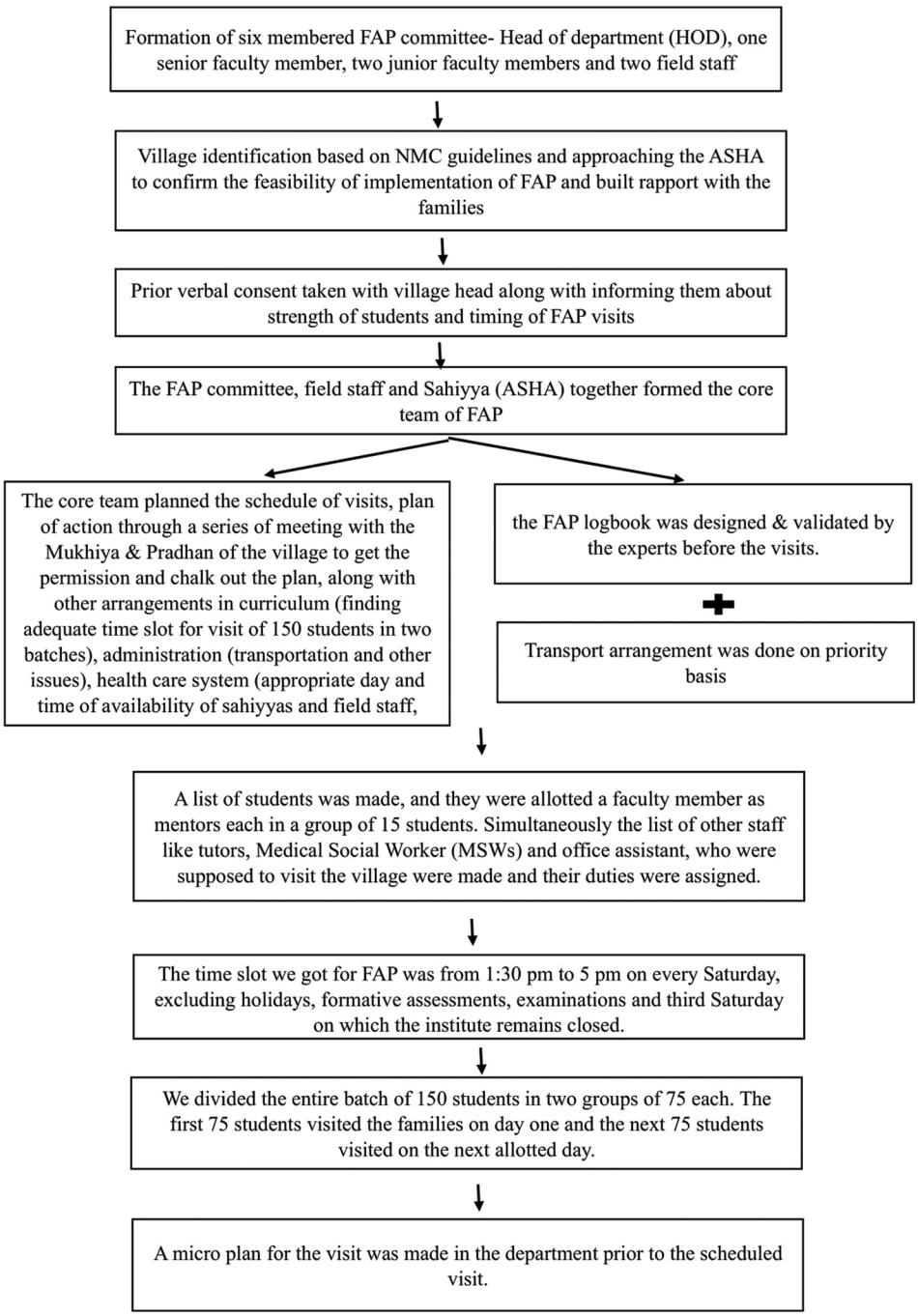

Figure 1: Flowchart of methodology

from the institution. The experience of its implementation is shared in this paper, along with the strength, weakness, opportunity, and threats/challenges (SWOT) analysis presented in Table 2.

Based on NMC's standards, our institution initiated FAP for MBBS students in phase one. This program was first established as a component of CBME at MGIMS, Sewagram.[6] The Sewagram curriculum starts with a 15-day camp at Gandhi ashram to educate new students on the values based on Gandhian doctrine. The next step is a social service camp,[6] when students spend 15 days in the adopted community and make daily visits to their allotted families to complete sociodemographic, dietary, and health assessments. The responsibilities of community health workers, community health committees, schoolteachers, and other stakeholders are examined. This community–academic partnership offers a special chance to learn about the social and cultural factors that influence health. Every student gets three or four families. At this social service camp, the villagers are given free access to laboratory tests, consultations, and referrals. The students

Table 2: SWOC analysis of FAP experienced during its implementation

Strengths	Weakness
• Early community exposure of students • Hands-on experience of learning attitude, ethics, and communication • Developing leadership skills	• Allocating adequate number of slots in the curriculum • Adopting families far away • Limited resources
Opportunities	**Threats/challenges**
• Achieve the larger goal of Heath for All • Identifying the community problem and taking timely intervention	• Resistance and unavailability of family during visit • Language barrier • Time variability and constraint • Allotment of problem families • Existing social pathology and cultural taboos in family

FAP=family adoption program, SWOC=Strengths, weaknesses, opportunities and challenges

visit their adopted village once a month on a Saturday for the following 3½ years following the Social Service Camp. MGIMS, Sewagram[11] has so far served around 51 villages.

One village within 30 km from the college is selected, and each student is given three or four families[6] in MGIMS, Sewagram. Similarly, at KMC, Mangalore, Karnataka, villages in and around Kateel are selected and each student is allotted two families.[12,13]

A concept very similar to family adoption is being conducted for many years at AIIMS, where the name of program is Family Health Advisory Program (FHAP). Under this program, students of phase three MBBS are allotted families for conducting family survey and simultaneously, outpatient department (OPD) is run by the junior and senior residents to give appropriate consultation to the members referred by students during the survey and to other residents of the village who attend OPD for their health needs.

After the incorporation of FAP into the undergraduate curriculum by NMC, many medical colleges across the nation have started this program. One of them is Jawahar Lal Institute of Medical Sciences (JLIMS), AMU, Aligarh.[9] At this institute, Punjipu village was adopted and each medical student would be adopting three to five families to monitor their health conditions regularly and advise them accordingly. This program will ensure enhanced health-care services in rural areas.

Kasturba Medical College Mangalore formally launched FAP at the Centre for Basic Sciences, Bejai, KMC, on July 15.[14] Each student was allotted two or three families.

This program has also been started at Arunai Medical College and Hospital, Kilkachirapattu, Tamil Nadu,[8] where three villages were adopted simultaneously and students in the batch of 50 each were sent to each of the villages. Orientation program was conducted to brief the students about this program and also to discuss the logbook with them. A similar pattern was followed at our institute also to orient the students followed by undertaking family visit, but we took a batch of 75 students at one time and selected bigger villages comprising more than 200 houses.

Conclusion

FAP helps students understand the circumstances and way of life of rural residents. The first time they interacted with the family, they were able to develop their interpersonal skills, and subsequent interactions helped them gain a better understanding of people's needs in terms of their health and other areas. This will also help them feel more confident when advising the family on the best medical advice or treatment. Students who complete this program will have the finest exposure to rural areas and become community health doctors, and the community will also have greater access to health care, improved health care–seeking behavior, and positive health, which will allow us to ultimately reach our goals of Health for All.

Financial support and sponsorship

Nil.

Conflicts of interest

There are no conflicts of interest.

References

1. Vanikar AV, Kumar Vijayendra. The family adoption programme: Taking Indian medical undergraduate education to villages. Indian J Prev Soc Med 2021;52:177-83.
2. The National Medical Commission Act, 2019 No. 30 of 2019; The Gazette of India, Extraordinary Part II, Section I, Registered No. DL (N) 04/0007/2003-19. Dated 8.08.2019. Available from: https://egazette.nic.in/WriteReadData/2019/210357.pdf. [Last accessed on 2022 Sep 21].
3. Misra B. Family Adoption Program Finds its Place in New MBBS Curriculum. Medical Dialogues. 17 April 2022, Available from: https://medicaldialogues.in/news/education/family-adoption-programme-finds-its-place-in-new-mbbs-curriculum-91556. [Last accessed on 2022 Sep 21].
4. Dey S. NMC may make family adoption programme part of MBBS training. Times of India. 16 February 2022. Available from: https://timesofindia.indiatimes.com/india/nmc-may-make-family-adoption-programme-part-of-mbbs-training/articleshow/89601993.cms. [Last accessed on 2022 Sep 20].
5. Mennin S, Mennin R. Community-based medical education. Clin Teach 2006;3:90-6.
6. Kasturba Health Society's. Mahatma Gandhi Institute of Medical Sciences. "Community Based Medical education". Available from: https://www.mgims.ac.in/index.php/community/community-based-medical-education. [Last accessed on 2022 Sep 22].
7. National Medical Commission. U.11026/1/2022 UGMEB dated 31st March 2022. Implementation of new competency based medical education for undergraduate course curriculum. Available from: https://www.nmc.org.in/MCIRest/open/getDocument?path=/Documents/Public/Portal/LatestNews/Implementation.pdf. [Last accessed on 2022 Sep 18].
8. Arumugam B, Sanjana L, Singh DG, Kuppuraj P, Sayee TSM. A narrative review on the experience of "family adoption programme" in a tertiary care institute. J Community Health Manag 2022;9:54-9.
9. Mallik S. Family Adoption Program, A way forward to community based medical education challenges ahead. J Comp Health 2022;10:1-3. doi: 10.53553/JCH.v10i01.001.
10. The World Bank. Rural population (% of total population)- India worldbank.org. Available from: https://data.worldbank.org/indicator/

SP.RUR.TOTL.ZS?locations=IN. [Last accessed on 2022 Sep 21].
11. Garg BS. Community Oriented Graduate Medical Education-A Gandhian approach. Contemporary Topics in Graduate Medical Education. IntechOpen, Edited by Stanislaw P. Stawicki, Location: London, UK. 2022;2. doi: 10.5772/intechopen.93302.
12. India education dairy bureau admin. (07 June 2022) "MBBS students reach village for NMC Family Adoption Programme". India Education Diary.com. Available from: https://indiaeducationdiary.in/mbbs-students-reach-village-for-nmc-family-adoption-programme/. [Last accessed on 2022 Sep 21].
13. Sanjeev D. (25 July 2022) KMC students adopt rural families in Kateel. Times of India. Available from: https://timesofindia.indiatimes.com/city/mangaluru/kmc-students-adopt-rural-families-in-kateel/articleshow/93099885.cms. [Last accessed on 2022 Sep 21].
14. Press release (15 July 2022) "KMC Mangalore launches Family Adoption Programme in Kateel". Mangalorean news. Available from: https://www.mangalorean.com/kmc-mangalore-launches-family-adoption-programme-in-kateel/. [Last accessed on 2022 Sep 22].