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"FAMILY ADOPTION PROGRAM: A PARADIGM SHIFT- PERCEPTIONS OF MEDICAL UNDER GRADUATES AND CHALLENGES FACED"

Medical Education

Dr. Priya A. Warbhe* Associate Professor, Department of Community Medicine, Dr. PDMMC, Amravati, Maharashtra, India. *Corresponding Author

Dr. Ajay K. Jawarkar Professor and Head, Department of Community Medicine, Dr. PDMMC, Amravati, Maharashtra, India

Dr. Rupesh A. Warbhe Assistant Professor, Department of Pharmacology, Jawaharlal Nehru Medical college, Sawangi, Wardha, Maharashtra, India.

ABSTRACT

Background:- Competency-based medical education (CBME) has emerged as a paradigm shift in medical training, emphasizing the acquisition of skills and abilities essential for effective patient care. The National Medical Commission (NMC), recognizing the importance of instilling humanistic qualities and understanding the social determinants of health, has proposed the inclusion of a Family Adoption Program (FAP) within the CBME curriculum. The program provides learning opportunity to Indian Medical Graduate towards community-based health care**. Objectives:-** To know the perception and assess challenges of an Indian Medical Graduate on the Family Adoption Program. **Methodology:-** Pre-designed, pre-tested self-administered questionnaire on perception and challenges on family adoption program was filled by students upon consent. **Results:-**Majority (87%) of students have not seen a rural setup or interacted with public for health awareness before this program. Majority (93%) students feel FAP is bridging gap between future doctors and rural community. All students agreed that improvement in communication skills, identifying health status, understanding health programs and gaining field experience are benefits of FAP. Challenges faced were early introduction, affecting academic calendar and difficulty in gaining trust **Conclusion:-**FAP empowers medical students to become proficient and compassionate physicians, equipped to meet the healthcare needs of a diverse and evolving society. Community medicine plays an important role in implementing the FAP.

KEYWORDS

Medical undergraduate, Family Adoption program, Perceptions, Challenges

INTRODUCTION

Competency-based medical education (CBME) has emerged as a paradigm shift in medical training, emphasizing the acquisition of skills and abilities essential for effective patient care. The National Medical Commission (NMC), recognizing the importance of instilling humanistic qualities and understanding the social determinants of health, has proposed the inclusion of a Family Adoption Program (FAP) within the CBME curriculum. This is a longitudinal program spanning across first, second, and third professional part 1 MBBS. Under the FAP, each medical student is assigned to families in a rural community and is responsible for providing them with preventive and primary care services.[1-3] The FAP is designed to help medical students develop their communication, interpersonal, and clinical skills, as well as their understanding of the social determinants of health. The FAP aims to foster a deeper connection between medical students and the community they serve, enriching their clinical training, and improving patient outcomes. It is also expected to improve the communication skills of the students which helps in their professional growth, learning to be humane and empathize with the family they adopted.[4-5]

Rationale Of Study

National Medical commission (NMC) has introduced the FamilyAdoption Program (FAP) in the undergraduate curriculum to provide a learningopportunity towards community-based health care for Indian medical graduates. The present study was undertaken to assess the impact and challenges of the family adoption program from the perspective of the students. This study helps in knowing the perception of students and further helps in improving the standards of health care facilities, which accordingly meet one of the essential objectives of the FAP as mentioned by NMC.

Objectives:

1) To know the perception of an Indian Medical Graduate on the Family Adoption Program.
2) To assess challenges of an Indian medical graduate on the Family Adoption Program

MATERIALS AND METHOD

Study setting	Department of Community Medicine, Dr. PABDMMC
Study Design	Cross sectional study
Sample population	Undergraduate students from Dr. PABDMMC medical college
Sample size	250
Sampling Method	Complete enumeration of Second and Third MBBS students by universal sampling
Study Duration	(3 months) October-December 2024
Inclusion and Exclusion criteria	Adopted at least one family through FAP
Data collection tool	Pre designed, pre tested self-administered questionnaire containing socio-demographic details of students and Questions on perception and challenges on family adoption program. [8]
Statistical analysis	The data was entered and analyzed using Microsoft excel. Descriptive statistics were expressed in frequency and percentages. Microsoft Excel was used to generate graphs.
Consent and ethics approval	Informed valid consent was taken from all students and all collected data was kept confidential. Institutional ethics committee approval was taken before commencing the study.

RESULTS

Total 250 participants enrolled in the study. Majority 173(69.2 %) of participants belonged to 20-22 years age group, 77(30.8%) participants had age above 22 years. Out of total participants 127 (50.8%) were males whereas 123 (49.2%) were females. Out of total study participants 150 (60%) were from Second MBBS, 100 (40%) were from Third MBBS as per table 1.

Table 1 - Demographic Profile Of The Study Participants.

Variables	Frequency N =250	Percentage
Age in Years		
20-22 years	173	69.2
22 and above	77	30.8
Gender		
Male	127	50.8
Female	123	49.2
Academic year		
Second MBBS	150	60
Third MBBS Part I	100	40

Table 2: Understanding Of FAP And Its Components

Understanding of FAP and components	Yes N (%)	No N (%)
Seen Rural set-up before Family Adoption program (FAP)	96(38.4)	154(61.6)
Interacted with public for health awareness before this program	22(8.8)	228(91.2)
Have you understood concept of FAP	250(100)	0
Have your teachers have adequately explained about program	250 (100)	0

Table 2 shows the understanding of FAP and its components by students. Most of the students i.e 154 (61.6%) of students have not seen a rural set-up before family adoption program. Majority of students i.e 228(91.20%) have not interacted with public for health awareness before this program. All the students have understood the concept of family adoption program through orientation lectures conducted by faculty members.

Table 3 – Perception On Family Adoption Program

Perception on Family adoption program	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
FAP is bridging gap between future doctors and rural community	136(54.4)	80(32)	34(13.6)	0	0
Communication skill improved after interaction with family members	168(67.2)	48(19.2)	22(8.8)	12(4.8)	0
Identified new illnesses in families	23(9.2)	86(34.4)	134(53.6)	7(2.8)	0
Cleared doubts regarding medical illness	106(42.4)	85(34)	59(23.6)	0	0
Understood disease profile in marginalized community	123(49.2)	106(42.4)	21(8.4)	0	0
Learnt how to present yourself in community	196(78.4)	41(16.4)	13(5.2)	0	0
Gave information about health services in the area	206(82.4)	44(17.6)	00	0	0
Gave health advice to the community	191(76.4)	51(20.4)	08(3.2)	0	0
Families were co-operative	156(62.4)	32(12.8)	48(19.2)	14(5.6)	0
Gained trust of the families	174(69.6)	32(12.8)	44(17.6)	0	0
Lives of rural population improved by this program	117(46.8)	94(37.6)	27(10.8)	12(4.8)	0
This program will increase health awareness in community	224(89.6)	26(10.4)	0	0	0
FAP helps medical student to become complete physician with empathy and confidence	216(86.4)	22(8.8)	7(2.8)	5(2)	0

Table 3 shows perception of students towards family adoption program. Out of 250 students 136(54.4%) students strongly agreed that FAP is bridging gap between future doctors and rural community, 168(67.2%) strongly agreed that communication skill improved after interaction with family members. Around 109(43.6%) agreed to have identified new illnesses in families. Most of students 191(76.4%) cleared doubts of family members regarding medical illness. Majority of students 229(91.6%) understood disease profile in marginalized community. 237(94.8%) learnt how to present themselves in community. All students gave information about health services to adopted families. Around 188 (75.2%) students said that families were co-operative. Majority of students i.e. 206 (82.4%) said they gained trust of the families. Around 211(84.4%) students said lives of rural population improved by this program, 224(89.6%) students strongly agreed that this program will increase health awareness in community and 216(86.4%) students strongly agreed that FAP helps medical student to become complete physician with empathy and confidence.

Table 4 – Benefits Of Family Adoption Program

Benefits of Family adoption program	Yes N (%)	No N (%)
Improves communication skills	214(85.6)	36(14.4)
Helps understanding dynamics of rural step-up	221(88.4)	29(11.6)
Helps in identifying health status	216(86.4)	34(13.6)
Understanding health programs related to various disease	194(77.6)	56(22.4)
Gaining field experience	236(94.4)	14(5.6)

Table 4 shows students views on benefit due to family adoption program, 214(85.6%) students agreed that it improved their communication skills, 221(88.4%) said it helped understanding dynamics of rural step-up, 216(86.4%) students agreed that it helped in identifying health status, 194(77.6%) students said it benefitted in their understanding health programs related to various disease and 236(94.4%) students said it helped them in gaining field experience.

Table 5 – Challenges Faced In Family Adoption Program

Challenges faced in Family Adoption Program	Yes N (%)	No N (%)
Communication barrier	77(30.8)	173(69.2)
Difficulty in gaining trust	118(47.2)	132(52.8)
Lack of Transport facility	-----	250(100)
Locked houses	43(17.2)	207(82.8)
Affects academic schedule	37(14.8)	213(85.2)
Early introduction from first year	194(77.6)	56(22.4)
Respondents unavailability due to work	73(29.2)	177(70.8)

Table 5 shows challenges faced by students during family adoption program, 77(30.8%) students felt Communication barrier, 118(47.2%) students felt difficulty in gaining trust, 43(17.2%) students said locked houses was a challenge, 37(14.8%) students said it affected academic schedule, 194(77.6%) students said early introduction from first year was a challenge and 73(29.2%) students said respondents unavailability due to work posed a challenge.

DISCUSSION

The current study was planned to know the perception of students towards family adoption program. Most of the students i.e 154 (61.6%) have not seen a rural set-up before family adoption program. Majority of students i.e 228(91.20%) have not interacted with public for health awareness before this program.

Study conducted by Vairavasolai P et.al. showed that out of the 150 students, 91 (39%) were not exposed to the rural setting and 84 (44%) had not interacted with the public before.[6] This program hence is an important tool in bridging the gap between future doctors and the rural community further helping to improve health care facilities and students understanding of rural setup.

In our study out of 250 students, 136(54.4%) strongly agreed that FAP is bridging gap between future doctors and rural community, 168(67.2%) students strongly agreed that communication skill improved after interaction with family members. Around 211(84.4) students opined that lives of rural population improved by this program, 224(89.6%) students strongly agreed that this program will increase health awareness in community and 216(86.4%) students strongly agreed that FAP helps medical student to become complete physician with empathy and confidence.

Chakraborty A. opined that FAP provides medical students hands-on experience in community-based healthcare where they develop emotional resilience, problem-solving skills, and adaptability. This fosters well-rounded physicians prepared for the complexities of healthcare.[7]

Perceptions on benefits due to family adoption program, in our study 214(85.6%) students agreed that it improved their communication skills, 221(88.4%) students said it helped understanding dynamics of rural step-up, 216(86.4%) students agreed that it helped in identifying health status, 194(77.6%) students said it benefitted in their understanding health programs related to various disease and

236(94.4%) students said it helped them in gaining field experience.

Yalamanchili et al in their study have reported that FAP provides the young medicos with a better understanding of the patients' living situations and help the students gain infield experience.[8]

Following were the challenges faced by students during family adoption program, 77(30.8%) students felt communication barrier, 118(47.2%) students felt difficulty in gaining trust, 43(17.2%) students said locked houses was a challenge, 37(14.8%) students said it affected academic schedule, 194(77.6%) students said early introduction from first year was a challenge and 73(29.2%) students said respondent's unavailability due to work posed a challenge.

Study conducted by Raja VP et. al. showed that a common problem faced by students in the FAP is that doors are locked when students are going to visit as people are going for work when students go for family visits.[9]Also study conducted by Arora P. et. al showed almost 70% students feel that FAP should have been included at a later stage of the curriculum and half of them feel this time could have been better utilized for first-year subjects of the curriculum. Since these students are hesitant and unsure of their clinical skills, perhaps they want to be better equipped to handle medical problems of the community.[10]

Study conducted by Dongre et al has also reported that the common constraints in the implementation of field programs are the cooperation from the public and the effect of such programs on the academic schedule of the students.[11]

CONCLUSIONS

Family adoption program gives students early community exposure to hone their skills in rapport building, communication skills, introduce and orient them to community whom they are expected to serve after graduation. It helps medical students to become proficient and compassionate physicians, equipped to meet the healthcare needs of society. Community medicine plays an important role in implementing the FAP. Community will also have greater access to health care, improved health care–seeking behavior, and positive health.

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