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Review Article

A narrative review on the experience of "Family Adoption Programme" in a tertiary care institute

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ABSTRACT

Family Adoption Programme (FAP) aims to provide an experiential learning opportunity to Indian medical graduates towards community-based health care and thereby equity in health. FAP is recommended as a part of curriculum of Community Medicine subject and should begin from first professional year with competencies being spread in ascending manner for entire MBBS training program. The family adoption should preferably include villages not covered under PHCs/RHTC adopted by the medical college. Medical students may be divided into teams and each team may be allotted visits with five families per student. A brief sensitization session on the needs and competencies of Family Adoption Programme (FAP) as recommended by the National Medical Council of India was conducted which was followed by sensitization of the students to the FAP document prepared by the department along with hands on practice. Then the students along with their team members visited nearby three villages (Tenmathur, Endal and Kolakudi) for their first family adoption visit. During the visit, they interacted with the family and details were documented, the mentors refined the corrections of the document, and then the students were made to present their families in the power point presentation with their reflective experience of the first family adoption programme visit.

1. Introduction

In India, around 65.5% of population resides in rural settings (as per 2020 statistics)[1] whereas availability of health care facilities and services are skewed towards urban set ups. Though adequate healthcare supplies exist in the community, it is the access to healthcare to a rural citizen that is a major concern. Issues like health illiteracy, ignorance about communicable and non- communicable diseases, means to reach health care facility, services, take time off from their daily wages work and workforce shortages are some of the barriers that limits timely and quality health related awareness and care leading to a scenario of 'Scarcity in abundance'. Hence there is a need to take measures to make healthcare more accessible to the rural and needy population and impart community based and community-oriented training to budding healthcare professionals. Family Adoption Programme (FAP) aims to provide an experiential learning opportunity to Indian medical graduates towards community-based health care and thereby equity in health. FAP is recommended as a part of curriculum of Community Medicine subject and should begin from first professional year with competencies being spread in ascending manner for entire MBBS training program. The family adoption should preferably include villages not covered under PHCs adopted by the medical

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college. Medical students may be divided into teams and each team may be allotted visits with five families per student.[1] The FAP is expected to hone communication skills which are the back-bone of the profession; learning to be humane and empathize with the rural population by understanding their customs and limitations as also many positive aspects of community unity. The aim of imparting education to the students is to make them team leaders for health care, primary consultants and learn the basic skills. Students would also be able to understand the disease profile in a rural setting that may be different from the secondary / tertiary care setting of Medical Colleges. The practical field training from the beginning will make them better doctors.[2]

The National Medical Commission has finally introduced an altogether new Family Adoption Programme in its new Competency Based Medical Education for Undergraduate Course Curriculum. Although the speculations of this new program had been at place for a long time, the confirmation regarding this came only after NMC published the CBME curriculum for MBBS course[3] and with the aim to ensure enhanced healthcare services in rural the National Medical Commission (NMC) is considering to introduce Family Adoption Programme (FAP) as a part of MBBS training curriculum.[4]

2. MGMIS Sevagram – MODEL of Village Adoption Programme[5]

During the camp period, medical students stayed in the adopted village for a fortnight and visited their adopted families daily. With the help of interns and staff of MGIMS the students conducted socio-demographic, dietary and health appraisals in their adopted families. The students also observed how community leaders, social organizations and village health committees work together for health. The roles of village health workers, village health committees, school teachers and other stakeholders were examined. This community–academic partnership offered a unique opportunity to learn the social and cultural determinants of health. Thus, the village served as a laboratory and a demonstration center for the students to learn public health. The concept of family health care was brought home to students with the help of auxiliary nursing midwives, social workers, health educators, sanitary inspectors, psychologists and public health physicians working in the villages.

3. Family Adoption Programme Implementation

A brief session on the needs and competencies of Family Adoption Programme (FAP) as recommended by the National Medical Council of India was conducted by Professor and Head of Community Medicine Department from 10.45 a.m. to 11.45 a.m on 9^{th} April, 2022. In the session, students were sensitized to the need of reaching out to the rural community and providing health care services to those who are in need. As per the programme the students were briefed about adoption of five families by each student and what is the importance of being a part of the families adopted by them.

Fig. 1: Sensitization session by (Professor and Head, Community Medicine)

A final year student Raghunanadan (Tagore Medical College) and Dr. Kiruba, Medical officer, UPHC from Chennai, another student of Dr. A. Balaji shared the experience about the importance of communication skills, the role of primary health care physician and gave valuable comments to inspire the new first year students.

Fig. 2: Experience shared by a senior medical student

An introductory session on the FAP log book was conducted by Senior Resident, Community Medicine. The students were sensitized on how to practically collect information about the adopted families in the field. The details given in the log book were discussed thoroughly. All the basics required for filling the family details, clinical history, clinical examination etc. were highlighted.

In the afternoon session from 1.30 p.m. to 2.30 p.m., hands on practice of FAP Document were conducted. Active participation by the students in the form of role play was organized volunteered by a group of students. It was a very interactive session where the students acted as family members and responded to the FAP questionnaires. The doubts, difficulties and barriers were discussed and cleared. The students were very responsive and they participated well in the programme.

After sensitizing the students on Family Adoption Programme, they were taken to the community for their first

Fig. 3: Introductory session on FAP document by Senior Resident, Community Medicine Department

Fig. 4: Role play performed by the students

FAP field visit on 23^{rd} April, 2022 along with the team of Junior resident doctors, paramedical team members.

The students visited three villages viz. Tenmathur, Endal and Kolakudi along with the team members. They were divided into three batches: Batch A (Roll no. 1 – 50), Batch B (Roll no. 51 – 100) and Batch C (Roll no. 101 – 150). Batch A had visited Tenmathur village, Batch B visited Endal village and Batch C visited Kolakudi village.

On reaching the assigned villages, the students were divided into ten teams with five members in each team. After seeking permission from the village presidents, each team were allocated their families. We explained them the purpose of our visit and sought their permission before entering the house. The family members co-operated well with the students. The detailed history of each family including socio-demographic profile and clinical examination were recorded as per the FAP document. The students interacted well with the family members and all the families gave a positive response to our visit.

3.1. Reflection of the students towards the Family Adoption Programme

The students were instructed to prepare their FAP power point presentation on the families they visited along with the reflection during the Family Adoption Programme.

4. Discussion

'Health for all', across all geographical boundaries of the globe was a milestone to be met with by all developing

Fig. 5: Visit to Tenmathur village

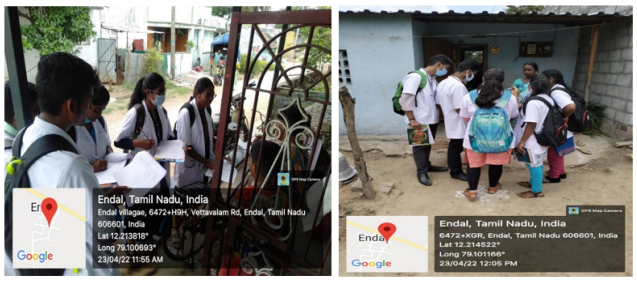

Fig. 6: Visit to Endal village

Fig. 7: Visit to Kolakudi village

Fig. 8: Refection prepared by Group - 1

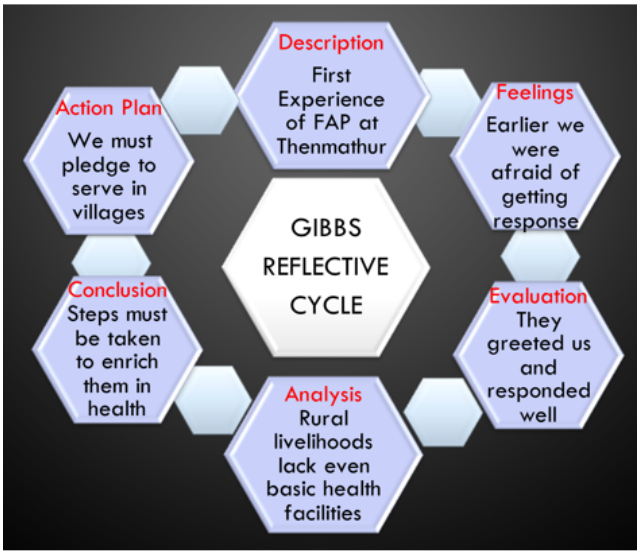

Fig. 9: Reflection prepared by Group – 2

and developed countries of the world by year 2000. The government of India had already launched a national Community Health worker scheme and Village Health Guide programme in 1977.[3] The concept of Village Adoption entails development practice that is reflexive, and socially useful. It involves moving from ideation to action. It must result in improvement in the local situations, refinement of a local practice, and betterment in the conditions of living of the people in the rural community. Therefore, Village Adoption aims at: (i) Instituting socially useful action; and (ii) sharpening the professional competence and development of facilitating

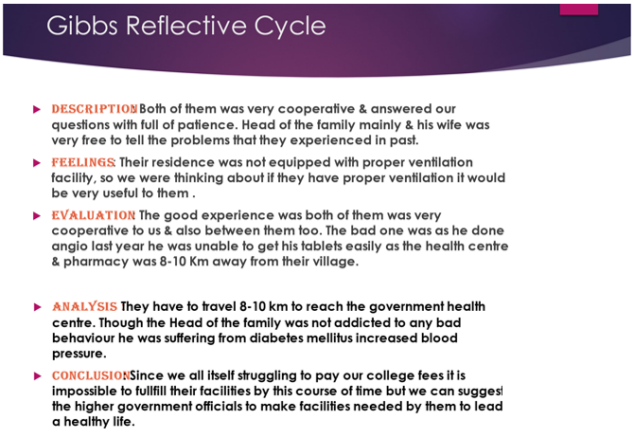

Fig. 10: Reflection prepared by – Group – 3

Fig. 11: Reflection prepared by Group – 4

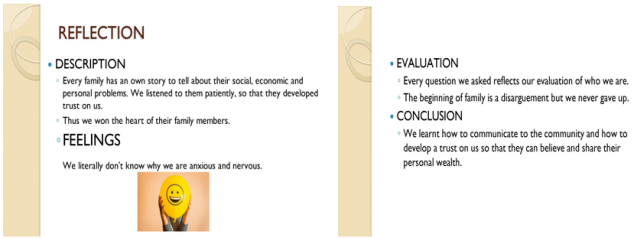

Fig. 12: Reflection prepared by – Group - 5

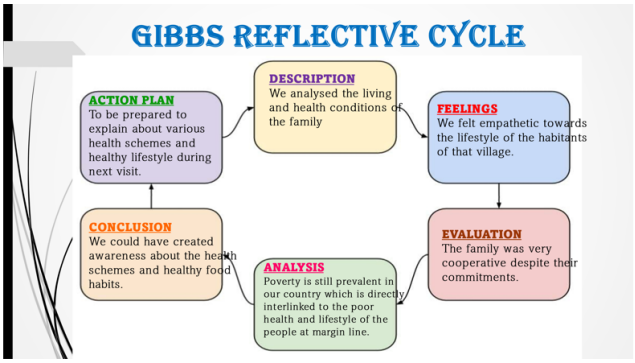

Fig. 13: Reflection prepared by – Group – 6

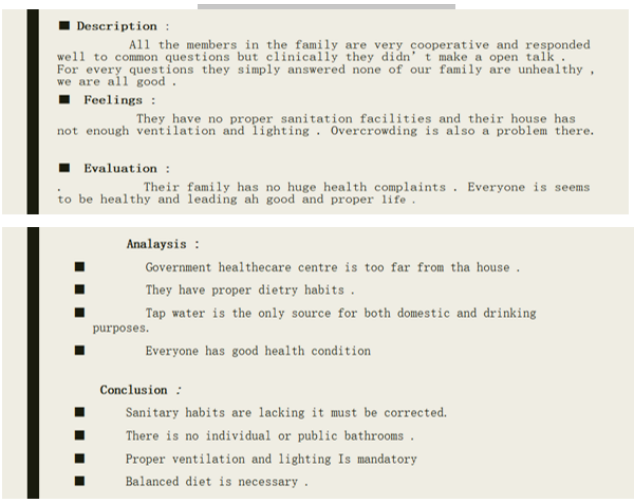

Fig. 14: Reflection prepared by – Group – 7

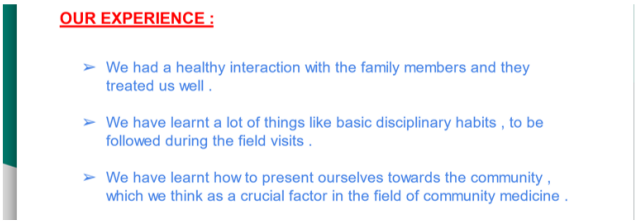

Fig. 15: Reflection prepared by – Group – 8

skills of the students / faculty member.[4] Under the Family Adoption Programme (FAP), every new batch entering a medical college should be allotted a village, not covered under RHTC. After gathering the data of number of house-holds in the village, fairly equal distribution of house-holds be made amongst the students for FAP with the aim of achieving 'health for all'. An average of five to seven house-holds may be designated to every student. Students may be encouraged to adopt more house-holds. A mentor at the level of Assistant Professor along with of Senior Resident to serve them as supportive mentors may take care of 25 students to guide them for conducting health education to the families/ households. This will require four to tens mentors depending upon the size of the batch.[2] As per the NMC recommendations, our department conducted the first family adoption visit in our institute. The students were sensitized to connect with the rural community who are deprived of the primary health care needs. The students were trained to interact with the households and gain confidence of the families. They were given the responsibility to follow up the families and be a part of them in developing their health as well as social welfare. Social responsibility in the form of environment protection programme in form of plantation drive (medicinal plants/trees), cleanliness and sanitation drive with the initiative of the medical student in the house-hold, may be followed and recorded. Each student will be maintaining a log book with separate sections for each house-hold to record the data during every visit. This programme will ensure 'the production of doctors with good practical knowledge'. The family adoption provides an opportunity to academicians, policy makers and growing primary health care physicians, to get sensitised and understand the problems and social dynamics that exist at the grass root level and assimilate the facilitating factors responsible for building sustainable and cohesive communities through inspiring, igniting, educating and enabling them to develop by utilising multiple opportunities with special focus on disadvantaged sector. The successful implementation of the family adoption programme will also empower the students and faculty for better training, community oriented research and community oriented medical education. The work plan and the implementation of the programme involves a great team work from the management level, institutional priorities, commitment from the community medicine department level, human resources, transport, sensitization and training of the health care workers, time spent at the family visits, training of the medical students involved in the family adoption programme.

4.1. Village adoption versus family adoption programme

The objective of Village adoption and Development Programme is to develop the selected village in an integrated manner. This would include economic development, infrastructure development and other aspects of human development i.e., education, health, drinking water supply, etc., besides access to credit.[6] The aim of Family Adoption Program is to ensure enhanced healthcare services in rural areas. The outcomes achieved by the village and students all will be documented in a database. Workers from ASHA may also be included in the programme to help the students and doctors.[7]

5. Conclusion and Reflection by the Faculty

The Family Adoption Programme was an approach to sensitize the students towards health care of the community starting from the very beginning of their first professional. It provided an opportunity to the students to interact and develop their communication skills with the general population which will help them in their future practice. The sensitization as well the first field visit as per the programme conducted by our department worked out well with active participation by the students.

Table 1: Reflection towards the FAP by (Senior Resident)

Description	The students interacted and participated well in the sensitization session. During the field visit all the team members and students co-operated well. They learned to communicate with the family members. It was time consuming in allotting the families as some of the family members were not available. Some of the students had some confusion in completing the FAP document.
Feelings	As it was the first time conducting a FAP in the institute, it was very exciting. I learned a lot about the programme and also while preparing the FAP document under the guidance of Dr. A. Balaji (Professor and Head of Department). I feel that this programme will guide the students towards reforming them and making them involved practically in the well- being of the families.
Evaluation	There was active participation from the students as well as the team members which was very motivating. The students were also excited to go out to the field for the first time. Some of the family members were very co-operative but some were reluctant to provide information about their health issues.
Analysis	There was lack of awareness about the programme and health issues among the community people. Prior visit to the houses before the students' visit would be helpful to those family members who were reluctant to talk openly about their health.
Conclusion	To clear confusion in completing the FAP document, presentation on the document prepared by the students and thorough discussion will be helpful to clear all the doubts which we are planning in the next session. The first family visit had boosted the confidence among the students and they will do better in the subsequent visits.
Action Plan	To avoid time consumption in allotting the houses, detailed information about the family can be gathered prior to the visit. An awareness about the programme can also be sensitized to the community.

6. Source of Funding

None.

7. Conflict of Interest

None.

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