

Perception regarding family adoption programme among medical students: A cross-sectional study in a medical college of Haryana (India)

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Abstract

Background: National Medical Commission (NMC) has introduced the Family Adoption Program (FAP) in the undergraduate curriculum to provide a learning opportunity towards community-based health care for Indian medical graduates. This study aims to understand the perceptions of medical graduates regarding family adoption program.

Material and Method: This was a cross-sectional study carried out among first year medical undergraduates of Maharaja Agrasen Medical College, Agroha, Hisar, Haryana. Appropriate statistical tests like mean, mode, percentages and chi-square (χ^2) test were applied.

Result: Mean age of participants was 19.29 years with age ranging from 17 years to 23 years. Out of 126 students 93.7% perceived that family adoption programme is beneficial to students and 80.2% perceived that it is beneficial for families. Out of total 93.7% perceived that first year is the ideal time to initiate FAP, only 19% students have opinion that it affects their academics.

Conclusion: FAP is helpful to improve medical graduates' communication skills; formation of long-lasting bond with community but participants also perceived that it affects their academics and their inadequate level of knowledge make them hesitant to communicate with community.

Keywords: Family Adoption Programme, Medical education, National Medical Commission, Perception, Undergraduate curriculum.

Introduction:

National Medical Commission (NMC) has introduced the Family Adoption Program (FAP) in the undergraduate curriculum to provide a learning opportunity towards community-based health care for Indian medical graduates^[1]. The National Medical Commission has initiated the FAP in an attempt to produce medical graduates with a community health perspective, thereby ensuring that the services of medical professionals are accessible to all citizens. This would in turn facilitate the achievement of the national health goals^[2]. It includes villages, not covered under Primary Health Centre (PHC) adopted by medical colleges. Every student is to be allotted at least five families. The student is expected to establish rapport, understand their health and related factors, and help improve the healthcare of the family, and by extension, the community^[3]. The Family Adoption Program being

a part of the curriculum of the Community Medicine subject, starts from first year and remains throughout the course. The aim is to provide an experiential learning opportunity to undergraduates towards community-based health care and so enhance equity in health^[3]. This programme caters to these young students to improve their communication skills, learn to analyse data, understand rural dynamics, identify diseases, and come up with ways to improve the standards of rural families^[4]. Engagement with community gives a first-hand experience to medical students regarding living conditions of the people. The students also understand how various factors influence the health of patients in real life^[1]. The specialty of Community Medicine serves the dual purpose of benefitting the medical students, as well as the community. The objectives of this reform, which would supplement the standard medical curriculum, are to orient young

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medical students to commonly prevalent health problems and available health system resources in rural areas. When a student gets attached to a family there is an enhanced opportunity for greater medical learning and social understanding and so creating an emotional connection with the community and the patients therein. The natural history of disease and recovery is tracked through time in the affected families during the long follow-up period. FAP brings its challenges and opportunities. It is a very challenging task to implement this program by allotting families to each student and sustaining the follow-up throughout the undergraduate period. It is imperative to get feedback in the initial stages of implementation. There is a paucity of data on the perception regarding FAP amongst medical graduates. Hence the present study was undertaken to understand the perceptions of medical graduates regarding family adoption program.

Material and Methods:

This was a cross-sectional, questionnaire based, observational study carried out during the month of December 2023 among first year MBBS students of Maharaja Agrasen Medical College, Agroha (District Hisar), Haryana. The participants were assured that this study is to understand their perception regarding FAP and has no relevance to them individually. Students were given pre-designed and pre-validated questionnaire. Incompletely filled questionnaire were not taken into consideration. Confidentiality was assured to all the students who participated. Students who participated were given a brief description about the study and its objectives. Verbal consent of each student was taken. A self-administered questionnaire was used to conduct the study. The questionnaire included some personal information regarding age, sex, place of residence & educational qualification at the time of admission in medical college and also includes some question regarding their perception for FAP. The collected data were coded & entered in MS Excel. Analysis was done using the Statistical Package for Social Sciences (SPSS) version 25.0. Appropriate statistical tests like chi-square (χ^2) test and Fisher's exact test were applied and mean & percentages were also measured. Statistical significance was set at $p \leq 0.05$.

Result:

Table-1- Perceptions of participants regarding Family Adoption Programme. N=126

Perceptions of students	Yes n (%)	No n (%)
Role of faculty is appropriate.	122(96.8)	4(3.2)
It is ideal time to initiate FAP in first year MBBS course.	118(93.7)	8(6.3)
Beneficial to students.	118(93.7)	8(6.3)
Beneficial to families.	101(80.2)	25(19.8)
It's enough time to spend with family.	85(67.5)	41(32.5)
FAP affect academics of students.	24(19)	102(81)
It gives good impression of medical students over family.	110(87.3)	16(12.7)
Able to deal with medical problems of family.	59(46.8)	67(53.2)
Confidence to talk with family.	121(96)	5(4)
Family also learn something.	99(73.8)	33(26.2)
Visits are only for taking details of family & nothing else.	36(28.6)	90(71.4)
Inadequate level of knowledge causes embarrassment in front of family.	67(53.2)	59(42.1)
Able to perceive any health problem in the family.	73(57.9)	53(42.1)
Able to perceive any social problem in the family.	68(54)	58(46)
It is an opportunity to focus on health than disease.	120(95.2)	6(4.8)
Good opportunity to form long lasting bond with family.	106(84.1)	20(15.9)
Too early exposure for communication with community.	52(41.3)	72(58.7)
Good for adaptation of local language.	122(96.8)	4(3.2)

Out of total 126 students, 52.4% were males and 47.6% were females. Mean age of participants was 19.29 years with age ranging from 17 years to 23 years, with most falling below 20 years. As only 28.6% students belong to rural area, this programme may play an important tool in bridging the gap between future doctors and the rural community. Out of total 26.2% students were just 12th pass at the time of admission and 44.4% & 29.44% students were admitted after one year drop & 2 or more than 2 year drop after passing 12th respectively (Table-1)

In this study some associations were also analysed between personal characteristics and different perceptions of students and following interesting

statistically significant associations were found.

1. Male students were more able to deal with medical problems of allotted families as compared to female students.
2. More percentages of students belong to urban areas were having perception that FAP is beneficial to students; first year is ideal time to initiate FAP; and role of faculty was appropriate during the visits.
3. More percentages of students who were admitted after one or two drop years were having perception that family has learned something from them and it's a good opportunity to form long lasting bond with family as compared to students who were admitted just passing their 12th class.

Discussion:

The aim of Family Adoption Program (FAP) is to sensitize the MBBS students towards the healthcare of the rural community from the very beginning of their professional course. This program has given a major scope for the students to not only get enlightened about the health care setup of the rural families but also improve their communication skills, find new illnesses in their adopted families, and create health awareness^[5]. In this study 71.4% students were from urban residential background, so this programme is helpful to students understand the dynamics of a rural setting, further helps in improving the standards of health care facilities with their new ideas, which accordingly meet one of the essential objectives of the FAP as mentioned by NMC. In a study done by Vairavasolai P et al^[6], 50% of students strongly believed that the lives of the rural population would be enhanced, and others (55%) believe that more people would be aware of health facilities in the rural community because of this programme. Yalamanchili VK et al^[7] 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 in-field experience. In the study done by Chhabra et al^[8] the greatest challenge encountered was communication barriers and difficulty in gaining the trust of the family members.

In the present study 93.7% students believe that this programme is beneficial for students, however a study done by Vairavasolai et al^[6] 68% students responded that this would help MBBS students become complete physicians with empathy and confidence in future.

In this study 80.2% students perceive that FAP is also beneficial to families and 57.9% students were able to perceive any health problems in their allotted families and also 73.8% students thought that family also learnt about health issues. Vairavasolai et al^[6] found in

their study that 32% students identified new illnesses in their adopted families; 50% students cleared the doubts of their families regarding medical illnesses; 29% gave information about the availability of health services in the area, and 18% gave health advice to their respective families.

Yalamanchili VK et al^[7] observed in their study that FAP is beneficial to students but not for families.

In our study 93.7% students perceive that its right time to initiate FAP in first year of MBBS course however Yalamanchili VK et al^[7] observed in their study regarding initiation of FAP that only 50% faculty had opinion that first year is the right time.

Arora P et al^[9] observed in their study that >80% first year students agreed that FAP is helpful in improving their communication skill however almost 70% felt that FAP should be initiated at later stages of curriculum as it affects their academics in first year as well as they felt hesitant and unsure of their clinical skill. In our study only 19% students perceived that FAP affects their academics and also 53.2% students felt embarrassment because of their inadequate knowledge of medical field.

In a study done by Landge J et al^[2], Phase I students realized the importance of family in health and diseases and felt empathetic towards lifestyle and issues faced by rural families

Conclusion: It could be concluded that the students perceived that it's good to initiate the programme at an early stage of their professional course and its helpful to improve their communication skills; formation of long-lasting bond with community but they also perceived that it affects their academics and their inadequate level of knowledge make them hesitant to communicate with community as community expected much more from the medical students.

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Conflict of interest: Nil

Source of funding: Nil

Date received: May 22, 2024

Date accepted: Oct 28, 2024