Section: Community Medicine

Original Research Article

PERCEPTION OF MEDICAL STUDENTS AND FACULTY ABOUT FAMILY ADOPTION PROGRAM

Namrata A Acharya[1], Sheetal Pattanshetti[2]

[1]*Associate Professor, Department of Community Medicine, Vilasrao Deshmukh Government Medical College, Latur, Maharashtra, India. 413512, India.*
[2]*Professor and Head, Department of Anatomy, KAHER's JNMC Balagavi, Karnataka, India.*

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Corresponding Author:
Dr. Namrata A Acharya
Associate Professor, Department of Community Medicine, Vilasrao Deshmukh Government Medical College, Latur, Maharashtra, India. 413512, India.
Email: drnamratathakur@gmail.com

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ABSTRACT

Background: Competency Based Medical Education has introduced many newer methods in the curriculum one of which is family adoption program which will help to give adequate training for students to be effective in interaction with community and Physician of first contact. As the implementation of FAP module is finished for first batch, it's the best time for conducting its program evaluation. **Objectives:** To comprehend the perceptions of medical teachers and students towards FAP. To identify opportunities and difficulties in implementation of FAP. To suggest recommendations about improving the program in a way effective for both students as well as community.

Materials and Methods: A Cross Sectional mixed method study was conducted in 123 phase III MBBS students and 17 faculty of Community Medicine Department in Vilasrao Deshmukh Government Medical College, Latur in 2024 over a period of 6 months. Predesigned questionnaires were distributed as separate google forms for students and faculty. Quantitative data was analyzed with percentages and qualitative data was noted as verbatim.

Results: Barring a few, most of the faculty and students feel that FAP will be helpful to gain knowledge, acquire psychomotor and communication skills, understanding social structure of community. Novice nature of students, Transport and language were significant barriers in implementation of FAP. Early introduction of FAP is supported by 10 (58.8%) faculty and 90 (73.2%) students.

Conclusion: most of the faculty and students feel that FAP is academically helpful.

Keywords: Family Adoption Program, Medical Education.

INTRODUCTION

Medical education in India was reformed in 2019 when competency based medical education (CBME) was introduced.[1] Competency-based medical education (CBME) is designed to create an Indian medical graduate (IMG) with the necessary knowledge, skills and attitude to assume their role as a healthcare provider to the people of India and the world.[2] CBME introduced many newer methods in the curriculum like foundation course, early clinical exposure (ECE), Attitude Ethics Communication (AETCOM), electives, skill lab, Family Adoption Program (FAP)etc. The Family Adoption Program (FAP) is an important element of CBME, wherein each medical student is required to adopt families, establish rapport, understand their living conditions, and help improve the health of the family, and in turn the community.[3]

National Medical Commission has mandated Family adoption program (FAP) from the academic batch of 2021. The main idea behind introduction of FAP was developing communication skills, especially to interact and empathize with the rural population.[2] Villages not covered under PHCs that are adopted by the Department of Community

Medicine is preferably considered and five households in a village is allotted to each of the first MBBS students under FAP. 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. Thus it is expected to help in achieving Universal Health Coverage.[2,4] It will help to give adequate training for students to be effective in interaction with community and thus FAP would achieve the holistic vision of Indian Medical Graduate as Physician of first contact.

Along with the opportunities in improving medical education and universal health coverage, FAP has its own challenges in implementation. Allotting families to each student and sustaining follow up of every family is a key step in the FAP module. Feedback from students and faculty would put light on the challenges and opportunities in FAP. This will help in improvement of the program for betterment of medical education and health of community. As of now, the first academic batch has completed the Family Adoption Program module and it's the best time to conduct its program evaluation.

Aim and objectives: The present study was undertaken to comprehend the perceptions of medical teachers and students towards FAP and to identify the opportunities as well as difficulties in implementation of FAP. This would give an opportunity to suggest recommendations about improving the program in a way effective for both students as well as community

MATERIALS AND METHODS

A cross sectional study mixed method study was conducted from July 2024 to January 2025 at Vilasrao Deshmukh Government Medical College, Latur, Maharashtra. Approval was sought from Institutional Ethics Committee (Ref No 75/IEC/Department of pharma/VDGMC Latur dated 24/08/2024). All Phase III MBBS students and faculty of the Community Medicine Department who were directly involved with the implementation of FAP was enrolled in the study. Informed consent was taken from the participants.

Predesigned questionnaire was used as a tool for data collection. Separate questionnaire was designed for students and faculty. The questionnaire included questions on perception about FAP, the difficulties faced by them, their thought on incorporating FAP in first year or later in course, etc. The students were asked to share any notable experience they had in the adopted families. The faculty was asked to mention recommendations they would like to suggest for better implementation of FAP in future. The questionnaire was converted in google forms. Separate google forms were created for students and faculty. The google forms were circulated with the students and faculty. Total 140 students were appearing in phase III MBBS and out of them 123 responded to the google forms(response rate: 88%). The entire 17 faculty responded google forms.

The perceptions of students and faculty were noted in Likert's scale. Quantitative data was analyzed with percentage. The qualitative data was noted as quotes and verbatim as it would give better insight of the thoughts of the participants.

RESULTS

Out of the 123 students,29 (23.6%)strongly agreed and 82(66.7%) agreed that FAP has helped them to gain knowledge; 18 (14.6%) strongly agreed and 82(66.7%) agreed that FAP has helped them to gain psychomotor skills; 32 (26%) strongly agreed and 76 (61.8%) agreed that FAP has helped them to gain attitudes and communication skills; 21 (17.1%)1 strongly agreed and 85 (69.1%) agreed that FAP has helped them in facilitating understanding the social structures and the health status of the community;20 (16.3%) strongly agreed and 75 (61%) agreed that FAP has helped them in providing an appropriate early clinical exposure. 28 (22.8%) strongly agreed and 74 (60.2%) agreed that FAP has helped them in encouraging the families to avail health services from nearest health facility instead of visiting unregistered practitioners or quacks. [Table 1] Similar questions were asked to faculty that will FAP help the students to gain knowledge, psychomotor and communication skills etc. more than 80% of faculty also agreed the statements. [Table 2]

Table 1: Perceptions of students about FAP

Question	Response from students				
FAP has helped in……..?	**Strongly agree**	**Agree**	**Neutral**	**Disagree**	**Strongly disagree**
to gain knowledge	29 (23.6%)	82 (66.7%)	8 (6.5%)	3 (2.4%)	1 (0.8%)
to gain psycho motor skills	18 (14.6%)	82 (66.7%)	19 (15.4%)	3 (2.4%)	1 (0.8%)
to gain attitudes and communication skills	32 (26%)	76 (61.8%)	13 (10.6%)	1 (0.8%)	1 (0.8%)
facilitating understanding the social structures and the health status of the community	21 (17.1%)	85 (69.1%)	15 (12.2%)	1 (0.8%)	1 (0.8%)
In providing an appropriate early clinical exposure	20 (16.3%)	75 (61%)	21 (17.1%)	4 (3.3%)	3 (2.4%)

In encouraging the families to avail health services from nearest health facility instead of visiting unregistered practitioners or quacks?	28 (22.8%)	74 (60.2%)	14 (11.4%)	6 (4.9%)	1 (0.8%)

Table 2: Perceptions of faculty about FAP

Question	Response from faculty				
FAP will help students ……?	**Strongly agree**	**Agree**	**Neutral**	**Disagree**	**Strongly disagree**
to gain knowledge	4 (23.5%)	11 (64.7%)	0 (0.0%)	1 (5.9%)	1 (5.9%)
to gain psycho motor skills	2 (11.8%)	13 (76.5%)	2 (11.8%)	0 (0.0%)	0 (0.0%)
to gain attitudes, and communication skills	6 (35.3%)	9 (52.9%)	1 (5.9%)	0 (0.0%)	1 (5.9%)
facilitating understanding the social structures and the health status of the community	5 (29.4%)	11 (64.7%)	0 (0.0%)	0 (0.0%)	1 (5.9%)
In providing an appropriate early clinical exposure	0 (0.0%)	14 (82.4%)	3 (17.6%)	0 (0.0%)	0 (0.0%)
In encouraging the families to avail health services from nearest health facility instead of visiting unregistered practitioners or quacks?	2 (11.8%)	9 (52.9%)	3 (17.6%)	2 (11.8%)	1 (5.9%)

Student`s perspectives on the SWOC for FAP (Fig 1)

The Family Adoption Program (FAP) under the National Medical Commission's guidelines offers a transformative opportunity for undergraduate medical students to engage with real-world public health issues. A SWOC (Strengths, Weaknesses, Opportunities, and Challenges) analysis from the students' point of view reveals several valuable insights that can inform improvements in its implementation and outcomes.

Strengths

The key strengths of the FAP lie in its potential to provide **early clinical exposure** and **hands-on learning**. Through direct engagement with families in rural settings, students gain deep insight into the **social determinants of health**, thereby enhancing their understanding of the **community's health in a holistic manner**. This experience fosters empathy, improves communication skills, and strengthens their commitment to public health.

Additionally, the program raises **awareness about the problems faced by rural communities**, such as poverty, poor sanitation, and inadequate healthcare access. This early engagement can shape a more socially responsible and community-oriented generation of doctors.

Weaknesses

Despite its potential, the program suffers from some critical weaknesses. **Poor administrative support** hampers planning, resource allocation, and execution. Without institutional backing, students often feel unsupported during fieldwork.

Moreover, the **lack of a team approach** affects the continuity and coordination of activities. Without structured roles, guidance, and collaboration among faculty, peers, and support staff, the initiative can feel fragmented and overwhelming for students.

Opportunities

FAP opens multiple opportunities for both the community and students. It promotes **community diagnosis**, helping identify the burden of disease at the grassroots level. Students can facilitate **early referrals** for medical intervention and aid in the **prevention of complications** by promoting healthy practices.

The program also offers the potential to **survey lifestyle diseases**, an emerging concern in rural areas, and identify **preventive strategies**. These opportunities allow students to contribute meaningfully while gaining research experience and enhancing their understanding of public health systems.



Figure 1: Student`s perspectives on the SWOC for FAP

Challenges

Despite its opportunities, FAP faces several implementation challenges. **Location selection**—especially ensuring safety, accessibility, and relevance—can be difficult. There are also **ownership issues** among faculty and students, where a lack of motivation or responsibility leads to poor engagement and follow-up.

Travel and logistics, particularly the **unavailability of vehicles**, pose significant barriers to regular visits

and continuity of care. These challenges need to be addressed systematically to ensure that the educational and community health goals of FAP are met.

The Family Adoption Program has the potential to serve as a model for community-oriented medical education and primary healthcare engagement. While systemic facilitators like NMC backing and structured field planning support ensures its success, significant barriers remain in the form of logistical, administrative, and training gaps. Addressing these challenges through institutional commitment, capacity building, and resource allocation will be essential to realizing the full potential of the FAP.

Faculty Opinions regarding the facilitators and Barriers for FAP implementation (Fig 2)

Facilitators to FAP Implementation

Institutional Administrative Support

A critical facilitator is the robust administrative support from the NMC and institutional authorities. When FAP is mandated by NMC, institutions are more likely to assign dedicated faculty and provide necessary administrative backing, which ensures continuity and structured execution of the program.

Pre-identified Field Areas

Selection of villages based on NMC criteria, along with formal Memoranda of Understanding (MoUs) signed with local village heads, establishes a cooperative environment conducive to long-term engagement. This pre-identification removes uncertainty in planning and fosters trust with the community.

Dedicated FAP Team

The constitution of a dedicated team, including trained students and staff, significantly enhances the efficiency of surveys and beneficiary interactions. Team training in data collection and health assessments ensures the quality and consistency of data collected.

Documented Record of Families

The use of validated survey tools and the maintenance of longitudinal family records for a minimum of five years enable effective follow-up and contribute to building a comprehensive community health database. This practice enhances the academic value of the program and supports future research and health planning.

Barriers to FAP Implementation

Lack of Commitment to the Program

A major barrier is the lack of administrative funding and logistical support, particularly for transportation and field visits. Without faculty ownership and a dedicated team, program implementation becomes sporadic and less impactful.

Inadequate Student Training

Student engagement can falter due to insufficient training, especially in early project phases. Challenges include lack of sensitization, inadequate briefings, and poor training in data collection and study protocols. Additionally, insufficient assistance in performing measurements and avoiding data errors compromises the quality of field activities.

Travel and Other Logistical Constraints

Practical difficulties such as unavailability of vehicles, shortage of support staff, and overall poor logistical planning impede field operations. These barriers affect both the reach and the consistency of follow-ups with the adopted families.

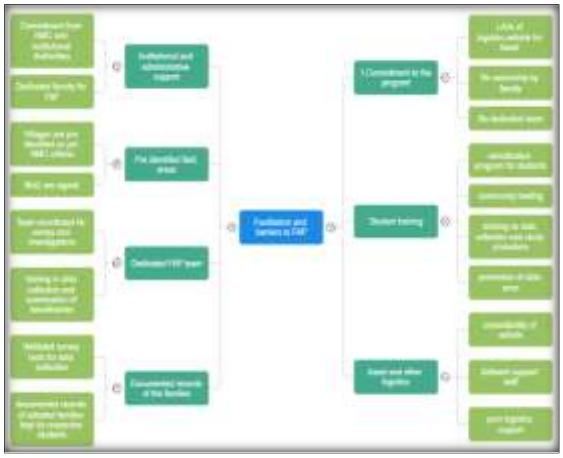

Figure 2: Faculty Opinions regarding the facilitators and Barriers for FAP implementation

Time for introduction of FAP in curriculum:

Early introduction of FAP i.e. incorporating FAP since first MBBS is supported by 10 (58.8%) faculty and 90 (73.2%) students. Improved communication skills, early clinical exposure, building confidence, opportunity to build new friends were the reasons given by students in favor of introduction of FAP in first MBBS.

A student stated that “we got clinical exposure in first year only and it was beneficial for understanding issues of rural areas. Families asked lots of questions and it helped us to develop communication skills.” Another student stated that “as young doctors and being just first year student, we feel enthusiastic about such stuff”. Students were able to build rapport with subsequent visits. One student mentioned that “People got used to us and feel more comfortable sharing their health problems”.

Few students were of the opinion that FAP should be introduced phase II MBBS onwards as they had just started medical studies and they are not capable enough to answer the questions raised by family members. One of the students mentioned that “we do not have any clinical understandings, the families don’t co-operate. Even when they ask questions, we do not have answers to their questions as we do not even know the basic drugs for any disease.”

Most of the faculty supported incorporating FAP in first year. One of the faculty emphasized that “They (students) go to ground level and see the current scenario of particular locality. Students become familiar with social structure, learn the communication skill, early clinical exposure. It helps the students to understand right from start that scope of medicine is more than tertiary hospital and giving medications.”

Some of the faculty was of the opinion that students are novice to clinical skills and they won't get time to study the first year subjects. Second year is best for FAP, Medical students and community will get maximum benefit. (Benefit of community is also important)

Notable experiences shared by students:

Most of the students shared positive experiences they have faced in the community mentioning about diagnosing common ailments like tonsillitis, anaemia, osteoarthritis etc. and referring the family members to hospital. One student mentioned that "…the fact she (a family member) shared one of her personal queries relating to her missed periods. She did testing and it was positive so she asked me what to do exactly because she didn't want to keep the baby. So, I did counsel her to visit the hospital so that she will have guidance of a professional"

Building rapport and gaining confidence of the family members was achieved by most of the students. One mentioned that "With frequent visits the trust was built, whenever someone used to be sick they used to call me and I helped them to reaching doctor in hospital." Another student mentioned that "FAP improved my communication skills and took away my fear of interacting with strangers."

FAP can be an opportunity of peer learning. A student shared that "Some of our team members had great communication skills. And they were talking to locals like professionals. even though they studied from same book. it's attitude and confidence which make difference. So it encouraged us to level up communication skills."

Some students put light on few gray areas of repetitive visits, follow up, etc. One student mentioned that "Go and do same things, so it is irritating to family members". Another studentopened up the area of family's attitude towards government health facility mentioning that "One of the head of family said few bad things about government hospital but we tried our best to convince him".

A student mentioned that "it was kind of reality check to know all the problems our community is facing, looking forward for the solutions and improvement in community health".

Recommendations by faculty for effective implementation of FAP:

Faculty gave some recommendations like improving resources (transport, manpower etc), Grouping the students from other states with local students to overcome language barrier, one faculty suggested adding basic investigations by students line Haemoglobin, random blood sugar in phase II FAP visits.

One faculty mentioned that we should clarify to villages beforehand that, these are only students and not to expect advanced treatment suggestions or skills. Elaborative and stepwise health assessment checklist can help the students and can also give uniformity in data.

DISCUSSION

NMC had mandated FAP in MBBS curriculum. FAP offers the students hands on experience of community-based health care. FAP is expected to improve the communication skills of the students. It will help the students learning to be humane and empathize with the family they adopted.

This cross sectional mixed method study aims to study the perspective of students and faculty about the FAP, to understand the benefits and challenges of the family adoption curriculum and to find the measures to make it relevant for an Indian medical graduate. Majority of the faculty and students have welcomed the policy decision of FAP in undergraduate medical curriculum. Similar findings were noted by Yalamanchili et al.[5] They found that the participants including the faculty, undergraduate and postgraduate students, and field workers suggested that the reforms should be gradual and sustained, and there should be some flexibility to maintain the quality. This study it was also found that students were interested in visiting the field areas and building rapport with the peers and families. In the study by Ganapathy[6], the participants loved the hands-on experience, and the experience of being able to 'be a doctor' and it was a good clinical as well as primary health care exposure. Family adoption is instrumental in the improvement of self-perceived communication skills and the ability to help the community with their health problems.[7] The current study also observed that students felt improvement in communication skills after FAP.

Transport and language barriers, non cooperation from family members were the major challenges faced by students in current study. In the study by Yalamanchili et al,[5] the participants mentioned a shortage of logistics and transport facilities, human resources as significant barriers in implementation if FAP. In the study by Ganapathy,[6] the challenges encountered were the new learning environment, personal challenges, language barrier, having to work independently, insufficient background medical knowledge, group dynamics, limited resources, filling log book and limited time. In the study by Baruah A et al,[8] the key challenges as informed by students were difficulties in gaining cooperation from the family, establishing communication with the family members and obtaining support from their teachers. The study by Amogha shree et al,[9] also mentions similar challenges in verbatim format.

In the present study, most of the students and faculty were in favor of introduction of FAP in first MBBS. Unlike Baruah A et al,[8] Most faculties recommended that the FAP should be started a bit later in the curriculum. Though Amogha shree et al,[9] found that approximately 80 % of respondents advocate for initiating the FAP in the first year, citing benefits such as understanding community

health perspectives, developing compassion for future roles, emphasizing local importance, and fostering societal orientation.

Limitations of study

Given the initial stages of FAP implementation, there is a scarcity of supportive literature about program evaluation. The findings of the study are significant as the program evaluation has been done after completion FAP module for first academic batch. It shares the experience of the two stakeholders namely, the Faculty of Community Medicine and the undergraduate MBBS students and the community. However, the perspectives and experience of other stakeholders like family members and Panchayat Raj members would have been also helpful. The study is insufficient to enlighten on the product of the FAP module and evaluate the actual skills gained by students and its contribution to the attainment of the competencies of the Indian medical graduate but provides much evidence about the experience and acceptance of the program me, and can provide important suggestions towards it.

Further research can to be conducted towards the development of a structured module for the family adoption program, student assessment tool and a comprehensive multicentric program evaluation.

CONCLUSION

Most of the faculty and students feel that FAP will be helpful to gain knowledge, acquire psychomotor and communication skills, understanding social structure of community. Novice nature of students, Transport and language were significant barriers in implementation of FAP. Most of the students and faculty think that first MBBS is right time to introduce FAP in curriculum. If we try to overcome the barriers, FAP will play a key role to achieve the holistic vision of Indian Medical Graduate as Physician of first contact.

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