

## Original Research Article

# A Study of Profile of Newly Admitted Medical Students and Their Perception Towards Family Adoption Program

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### ABSTRACT

**Background:** The Family Adoption Program (FAP), newly mandated by National Medical Commission for all MBBS students aims to provide an experiential learning opportunity for them towards community-based health care. This study was conducted to assess the profile of the MBBS students, their perception and of the families adopted by them on FAP.

**Materials and Methods:** A cross-sectional study was conducted in 2023 including 100 medical students of Rajiv Gandhi Medical College. After sensitization to the FAP proforma, each student was allotted five families for adoption from the Lokmanya Nagar located in the outskirts of Thane city. Students recorded details of families in the proforma. Feedback and perception on FAP from the families as well as from students were collected. The data was analyzed using Microsoft Excel.  $\chi^2$  test was applied.

**Results:** Out of 100 students, 48% students were males and 52% were females. 96% students were in the age group of 17-20 years and 4% were of aged >20 years. 98% of the medical students were told by the adopted families that FAP is a good initiative. All the students mentioned in the feedback, FAP will help to develop leadership skill among them, will help to enhance the health of the adopted families and will surely improve the communication skill of the Indian Medical Graduates which will be useful for their professional growth.

**Conclusions:** All students were delighted and gratified with this program and the same was mentioned by them in the feedback. FAP will create a significant difference in medical education and will definitely help to promote health of the adopted families.

**Keywords:** Family Adoption Program, Medical Student, NMC

### INTRODUCTION

Family Adoption Program (FAP) is recommended by the National Medical Commission (NMC) of India which is the apex body that regulates medical education in India. This program is implemented under Competency Based Medical Education (CBME) in MBBS curriculum that begins from phase one i.e. first professional year and continues till phase three i.e. third professional year. FAP is as a part of the syllabus of Community Medicine subject. This innovative program aims to provide experiential learning opportunity for the MBBS students i.e. Indian Medical Graduates towards community-based health care to intensify equity. This program will also help MBBS students to improve their communication skills and ultimately will boost professional

growth, learning to be humane and empathize with the adopted families. Here, medical students are assigned to families from villages or urban slums to act as the primary contact for any health problem.<sup>1</sup>

Community Medicine is an important academic discipline within Medicine which engages community and applies professional management skills, also focusing on prevention and control of diseases both communicable and non-communicable. Here, medical students earn comprehensive knowledge and learn professional skills across primary, secondary and tertiary health care. This branch of Medicine emphasizes on holistic health and interventions for promotion of health of the community. Family Adoption Program involves adopting families in villages or marginalized areas. It addresses challenges like

health illiteracy and lack of awareness about diseases. This program also promotes health care accessibility for underprivileged families and provides community-based training for medical graduates fostering a community-oriented approach. Family Adoption Program helps medical students to understand the socio-demography, health status and way of life of urban slum or village residents.<sup>2</sup>

Family Adoption Program incorporated into MBBS curriculum by National Medical Commission is beneficial to medical students, community and other stakeholders involved. The National Medical Commission made some innovative changes in the MBBS curriculum to achieve goal of 'Health for All'. Family Adoption Program is one of such excellent and finest initiative which will give community-based learning experience to medical students. This will help them feel more confident when practicing in urban slums or in rural area. After successfully completing this program, each medical student will become a skilled community health doctor.<sup>3</sup> Community engagement in medical education provides medical students an insight into the living conditions of the people and how these living conditions affect their health status.<sup>4</sup>

This newly mandated program for all MBBS students from 2022, brings its own set of challenges and opportunities.<sup>5</sup> The family adoption program is an innovative and crucial part of the competency based medical education syllabus recommended by the National Medical Commission. The department of Community Medicine plays a crucial role in the implementation of this program in every medical college in India.<sup>6</sup> The objectives of this study were to assess the profile of the newly admitted medical students of a medical college and to understand the perception of them as well as of the adopted families towards Family Adoption Program.

## MATERIALS AND METHODS

A cross-sectional study was conducted between August to November 2023 including all (n=100) newly admitted MBBS students (whole batch) of Rajiv Gandhi Medical College, Thane. A detailed schedule of the Family Adoption Program (FAP) was prepared. Teams were formed which consisted of Mentor/Faculty and Resident Doctors from Department of Community Medicine to guide the medical students about FAP. Necessary permissions and approvals were obtained. Inclusion and exclusion criteria were defined. The students who will remain present on the scheduled days will be included and those who will remain absent will be excluded. Here all the students were present on the scheduled days for FAP. Local Medical Officer, ANMs and ASHA workers were informed about the FAP and its schedule. A brief orientation was conducted on needs and competencies of Family Adoption Program as recommended by the National Medical Commission (NMC) of India. Medical students were sensitized to the Family Adoption Program proforma prepared by the Department of

Community Medicine. The students were supposed to carry hard copy of the five proformas in the form of spiral binding. As per the schedule, students were taken to the Lokmanya Nagar Slum area located in the periphery of Thane city. A vehicle was arranged to take students to the designated community and to bring back to college campus on the same day. The students were allotted to each team. The teams were supposed to allot 5 families from the community to each student and to take care of the students in their team. The teams were supposed to be with the students till the students completed survey of the five families allotted to them and guide them whenever necessity arises.

The students were asked to wear apron and to bring required stationery to fill the proforma. After reaching the designated community, students were briefed about the geographical location of the area. Local ANMs and ASHA workers offered assistance. Each student was allotted five families to which he/she would be supposed to give follow up visits and take care of these five adopted families by giving regular follow up visits as suggested by NMC till the completion of phase three MBBS. The students conducted the survey of the adopted five families and data related to socio-demography and health profile of the families was recorded in the predesigned and pretested formatted Family Adoption Program proforma. Feedback from the adopted families was also obtained and their perception on FAP were noted by the students. After satisfactory completion of the survey of the 500 adopted families, the next day students were asked to submit feedback and perception on FAP in the given predesigned and pretested formatted proforma. All the (n=100) students had submitted the same. The data of the feedback was entered in Microsoft Excel and analyzed. The results were represented in tables and interpreted by using Chi-square test of significance. The statistical level of significance was fixed at  $p < 0.05$ . Periodic FAP visits for students were planned as per the recommendations of the National Medical Commission of India.

## RESULTS

All (n=100) newly admitted medical students of Rajiv Gandhi Medical College, Thane were included in the study. Each student was allotted five families under Family Adoption Program from Lokmanya Nagar slum area, which is located in the periphery of Thane City. Among the 100 students, 48% students were males and 52% were females. 15% students were admitted through national quota while 85% through state quota. 96% students were in the age group of 17-20 years and 4% were of aged >20 years. 16% students were from rural background and 84% were from urban area. 88% students completed higher secondary education from English medium school and 12% from Marathi or Semi-English medium school. Of the 88 students who studied in English medium, 77 (87.50%) were from urban area and 11 (12.50%) were from rural area. Of the 12

students from Marathi or Semi-English medium schools, 07 (58.33%) were from urban area and 5 (41.67%) were from rural area ( $p < 0.05$ ). Among the students from rural area ( $n=16$ ), 10 (62.50%) were males and 06 (37.50%) were females. Among the students from urban area ( $n=84$ ), 46 (54.76%) were females and 38 (45.24%) were males. (Table-1).

**Table-1: Medium of education, gender and rural or urban background of medical students (n=100)**

Medium of Education in School and Junior College (n=100)	Rural or Urban Background (n=100)	
	Rural (n = 16)	Urban (n = 84)
English (n=88)	11 (12.50%)	77 (87.50%)
Marathi or Semi-English (n=12)	05 (41.67%)	07 (58.33%)
Statistics	$\chi^2 = 6.684$	$P = 0.0097$
<b>Gender</b>		
Female (n=52)	06 (37.50%)	46 (54.76%)
Male (n=48)	10 (62.50%)	38 (45.24%)
Statistics	$\chi^2 = 1.6045$	$P = 0.205$

25% students were studied through CBSE, 2% through ICSE and 73% through state board (SB). 45% students got admission to MBBS course through UG-NEET 1<sup>st</sup> attempt while 55% got admission with  $\geq$  two attempts. 45 students got admission to MBBS course in first attempt of UG-NEET of which, 27 (51.92%) were female students and 18 (37.5%) were male students. 55 students got admission to MBBS course in  $\geq 2$  attempts, of which 25 (48.08%) were female students and 30 (62.50%) were male students. 12 (48.00%) students from CBSE, 01 (50.00%) from ICSE and 32 (43.84%) from State Board (SB) got admission in first attempt to MBBS course while 13 (52.00%) students from CBSE, 01 (50.00%) from ICSE and 41 (56.16%) from SB got admission in  $\geq 2$  attempts. (Table-2).

75% students wrote feedback in less than 250 words and 25% in more than 250 words. 13% students had grammatical mistakes in their feedback while 87% had written feedback without mistakes. 88% students studied through English medium till 12<sup>th</sup> standard while 12% studied through Marathi or Semi-English. 13% students had some grammatical mistakes in the feedback to Family Adoption Program given by them of which 10 (11.36%) students were from English medium and 03 (25.00%) were from Marathi or Semi-English medium. 52% students were females and 48% students were males in this study. 09 (17.31%) female students and 04 (08.33%) male students committed few grammatical mistakes in the feedback to Family Adoption Program which they have submitted to the Mentor (Table-3).

**Table-2: Gender, educational board and UG-NEET attempt of the medical students (n=100)**

Variables	UG-NEET Attempt	
<b>Gender</b>	1 <sup>st</sup> (n=45)	$\geq 2$ (n=55)
Female (n=52)	27 (51.92%)	25 (48.08%)
Male (n=48)	18 (37.50%)	30 (62.50%)
Statistics	$\chi^2 = 2.097$	$P = 0.147$
<b>Educational Board</b>		
CBSE (n=25)	12 (48.00%)	13 (52.00%)
ICSE (n=02)	01 (50.00%)	01 (50.00%)
SB (n=73)	32 (43.84%)	41 (56.16%)
Statistics	$\chi^2 = 0.151$	$P = 0.927$

**Table-3: Medium of education of the medical students and grammatical mistakes in the feedback to FAP (n=100)**

Medium of Education in School and Junior College (n=100)	Grammatical mistakes in the Feedback to FAP	
	No (n=87)	Yes (n=13)
English (n=88)	78 (88.64%)	10 (11.36%)
Marathi or Semi-English (n=12)	09 (75.00%)	03 (25.00%)
Statistics	$\chi^2 = 1.736$	$P = 0.188$
<b>Gender</b>		
Female (n=52)	43 (82.69%)	09 (17.31%)
Male (n=48)	44 (91.67%)	04 (08.33%)
Statistics	$\chi^2 = 1.774$	$P = 0.182$

All (n=100) the students gave relevant feedback. 84% of the students were permitted to enter the allotted houses while 16% were denied. Of these 16%, 09 (56.25%) were females and 07 (43.75%) were males. 86% of the students were provided good hospitality like offering water, tea, coffee, snacks, seating arrangement, etc. by the families while 14% did not experienced this type of hospitality. Of these 14% students, 08 (15.38%) were female and 06 (12.50%) were male students. Of the 86% students who experienced good hospitality from the allotted families, 44 (84.62%) were female students and 42 (87.50%) were male students. (Table-4).

**Table-4: Gender and type of hospitality displayed by the adopted families to the medical students (n=100)**

Gender of the Medical Student (n=100)	Type of hospitality displayed by the adopted families to medical students	
	Not So Good (n=14)	Good (n=86)
Female (n=52)	08 (15.38%)	44 (84.62%)
Male (n=48)	06 (12.50%)	42 (87.50%)
Statistics	$\chi^2 = 0.1725$	$P = 0.678$

98% of the students were told by the families that Family Adoption Program is a good initiative and 02% of the students got response as Family Adoption Program is a scam. 96% of the students were provided with mobile numbers by the families while 04% of the students didn't get mobile numbers of the allotted families. 98% of the students were told by the allotted families that they will cooperate for this Family Adoption Program in future, 02% of the students were told by the families that they will not cooperate for the same in near future. 04% of the students experienced that their allotted families complained about the hospital attached to the Medical College and remaining 96% of the students didn't receive any complain about the hospital. (Table-5).

**Table-5: Perception of the adopted families on Family Adoption Program (n=100)**

Characteristics	Percentage of the medical students
Medical students were told by the adopted families that FAP is a good initiative	98.00
Medical students were told by the adopted families that FAP is a scam	02.00
Medical students were provided with mobile numbers by the adopted families	96.00
Medical students didn't get mobile number of the adopted families	04.00
Medical students were told by the adopted families that they will cooperate for FAP in future	98.00
Medical students were told by the adopted families that they will not cooperate for FAP in future	02.00
Medical students experienced that their adopted families complained about the hospital attached to the medical College	04.00
Medical students didn't receive any complain from the adopted families about the hospital attached to medical college	96.00

All the (n=100) newly admitted medical students mentioned in their feedback towards FAP that, this FAP is useful for early community exposure to medical students. Also, all these students said this program will help to develop leadership and communication skills among them. All these students also mentioned that this program has an opportunity to achieve the targeted goal of 'Health for All' by way of covering marginal community. All students in their feedback towards FAP have mentioned that this program will provide a good insight into the living

conditions of the people in the villages or from urban slums. All the students mentioned in their feedback that this program will create significant difference in medical education. They all also said this innovative program will help to enhance the health of the adopted families and ultimately will promote health of the community. All the subjects mentioned that this program has an opportunity to achieve the goal of 'Health for All' in terms of identifying health issues among the adopted families and finding solution for them through follow up visits. All medical students felt empathetic towards the allotted families. (Table-6).

**Table-6: Perception of the medical students on Family Adoption Program (FAP) (n=100)**

Characteristics	Percentage of the medical students
FAP is useful for early community exposure to medical students	100%
FAP will help to develop leadership skill among medical students	100%
FAP has an opportunity to achieve the targeted goal of 'Health for All' by way of covering marginalized community	100%
FAP will provide a good insight into the living conditions of the people in urban slums area	100%
FAP will create significant difference in the medical education	100%
FAP will help to enhance the health of the adopted families and ultimately will help to promote the health of the community	100%
FAP has an opportunity to identify the health issues among the adopted families and finding solution for them through follow up visits	100%
FAP is an experiential learning opportunity to medical students towards community-based health care	100%
FAP will surely improve the Communication skill of the Indian Medical Graduates which will be useful for their professional growth	100%
FAP was a very nice experience and satisfied with the adopted families	100%

Of the 100 medical students, 04 students did not get mobile number of the adopted families. Of these 04 students, 01 (25.00%) was female student and 3 (75.00%) were male students. Sharing mobile number was risky, according to the adopted families. 96 students got mobile number of the

adopted families, of which 51 (53.12%) were female students and 45 (46.88%) were male students (Table-7).

**Table-7: Sharing of mobile number by the adopted families to medical students (n=100)**

Variables (n=100)	Whether families shared mobile number (n=100)	
	No (n=04)	Yes (n=96)
Female (n=52)	01 (25.00%)	51 (53.12%)
Male (n=48)	03 (75.00%)	45 (46.88%)
Statistics	$\chi^2 = 1.216$	<b>P = 0.269</b>

92% of the students didn't know about Family Adoption Program before joining to the Medical College while 8% of the medical students knew about this program as their elder sibling, relatives or friends were studying in medical college. All (n=100) students wrote feedback in English and had legible handwriting.

**DISCUSSION**

In our study, 98% of the newly admitted medical students were told by the adopted families that they will cooperate for this Family Adoption Program in future. At present, all the students were able to adopt the allotted five families and to record a detailed data of each family. Amogha Shree et al<sup>1</sup> in their study in Mysuru, India observed 75.3% students felt empathetic or sympathetic towards the family. All (n=100) medical students felt empathetic or sympathetic towards the allotted families in our study. Amogha Shree et al<sup>1</sup> in their study in Mysuru, India also observed around 91.5% of the students perceived that the families they adopted were co-operative. Shikha Swati et al<sup>3</sup> in their study mentioned that FAP has an opportunity to achieve the larger goal of Health for all. In our study all (n=100) students mentioned that FAP has an opportunity to achieve the targeted goal of 'Health for All' by way of covering marginalized community. Patra Priya Ranjan et al<sup>4</sup> in their study in Odisha observed 66.9% of medical students responded that FAP was a very good experience and 55.2% medical students were satisfied with their adopted family.

In the present study, all medical students (n=100) said families allotted to them were co-operative and this FAP was a nice experience to them. Vijay K. Yalamanchili et al<sup>5</sup> in their study observed, the participants felt that FAP will provide a good insight into the family's living conditions and also motivate the students for the kind of career they have to prepare for. We observed, all (n=100) students mentioned in their feedback that FAP will provide a good insight into the living conditions of the people in urban slums.

Chakraborty Anik et al<sup>6</sup> mentioned in their study that this program is an innovative and crucial aspect of the latest competency-based medical education curriculum proposed by the National Medical Commission. Vanikar Aruna et al<sup>7</sup> mentioned that FAP has the potential to raise undergraduate medical education to new height which will assist to promote health of the marginalized community. Pramod Basagoudar et al<sup>8</sup> in their study among medical students of RIMS, Raichur on perceptions and attitude of the students towards FAP, have highlighted the importance of FAP. Arora P et al<sup>9</sup> observed positive attitude of the medical students towards FAP in their study among first-year undergraduate students. They also observed that the students had mentioned this FAP should be included a little later in the curriculum so that they have more clinical knowledge and skills when they go for FAP visits. Jyoti Landge et al<sup>10</sup> in their study in Western India among medical students observed, 80% of the students responded that FAP was a very good experience and would like to be part of such activity throughout the professional years. Our findings are almost similar to the findings of other studies on FAP in India. The experiences of several medical colleges in India about FAP can show the right direction to this innovative program.

**CONCLUSIONS**

In the present study, 98% of the medical students were told by the adopted families that Family Adoption Program is a good initiative. All (n=100) subjects mentioned that FAP is useful for early community exposure to medical students. All the newly admitted medical students were very happy with this program and the same was mentioned by them in the feedback which they have submitted to their Mentors. Family Adoption Program recommended by National Medical Commission will create a significant difference in Medical Education and will definitely help to promote health of the adopted families. Ultimately this will help to achieve the goal of 'Health for All' that aims to improve the health and well-being of people around the world.

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**Source of support: Nil**

**Conflict of interest: None declared**

**How to cite:** Gurav RB, Nair AS. A Study of Profile of Newly Admitted Medical Students and Their Perception Towards Family Adoption Program. *GAIMS J Med Sci* 2025;5(1):46-51. <https://doi.org/10.5281/zenodo.13890652>