

COMMUNITY AS A CLASS ROOM “: THE EXPERIENCE ON FAMILY ADOPTION PROGRAMME BY INDIAN MEDICAL GRADUATES.

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Abstract

Background: Community engagement in medical education gives the students an insight into living conditions of the public and how they influence their health. This study describes the experience of the medical students and faculty on family adoption programme. **Materials and Method:** A focused group discussion and in depth interviews in the MBBS PHASE II students, faculty and post graduate students of community medicine will be conducted using an open ended and leading questions regarding their perception and experience with their adopted families. In this study we are using GIBBS REFLECTIVE CYCLE for better understanding of the experience by the students and for better analysis. **Results:** A total of 175 students and 12 faculty along with 4 postgraduates have participated in the study. Most of them felt exited and they said that it was a very nice experience. **Conclusion:** It is a good opportunity for the students. It needs a great team work of the students and faculty together for better implementation of the programme.

INTRODUCTION

The National Medical Commission(NMC) made certain curricular changes, creating a system of medical education that “increases opportunities for quality medical education, prepares competent and skilled medical professionals, promotes universal health care by supporting community health and making services available to all people,^[1] through Family adoption program(FAP)which was started in august 2019 to be implemented for all Indian Medical Graduates from 2021-22 batch as a part of competency based medical education(CBME) curriculum.”

The National Medical Commission (NMC), formerly the Medical Council of India (MCI), works tirelessly to appoint qualified physician to rural India to deliver excellent health care to achieve health for all goals by filling up the existing curricular gaps pertaining to lack of real world experience by the physician.^[2]

Several studies 3-6 across different parts of world anticipated that there are many advantages of

learning in the community as a classroom which will help them in achieving communication skills; understanding role of customs, traditions and cultural factors influencing the health, learning to be a good human and develop empathy; inculcate leadership skill; working as primary consultants for the households; and it helps them to learn basic skills of diagnosing and managing health problems, this ultimately helps the training in family medicine.

FAP will provide sufficient knowledge to the Indian Medical Graduate for executing their role as Leader, Clinician, Lifelong learner, Facilitator and Researcher in their adopted families.

FAP would fulfill the two primary purposes like improving the health care facilities to the rural people and the other one is to provide community based training to the budding Indian medical graduates.

Family Adoption Programme (FAP) provides an experiential learning opportunity to Indian medical graduates towards community-based health care and thereby equity in health. Community engagement in medical education improves the students an insight

into living conditions of the public and how they influence their health.

To make healthcare facilities more approachable to the needy population there is a need to take necessary measures such as imparting community oriented training to the medical undergraduates.^[3]

FAP is recommended as a part of curriculum of community medicine subject and it should start from first professional year with competencies which are being spread in ascending manner for entire MBBS training program.

Medical students should 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 as recommended by National Medical Commission (NMC) 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.

In this study, we aimed to analyze the experience of community based medical education in medical students of phase II.

To analyze the experience of faculty and postgraduate students of department of community medicine on family adoption Programme.

Objectives

1. To study the experience of community based medical education in medical students of phase II.
2. To know the experience of faculty of department of community medicine on family adoption Programme.
3. To know the experience and perception of post graduate students of department of community medicine on family adoption Programme.

MATERIALS AND METHODS

A descriptive, cross sectional study was conducted in ACSR government medical college, Nellore for a period of three months after the approval from institutional scientific and ethical committee. The study was conducted among the students of MBBS phase II those who participated in the family adoption programme and the faculty and postgraduates in the department of community medicine. In this study the purposive sampling method was considered. This gives a sample size of 175 MBBS phase II students, 12 are faculty working in the department of community medicine and 4 postgraduates doing masters in community medicine. The exclusion criteria is those who are not willing to participate in the study.

A focused group discussion and in depth interviews in the MBBS PHASE II Indian Medical Graduates, faculty and post graduate students of community medicine department are conducted using an open ended and leading questions regarding their perception and experience with their adopted families and their involvement in prevention of communicable and non-communicable diseases for

attaining the goals of mortality and morbidity indicators.

We took 20 students as one group. In one session two groups were made to discuss by the two way focus group discussion based on the proforma given by GIBBS REFLECTIVE CYCLE in five stage. In this study we are using GIBBS REFLECTIVE CYCLE for better understanding of the experience by the students and for better analysis.

GRAHAM GIBBS created GIBBS REFLECTIVE CYCLE as a “structured debriefing” to support experiential learning. It was designed as a continuous cycle of improvement things for a repeated experience but can also be used to reflect on a standalone experience.

Graham gibbs published his reflective cycle in 1988. One of the best things about Gibbs reflective cycle is that it gives the acknowledgement of the importance of feelings in reflection. It separates out evaluation that is what went as well what didn't.

There are five stages in the cycle

1. Description
2. Feelings
3. Evaluation
4. Conclusion
5. Action plans.

RESULTS

FAP has been started at our institution for the medical students of phase one MBBS (batch 2021–2022) comprising 175 students. We have selected one of the urban slum Ram Nagar colony under UPHC JVR colony which is 2km distance to travel from college. Ram nagar colony has a population of 3600 from that 875 families are adopted by 2022 batch. Each student was allotted five families and the students have to follow the health related aspects of these families for their remaining professional course.



A brief session on the needs and competencies of Family Adoption Programme as recommended by National Medical Commission (NMC) of India was conducted by Professor and Head of community medicine department. In this 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.



An introductory session on FAP log book was conducted and students were sensitized on how to practically collect information about their adopted families in the field. Active participation by the students in the form of role play was organized by a group of students. It was a very interactive session where students acted as family members and responded to the FAP questionnaires, the doubts, difficulties and barriers were discussed and cleared. The students are very responsive and they participated well.



Reflection towards the FAP by students

We conducted focused group discussion and interview in the students, a total of ten groups were interviewed and responses were recorded.

Description

All the students said that the first out door learning in the community outside the college campus was extraordinary experience for them. They said that it was a homely environment and most of the family members are cooperative and friendly. Some of the families have offered them water and food, provide them proper sitting and interacted comfortably during their visit. Though the families are suffering from many health issues they are more concerned about the geographical health care facility, social, economic and cultural problems which they were telling more

than health problems. They also said that they have learned to communicate with the families.

Feelings

Most of the students said that they felt much tensed to introduce themselves to the families for the first visit in the subsequent visits they got acclimatized to the families. We learned it difficult when we go toward them and it is easier to work in our hospital under guidance of our faculty. After completing the visits, they have identified some undiagnosed cases and they felt happy for that. Some of the students followed them to the hospitals. They expressed their feeling that they need more visits in rural areas to serve the needy people.

Evaluation

Most of the students said that they have heard about FAP activity was newly implemented in our batch so lot of confusion and rumors were thrown initially among them. Subsequently guidelines and support from faculty in community medicine department made it interesting experiential learning. The students felt satisfied when they have identified undiagnosed diseases in the families and advised for the follow up. They are unhappy with non-disclosure of the health status of their family members. They said FAP is good concept of experiential learning but need meticulous planning, support, and co-ordination. They also said that each visit made different experience and learned about different pattern of life style among the families. Linguistic barrier was observed while interacting with families and were busy in their commitments so not spent much time with them.

Analysis

They said FAP is good concept of experiential learning but need meticulous planning, support, and co-ordination. The 15% of the students who joined under AIQ had language barrier to communicate with the families but they took help of the other students and communicated with them.

CONCLUSION

The through discussion on the competed FAP document prepared by the students will be helpful to clear all doubts for the further session of visits. Any who the first family visit boosted the confidence among the students and the faculty.

Action Plan

To prevent the time consumption for allotting the families a detailed line listed information of the village to be gathered prior to the visit. The awareness about the programme is to be planned for the community people to build a good rapport.

Conclusion

The family adoption programme gives a great experience to the students as well as faculty of community medicine department. It is a good opportunity for the students for better understanding of the people customs, attitude and other condition of the patients those coming to the hospital in another

dimension. It needs a great team work of the students and faculty together for better implementation of the programme.

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