

Sri

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VINAYAGAR

 Medical College and Hospital

Details of Institutional Social responsibility

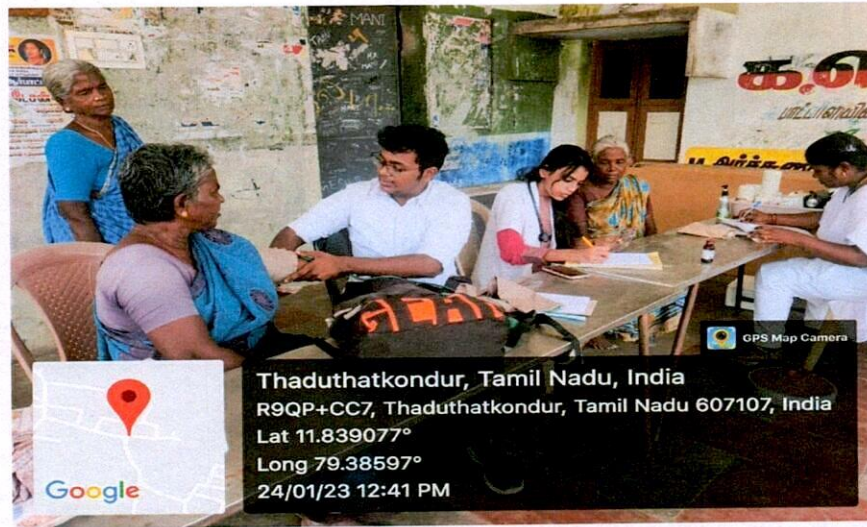
Name of the Method	Family Adoption Program
Objectives of the Method	To develop communication skills and to describe the socio-cultural factors, family (types), identified the environmental risk factors and personal hygiene, its role in health and disease.
Competencies/Topics addressed by the method	<p>CM 2.2 Describe the socio-cultural factors, family (types), its role in health and disease & demonstrate in a simulated environment the correct assessment of socio-economic status.</p> <p>CM 3.4 Describe the concept of solid waste, human excreta and sewage disposal</p> <p>CM 3.5 Describe the standards of housing and the effect of housing on health.</p> <p>CM 3.6 Describe the role of vectors in the causation of diseases. Also discuss National Vector Borne disease Control Program.</p> <p>CM 17.2 Describe community diagnosis</p> <p>CM 5.1 Describe the common sources of various nutrients and special nutritional requirements according to age, sex, activity and physiological conditions</p> <p>CM 5.2 Describe and demonstrate the correct method of performing a nutritional assessment of individuals, families and communities by using appropriate methods</p> <p>CM 8.2 Describe and discuss the epidemiological and control measures including the use of essential laboratory tests at the primary care level for Non Communicable diseases (diabetes, Hypertension, Stroke, obesity and cancer etc.)</p>
Short description of the method (200 words)	<p>Family Adoption Program was conducted for first year MBBS students by the Department of Community Medicine, Sri Manakula Vinayagar Medical College and Hospital, Puducherry, India. The program was started with introduction and briefing about Family Adoption. The students were divided into small groups and each group was guided by a faculty or postgraduate and exposed to the community. The students were introduced to the allotted family by the guide. The students collected demographic characteristics, identified the environmental risk factors and personal hygiene habits of the family members, addictions, immunization, family planning methods of the allotted house using the format. The students also identified the family members suffering from acute and chronic medical problems. Medical camp was organized in the village to treat the acute medical condition. To ensure early clinical exposure, the students were asked to accompany the family members with medical problems to the medical camp and to observe the management by the treating doctor.</p>

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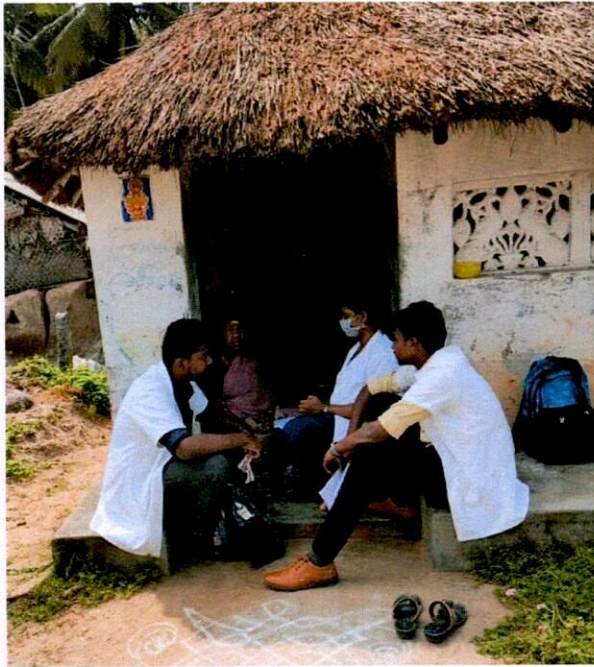
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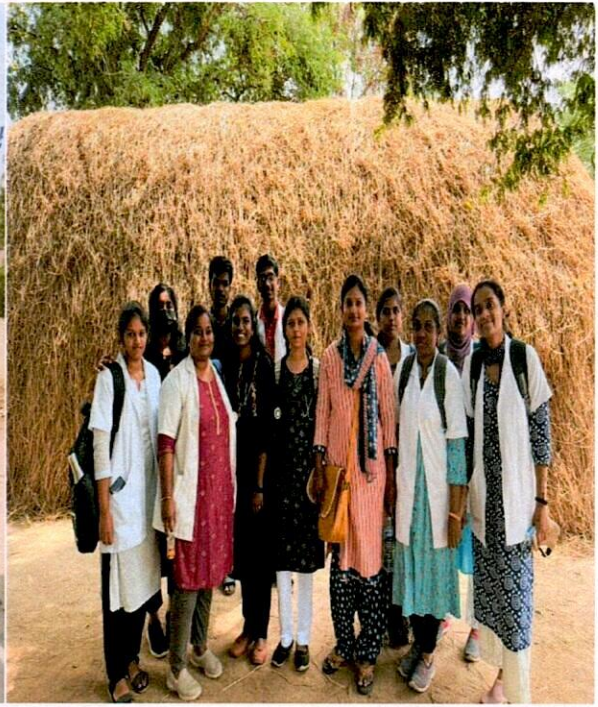
	In continuation with Family Adoption program, students revisited the household allotted to them during their second year under graduation.
Any kind of assessment done with the use of the method (Ex: Pretest/ Posttest)	Pre and post-test evaluation (MCQ question) was also done on the beginning and at the last day of the program.
Feedback obtained from the students and Faculty regarding the method (Mention the key points, up to 5)	Feedback in the form of retro-pre and open ended questions were obtained from the students on the final day




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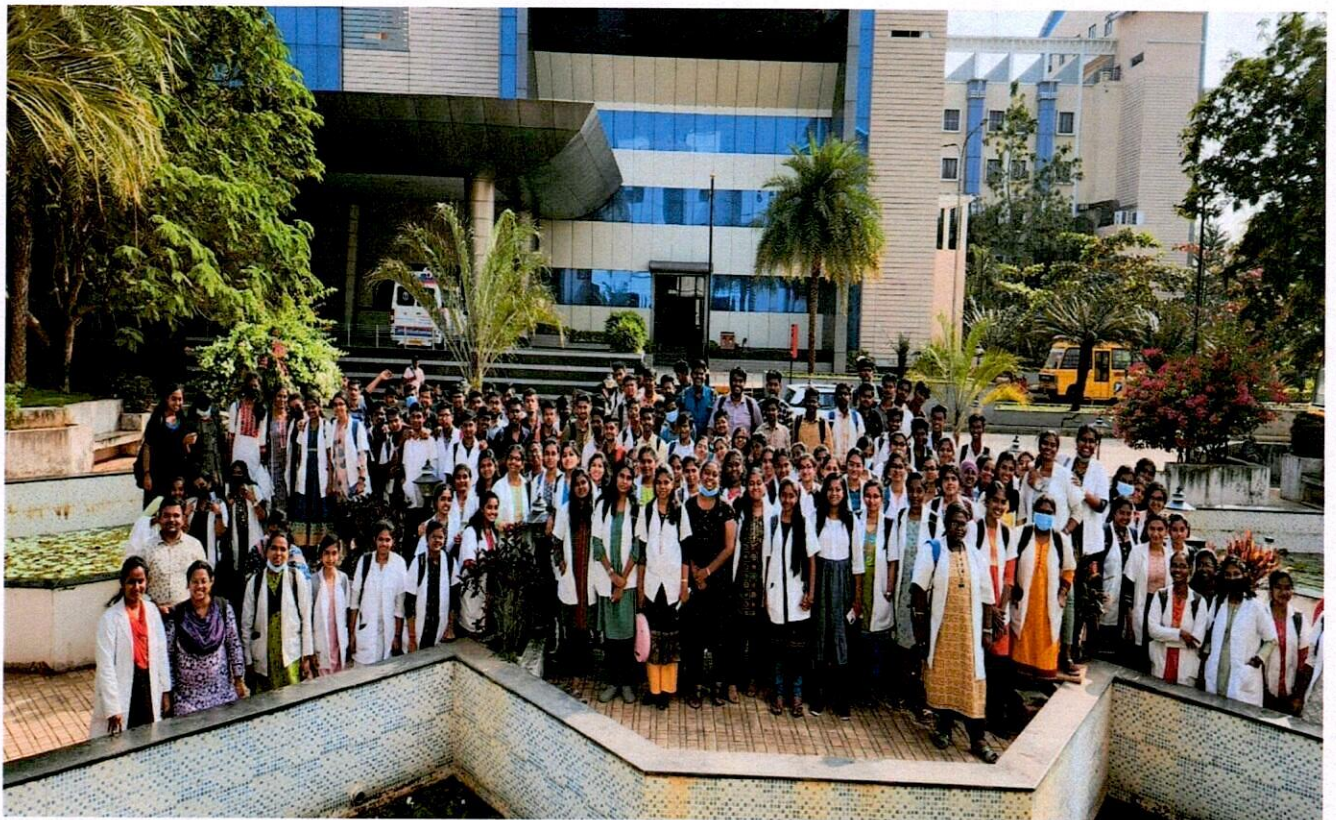
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Family Adaption Programme

Introduction: The government is working to improve the healthcare infrastructure of India, especially in rural areas. National Medical Commission (NMC) is considering introducing Family Adoption Program (FAP) as part of the MBBS training curriculum under the community medicine department of every medical college to ensure enhanced healthcare services in rural areas. The idea behind the programme is also to provide MBBS students with on ground hands-on experience from the beginning and also increase the availability and accessibility of doctors or medical professionals in rural areas.



What was done? Enathimangalam village was selected which is one and half hours from our SMVMCH institution. Permission was obtained from village panchayath leader for this programme. To begin with initial mapping was done by the Medical social workers from our department, active key people in the village helped them through this process and house list along with street name and head of the family was drafted and map was organised and for each student 5 families were allotted. The microplanning was done 1st visit was planned for 1 week and the schedule and plan for each day was developed by the senior faculties from

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department of community medicine. First visit (8/8/2022 – 13/8/2022) and second visit (23/10/2022)

Table 1: Plan and schedule for Family Adoption Program Batch (2021-2-022) – Year -1

House Listing / Mapping of village : completed by 31.07.2022	
Briefing for Facilitators at RHTC and visit to Enathimangalam village	
Day/Time (8.30 am – 4 pm)	Activity
Day1: 8/9/22	Introduction to Family Adoption program /Family visit
Day 2 :9/9/22	Family visit -2(Introduction and assignment on the environment)
Day 3: 10/9/22	Briefing regarding Personal Hygiene + Communication skills
Day 4: 11/9/22	Family visit / Diet survey (Raw food weighment method)
Day 5: 12/9/22	Family visit -NCD history/Anthropometric measurement.
Day 6: 13/9/22	Family visit/Closing function by Panchayat leaders and Members
Day7:24/9/2022	Family visit/Observing and identifying community problems and its solution
Day 8: 8/10/22	Family visit/ Need-based health education
Day 9: 22/10/22	Family visit/Observation and reinforcement of health message

#Including travel and lunch





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Fig 2: Small group discussion after family visit



The students were divided among the faculty, for each faculty 15 students were enrolled for monitoring. Morning family visit as per schedule was done followed by small group discussion and updating the records were done. Their experience was shared and their queries were addressed by the faculty in charge.

Fig 3: Diet survey using Raw food weightment method



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Assessment: Pre and post test was conducted for the 1st year MBBS students. The questionnaire comprised of personnel hygiene, environment, sanitation, Diet and occupational problems

Formative Assessment: faculties will observe the students and assess their performance based on the Check list, Reflective writing of the students based on their field experience.

Evaluation:

Table 1: Students feedback:

1	We learned how to interact with villagers, which increased my confidence to interact with patients/communication skill improved
2	How to develop good rapport with people of different economic status, which made community people to openly tell their health issues
3	Learned the other health problems prevailing in the community like smoking, alcoholic, improper sanitation, overcrowding, diabetes, hypertension etc
4	We understand village people's problem like lack of education, poverty, early marriage etc.,

Table 2: Students assessment pre and post test

	t	df	p	Mean Score	95%CI
Pre test	48.508	149	<0.001	13.97	13.40 - 14.5
Post test	32.252	149	<0.001	18.71	17.56 - 19.8

Table 3: SWOT Analysis of Family Adaptation Programme (FAP)

<p><u>Strength</u></p> <ul style="list-style-type: none"> Improvement in communication skills Learned about rural community lifestyle , rapport building, early clinical exposure. 	<p><u>Weakness</u></p> <ul style="list-style-type: none"> Family members not available. Improper line-listing and mapping. Lack of exposure to community. Non-co-operation for diet survey. Not able to cover 5 families
<p><u>Opportunities</u></p> <ul style="list-style-type: none"> Villages get free health education and basic clinical examination. Early exposure to clinico-social case taking. Students get trained as a wholesome 	<p><u>Threats</u></p> <ul style="list-style-type: none"> Wandering of students in village. Sharing of personal mobile numbers. Excitement of students, some students wanted to explore and get into trouble.

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<p>community physician/family physician.</p> <ul style="list-style-type: none"> Students were exposed to learn skills (language, clinical conditions and examination) in the community. 	<ul style="list-style-type: none"> Some villagers will not be having time daily. Few people were scared to let students inside the house.
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Table 4: Possible solutions to improve FAP by the faculties and MSW

Weakness	Solutions
<ul style="list-style-type: none"> Family members not available People non co-operative towards the program. Location of the camp not feasible. 	<ul style="list-style-type: none"> Sensitization of FAP prior 3 days by medical social worker to visit Transect walk by faculty prior to the FAP Marking the houses with stickers Utilize local people for line listing the houses Distribution of pamphlets to the village people
<ul style="list-style-type: none"> Non Co-operation (in general) 	<ul style="list-style-type: none"> To include only co-operative family
<ul style="list-style-type: none"> Few students dislike to take refreshment 	<ul style="list-style-type: none"> Instead of tea, juices can be given. Choice of students at multiple place
<ul style="list-style-type: none"> Not able to cover 5 families 	<ul style="list-style-type: none"> Attempt to cover 5 families Use local people like anganwadi worker, ANM's, Panchayat staff for occupying during the program for house allotment
<ul style="list-style-type: none"> Lack of exposure to community Poor communication and rapport building skills 	<ul style="list-style-type: none"> Guidelines on rapport building, communication with people (training) Exposure will improve with further follow-up visits.
<ul style="list-style-type: none"> Purpose of family adaptation program was not fully understood 	<ul style="list-style-type: none"> Strong introductory briefing. More number of photos and previous positive feedbacks can be shown.
<ul style="list-style-type: none"> Improper line-listing and mapping 	<ul style="list-style-type: none"> Should be digitalizing the houses with geo-tag photos.

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<ul style="list-style-type: none"> • Lack of demographic details • Distances between allotted houses are far-away. 	<ul style="list-style-type: none"> ➤ Mention the street name and address for each students ➤ Father's name should be included along with the head of the family. ➤ Street wise allotment of the houses. ➤ Include landmark (first house of the street – head of the family, temple, etc)
<ul style="list-style-type: none"> • Proper planning of dates. • Lack of prior intimation about FAP to village people. 	<ul style="list-style-type: none"> ➤ Prior collection of information
<ul style="list-style-type: none"> • Lack of hands on training on clinical examination and BP measurement. 	<ul style="list-style-type: none"> ➤ Guidelines (steps to take BP,PR) ➤ Videos can be shown ➤ Initial first 2 hrs of community medicine class can be dedicated for planning.
<ul style="list-style-type: none"> • Absence of family folder of the village. 	<ul style="list-style-type: none"> ➤ To update


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