



PERCEPTIONS AND CHALLENGES FACED AMONG UNDERGRADUATE MEDICAL STUDENT'S DURING FAMILY ADOPTION PROGRAM- A CROSS SECTIONAL STUDY

Dr. Parvana S Vinod¹, Dr. Jayasree C S^{2*}, Dr. Vishnu G Ashok³

¹Post Graduate, Department of Community Medicine, Sree Mookambika Institute of Medical Sciences, Kulasekaram, Kanyakumari, Tamilnadu, India.

^{2*}Head of Department and Professor, Department of Community Medicine, Sree Mookambika Institute of Medical Sciences, Kulasekaram, Kanyakumari, Tamilnadu, India.

³Professor, Department of Community Medicine, Sree Mookambika Institute of Medical Sciences, Kulasekaram, Kanyakumari, Tamilnadu, India.

Corresponding Author: Dr. Parvana S Vinod

Post Graduate, Department of Community Medicine, Sree Mookambika Institute of Medical Sciences, Kulasekaram, Kanyakumari, Tamilnadu, India.

ABSTRACT

Background: The Family Adoption Program (FAP) is a vital component of the Competency-Based Medical Education (CBME) curriculum introduced by the National Medical Commission (NMC) of India. The program aims to sensitize medical students to community health needs, enhance communication skills, and develop empathy by fostering direct interactions with families. However, the program also poses distinct challenges for the students.

Objective: To find out the perceptions of undergraduate medical students regarding the Family Adoption Program and identify the challenges they face during its implementation.

Methodology: A cross-sectional study was conducted among 135 undergraduate medical students in Sree Mookambika Institute of Medical Sciences, who participated in the Family Adoption Program. Data were collected using pretested- questionnaire distributed via Google Forms. After one week again a questionnaire was shared to the students to find out their overall impression regarding the family adoption program based on their reflections. Students who belonged to batches of 2022 and 2023 were included. Feedback on perceptions, communication, and challenges was analyzed.

Results: Out of 135, 92.6% knows the Aim and Goals of Family Adoption Program. 79.3% knows the learning domains of Family Adoption Program. 56.3% faces challenges during first visit among that 55.3% is due to difficulty in developing rapport. Students effectively communicated the purpose of their visits to families, with 77% reporting positive cooperation. However, 67.4% identified reluctance on the part of the families to share their health information as a barrier to data collection. Other significant challenges included lack of clinical knowledge and unavailability of family at the time of subsequent visits.

Conclusion: Most students acknowledged that the program enhanced their communication skills and understanding of community health issues. Addressing implementation challenges, such as improved clinical skills of students, better community engagement, and revised program timings can further enhance its effectiveness and impact.

Keywords: Competency-Based Medical Education, Community Health, Family Adoption Program- Challenges.

INTRODUCTION

The National Medical Commission (NMC) introduced Competency- Based Medical Education (CBME) for MBBS courses starting in August 2019.



www.ajmrhs.com
eISSN: 2583-7761

Date of Received: 23-05-2026
Date Acceptance: 31-05-2026
Date of Publication: 30-06-2026

This curriculum, overseen by the Undergraduate Medical Education Board, covers all three domains of learning: Cognitive, Affective, and Psychomotor. CBME was initially implemented for students admitted in the February–March 2022 intake (MBBS batch 2021–2022). It aims to provide students with a strong foundation and a balanced approach to various aspects of medical education.^[2] The FAP correctly recognises the inaccessibility to healthcare for the rural citizen as a major concern and argues that issues such as health literacy, ignorance about communicable and non-communicable diseases, means and ways to reach healthcare facilities, services, loss of wages in seeking care and shortage of health workforce are some of the barriers that act as an impediment to

timely and quality health-related awareness, care and services^[1] Since it is a novel scheme that has brought a major change in the involvement and approach of students in community care, the current study is being planned to assess the perceptions, experiences, and challenges faced by the students during their visits for the FAP.^[3]

The FAP also seeks to enhance students' communication abilities, foster empathy for rural and adoptive families, and foster leadership in the delivery of healthcare, establish accountability as primary consultants, and impart fundamental clinical skills.^[4] FAP is incorporated into the Community Medicine curriculum from the 1st to 3rd professional years. It involves adopting families in villages or marginalized areas not covered by primary health centers (PHCs).^[2] Each medical student is required to adopt three to five families to learn about their prevailing health problems as well as assist in care-seeking and advising them regularly.^[1] In the beginning of phase 1, the students need to regularly follow up these families till completion of phase 3 of Bachelor of Medicine, Bachelor of Surgery (MBBS) training. The competencies and targets for the three phases have been explicitly described.^[3]

The FAP is expected to hone communication skills which are the backbone of the profession; learning to be humane and empathize with the rural population by understanding their customs and limitations as also many positive aspects of community unity.^[9,10] Students will gain a deeper understanding of the social, economic, and environmental determinants of health and become more aware of the health needs of their communities and the resources available to address those needs. Due to the paucity of evidence or literature in the current geographic region, the study has been conducted to determine the challenges and the perceptions faced by students during FAP. This, in turn helps to identify areas for improvement in the Family Adoption Program, such as providing more support and guidance to students and provide insights for policymakers on how to strengthen

community health programs and improve access to healthcare services.

Aims and Objectives:

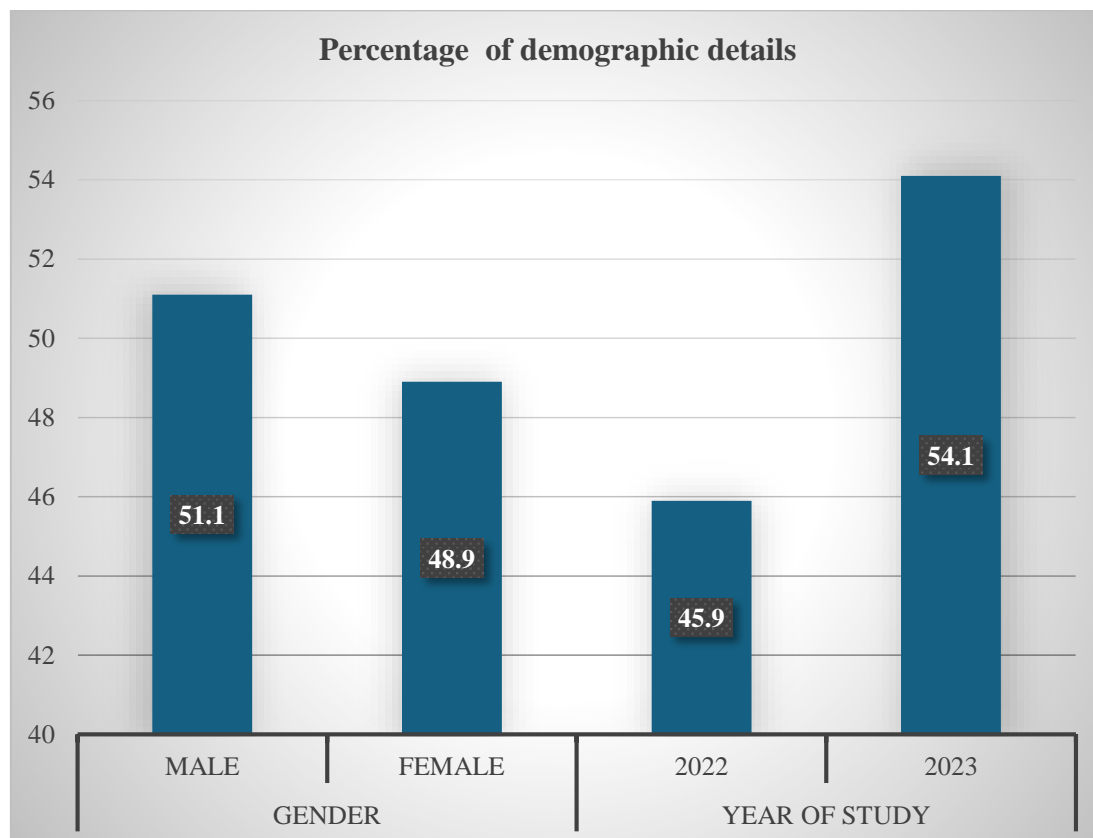
- To identify the perceptions of undergraduate medical students regarding the Family Adoption Program
- To find out the challenges they face during their interaction with the community.

MATERIALS AND METHODS:

This is a Cross sectional study conducted over a period of three month at the Sree Mookambika Institute of Medical Sciences Kulasekharam Kanyakumari District, Tamil Nadu, and South India. The study participants included undergraduate medical students of 2022 and 2023 batches. Students absent on the day of first visit of FAP were excluded from the study. The sample size was calculated with a p-value of 75.6^[2], 10% precision and 10% nonresponse rate. The calculated sample size was 135. Simple random sampling technique is used. Total of 242 students, they were listed according to alphabetical order. 135 students were selected using lottery method.

Data collection began after obtaining approval from the institutional ethical committee and informed consent from the participants. A pre-designed, semi-structured, validated questionnaire was used to collect data from the students. The questionnaire was pre-validated by a panel of senior faculty members. A pilot study was carried out and suitable modifications were carried out before finalizing the questionnaire. Questionnaire containing five sections carrying demographic details, basic knowledge, perceptions of students towards FAP, challenges faced by students, conclusion of students about FAP. Questionnaire circulated among students before and after visit. Demographic details and basic knowledge collected on the day of first visit and remaining part were circulated after one week of second visit. Data was collected through Google Forms and entered in Microsoft EXCEL. Data was analyzed using SPSS .20

RESULT



Section A

Out of total 135 participants 45.9% were from 2022 batch and 54.1% were from 2023 batch. Among this 51.1% were males and 48.9% were females.

Section B (Basic Knowledge)

Assessment Tool	Frequency (N-135) Yes	Percentage
1. Aims And Goals	125	92.6%
2.Learning Domains	107	79.3%
3.Heard About Public Health Before	128	94.8%

Out of 135 participants, majority of students (92.6%) know about the aims and goals of FAP. Among the responders 79.3% know about the

learning domains of FAP and 94.8% have heard about public health before.

Section C (Perceptions of Students towards Fap)

Assessment Tool	Frequency(N=135) Yes	Percentage
1. Beneficial For Patient Care	128	94.8%
2. Enhance Medical Education And Academic Performance	121	89.6%
3. Important In Mbbs Training	125	92.6%
4.Improve The Communication Skills	120	88.8%
5. When Should The Fap Begin	Second Year - 30	22.2%
	First Year - 105	77.8%

Out of the 135 participants 94.8% think that FAP is beneficial for understanding patient care. Around 89.6% think that FAP enhances medical education and academic performance. Among the participants 92.6% believe that FAP is an important part of

MBBS training. Among the participants 55.6% strongly agrees and 3% disagrees that FAP helps in improving their communication skills with patient and family. Majority of the students (77.8%) think that FAP should be started in first years of MBBS

Section D (Challenges Faced By Students)

Challenges Faced By Students	Frequency (135) Yes	Percentage
1. Challenges During First Visit	76	56.3%
Cultural Barrier	4	5.3%
Social Barrier	11	14.5%
Language Barrier	19	25%
Difficulty In Developing Rapport	42	55.3%
2. Family Cooperative At First Visit?	104	77%
3. Enough Time To Collect Data?	108	80%
4. Lack Of Support Or Guidance From Program Coordinator?	25	18.5%
Reaching And Identifying Location	12	8.9%
Collecting Information	13	9.6%
5. Reluctance In Sharing Health Details	91	67.4%
6.Challenges During Subsequent Visit	61	45.2%
Not Cooperative	19	31.1%
Family Not Available	26	42.6%
Family Relocated	16	26.2%

Out of the 135 participants 56.3% faced challenges during the first visit of FAP. Among them 55.3% finds difficulty in developing rapport with participants, as the main challenge during first visit. Among the participants 77% agrees that the families were cooperative in the first visit and 80% of the participants agrees that they had enough time to collect data. Among the participants 18.5% agrees

that there was lack of support or guidance from the program coordinators. 67.4% participants mentioned that people are reluctant to share their health details. Among the participants, 45.2% faced challenges during the subsequent visits among that (42.6%) the family not being available at the time of visit is the major challenge faced.

Section E (Conclusion of Students about Fap)

Perception And Experience After FAP	Frequency (N=135)	Percentage
1. Communication Skills Improved?	107	79.2%
2. Current Clinical Knowledge /Skills Adequate?	103	76.3%
Early Stage Of Medical Education	60	58.3%
Limited Clinical Experience	34	33%
Focus On Basic Sciences	9	8.7%
3. Most Important Skill		
Communication Skills	99	73.3%
Language Skills	19	14.4%
Clinical Skill	17	12.3%
4. Time Compromised In Other Departments	82	60.7%
5. Family Aware About The Health Care Services Of Government	86	63.7%
6. Positive Attitude In Community About Their Personal Health	120	88.9%
7. Impact On Understanding Medical Practice	86	63.7%
8.Future Participate In Similar Programs	105	77.7%
9.Can Make Changes In Health Seeking Behaviour	112	83%
10. Suggestions To Improve The Quality Of FAP	73	54.1%
Awareness Campaigns	30	22.2%
Collaborate With Community Organizations For Comprehensive Support	11	8.1%
Support Service- Counselling, Medical Care Etc...	13	9.6%
Establish Feedback Mechanism	19	14.1%

Among the participants 35.6% strongly agrees and 43.7% agrees that their communication skills have improved after family adoption visit. Among the participants 76.3% feels that their current clinical

knowledge/ skills is not adequate to identify medical issues. Among the participants 71.1% thinks that communication skill is the most important skill in FAP. Among the participants 60.7% think that the

intended for FAP is compromised in other departments. Among the participants 48.1% feel they are likely to participate in similar programs in the future. Among the participants 88.9% feels that the program would bring a positive attitude among the community about their personal health. . Among the participants 63.7% think that the families were not aware of the health care services provided by government to the public and 80% of the public preferred government health care services in that 48.9% mentioned that free medications are the reason for public prefer government health services. Among the participants 83% think that they can make changes in the health seeking behavior of the family through this program. 54.1% have suggestions to improve the quality of family adoption program (22.2%) suggest awareness campaigns - public awareness to educate the community about program.

DISCUSSION

This study was done to assess the impact and challenges of Family Adoption Program among the first and second year MBBS students. Among the 135 participants about 92.6% were aware about the aims and goals and about 79.3% were aware about the domains of FAP. About 94.8% of the participants were aware of the concept of public health.

First year (77.8%) is believed to be the ideal time for starting FAP according to majority of the participants while in the study conducted by Priya Arora et al (70%)^[3] felt that FAP should have been included in a later stage of the curriculum. Among the responders 94.8% think that FAP is beneficial for understanding patient care. Among the participants 89.6% think that FAP enhances medical education and academic performance which is similar to the study conducted by Praveen Ganganhalli et al (86.5%)^[4]. Among the participants 92.6% believe that FAP is an important part of MBBS training. Among the participants (55.6%) strongly agrees that FAP helps in improving their communication skills with patient which is similar to the study conducted by Farah Naaz Fathima (43.2%)^[5].

Out of the 135 participants 56.3% did not face any challenges during the first visit of FAP and 77% agrees that the families were cooperative in the first visit. Among the participants 55.3% finds difficulty in developing rapport as the main challenge during first visit. Among the participants 67.4% thinks that people are reluctant to share their health details and 42.6% mentioned that the family not being available at the time of visit is the major challenge faced during the subsequent visit.

Among the participants 25% had faced language barrier as challenges during their visit of FAP which is 12.9% in the study conducted by Chakrabarti S^[6]. Among the participants 43.7% agrees that their

communication skills with the community have improved after family adoption visit. Among the participants 76.3% feels that their current clinical knowledge/ skills is not adequate to identify medical issues. Among the participants 63.7% think that the families were not aware of the health care services provided by government to the public. Among the participants 63.7% gave a moderate rating for the impact of FAP in understanding medical practice compared to Praveen Ganganhalli et al study 64.5%^[4] believe that there is a positive impact of FAP on one's ability to provide patient centered care.

Among the participants 48.1% feel they are likely to participate in similar programs in the future. Among the participants 80% think that government services are mostly preferred by public. Among the participants 48.9% thinks that free medications are the reason why public prefer government health services. Among the participants 12.6% think that quality of care is the reason why public prefer private hospitals. Among the participants 83% think that they can make changes in the health seeking behavior of the family through this program. Among the participants 54.1% have suggestions to improve the quality of family adoption program. Among the participants 22.2% suggest awareness campaigns - public awareness to educate the community about program. Among the participants 56.3% are satisfied with their overall experience in FAP while in the study conducted by Praveen Ganganhalli et al 80.9% feel that FAP has increased the overall satisfaction with medical education.

Limitation of the study were it included only a single geographical area. The findings of this study may not be generalizable to other medical colleges or students with different backgrounds and experiences. The data was mainly self -reported about family adoption programme during their academic year, hence response bias cannot be ruled out. The study would have included other medical colleges and universities. The participants was allowed to fill the questionnaire independently but influence of friends cannot be ruled out leads to information bias. Excluding students absent on the day of the first FAP visit might introduce bias if these students differ systematically from those who were present

CONCLUSION

The Family Adoption Program (FAP) significantly enhances the cognitive and affective learning of first- and second-year MBBS students, fostering better understanding of patient care, communication skills, and public health principles. While most participants acknowledged FAP's benefits, including its role in improving medical education and building rapport with families, challenges such as initial difficulty in establishing connections and community reluctance to share health information were noted. Despite these, subsequent visits showed improved student-community interactions, with

strong support from program coordinators. Participants identified early medical education and insufficient clinical experience in identifying basic health issues as limiting factors, emphasizing the need for structured guidance and mentorship. Public awareness campaigns to enhance community engagement is needed. FAP positively influenced students' ability to promote patient-centered care and health-seeking behavior. Suggestions for improvement include public awareness campaigns to enhance community engagement. Overall, FAP emerges as a vital component of MBBS training, equipping students with essential skills to address community health effectively.

Recommendation

Structured orientation and communication skill training should be provided to medical students before initiating the Family Adoption Program. Faculty mentorship and supportive supervision need to be strengthened to improve students' confidence and clinical competence during community visits. Community sensitization through collaboration with aashas, ANMs, village leaders, and Health and Wellness Centres should be enhanced to improve rapport, reduce reluctance in sharing health information, and facilitate continuity of care. The implementation of the Family Adoption Program under the National Medical Commission's Competency-Based Medical Education curriculum should be strengthened through regular monitoring, structured feedback mechanisms, and competency-based assessment. Integration of FAP with National Health Mission activities and Ayushman Bharat-Health and Wellness Centres will further enhance community participation, improve students' learning experience, and promote patient-centred community-based medical education.

Conflicts of interest – none

Source of Funding – Nil

REFERENCE

1. Faizi N, Shah MS, Ahmad S. Family Adoption Programme: Curricular and Operational Analysis amidst Pre-existent Programmes. *Prev Med Res Rev* [Internet]. 2024;1(4):217 [cited 2024Jul19].
2. Rashmi S, Kumar DS. Community as a classroom: Perception of an Indian medical graduate on family adoption program. *Clinical Epidemiology and Global Health*. 2024 Jul 1;28:101630.
3. Arora P, Sharma V, Budh N, Hossain SR. First-year Medical Undergraduate Students' Perceptions and Experiences Regarding Family Adoption Program: Challenges and Lessons. *Journal of Medical Academics*. 2023 Dec 30;6(2):49-52.
4. Ganganahalli P, Yankanchi SG, Yadavannavar M, Udgiri R. Perception and Impact of the Family Adoption Program (FAP) Among Indian Medical Students: Benefits and Challenges. *Cureus*. 2024 Nov 18;16(11):e73893.
5. Fathima FN, Johnson AR, Kiran PR, Ratnakumari S, Joseph B. Impact of a residential rural community-based training program for medical students on cognitive and affective domains of learning in community medicine: A mixed methods study. *Indian Journal of Community Medicine*. 2021 Apr 1;46(2):247-51.
6. Chakrabarti S, Mishra A, Bysack RK, Chakrabarti S, Naskar S, Basu M. Challenges Faced by Undergraduate Students of a Medical College in Kolkata During Family Visits Under Family Adoption Programme: A Mixed-Methods Study. *Medical Journal of Dr. DY Patil University*. 2024 Oct 1;17(Suppl 1):S63-9.
7. Medical Council of India. Regulations on graduate medical education. New Delhi: Medical Council of India; 1997.
8. National Medical Commission (Undergraduate Medical Education Board). Implementation. 2024 [cited 2024 Oct 29].
9. Arumugam B, Sanjana L, Singh DG, et al. A narrative review on the experience of "Family Adoption Programme" in a tertiary care institute. *J Community Health Manag* 2022;9(2):54–59. DOI: 10.18231/j.jchm.2022.012
10. Mallik S. Family adoption program, a way forward to community based medical education challenges ahead. *J Comp Health* 2022;10(1):01–03. DOI: 10.53553/JCH.v10i01.001

How to cite this article: Dr.Parvana S Vinod, Dr.Jayasree C S, Dr.Vishnu G Ashok, PERCEPTIONS AND CHALLENGES FACED AMONG UNDERGRADUATE MEDICAL STUDENT'S DURING FAMILY ADOPTION PROGRAM- A CROSS SECTIONAL STUDY, *Asian J. Med. Res. Health Sci.*, 2026; 4 (2):1496-1501.
Source of Support: Nil, Conflicts of Interest: None declared.