



Art of Making a Family Physician

Reaching the Roots

वसुधैव कुटुम्बकम्



- Holistic Care
- Community Engagement
- Preventive Focus
- Cultural Competence
- Evidence- Based Practice
- Collaboration & Integration

- Continuity of Care
- Accessibility
- Advocacy
- Ethical Practice
- Sustainability
- Empowerment

Editors

Abhishek Garg

Vijayendra Kumar

Aruna V. Vanikar

Undergraduate Medical Education Board,
National Medical Commission

न त्वहं कामये राज्यं न स्वर्गं नापुनर्भवम् ।
कामये दुःखतप्तानां प्राणिनामार्तिनाशनम् ॥

-

I desire neither kingdom nor heaven nor even
liberation. I merely desire the removal of pain of
all living beings who are afflicted by sorrow.

-

न तो मुझे राज्य की कामना है और न ही स्वर्ग चाहिए, न
ही पुनर्जन्म चाहिए। मुझे तो दुःख में जलते हुए प्राणियों
की पीड़ा का नाश करने की शक्ति चाहिए।



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First Edition: 2024

Published on
24th September 2024

ISBN No. 978-81-973641-2-9

Published By:

Publication division, NMC

Pocket 14, Sector 8, Dwarka Phase – 1, New Delhi- 110077



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PREFACE

The National Medical Commission came into existence on 25th September 2020, after formation by the Act of Parliament. The mandate given is to improve access to quality and affordable medical education, ensure availability of adequate and *high-quality* medical professionals in all parts of the country, and form a system that promotes equitable and universal healthcare. The services of skilled medical professionals should be made accessible to all the citizens. The Undergraduate Medical Education Board (UGMEB) created as one of the autonomous Boards under this Act is mandated to develop curricula and a system to fulfil this requirement.

Since A.Y. 2021-22, UGMEB has engaged itself in continuous interactions with all medical institutions, administrators, fraternity and students to get the pulse of the medical education and how we can improve and make undergraduate medical education of our country interesting to the stake holders. Family Adoption Programme (FAP) through village outreach was brought out as one of the offshoots of these efforts. It was planned after evaluating the long-term results of such programmes being followed in our country. One such example happens to be at MGIMS, Sewagram. FAP was encouraged for A.Y. 2021-22 and 2022-23. Thereafter it was made mandatory in A.Y. 2023-24.

The road map for implementation was given in the article addressing the issue of FAP as a means of reaching rural population (in Indian Journal of Preventive and Social Medicine). As a further progression towards this project, the **UGMEB and IAPSM have embarked upon** a joint project of collecting and collating data from all medical colleges under NMC by organizing at least one medical/ health camp in the village/ cluster adopted by the college. The students will collect the basic information related to demographics and minimum health parameters including blood pressure, hemoglobin, urine routine examination and blood sugar of members of households allotted to them. Plantation of medicinal herbs and trees is also a part of this project. Meta analysis of this information shall be done and used to bring out Indian parameters and health status of our rural population in different parts of the country.

Some of the important achievements of this program will be:

1. Students shall get hands-on training and experience of rural life (especially if they have not experienced). They shall learn the art of Attitude, Ethics and Communication (AETCOM), along with self-directed learning (SDL) and early clinical exposure (ECE) from the first year of their entry into medical college, which are now the part of Competency Based Medical Education (CBME). They shall become responsible and empathetic health care leaders of the society with early grooming. Apart from this, we have noted that students have already started seeing cases related to cardiovascular system, endocrine disturbances, hypertension, pregnancy and infant management along with milestones and vaccinations very early in their medical career.
2. A properly trained MBBS consultant can become an efficient, competent and revered health care leader of the society envisioned in the form of a Family Physician.
3. The junior faculty and institutions shall get enough research material out of this field work.
4. Colleges will get the benefit of outreach to patients.

The challenges are many; like availability of logistics facilities, connectivity, financial and administrative wherewithal and first and foremost, the willingness to take up this project. Swami Vivekananda had rightly stated; *"Each work has to pass through these stages — ridicule, opposition, and then acceptance. Those who think ahead of their time are sure to be misunderstood."* *"Take up one idea. Make that one idea your life – think of it, dream of it, and live on that idea."* Success must come eventually. Once the commitment comes, things will fall in place.

In furtherance to our endeavours, this book has a collection of anecdotes and experiences of students from across all medical colleges of the country gained during their visits to families.

I am sure this endeavour will ignite the young brilliant minds of medical fraternity to take our nation to new heights so that the world will look up to Bharat for being their guiding torch light in medical and health care arena.

Lastly, the torch ignited here is going to be handed over to the **Indian Association of Preventive and Social Medicine (IAPSM)** under the able and dedicated guidance of its President Dr. Annarao Kulkarni who will not only make Community Medicine proud but, also shall make it as the most sought-after branch of medical field in the country. It also shall show the way to the global medical fraternity.

Dr Aruna Vanikar, MD, PhD, FICP, D.Litt

President

Undergraduate Medical Education Board
National Medical Commission

Dr Vijayendra Kumar, MS, MCh

Member

Undergraduate Medical Education Board
National Medical Commission

यस्य कृत्यं न जानन्ति मन्त्रं वा मन्त्रितं परे। कृतमेवास्य जानन्ति स वै पण्डित उच्यते॥

A person, whose actions about a project undertaken by him are not known to others during the stages of consultations, finalisation, and implementation, and people know about it when it is completed, is truly called a learned person.

Acknowledgements

This book, titled “*Making of a Family Physician: Reaching the Roots*”, is a compilation of the selected essays and collages received at the national level on the topic of the *Family Adoption Programme*. The FAP which began in A.Y 2021 and was made mandatory by UGMEB, NMC from A.Y 2023 has been deeply inspired by the work of Dr. Ulhas Jajoo (Director Professor, Department of Medicine, MGIMS, Wardha, Maharashtra), whose commitment to community and family health continues to guide and motivate efforts in this programme. The overall guidance and support of the officials of NMC was instrumental in carrying out this national-level activity and I would like to express my gratitude to Dr. B.N. Gangadhar, Chairman, NMC for facilitating the whole task.

The leadership of Dr. Aruna Vanikar, President, UGMEB, NMC and Dr. Vijayendra Kumar, Member, UGMEB, NMC played a pivotal role in publishing the First Edition of this book. The faith bestowed upon me by UGMEB was the motivational force throughout the journey of this book. I thank them for providing me with an enabling environment and a free hand which ultimately culminated in a beautiful literary work. The guardianship and steering nature they showed was no less than a member of a team with shared responsibilities and collaborative work.

I am delighted to share that we received over 8000 entries (essays and collages) from more than 7500 students of 437 medical colleges /institutions of the nation. The mammoth task of judging thousands of entries, initially felt like an unturned stone but was made possible through the voluntary contribution of IAPSM under the visionary leadership of Dr. A. G. Kulkarni (President, IAPSM). The collaboration with a stakeholder academic association in a national level competition by a regulatory body has been a remarkable initiative. This collaboration was instrumental in the successful completion of the enormous task.

A FAP core team having 10 members representing different parts of Bharat was made by IAPSM for the national level competition. The tireless efforts, the dedication, and the commitment showed by the team throughout the whole process have been commendable and a great learning opportunity for me. A person is never complete in skills, but a team is always complete. The FAP core team consisting of Dr. Parag Kumar Chavda, Dr. Malatesh Undi, Dr. Tanvir Kaur Sidhu, Dr. Samudyatha UC, Dr. Sharon Baisil, Dr. Nikhilkumar J. Patel, Dr. Abhishek Kumar, Dr. Vaidehi Gohil and me under the chairmanship of President, IAPSM, is a live example of the same.

A heartfelt gratitude and appreciation to the Departments of Community Medicine across the country for their unwavering support and encouragement to the students. The motivation by faculties of community medicine played a key role in inspiring students to reflect on their experiences of FAP. The 8000 entries received within one month are a testament to the work done by faculties of community medicine in the field. A special thanks to 407 IAPSM faculty

members from 28 states and union territories who formed the pool of judges to volunteer for assessment of 8000 entries within a stipulated time.

The concept of NMC (National Medical Commission)-NMO (National Medicos Organisation) teacher's meet was crucial in mobilising faculties of all the specialties to go out in communities for the health camps of FAP. This was remarkable in re-emphasising the fact that every graduate doctor is a family physician first. A heartfelt gratitude to the faculties of various departments who participated enthusiastically in FAP health camps.

Further, the population adopted under FAP are the real celebrities of FAP as they played an integral role in teaching future doctors about the social determinants of health. The welcoming nature of Bhartiya families across all socio-economic strata gave medical students of our country an edge to have experiential longitudinal learning about the communities. Their experiences have added a profound dimension for shaping the future healthcare of the country.

A special thanks to all the contributors to this book. I am deeply grateful to Parmatma, Bharat Maa, my parents (Dr. Sushil and Dr. Kavita Garg) and sister (Dr. Anusha Garg). My mentors and faculties at my UG and PG college i.e., UCMS and LHMC, New Delhi, have been pillars of strength as they taught me to become a lifelong learner. I thank them for their unwavering support and the teachings of always looking at the brighter side. My friends and colleagues of NMO, professional life and personal life deserve all the credit of shaping me into a more humane person. The invaluable assistance by the staff of NMC namely Mr. Rajesh, Mr. Anil, Mr. Vipin, Mr. Deepak, Mr. Abhishek and their whole team, was crucial in the completion of this monumental task.

This book is the first of its kind and will continue to show a path of transformation to medical educators, students, and policymakers alike. It is a compilation of the student's experiences, and the valuable insights shared by the judges, capturing the essence of community medicine in action. The immense potential of FAP will be unfolded in the coming years and will lead society towards a positive change.

“Community Medicine teaches what a doctor should be like,
Other subjects teach what all a doctor should know.”

Dr. Abhishek Garg

Senior Resident

Department of Community Medicine

Lady Hardinge Medical College and Associated Hospitals

New Delhi

Selected collages

The Highlights

FAMILY ADOPTION PROGRAMME



The Highlights

The competition at the National level was an incredible showcase of talent, creativity, thoughts, ideas and dedication of the medicos of our country. The submissions pouring in from across the country is inspiring for the students, teachers as well as policymakers at various levels. The widespread array of perspectives and experiences shared by the students/residents from various background is incorporated in a comprehensive manner through this book. One of the biggest challenges was filtering out the best entries from such a diverse and high-quality pool. Every submission had its unique strengths, making the decision process both difficult and rewarding. We had to consider multiple factors to ensure that the selected write-ups truly represented the best of what was submitted, reflecting both the diversity of thought and the passion behind each piece.

The selected few collages are the visible tip of the iceberg under which lies thousands of stories touching millions of lives across the nation. Selecting the top collages was no easy task. The judging criteria were carefully designed to evaluate not just the quality but also the originality of ideas, the depth of description, understanding of the themes and relevance to the societal issues. Multiple sequential rounds of judgements were done both at the level of UGMEB, NMC and IAPSM. Each piece was reviewed for its clarity, coherence, and the impact it could make to the reader. This chapter is a concise presentation collage judgement process.

Judgement Process

A call for the essay and collage competition by Undergraduate Medical Education Board, National Medical Commission was circulated to all the medical colleges/institutions of the country working under the ambit of NMC. The collaboration made with Indian Association of Preventive and Social Medicine (IAPSM) was fruitful in reaching out to the potential participants through popular communication medium. The undergraduate (admission year 2021, 2022 and 2023) and postgraduate students as well as senior residents attached to Medical Colleges in Bharat under the purview of NMC that implemented the Family Adoption program were eligible to apply. Original collage creatives (digital or handmade) were invited. Guidance also clarified the formatting requirements. The students were expected to choose a theme out of a list of 15 relevant themes for the family adoption program. A comprehensive google form was made for the ease of submission. The competition received enormous response! Essays and collages put together a total of 8000 entries were received till the last day of submission.

Core Team: A core team of 10 IAPSM members representing different parts of India was chaired by President, IAPSM. They brought their expertise to the process. The team worked in collaboration with the Undergraduate Medical Education Board (UGMEB) of National Medical Commission (NMC) to undertake the judgment process.

Judges pool: A call for expression of interest to become a judge for the competition was circulated among IAPSM members. Members belonging to the Community Medicine Department with designation from Professor to Assistant Professor were eligible to apply. After removing duplicate entries, a total of 407 members representing 28 Indian states and Union Territories formed the judge's pool. Out of which 393 gave services for judging the essays and 17 for the collages. 3 members were common between both the pools. The judge's preference for essay / collage was taken into consideration. Essays and collages from respective states were allocated to judges from a different state to ensure a fair judgment. (table at the last page of the chapter illustrates the multistage judgment process).

Initial screening: Initial screening at the level of National Medical Commission involved anonymisation of the essay and collage entries. The essays were processed to check artificial intelligence generated content. Essays with more than 40% probability of content being AI generated were filtered out. This brought the number of essays to 4559. The screened collages were 179.

Collage Judgement Process

After initial screening at the level of NMC, a total of 169 collages entered the second round of the judging process. Each entry was judged by 2 experts independently. A total of 7 panels consisting of two judges in each were made. Collages were allocated to the judge panel to ensure judges receive collages from states other than their own state. Each collage was scored out of 20 points using a scoring rubric. The rubric focused on theme relevance, visual presentation, material used, creativity and originality and overall impact. While the participants had chosen one theme for submission, it was seen that the art forms were more extensive in terms of touching numerous aspects of multiple themes. Judges were requested to look at the bigger picture while evaluating these art forms. In the next round, the collages were segregated theme wise and ranked according to scores in round 2. A panel of 3 judges was made to select the theme-wise up to 5 best collages, who by mutual agreement ranked the entries for each theme. The round 4 was conducted by UGMEB where in entries were selected for the award and owing to the quality of the collages, a separate collage e-book was proposed to provide platform to the students. Next round was conducted by NMC and IAPSM FAP Core Committee representative jointly, wherein the selected collages were further reviewed to select one collage for each theme to appear as chapter covers in this book. At last, a final round was done in which collages were reviewed for publication.

Table 1: Award Winning Entries

Rank	Student's Name	Category	Designation	College/Institute
1 st	Vaibhav Chandra	Collage	PG Resident	Jawaharlal Nehru Medical College, Sawangi (Meghe), Wardha
2 nd	Parnika Sharma	Collage	UG 3 rd Year	Symbiosis Medical College for Women, Pune

To all the students who participated, we want to express our deepest admiration for your efforts. Writing and documenting your interactions with society is a powerful tool for change, and your contributions are invaluable. Even if your write-up/collage wasn't selected this time, know that your voice matters. Your dedication to creative collages and engaging with societal issues is commendable, and we encourage you to keep honing your skills and continue documenting your experiences. Your work has the potential to inspire, inform, and influence others, and we look forward to seeing more of your contributions in the future. Keep writing, keep sharing, and continue to make a difference!

Table 2: Judgement process for collages

Round	Round Name	Input	Process	Outcome
First	Screening Phase	1314 entries	a. Anonymisation b. Screened as per guidelines.	169 entries sent to IAPSM.
Second	Evaluation Phase I (Rubric Based)	169 screened entries	a. Each entry judged independently by 2 judges using a rubric b. Scores averaged.	90 entries selected (score >60% on rubric)
Third	Evaluation Phase II (Theme Based)	90 entries	a. Judged by a panel of 3 judges. b. Theme wise selection	Up to 5 collages selected for each theme (90 entries).
Fourth	Selection round I (Awards)	90 selected entries from IAPSM	a. Detailed evaluation by President and Member, UGMEB. b. A separate book proposed for collages.	2 entries selected for award: 1st and 2nd
Fifth	Selection round II (Essay Book)	88 remaining entries	Theme wise evaluation by UGMEB & FAP Core Group representative.	20 entries selected (1 for each section of essay book).
Sixth	Selection Round III (Collage Book)	68 remaining entries.	Detailed evaluation by UGMEB and FAP core group representative	45 additional entries selected for publication.

UGMEB: First and Fourth Round

IAPSM: Second and Third Round

UGMEB and IAPSM: Fifth and Sixth Round

Words from the Core Team

While the Family adoption program was implemented at all medical colleges the voluntary essay and collage competition witnessed participation by 7500+ students, 437 colleges, 400+ judges: all of these from 28 states and 8 union territories of India. It was satisfying to read the experiences conveyed through essays and pictures. We are sure that the readers will find the experiences shared through the essays here very interesting.

At the core team we wish to share our sense of thankfulness to Undergraduate Medical Education Board, National Medical Commission for having IAPSM as collaborator for this activity; appreciations to all students for participating in FAP and sharing their experiences creatively in words and visuals; thankfulness to all departments and faculty who provided motivation, guidance and support to these students; gratitude to all judges for providing quality judgment within the strict timelines they were given.

IAPSM FAP Core Team

1. **Dr Annarao Kulkarni, President, IAPSM;** Sri Madhusudan Sai Institute of Medical Sciences and Research, Chikkaballapur
2. **Dr Paragkumar Chavda,** GMERS Medical College, Gotri, Vadodara
3. **Dr Malatesh Undi,** Karwar Institute of Medical Sciences, Karwar
4. **Dr Tanvir Kaur Sidhu,** Adesh Institute of Medical Sciences & Research, Bathinda
5. **Dr Abhishek Garg,** Lady Hardinge Medical College, New Delhi
6. **Dr Samudyatha UC,** Sri Devaraj Urs Medical College, Kolar
7. **Dr Sharon Baisil,** Malankara Orthodox Syrian Church Medical College, Kolenchery
8. **Dr.Nikhilkumar J. Patel,** Nootan Medical College & Research Centre, Visnagar
9. **Dr Abhishek Kumar,** Manipal Tata Medical College, Jamshedpur
10. **Dr Vaidehi Gohil,** Dr M K Shah Medical College, Ahmedabad

Award winning entry- 1st prize

वसुधैव कुटुम्बकम्



- Holistic Care
- Community Engagement
- Preventive Focus
- Cultural Competence
- Evidence- Based Practice
- Collaboration & Integration

- Continuity of Care
- Accessibility
- Advocacy
- Ethical Practice
- Sustainability
- Empowerment

Collage by "Dr. Vaibhav Chandra"

Jawaharlal Nehru Medical College, Sawangi (Meghe), Wardha

Page no.12

Award winning entry- 2nd prize



Collage by "Parnika Sharma"

Symbiosis Medical College for Women, Pune

Blessings



Collage by "Dr. Ribhu Patra"

ICARE Institute of Medical Sciences & Research, Haldia, Purba Midanpore.

Page no.14

Introduction



communication
affection
learning
compassion
building trust
first visit
love
empathy
experience
skills
resilience
interactions
challenges
new family
developing skill

The Journey Begins

Holistic Understanding
THE JOURNEY
Environmental conditions



Community Engagement

FAMILY

ADOPTION

PROGRAM:



Enhanced Clinical Exposure

Vision Screening

FAMILY ADOPTION PROGRAM



"Significant Milestones"
THADUTHAKONDUR
Interdisciplinary Collaboration

Personal & Professional Growth



A STUDENT'S POINT OF VIEW



Trust & Relationship Building
Health Education
Prevention

Improved Communication

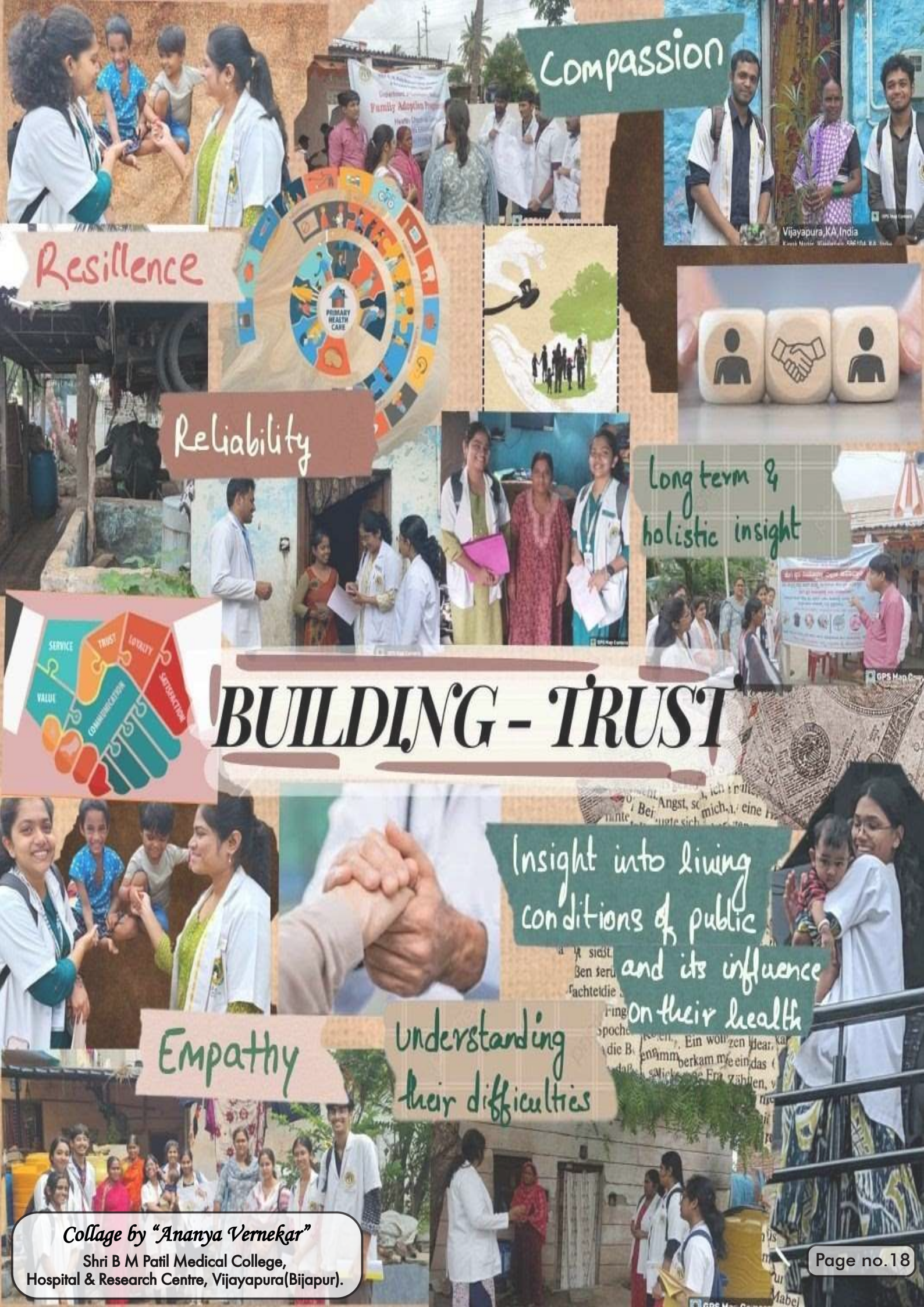
Early Diagnosis & Prevention

Collage by "Subathira Devi.V"

Sri Manakula Vinayagar Medical College & Hospital, Pondicherry

First interactions





Compassion

Resilience

Reliability

Long term & holistic insight

BUILDING - TRUST

Insight into living conditions of public and its influence on their health

Empathy

Understanding their difficulties

Collage by "Ananya Vernekar"

Shri B M Patil Medical College,
Hospital & Research Centre, Vijayapura(Bijapur).

Field experiences

Family Adoption Program

Family visits & counselling

Much needed Apology letters between refreshments!

more kitten encounters...
camping

Family 3

Family 4

Team work field

Family 5

Granny up for a huggy!

PHC visits

a monthly get away
village mapping

small treats!

mandatory group picture

History taking

@Vellore group

Eye monthly cardio

anganwadi visits

2024

Baby's all year

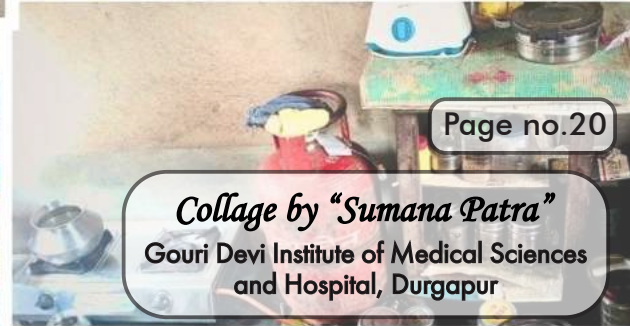
The cute aggression is all real...

Collage by "Pavithra M V"
KMCH Institute of Health Sciences and Research, Coimbatore.



Time with community is learning with community.

Ever since I can remember, I always wanted to be a doctor, not only because of the magical power to heal, but also because of the glamour of the profession. But the field experiences have taught me about the true essence of responsibility, faith & dependence of people on our shoulders.



TAKEAWAYS

- If you deeply **observe**, everything is your teacher.
- Empathy** is finding echoes of another person in yourself.
- The most important thing is **communication**-to hear even what isn't said.
- "What the mind doesn't know, the eyes can't see"-**knowledge** is the Key.
- Health largely depends on **lifestyle** and the **surroundings**.
- Always follow the **rules**; do the right things even when no one's looking.
- Understanding **limitations** of your own as well as knowing when to **intervene**.
- Our goal is to **care** people rather than just treating the disease.
- Being a **good doctor** is way more than just academic excellence.

LESSONS

- Teamwork
- Professionalism
- Patience
- Moral values
- Curiosity
- Self-confidence
- Awareness
- Leadership



Reflection on Motivations

FAMILY ADOPTION PROGRAM

COMPASSION

LOVE & CARE REDEFINED

HEALTH CAMPS

COMMUNITY HEALTH

GAINING KNOWLEDGE SPREADING

Where Strangers become ~FAMILY~

Adopting Families

Ensuring Health

Collage by "Anjana Kamath A"
Amala Institute of Medical Sciences, Thrissur.

Innovative approaches to healthcare delivery in the community settings.

Innovative approaches

01

TELEMEDICINE

Technology-based approach to healthcare delivery that involves the use of telecommunications and information technology to provide healthcare remotely. Telemedicine is becoming increasingly popular because it allows healthcare providers to reach patients who are in remote areas, and it also reduces the need for patients to travel to healthcare facilities.



02

COMMUNITY HEALTH WORKERS

Health workers are trained individuals who provide basic healthcare services to people in their communities. They are an essential part of the healthcare system in many developing countries, where there is a shortage of healthcare providers. Provide services such as health education, maternal and child health, and disease prevention. They also act as a link between the community and the healthcare system.



03

MOBILE HEALTH

Mobile health is the use of mobile devices such as smartphones and tablets to improve healthcare delivery. Mobile health apps can be used to monitor patients' health, remind patients to take medication, and provide healthcare information.



04

COLLABORATIVE CARE MODELS

Collaborative care models involve the collaboration of different healthcare providers to provide integrated care to patients. These models are particularly useful for patients with complex medical conditions that require the expertise of different healthcare providers.



Collaborative efforts

Supervision by
faculties and
student-
teacher
interaction.

Orientation To
Health &
Wellness
Training
Centres,
Anganwadi
ASHA
Workers

Community-
based
learning

Identifying
Patients
through
Health
screening
Camps

Health
Education,
IEC & BCC
Activities
Conducted

Collage by "Dr. Juhi Raut"
Jawaharlal Nehru Medical College,
Sawangi (Meghe), Wardha.



On World Health Day, a recipe to identify gaps and transform healthcare in India

Pulse polio drive at 1,948 booths in district on Feb 3

Significant successes and milestones

MALNUTRITION

SOCIAL RESPONSIBILITY
LEADERSHIP QUALITIES

COMMUNICATION SKILLS

देश पोलियो फ्री घोषित,
किस सपने से नहीं अब कोटिों का लक्ष है।
नहीं

Medical Undergraduates
in India - The Way Ahead: A Qualitative Exploration of
Stakeholders' Perceptions

Vijay K. Talamanchili, Vijaya K. Uthappa, Sarathy P. Naidana, Abhishek Kalapala, Prasanna K. Venkatesh
Department of Community Medicine, All India Institute of Medical Sciences, New Delhi

EDITORIAL

Adoption Program, A Way Forward to Community Based
Medical Education.... Challenges Ahead

Prof Sarmila Malik
Tamil Nadu Govt Medical College, Chennai

HYPERTENSION

CANCER

COMMUNICABLE DISEASES

DIABETES MELLITUS

doc or hosp in Sindri, 70k residents
left to fend for them selves from Covid

TIMES NATION

NMC may make family adoption programme part of MBBS training

Each Student May Have To Monitor 5 Homes: Draft Plan

New Delhi: With the aim to ensure enhanced healthcare services in rural areas, the National Medical Commission (NMC) is considering a family adoption programme as part of MBBS training. Under the scheme, wherein each student may be required to monitor 5 families for three years, a source said.



Times View: The principle of helping doctors develop better empathy with their patients is commendable. The focus should be on underprivileged families who need personalised care but can't afford it. There should also be an attempt to see how the scheme can cover families beyond the urban areas in which medical colleges are located to combat larger outreach with compas...

medical students pursuing MBBS or MD or MSc in community medicine at district hospitals as part of their medical course curriculum. While this was done with an aim to increase availability of specialist doctors in rural areas, the family adoption programme during MBBS training will help ensure primary health and wellbeing of people in villages and rural areas, where people are likely to be less aware about regular health check-ups. While this has been the intent of medical colleges, the lack of a dedicated programme for this purpose is a major gap. The NMC's move to make this a part of MBBS training is a step in the right direction.

Page no.24

Collage by "Bhawna Jain"

Government Medical College Ramanathapuram.

Healthcare is in poor health
Healthcare system in India needs to be re-evaluated and concrete steps taken to revitalize it

FAP Shaping medical skills and personal outlook



Collage by "Anjali Kumari"

Agartala Government Medical College, Agartala.

Challenges and Solutions

Yes! I traced the natural history of the disease and now I know the the dynamics of diseases process.

FAP postings are very useful! I can now communicate with them comfortably and they also didn't hesitate.

Communication Skills
UPGRADE

TOGETHER WE ARE NURTURING A HEALTHIER AND GREENER FUTURE FOR OUR COMMUNITY!

YOUR ILLNESS CAN AFFECT OTHER MEMBERS OF YOUR FAMILY AND COMMUNITY BOTH PHYSICALLY AND MENTALLY!!!! TAKE GOOD CARE!

SOCIO-ECONOMIC STATUS OF THE FAMILY SHOULD ALWAYS BE CONSIDERED... CULTURAL PATTERN OF THE FAMILY TOO!!

DEMONSTRATING THE DIET TO HELP AID THEIR MALNUTRITION AND THEIR HEALTH STATUS...

**ECONOMIC
OCCUPATIONAL**
THESE FACTORS AFFECT THE HEALTH STATUS OF THE FAMILY

I WANT TO GIVE WOMEN A SPACE TO TELL THEIR STORIES, FEEL THEIR OWN STRENGTH, CONTINUE TO SUPPORT AND TAKE CARE OF EACH OTHER

MEDICAL CAMPS FOR SCREENING!

WOMEN EMPOWERMENT

UNIT FOR COMPREHENSIVE HEALTH CARE

Students!!! Study the demographic profile of the family to understand the dynamics of family composition.

Collage by "Rhydham Bindal"
Vardhman Mahavir Medical College
& Safdarjung Hospital, Delhi.



Family Adoption Program

**Resilience, empathy,
and compassion**



FAMILY ADOPTION PROGRAMME

"YOU BROUGHT US SO MUCH JOY"

"WE HAVE BEEN WAITING FOR YOUR VISIT"

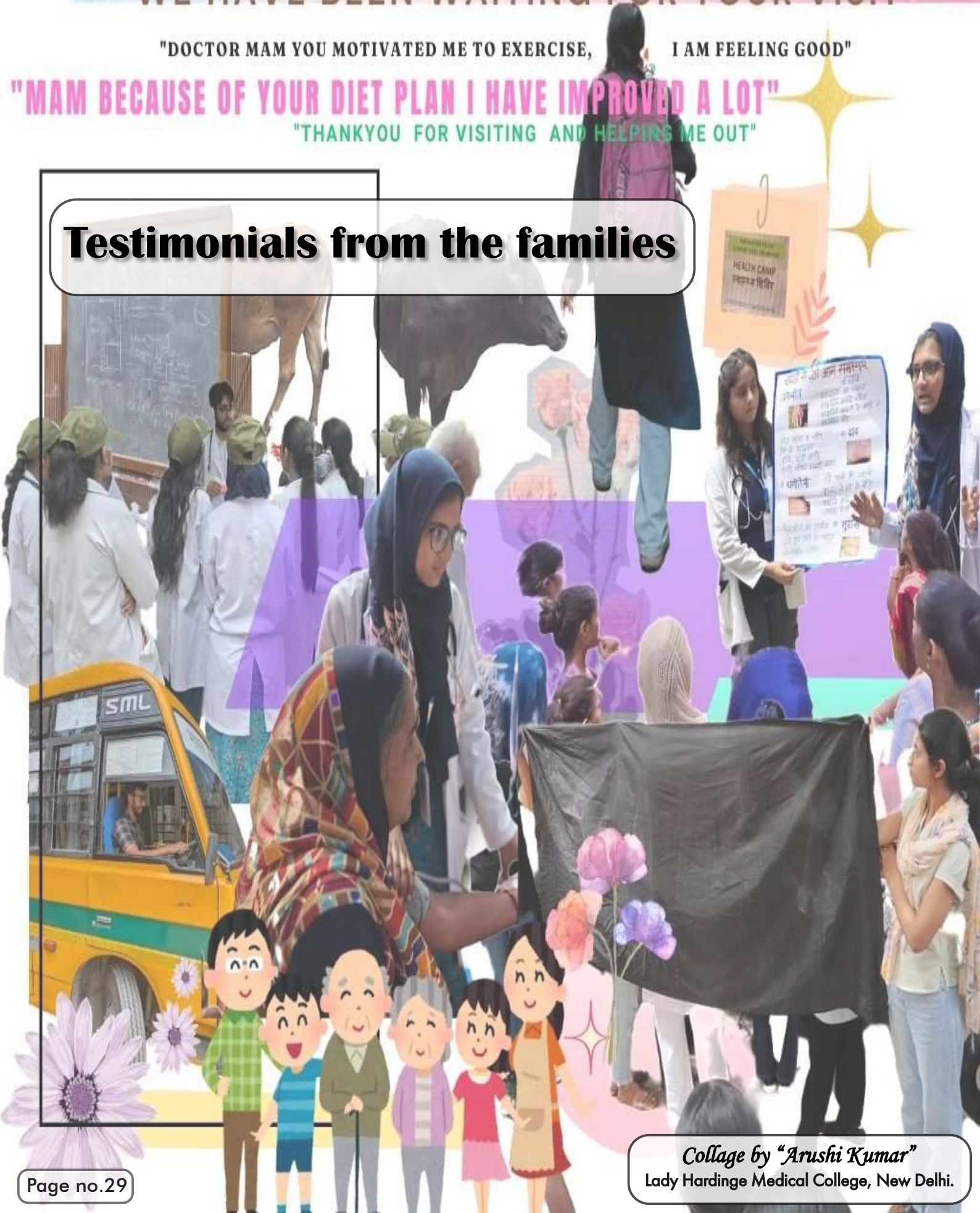
"DOCTOR MAM YOU MOTIVATED ME TO EXERCISE,

I AM FEELING GOOD"

"MAM BECAUSE OF YOUR DIET PLAN I HAVE IMPROVED A LOT"

"THANKYOU FOR VISITING AND HELPING ME OUT"

Testimonials from the families



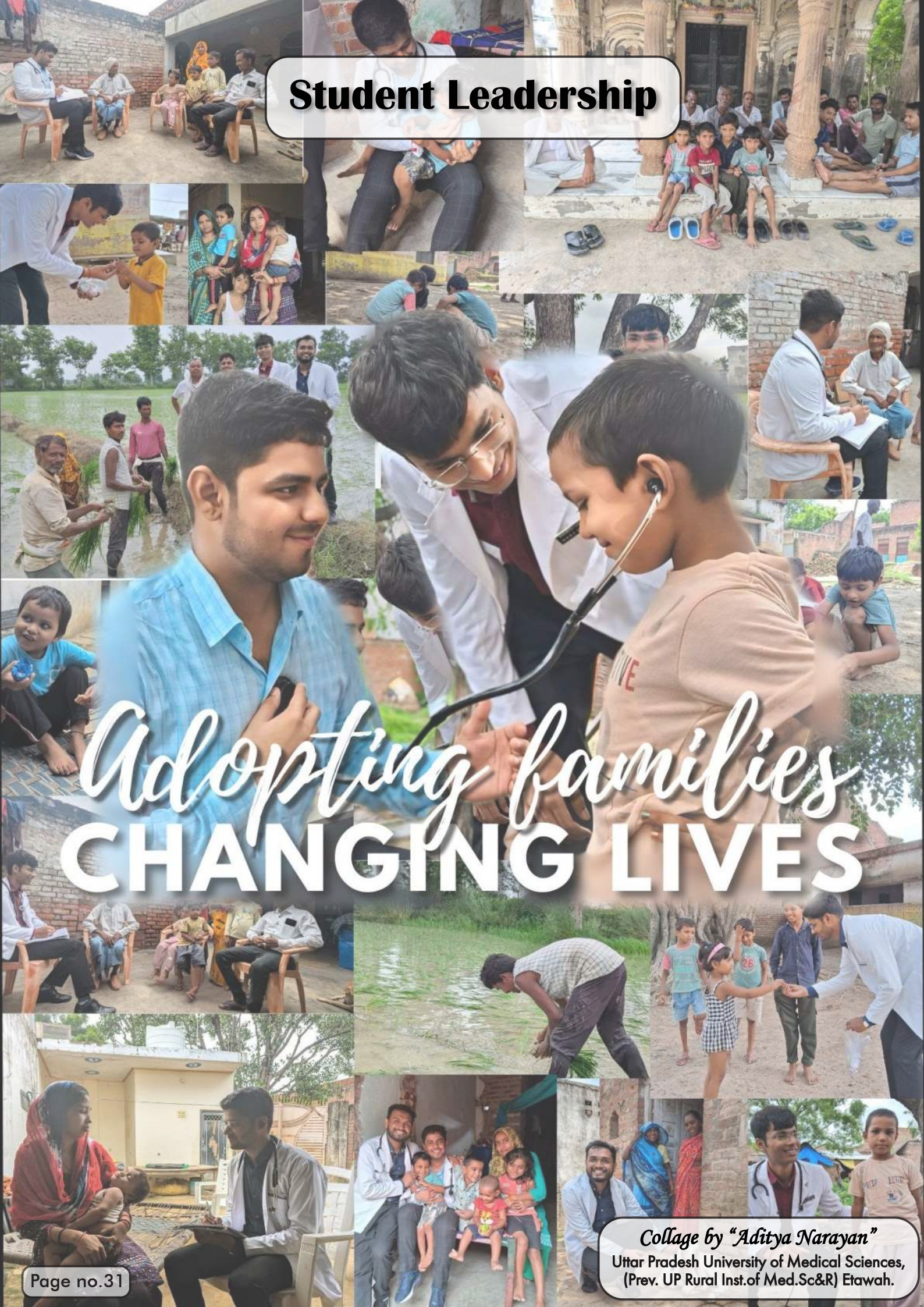
Collage by "Arushi Kumar"

Lady Hardinge Medical College, New Delhi.

Future Career Choices



Student Leadership



Adopting families
CHANGING LIVES

Collage by "Aditya Narayan"

Uttar Pradesh University of Medical Sciences,
(Prev. UP Rural Inst. of Med. Sc & R) Etawah.

Stories of Family Adoption Programme



A STUDENT TAKING WAIST CIRCUMFERENCE



An introductory logbook and family allotment session by the faculty members



Detailed history taken by the students from the respective families



An introduction to the family for the reason of visit



Skit performed by group of students for awareness



Anthropometric measurements taken by the students



Health camps conducted by out team



Collage by "Dr Pratibha Singh"
S N Medical College, Agra

Family Adoption Programme Together We Create a better world



Whenever the art of medicine is loved,
there is also a love of humanity-
Hippocrates

Collage by "Dr Monisha Mary P"
K S Hegde Medical Academy, Mangalore



Family Adoption programme





Loni, MH, India
Rahta, Loni, 413713, MH, India
Lat: 19.577225, Long: 74.476788
07/05/2024 03:44 PM GMT+05:30
Note: Captured by GPS Map Camera



Pravara Institute of Medical Sciences
Dr. Balasaheb Vikhe Patil
Department of Community Medicine
Family Adoption Programme



Loni, MH, India
Rahta, Loni, 413713, MH, India
Lat: 19.576981, Long: 74.476890
07/05/2024 03:49 PM GMT+05:30
Note: Captured by GPS Map Camera



लोणी, महाराष्ट्र, भारत
शिवाजी रस्ता, लोणी, महाराष्ट्र 413713, भारत
Lat: 19.576131*
Long: 74.477348*
06/07/24 11:05 AM GMT +05:30



Loni, MH, India
Loni Road, Rahta, Loni, 413713, MH, India
Lat: 19.584332, Long: 74.469081
07/07/2024 09:40 AM GMT+05:30
Note: Captured by GPS Map Camera



Pravara Institute of Medical Sciences (PIMS), Loni
Dr. Balasaheb Vikhe Patil Rural Medical College,
Department of Community Medicine
Family Adoption Programme
Health Check Up
Sanitary Survey
Environmental Survey
Environmental Sustainability Activity



Collage by "Rohan Maheshkumar Mehta"
Rural Medical College, Loni

First interaction with adopted families



How the family makes both ends meet..



Knowing the conditions the families are living in



Learning how they manage their daily chores



Building rapport with the family members



Making the families aware about open ditches



Learning & observing new things during this



Families sharing their stories and making us feel as a part of them.



Collage by "Lopamudra"

School of Medical Sciences & Research, Greater Noida

Page no.36

NARRATIVES ON INITIAL EXPECTATIONS, TRAINING, AND PREPARATION FOR THE FAMILY ADOPTION PROGRAMME

In India around 65.5% of the population resides in rural settings (as per 2020 statistics) whereas the availability of healthcare facilities are skewed towards urban setup.

Initial Expectations

1. CURIOSITY AND INTEREST
2. COMMUNITY ENGAGEMENT
3. LEARNING OPPORTUNITIES



Training and Preparation

1. ORIENTATION
2. COMMUNICATION SKILLS
3. UNDERSTANDING SYSTEMS

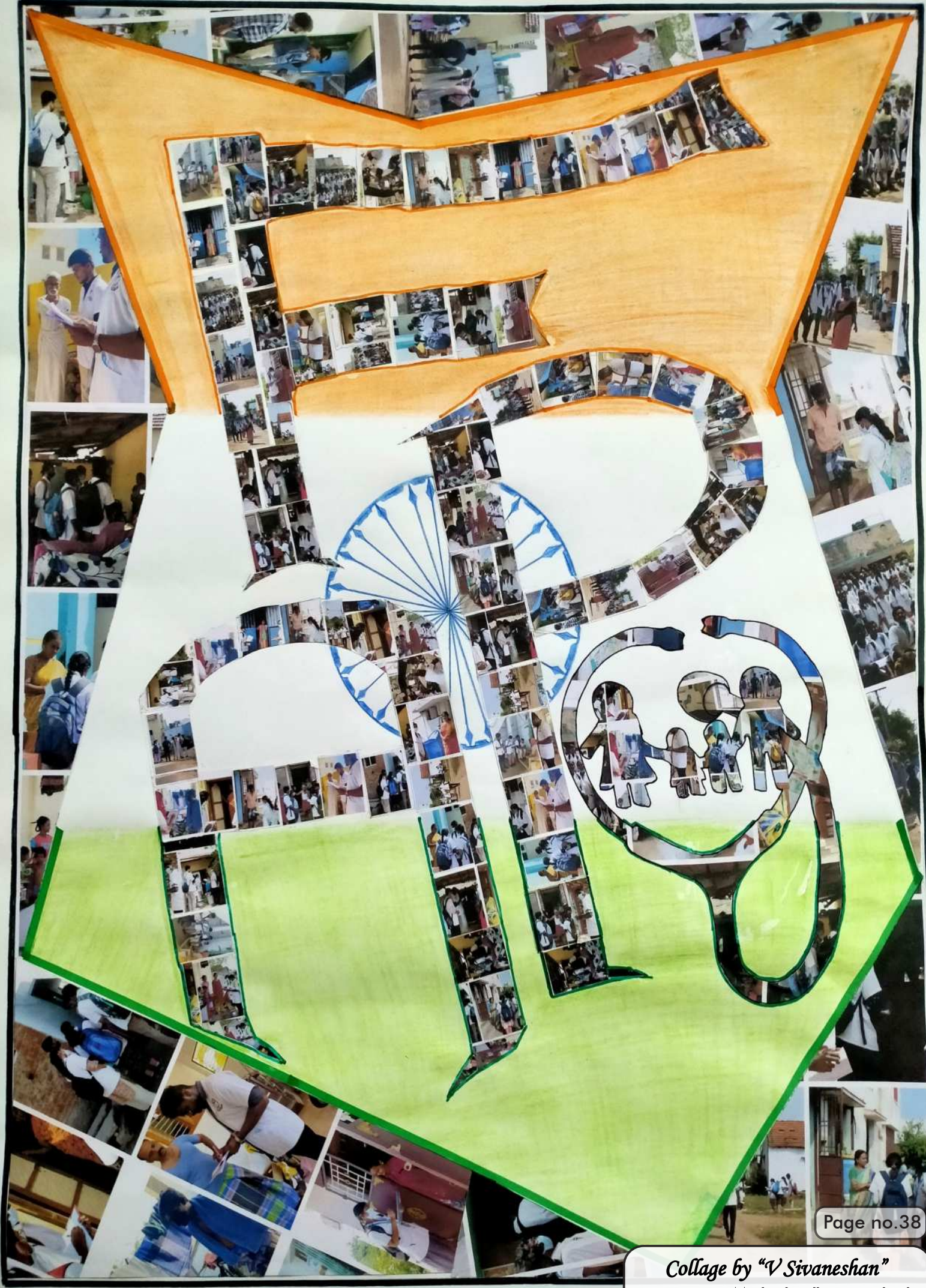
Integration into Programme

1. PLACEMENT AND ASSIGNMENTS
2. CONTINUOUS LEARNING
3. ROLE OF PRECEPTORS
4. IMPACT AND REFLECTIONS

CONCLUSION

Overall, The Family Adoption Programme in were included in MBBS curriculum to equip students with comprehensive skills and perspective in primary care, fostering a deeper appreciation for community health and Patient- centred care.

Collage by "Sakshi"





Family adoption program

2

0

2

4



"IN A WORLD FILLED WITH BLACK DISEASES
THERE IS STILL A GOLDEN FAITH EXISTING AS
DOCTORS"



Collage by "MD. Momin"
Rajshree Medical Research Institute, Bareilly

A GLIMPSE OF HEALTH CAMP CONDUCTED IN CHEENA MURARPUR



Collage by "Utpala Tiwari"
Rajshree Medical Research Institute, Bareilly



FIRST DAY



DATA COLLECTION



Family ADOPTION PROGRAM

FEEDBACK



HEALTH CAMP



Collage by "Amit Kalyanakumar Sagar"
Raichur Institute of Medical Sciences, Raichur



KEY TAKEAWAYS AND LESSONS LEARNED FROM THE FIELD EXPERIENCE

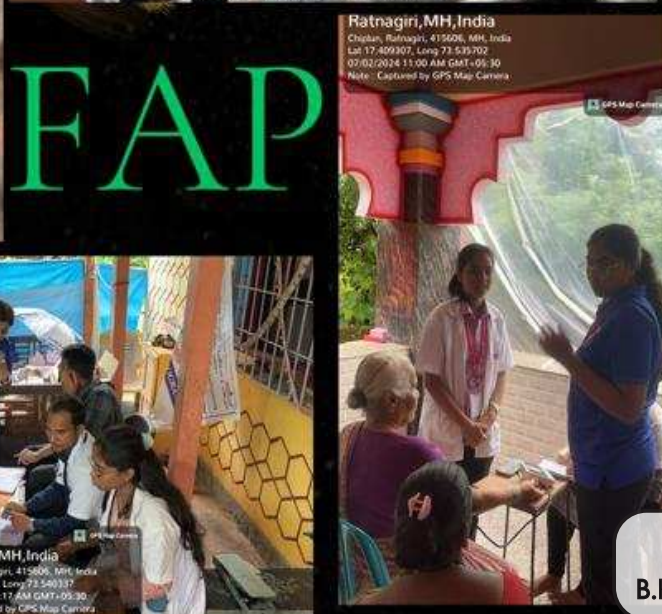
The experience
teaching us
the skill of
communication
Empathy
and
Prevelant
diseases in the
community !



FAP



असा ही एक उपक्रम
जिथे जबाबदारी जिद्दाला
आणि विश्वास
तिन्ही सोबत अनुभवता येतात !





Cleanliness is the first law of health

FAMILY ADOPTION PROGRAMME

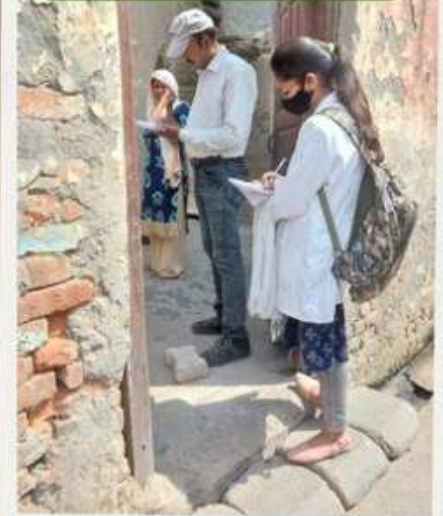
Inovative approaches to healthcare delivery in the community settings.



Patients don't remember doctor's prescription, but their communication.



Control your blood pressure, control your health.



Building healthy families for a better tomorrow.



Don't let hypertension go unnoticed.



Healthy and nourishing food is the only alpha and omega of rural economy.

Collage by "Smarnika Verma"

INITIAL CHALLENGES AND LEARNING EXPERIENCES



“Experience is the best teacher”

As the quote says the challenges which we faced in the process of being one among them and learning new skills gave us an insightful experience which helped in developing communication skills and lots of practical knowledge.



STORIES OF BUILDING TRUST AND UNDERSTANDING COMMUNITY DYNAMICS



These are the stories of us building trust in them, understanding their emotions, customs , routine and the dynamics in the village while knowing their stories along with easing their health care. The feeling of seeing their innocent smiles and the trust they have on us is indeed a wonderful feeling which drives us to go, visit and talk to them oftenly.



Collage by "Chinmayi C Rao"

Hassan Institute of Medical Sciences, Hassan



M.R.MEDICAL COLLEGE, KALABURAGI. KARNATAKA

FAMILY ADOPTION PROGRAMME



HYDERABAD ROAD

NH50

UPLOAD

Adopted Village



KAPNOOR

Tippu Sulthan
Maternity And
General...

9 KM

NIZAMPUR

NH50

SH51

NH150

SH149

Sri Gurubasava
Hospital



M.R.MEDICAL COLLEGE
BTGH

Kalaburagi

Shradha Mall

- IMPROVEMENT IN HEALTH
- SANITATION AWARENESS
- ENVIRONMENT PROTECTION
- HEALTHY LIFESTYLES
- AWARENESS ABOUT
- GOVERNMENT SCHEMES
- IMMUNIZATION
- EDUCATION



Ananya Kulkarni
Batch 2021
162 Batch



3000 ft



Collage by "Ananya Kulkarni"

Mahadevappa Rampure Medical College, Kalaburagi, Gulbarga

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Family Adoption Programme

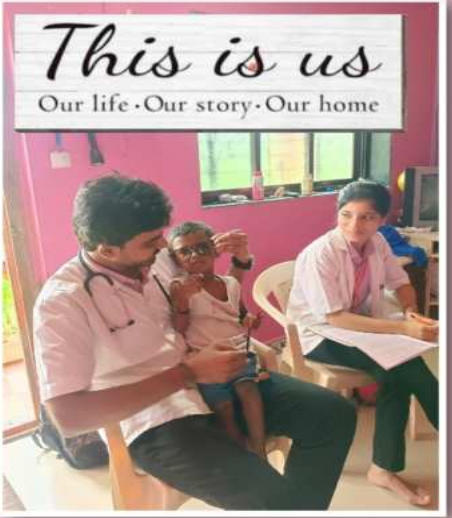


New family



The Greatest
WEALTH IS HEALTH

FAMILY ADOPTION





Family Adoption Program

2024

Collage by "Dhruv Satish"
Sri Madhusudan Sai Institute of
Medical Sciences and Research



POK-F24, Kuvempu, Karnataka 571302, India
 Bannur
 Kumbhakar
 17/11/2024
 2024/2025

POK-F24, Kuvempu, Karnataka 571302, India
 Bannur
 Kumbhakar
 17/11/2024
 2024/2025

POK-F24, Kuvempu, Karnataka 571302, India
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 2024/2025

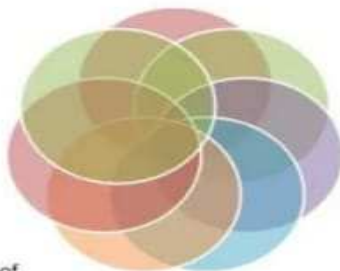


Activities Targeted

Promoting Good Agricultural Practices

Teaching village people, village girls,

Identification of basic problems people of particular village are facing



Extent of food processing interventions required

Sensitize & train the farmers & local youth about Food Processing

Cataloguing of traditional practices of food-production – preservation-recipes, etc.

Encourage Entrepreneurship in food processing



FAMILY ADOPTION PROGRAM

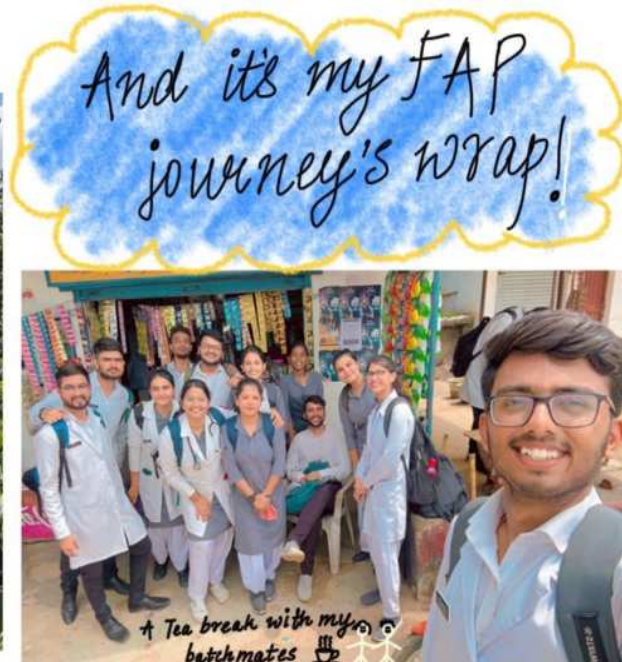


adopt•a•family

Giving hope to a home







FAMILY ADOPTION PROGRAMME





Lessons
Learned

FAMILY ADOPTION PROGRAMME



Good
Communication
Skill



More confidence



Family Adoption Programme (FAP) aims to provide an experiential learning opportunity to Indian medical graduates towards community based health care and thereby equity in health.

Comprehensive complete physician meeting the demands of society.

Collage by "Mary Debbarma"

Agartala Government Medical College, Agartala



FAMILY ADOPTION PROGRAM



LEARNING ABOUT THE COMMUNITY



Collage by "Shambhavi Ojha"

Symbiosis Medical College for Women, Pune

Family Adoption Programme and activity on visit to Materewadi a beautiful small village amidst hills of Pune.

Photographs to commemorate valuable community participation through Performing of various PRA Tool, Health Camp and Health education.....



Health heralds hope



Mindfulness meadows



Recess rituals



Is everyone okay?

FAMILY ADOPTION PROGRAM

BUILDING TRUST & UNDERSTANDING COMMUNITY DYNAMICS

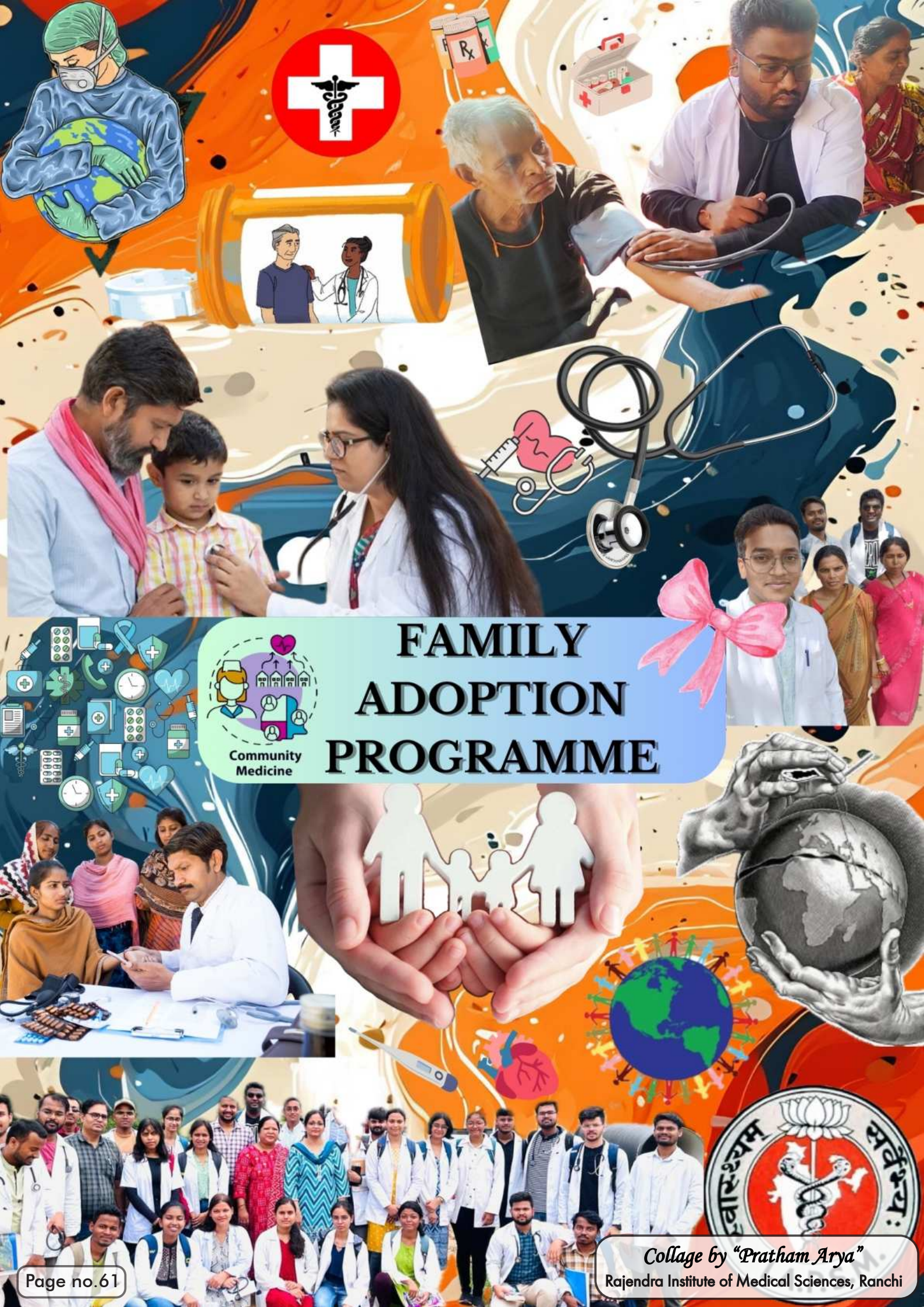


Trust is built step by step, commitment by commitment, on every level.

- ROBERT C. SOLOMON



Stories of
building trust
and
understanding
community
dynamics

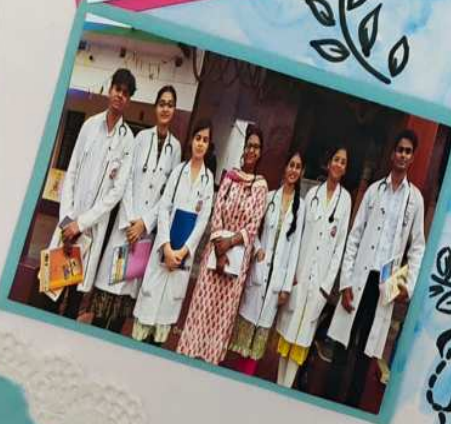
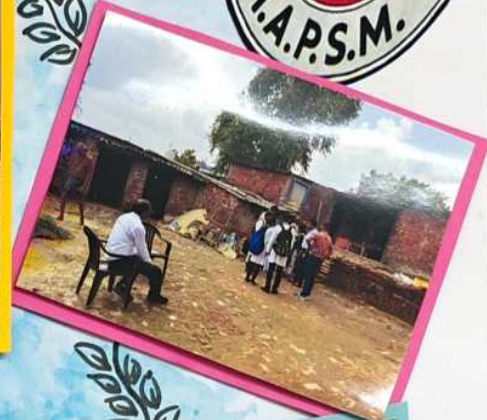


FAMILY ADOPTION PROGRAMME



Collage by "Pratham Arya"
Rajendra Institute of Medical Sciences, Ranchi

Family Adoption Programme



Health for all!



Rally by students to spread awareness



FAMILY ADOPTION PROGRAMME



Plantation Initiative



Collage by "Naba Navazahmed Kazi"
SDM College of Medical Sciences & Hospital, Sattur, Dharwad

Anganwadi visits

Before

after

TRANSFORMATIVE IMPACT ON THE HEALTH AND WELL BEING OF THE **Adopted Families**



FAMILY ADOPTION PROGRAMME



Family Councelling



Sapling Plantation



Rapport Building



Health Education to School

Embracing Families: A Path to Health and Hope



Meeting with Village Sarpanch



Collecting Blood Samples



Geriatric Care



Anthropometric Measurements

Reaching in the community



By community for community

FA



Collage by "Kalyani Dilip Kanthale"
B.K.L. Walawalkar Rural Medical College, Ratnagiri

Milestones of journey



Understanding responsibilities with creating bond





Initial Challenges And learning Experiences



There is no substitute for experiencing the right sound, and challenges of the field firsthand - or, worse, learning some other.

They best words are those that leave you feeling grateful, inspired and already looking forward to next order.

Adoption is not the call-to have perfect mossy family. It is the call to give love, mercy and patience.

Adopt, Educate and Thrive together as a family.

Collage by "Shiuli Das"

Agartala Government Medical College, Agartala



being
kind

EACH VISIT'S LESSONS
HELPED ME TURN
INTO A MORE
Skilled Clinician.



Real life
Experiences are
gold to earn,
making each
encounter a chance
to learn.



Learn Look
-makes THE-
Dream Look

EMPATHY



TRUST AND

ADJUST



Each field Experience Offers
Valuable lessons beyond.

I ♥♥♥
FAP

Text books





SWATCH BHARATH
PAKHYORDA.



TREATMENT FOR NEEDY



FREE HEALTH CAMP.



EMPATHY



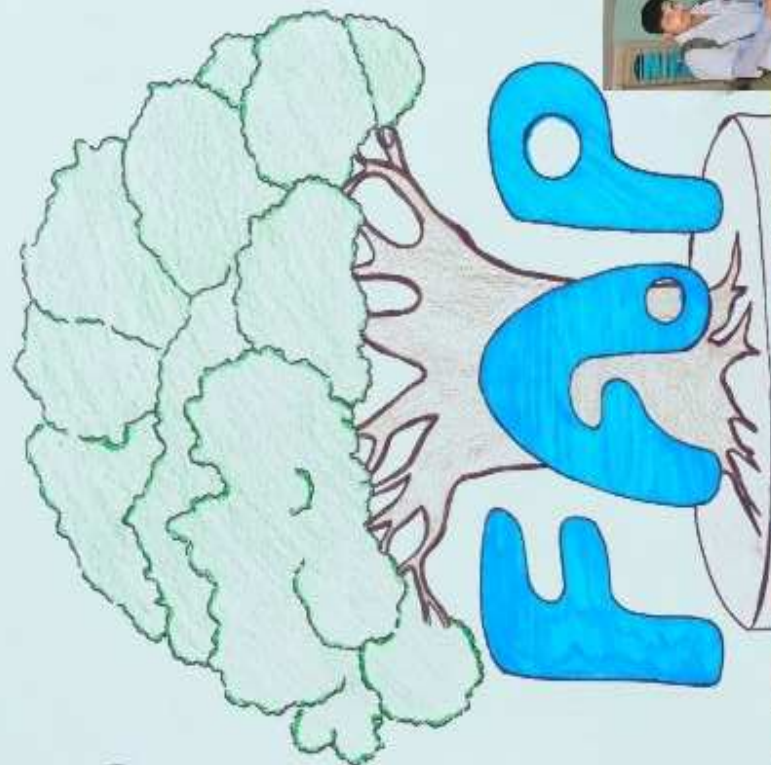
AWARENESS ABOUT
HYGIENE



LEARNING THE SKILLS!



WORKING TOGETHER AS TEAM!



Collage by "Yashwanth M"

Siddaganga Medical College and Research Institute, Tumakuru

To the stories
that we heard

To the love we
received

To the community
that accepted us

To the smiles
we loved

To the bonds
we formed

To the lessons
we learnt

FAMILY ADOPTION PROGRAMME

On Health and wellbeing of adopted Families

1

Lack of family planning education

NATIONAL FAMILY PROGRAM 1952

FAP
IUCD
STERILIZATION

2

Inadequate prenatal care

PM Surakshit
Matritva Abhiyan.

HEALTHY
MOTHER,
HEALTHY
BABY.

3

IMMUNIZATION

OPV
HiB
Pentavac
MMR
Var

IMMUNIZATION

OPV
HiB
Pentavac
MMR
Var

MISSION
INDRADHANUSH

4

MALNUTRITION

COMORBID CONDITIONS
IN ELDERLY

DM
HTN
Obesity

Relationship among some Comorbidities

Cardiovascular Disease
Hypertension
Type 2 Diabetes
Obesity
High Cholesterol

NPHCE

5

POOR UNDERSTANDING
OF MENSTRUAL
HEALTH

FAP
I'm coming
to school

FAP
FAMILY
ADOPTION
PROGRAMME

Collage by "Aditya Narayan Nagtilak"
Dr.Vasantrao Pawar Med. Col. Hosp. & Research Centre,
Nasik (Prev. NDMVP Samaj Medical College)



Rihe, Maharashtra, India

GPS Map Camera

Interaction



Vital monitoring



Social mapping

Family doesn't only
happen genetically

Family Adoption Program



GPS Map Camera



Rihe
HUGP
Lat 1
Long
08/12



Village development over the years



Focused group discussion



Physical mapping

GPS Map Camera



Lavale, Maharashtra
Symbiosis Hospital, Building
Floor, Lavale, Maharashtra 4
Lat 18.538892°
Long 75.728125°
07/12/22 11:14 AM



Health Activities

Nutritional Assessment

Family Adoption Program “ सामुदायिक कल्याण, आमचं ध्येय ”

FAP Camps

Caring for Communities,
One Health at a Time

Collage by “Dr. Mitul Saha”

Jawaharlal Nehru Medical College, Sawangi (Meghe), Wardha



"Cultivating Families with Health, Culture and Community Spirit."



Collage by "Ranjeet Jadhav"
B.K.L. Walawalkar Rural Medical College, Ratnagiri

INNOVATION IN healthcare delivery

1. Telemedicine

Use of telecommunication to provide healthcare services remotely.



- BENEFITS:**
 - Accessibility in remote areas
 - Reduced travel time
 - Cost savings
 - Reduced risk of infection
 - Timely access to specialists



2. Remote Patient Monitoring:

Technology that allows for the monitoring of patients outside of clinical settings.

Benefits:

- Reduces hospital readmissions
- Improves chronic disease management eg. home glucose monitoring, remote cardiac monitoring.

Case Study: BURNs



A massive fire broke out in a village in Bihar. Emergency Teleconsultation with a regional burn centre provided guidance on initial burn care, triage, fluid resuscitation and pain management. Survival rates were very high and victims had reduced burn complications. The local clinic's capacity was increased.

5. Digital Apps



- COVID Management:
 - 1. Contact Tracing & Alerts
 - 2. Health Status & Self Assessment & Information Updates
 - 3. Vaccine Assistance

Aarogya Setu

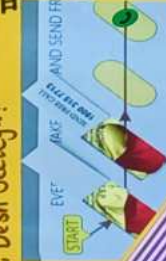
TB CONTROL:

1. Patient Registration & Tracking.
2. Treatment Adherence Monitoring.
3. Symptom Reporting & Follow Up.
4. Health Worker Support.
5. Community Awareness.

TB Harega, Dosh Jeetega!

e-DOTS

- Electronic Directly Observed Treatment (Short-course)
- Remote Monitoring.
- Video



NIKSHAY SETU



4. Resource Allocation
5. m Mitra App
 - Provides maternal & child care
 - Breastfeeding Support
 - Immunization Reminders
 - Post natal Support
6. Helplines

4. AI in Healthcare.

- Enhanced Diagnostics
- Personalized Treatment Plans
- Improved Accuracy.
- Early Detection



Skin Vision: Database trained on 1 million images can identify skin cancers and lesions.



The Indian Airforce tested Aarogya Maitri, a disaster hospital that can be air-lifted and packed in 72 cubes for the first time in Agra on the 12th of May, 2024.



AI UNITS: Portable units equipped for various medical needs on site.



6. Mobile Health Clinics:

Temporary Clinics with healthcare professionals for general consults, screenings, immunizations, workshops, seminars, specialized care like dental, maternal and child care and routine check ups for eyes.



7. Recruiting Women

If you educate a girl you educate an entire community. If you educate many communities you educate an entire nation.

* Local women learn to make low-cost sanitary pads.



* Girls checking for signs of pallor and anaemia. #PreventMultiBleed

8. Door-to-Door Vaccination Drives.

Specialized care in remote areas with reduced need for travel. Collaboration between surgeons.

(High cost of set-up & equipment)



* Army Paramedics worked alongside the community leaders to launch an intensive door-to-door vaccination drive in the high altitude regions of Raskil & Batalik to achieve 100% vaccination.

9. Telesurgery

DA - VINCI - Surgical System (The surgeon is 4000 Km away from the OP).

Robotic Systems are controlled by the surgeon from a remote location, with ultra-high precision in real time.

Benefit: • Specialized care in remote areas with reduced need for travel. • Collaboration between surgeons.



**Leadership
Qualities**

FAMILY ADOPTION PROGRAM

**Comprehensive
Community Health
Care**

*Learning communication skills and
inspire confidence amongst families
through PG*



*चला एकत्र निरोगी
समुदाय तयार करूया*

*Understanding the
dynamics of rural set up of
the region*



**Early Clinical
Exposure - Case of
Lymphatic Filariasis
in a Community**



*Learning to analyse the data collected
from the families*

**Team spirit and
mutual respect for
all health discipline**

*आवंटित परिवारों की बीमारियों,
खराब स्वास्थ्य की पहचान कर
उसमें सुधार लाने का प्रयास*

**Community based
education**

Collage by "Alisha Handa"

Jawaharlal Nehru Medical College, Sawangi (Meghe), Wardha

Family adoption programme



“GIVING HOPE
TO A HOME”

Collage by “Sasmitaa S”

Government Medical College, Dindigul.

Annexure-I

List of Collage Entries Selected for Publication

Sr. No.	Student's Name	Designation	College/Institute	Pg No.
1	Shiuli Das	UG 3rd year	Agartala Government Medical College, Agartala	67
2	Mary Debbarma	UG 3rd year	Agartala Government Medical College, Agartala	55
3	Anjali Kumari	UG 3rd year	Agartala Government Medical College, Agartala	25
4	Anjana Kamath	UG 2nd year	Amala Institute of Medical Sciences, Thrissur	21
5	Kalyani Dilip Kanthale	UG 2nd year	B.K.L. Walawalkar Rural Medical College, Ratnagiri	66
6	Meet Manoj Mehta	UG 2nd year	B.K.L. Walawalkar Rural Medical College, Ratnagiri	42
7	Ranjeet Jadhav	UG 3rd year	B.K.L. Walawalkar Rural Medical College, Ratnagiri	74
8	Nikita Jadhav	UG 3rd year	B.K.L. Walawalkar Rural Medical College, Ratnagiri	48
9	Onkar Pundlik Kale	UG 3rd year	B.K.L. Walawalkar Rural Medical College, Ratnagiri	54
10	Afifa Irram	UG 2nd year	Deccan College of Medical Sciences, Hyderabad	68
11	Aditya Narayan Nagtilak	UG 3rd year	Dr. Vasantrao Pawar Med. Col. Hosp. & Research Centre, Nasik (Prev. NDMVP Samaj Medical College)	71
12	Kashish Agarwal	UG 3rd year	Geetanjali Medical College & Hospital, Udaipur	26
13	Mahek Poriya	UG 3rd year	GMERS Medical College, Sola, Ahmedabad	52
14	Dhruvkumar Gamit	UG 3rd year	GMERS Medical College, Sola, Ahmedabad	15
15	Sumana Patra	UG 3rd year	Gouri Devi Institute of Medical Sciences and Hospital, Durgapur	20
16	Rukhsar Khatoon	PG Resident	Government Medical College & Super facility Hospital, Azamgarh	62
17	Bhawna Jain	UG 2nd year	Government Medical College Ramanathapuram	24
18	V Sivaneshan	UG 3rd year	Government Medical College, Dindigul	38
19	Ankita Pandey	UG 2nd year	Government Medical College, Korba	53
20	Amitava Garai	UG 2nd year	Govt. Medical College, Kolkata	47
21	Maulya R Shetty	UG 3rd year	Hassan Institute of Medical Sciences, Hassan	44
22	Chinmayi C Rao	UG 3rd year	Hassan Institute of Medical Sciences, Hassan	45
23	Mekhala Rao	UG 3rd year	Hassan Institute of Medical Sciences, Hassan	50
24	Ribhu Patra	UG 3rd year	ICARE Institute of Medical Sciences & Research, Haldia, PurbaMidanpore	14
25	S S Mohamed Safiq	UG 2nd year	Indira Medical College & Hospitals, Thiruvallur	7
26	Samannita Roy	UG 3rd year	Jagannath Gupta Institute of Medical Sciences & Hospital, Kolkata	56

27	Alisha Handa	PG Resident	Jawaharlal Nehru Medical College, Sawangi (Meghe), Wardha	76
28	Ansar Ahamed Vp	PG Resident	Jawaharlal Nehru Medical College, Sawangi (Meghe), Wardha	65
29	Mitul Saha	PG Resident	Jawaharlal Nehru Medical College, Sawangi (Meghe), Wardha	73
30	Juhi Raut	PG Resident	Jawaharlal Nehru Medical College, Sawangi (Meghe), Wardha	23
31	Vaibhav Chandra	PG Resident	Jawaharlal Nehru Medical College, Sawangi (Meghe), Wardha	12
32	Monisha Mary P	PG Resident	K S Hegde Medical Academy, Mangalore	33
33	Nipun V Murali	PG Resident	Kasturba Medical College, Mangalore	30
34	Pavithra M V	UG 2nd year	KMCH Institute of Health Sciences and Research, Coimbatore	19
35	Arushi Kumar	PG Resident	Lady Hardinge Medical College, New Delhi	29
36	Gireesh G D	UG 1st year	M S Ramaiah Medical College, Bangalore	28
37	Ananya Kulkarni	UG 3rd year	Mahadevappa Rampure Medical College, Kalaburagi, Gulbarga	46
38	Roshandeep	UG 2nd year	Maharani Laxmi Bai Medical College, Jhansi	51
39	Jamila Yusuf Bharmal	UG 1st year	Mahatma Gandhi Mission Medical College, Vashi	75
40	Pooja Kadari	UG 2nd year	Mallareddy Medical College for Women, Hyderabad	70
41	Amit Kalyanakumar Sagar	UG 2nd year	Raichur Institute of Medical Sciences, Raichur	41
42	Pratham Arya	UG 3rd year	Rajendra Institute of Medical Sciences, Ranchi	61
43	Md. Momin	UG 3rd year	Rajshree Medical Research Institute, Bareilly	39
44	Utpala Tiwari	UG 3rd year	Rajshree Medical Research Institute, Bareilly	40
45	Siddhi Bhardwaj	UG 2nd year	RUHS College of Medical Sciences, Jaipur	58
46	Rohan Maheshkumar Mehta	UG 2nd year	Rural Medical College, Loni	35
47	Pratibha Singh	PG Resident	S N Medical College, Agra	32
48	Deepanjali Angra	UG 3rd year	School of Medical Sciences & Research, Greater Noida	64
49	Lopamudra	UG 3rd year	School of Medical Sciences & Research, Greater Noida	36
50	Sakshi	UG 3rd year	School of Medical Sciences & Research, Greater Noida	37
51	Smarnika Verma	UG 3rd year	School of Medical Sciences & Research, Greater Noida	43
52	Shweta Sharma	UG 3rd year	School of Medical Sciences & Research, Greater Noida	22
53	Naba Navazahmed	UG 2nd year	SDM College of Medical Sciences & Hospital, Sattur, Dharwad	63
54	Ananya Vernekar	UG 2nd year	Shri B M Patil Medical College, Hospital & Research Centre, Vijayapura (Bijapur)	18
55	Yashwanth M	UG 2nd year	Siddaganga Medical College and Research Institute, Tumakuru	69

56	Dhruv Satish	UG 1st year	Sri Madhusudan Sai Institute of Medical Sciences and Research	49
57	R. Srikanth	UG 3rd year	Sri Manakula Vinayagar Medical College & Hospital, Pondicherry	59
58	Subathira Devi.V	UG 2nd year	Sri Manakula Vinayagar Medical College & Hospital, Pondicherry	16
59	Akriti Shah	UG 2nd year	Sukh Sagar Medical College & Hospital, Jabalpur	17
60	Sk Esha Ahmed	UG 2nd year	Symbiosis Medical College for Women, Pune	34
61	Shambhavi Ojha	UG 3rd year	Symbiosis Medical College for Women, Pune	57
62	Tishina Singh	UG 2nd year	Symbiosis Medical College for Women, Pune	72
63	Parnika Sharma	UG 3rd year	Symbiosis Medical College for Women, Pune	13
64	Miss Shravani Avinash Gaikwad	UG 2nd year	Terna Medical College, Navi Mumbai	60
65	Aditya Narayan	UG 3rd year	Uttar Pradesh University of Medical Sciences, (Prev. UP Rural Inst.ofMed.Sc&R) Etawah	31
66	Rhydham Bindal	UG 2nd year	Vardhman Mahavir Medical College & Safdarjung Hospital, Delhi	27
67	Sasmitaa S	UG 3rd year	Government Medical College, Dindigul	76

Note: The above details are as per the submission by the participants.

Annexure-II

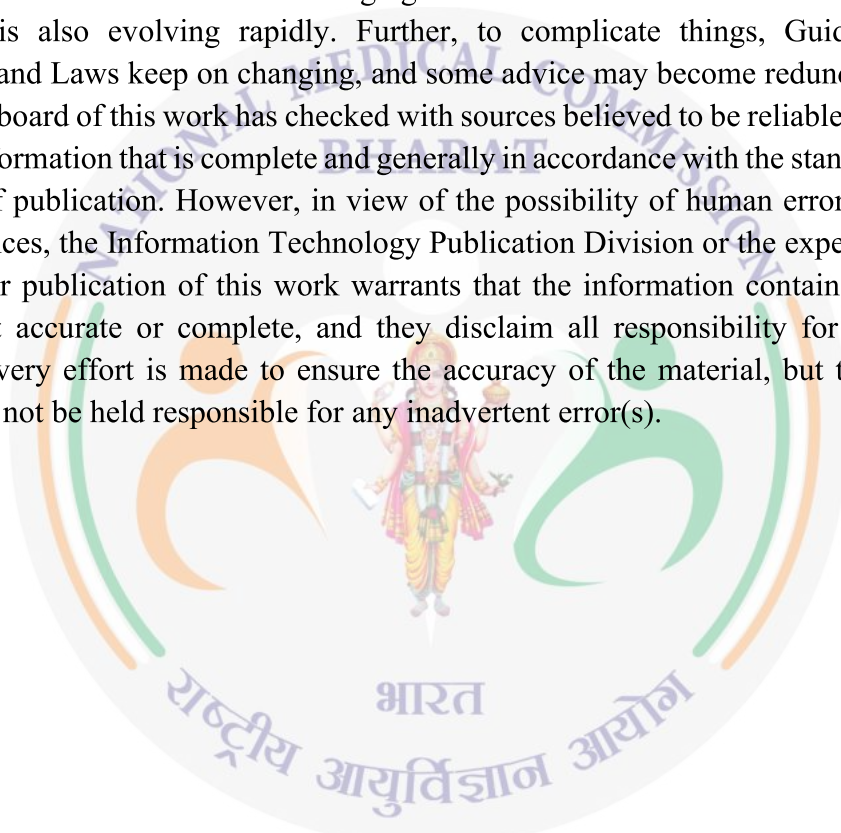
List of Judges for Collages

S.No.	Name	Medical College
1	Animesh Jain	Kasturba Medical College, Mangalore
2	AnmolGupta	Indira Gandhi Medical College, Shimla
3	Dinesh Bhatnagar	Ruxmaniben Deepchand Gardi Medical College, Ujjain
4	G. Jahnavi	All India Institute of medical sciences Deoghar
5	Hemangini K Shah	Goa Medical College, Panaji
6	Kedar Gautambhai Mehta	GMERS Medical College, Gotri, Vadodara
7	Kokila K	Coimbatore Medical College, Coimbatore
8	Madhusudan Swarnkar	Jhalawar Medical College, Jhalawar
9	Nilanjana Ghosh	All India Institute of medical sciences Guwahati
10	Niraj Pandit	SBKS Medical Instt. & Research Centre, Vadodra
11	Purushottam Giri	Indian Institute of Medical Science & Research, Jalna
12	Renu Bedi	Jawaharlal Nehru Medical College, Ajmer
13	Rishabh Kumar Rana	Shahed Nirmal Mahto Medical College & Hospital, Dhanbad
14	Sanjeev Kumar Rasania	Lady Hardinge Medical College, New Delhi
15	Shakila Mulla	Jhalawar Medical College, Jhalawar
16	Tanvir Kaur Sidhu	Adesh Institute of Medical Sciences & Research, Bhatinda

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Citation as follows: Garg A, Kumar V, Vanikar A (2024), Art of Making a Family Physician, Undergraduate Medical Education Board, National Medical Commission, New Delhi.

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★★★★★

यदि सन्ति गुणाः पुंसां विकसन्त्येव ते स्वयं ।
न हि कस्तूरिकामोदः शपथेन विभाव्यते ॥

-

If a person possesses some qualities, they themselves blossom like flowers and are visible to others just like the sweet smell of Kastoori (a perfume derived from the naval of a musk deer) , which makes its presence felt and does not require any swearing to distinguish it.

Similarly, Family Adoption Programme through the village outreach shall shine out slowly and find its goodwill amongst all.



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