



Making of 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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Blessings: आशीर्वचन



27th July 2024

Collage by "Dr. Ribhu Patra"

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



ॐ नमः शिवाय
Sri Mata Amritanandamayi Devi
Amma's Message

It is heartening to hear about the new concept envisioned by the Undergraduate Medical Education Board (UGMEB), instructing all medical colleges to adopt a village for every new batch of medical students. This innovative step will not only enhance the student's understanding of the health and related problems of the villagers but will also foster a sense of responsibility and compassion in them, shaping them into more empathetic and understanding doctors. The idea of assigning each student three families, having them visit the families regularly, hold medical camps, and eventually write essays based on their experiences will provide the students with a profound understanding of the real-life problems of people, nurturing their kindness and selflessness.

Our society is in dire need of more compassionate doctors. We must train doctors who will not discriminate between their patients. The new generation of doctors should be trained to lovingly listen to all their patients openly and approach them with a human touch. To achieve this, it is crucial that our young doctors receive spiritual education—an education based on universal values—to guide them in their practice.

Life and living are two separate things. For living, we may need a job, money, a home, a car, and other creature comforts. However, these alone fail to make life complete. For that, we need love, compassion, and tenderness—a heart that knows and responds to the pain of others. Our students should receive the necessary guidance to help them go beyond divisions, look at things from a broader perspective, and be mature in thought and action.

Education should spread light within and without. It should develop discernment and contemplation equally. It should foster curiosity about the internal world as much as the external world. Education should teach us to keep our inner eye as open as our external eyes. It should instill awareness and strengthen the deep bond between the student and their nation, the world, their fellow beings, nature, other creatures, and God.

In recent years, our university (Live-in-Labs program, Amrita Vishwa Vidyapeetham) has sent around 4,000 students to remote villages on student internships. When our students personally witness the villagers' day-to-day hardships, genuine compassion blossoms in at least 10 percent of them. This has prompted them to do righteous and charitable acts whenever possible. We all have the spark of compassion within us. We need to awaken this.

Human beings and nature are interconnected. Compassion keeps everything connected. If this compassion dries up, everything will be lost. Though the current generation can often be seen rushing towards peril, it is not lost and can be redeemed. This is where spiritual education becomes relevant, helping it develop a sense of oneness and inclusivity.

Moving forward, the concept of *Vasudhaiva Kutumbakam*— “The world is one big family”—should be incorporated into the school curriculum. Humanity’s future path, contemplations, and actions must reflect a degree of this shared sense of unity and implement it in a practical way. The efforts of UGMEB to achieve this goal should be deeply appreciated and wholeheartedly welcomed by all medical institutions. Let's join hands and implement this project to give our young doctors the much-needed opportunity to serve society with greater understanding, kindness, and selflessness.

ॐ नमः शिवाय

*With Affectionate Love
and Prayers*

Amma

(Sri Mata

Amritanandamay Devi)



HH MAHANT SWAMI MAHARAJ

(Swami Keshavjivandas)

Pranam.

Jai Swaminarayan.

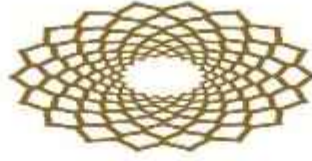
His Holiness Mahant Swami Maharaj was pleased to hear about the novel concept by UGMEB with releasing the E-book related to the family adoption programme. This unique concept of reaching out to villages and adopting families will help create awareness of medical services, treatment, and for individuals to lead a healthier lifestyle. Interpersonal communication and empathy are two virtues that should be integrated for medical students and this novel concept will help students reach out to individuals from different backgrounds and understand them.

Swamiji has offered his personal prayers to Bhagwan Swaminarayan and Guru Pramukh Swami Maharaj that this program will help develop ideal medical students and professionals and will allow them to understand their patients better. Swami has given blessings that all students benefit from this practical experience, that they serve their nation with integrity and dignity, and that they treat their patients with care, compassion, and kindness.

Swamiji also gives blessings that you continue to lead and help others with upholding morals and values. Swami has continued his prayers that you remain in the best of health and prosper in your endeavors and undertakings.

With innermost prayers for peace, prosperity, and progress.

On behalf of HH Mahant Swami Maharaj,
Jai Swaminarayan from Sevak Pareshbhai



SADGURU SRI MADHUSUDAN SAI

Dear aspiring Doctors,

The timeless Indian prayer, '*sarve santu nirāmayāḥ*' (let all be healthy), was made in all its earnestness as we Indians knew that even if someone were to fall sick, they would be provided with the medical care needed by the physician and no one would be deprived of it for any reason, socio-economic or others. The idea of '*vasudhaiva kuṭumbakam*' - the whole world is one family - prospered and perpetuated itself through these shared societal responsibilities. An accessible healthcare system that charged none but was supported by all for the welfare of all as a collective concern was one such Indian philosophy; the other was the *Gurukula* education system, which nurtured all children without discrimination or demand. In modern times, policy recommendations and claims of "inclusiveness/universal" (universal healthcare) are attempts in this regard, but in reality, their manifestation is distant and disappointing.

India continues to live in villages; about 70 per cent of the population lives in 6.6 lakh villages. But, the essentials of life, like the healthcare infrastructure, are excessively concentrated in urban regions. The urban-rural divide is 80:20, and this disproportionate distribution of health services worsens further at secondary and tertiary health care levels. Small or big, any deviation from good health affects wellness, with implications on the body, mind, and overall quality of life. Health is the fundamental right of all, and healthcare equity defines a community's concern and a nation's progress. This fundamental right being made accessible to the most vulnerable groups of women, children, elderly and disabled, is an even more significant commitment towards equality.

In India, the impetus provided by governments for the last seven decades towards the healthcare system to function in remote rural geographies has not yet fetched the expected outcome. Many well-designed healthcare programmes of successive governments with a rural focus have had mixed results. For instance, the indices of maternal and child healthcare remain below the WHO and SDG goals, with a majority of children born to rural mothers. The progress on these parameters of MMR, IMR, etc., is slow due to insufficient rural healthcare facilities. Malnutrition in children and anaemia in women with their tragic consequences, lifestyle-related

diseases leading to productivity and economic loss to the family and the nation are the other major preventable health issues that need immediate redressal. The burden of non-communicable diseases like diabetes, hypertension, cardiovascular diseases and cancers in India is assuming endemic proportion. This NCD panorama contributes to 60% of deaths, especially premature deaths in youth. The probability of premature deaths from NCDs during productive years is shockingly 26% (of total NCD deaths). It is estimated that for every 10% increase in NCD-related mortality, there is a 0.5% reduction in the GDP. The economic loss from NCDs by 2030 to the Indian economy will be \$4.6 trillion, predicts a World Economic Forum report.

Thus, as a developing country, we cannot afford to fall sick, especially in the case of preventable conditions. The country can afford only INR 600/- per person as the health budget, which is grossly insufficient to cover any tertiary care incidence. The out-of-pocket expenditure (OOPE) for medical needs remains high. In 2019, the OOPE in India remained as high as 44% (South Africa was 5.6%), and about 31 million people spent more than 25% of their annual income on health. Catastrophic spending (more than 10% of yearly income) mostly happens for inpatient care in tertiary hospitals. Unfortunately, this spending is mainly sourced through loans, mortgages or selling meagre belongings, thus pushing families into the vicious cycle of debt and poverty. It is estimated that 70 million are forced into poverty in India every year due to healthcare expenses, thus undoing all the good work being done to alleviate poverty. Therefore, inadequate public healthcare facilities in rural areas, the burden of escalating expenses on health requirements due to NCDs, and urban migration to avail healthcare services from expensive private enterprises are destroying the rural economy, which is already fragile.

India is the second most populous nation, with a diverse population of 1.4 billion. The disproportionate distribution of healthcare facilities, including medical colleges, with excess in the south and west, add to the disparity of health resources. If a minimum standard of one medical college per district is applied across the country, then the southern states of India stand at 189%, the west at 139%, the north at 64%, central at 75%, east at 69%, and northeast at 19%. Thus, while the southern states have an average of almost two medical colleges per district, the northeast region does not even have one medical college for five districts. The nation's remote areas are thus deprived of their rightful share of medical facilities, affecting the doctor-to-patient and patient-to-bed ratios.

In recent times, expensive modern medical education and increasing

demand for health care paved the way for the mushrooming of profit-making private healthcare institutions. This has led to the unabated commercialization of an essential need like health care, which ignores the value of human life and dignity. The prioritization of profits over principles has become the accepted new normal, much against the ancient Indian system of equitable and accessible healthcare for all. The perturbing consequential future with compromised core ideals of empathy, ethics, and concern in the teaching-learning curriculum and healthcare delivery will be a modern-day misfortune.

To avoid such a national healthcare disaster, deep deliberations and considerable wisdom have resulted in proposing a sustainable solution for the restructuring of the medical education curriculum by eminent educationists. Without compromising on professional competencies, for the first time, softer values like attitude, ethics and communication (AETCOM) have been included as formal modules in the teaching-learning schedule of medical students. With the sole objective of helping medical graduates imbibe service as their motto and responsibility towards the nation as an integrated learning element, the Family Adoption Program (FAP) has been introduced.

I would like to join those earnestly hoping for a positive change in congratulating the current National Medical Commission for bringing sweeping reforms in 2019, with the singular pursuit of reviving the academic standards and putting values back into medical education by introducing competency-based curriculum and AETCOM. As part of this reform, the introduction of FAP with the intent of instilling values of service as the primary duty towards fellow citizens is a welcome move to bring a change in attitude in medical professionals towards service and to sensitize the graduates towards the greater need of the rural geographies. This novel immersive learning framework will go a long way in shaping 'doctors with precepts and purpose'. I would also like to acknowledge the dedicated efforts of Mahatma Gandhi Institute of Medical Sciences, Sevagram, Wardha, Maharashtra, over five long decades, in innovating and implementing FAP and integrating it with the medical curriculum, which not only inspired students but also became a guiding light for NMC to conceptualize the current national policy of FAP.

As I foresee, the aspiring doctors who would acquire knowledge and skills by embarking on a journey of self-discovery in the serene settings of rural India where the hum of life meets the rhythm of nature, the Family Adoption Program is going to be a lifetime learning experience that would transcend textbooks, lecture halls and hospitals. The programme will

impart quintessential lessons beyond medicine-at-bedside, particularly the knowledge of rural India's social, cultural, economic and demographic diversity that go a long way in determining the health outcomes while kindling reflective social mindfulness in the budding medic. The programme has the potential to bring out the person behind the professional who is pragmatic, caring, understanding, empathetic, ethical and, most importantly, humane. As the students would step into the 'soul of India', the villages, FAP, which is intentionally designed, not merely to observe but actively absorb the realistic issues in the lives of those they serve, would benefit them greatly. They would witness first-hand the intricate dynamics of the rural culture, dignity of life and the resilience of the human spirit amidst the adversities of a meagre living. This immersive experiential learning will be pivotal at the early stage of their medical career in teaching them the essential nuances of life and moulding them into a 'healer' rather than a mere 'doctor'. Compassion with competence will revive the lost glory of this noble profession, true to the saying of our scriptures '*Vaidyo Narayano Hari*' (A doctor is God).

I firmly believe this well-structured programme, with a care continuum for rural families over five years of their medical studies, would make a significant impact on wellness and health outcomes of the underserved and marginalised by improving the health-seeking behaviour early and thereby avoiding catastrophic out-of-pocket financial burden due to emergencies, the ripple effect of which in productivity and economy will be felt sooner than later.

I am looking forward to the potential that FAP has in furthering the cause of effective implementation of more than forty national health programmes, especially the preventive healthcare initiatives. The flagship national health insurance scheme, Ayushman Bharath, with the aspiration of billion enrolments, can become a reality with FAP enhancing its effective utilisation and efficient synchronisation of services. Among many benefits, the one I am eagerly looking forward to is the practical capacity-building opportunities for medical students through their enriching interactions and meaningful engagement with the grassroots level healthcare workers, namely, ASHA and Anganwadi, who understand the pulse of the rural geographies by being at the very bottom of the healthcare services pyramid of the country. In the short term, it will help enhance the learning outcomes, but in the long term, it will help form and implement better policies with medical graduates taking administrative roles in the future. This hands-on bidirectional interaction between students and ground-level staff would be another novel collaboration that would profoundly influence healthcare

delivery systems.

I earnestly wish that the ethos of the programme aligns effortlessly with the prospectus and schedules of the respective medical colleges so that students embrace this opportunity to connect with rural communities, contribute to caring for the underserved populations, become benefactors of the health and well-being of the nation, right from the early learning days up to their graduation and beyond into their professional careers. This will additionally generate spontaneous goodwill for the medical institutions, reciprocated by the beneficiaries of FAP. I take this opportunity to congratulate the students who participated in sharing their thoughts through essays. Their understanding of India, especially that of those who live in her villages, will go a long way in building a better Bharath for one and all.

Wishing you the very best in all your endeavors.



**Founder – Sri Madhusudan Sai Institute of
Medical Sciences and Research Sathya Sai
Grama, Muddenahalli, Chikkaballapur,
Karnataka**



Sathya Sai Grama, Muddenahalli, Chikkaballapur, Karnataka



जगत प्रकाश नड्डा
JAGAT PRAKASH NADDA



सत्यमेव जयते

संत्री
स्वास्थ्य एवं परिवार कल्याण
व रसायन एवं उर्वरक
भारत सरकार
Minister
Health & Family Welfare
and Chemicals & Fertilizers
Government of India

MESSAGE

It gives me great pleasure to witness the progress of the National Medical Commission (NMC) since its creation four years back. The Undergraduate Medical Education Board (UGMEB) has designed the novel program of village outreach through Family Adoption Programme (FAP) for undergraduate medical students as a part of bringing reforms in medical education while simultaneously achieving the dream of Honorable Prime Minister, Shri Narendra Modiji to provide healthcare for all.

ॐ सर्वे भवन्तु सुखिनः सर्वे सन्तु निरामयाः।

सर्वे भद्राणि पश्यन्तु मा कश्चिद्दुःखं खभाग्भवेत्।

ॐ शान्तिः शान्तिः शान्तिः ॥

For the first time, about 500 medical colleges conducted medical camps in the same time frame (in the month of July), in the villages adopted by them last year and data of around 12 lakh rural population is being published in the report to be released. This is again a first of its kind.

I am delighted to learn that the Indian Association of Preventive and Social Medicine (IAPSM) is co-partnering with UGMEB in this project. It is a welcome step for regulators becoming facilitators for improvement of medical education. I am also pleased to learn that School of Public Health & Department of Community Medicine & Family Medicine, AIIMS Jodhpur is undertaking the responsibility of comprehensive analysis of data emerging from the camps conducted by these colleges.

The call of NMC and IAPSM to the students to pen down their experiences in the form of essays has been wholeheartedly received by them. The 89 best essays out of around 8000 entries selected by the jury of IAPSM and NMC are compiled in this book. Totally 67 Collages have been accepted by the jury and the best 2 shall be awarded prizes. These experiences on family adoption program beginning from their first exposure to their proposed family to be adopted in the village, challenges, shaping their skills as medical doctors, learning empathy and ultimately emerging as health care leaders addressing the needs of the last man of the society, will make an interesting read for all, including the students, academia and those interested in studying rural, semi-rural and urban life style and health status of our population. Apart from making an interesting read, this shall enthuse the younger generation to become health care leaders, withstand stress in life and stay connected to the patient and family from urban as well as rural background.

I once again congratulate the UGMEB, NMC for taking this initiative and wish it reaches all medical and social academia.

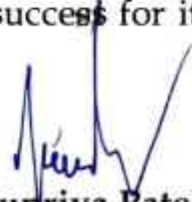
(Jagat Prakash Nadda)

MESSAGE



I am delighted to learn that the Under Graduate Medical Education Board (UGMEB) of the National Medical Commission (NMC) has come up with a unique concept of village outreach through family adoption program and mandating it for the students of all medical colleges from academic year 2023. This will take the students to the villages, to the rural areas and understand the rural conditions from where patients are coming to them for treatment. This will make them compassionate doctors leading the community and improving the health and social strata. The colleges have enthusiastically participated in conducting medical camps.

It is also heartening to learn that about 8000 students have shared their experiences in the form of short essays. This book, which has selected works of the first 50 essays from undergraduate and postgraduate students and selected collages, is also very positive step and enlightening for all. I take this opportunity to congratulate NMC and UGMEB to organize this event and release of this book. I wish a grand success for its spread globally.


(Anupriya Patel)

September 6, 2024
New Delhi



प्रतापराव जाधव
PRATAPRAO JADHAV



सत्यमेव जयते



राज्य मंत्री (स्वतंत्र प्रभार)
आयुष मंत्रालय
व
राज्य मंत्री
स्वास्थ्य एवं परिवार कल्याण मंत्रालय
भारत सरकार
MINISTER OF STATE
(INDEPENDENT CHARGE) OF
MINISTRY OF AYUSH AND
MINISTER OF STATE OF
MINISTRY OF HEALTH & FAMILY WELFARE
GOVERNMENT OF INDIA

MESSAGE

It gives me a great pleasure to note the fountain of interest, empathy and involvement of medical fraternity of students and teachers in the area of Community Medicine. They have participated wholeheartedly in the medical camps conducted by the colleges in rural setup, throughout the country. The collated data shall usher in new era of medical education and health awareness for the far-flung areas of the country. It is also commendable for the young aspirants to pen down their experiences of interactions with the families. It shall be an enriching experience for all involved.

The Government of India, under the visionary leadership of Hon'ble Prime Minister Shri Narendra Modi ji able guidance of Hon'ble Union Minister of Health and Family Welfare, Shri Jagat Prakash Nadda ji, is committed to provide high quality medical education and hospital services to people of the country.

I congratulate NMC and UGMEB to organize this event and release of this book. I wish a grand success for reaching it across the fraternity crossing all geographical boundaries of the globe.

(Prataprao Jadhav)

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डॉ. बी. एन. गंगाधर
अध्यक्ष

Dr. B. N. Gangadhar
Chairman



राष्ट्रीय आयुर्विज्ञान आयोग
स्वास्थ्य एवं परिवार कल्याण मंत्रालय
भारत सरकार

National Medical Commission
Ministry of Health & Family Welfare
Government of India

MESSAGE

The National Medical Commission came into existence four years back on 24th September, 2020. The Commission has succeeded in achieving several targets. The Undergraduate Medical Education Board has also added some milestones in the form of unique curriculum of village outreach through Family Adoption Program (FAP) and mandating it for the students of all medical colleges from academic year 2023.

In furtherance to conducting a medical camp in the month of July, 2024, by colleges in their adopted villages, students were asked to pen their experiences of family adoption under different themes in the form of essays or collages. It is also heartening to learn that about 8000 students have shared their experiences which have been judged by the jury of more than 400 committed faculties from Community Medicine Departments of different colleges. This book, has selected works of the first 89 essays from undergraduate and postgraduate students and some collages. This is perhaps the first kind of project taken up by a regulatory body to encourage medical education at undergraduate level in the direction of public health. I thank all the colleges, students and the community medicine teams.

I congratulate the UGMEB and IAPSM for initiating this project and on the release of this book. I wish the very best to all students and also the medical fraternity and hope that this book reaches all academia, nationally and also globally.


(Dr. B.N. GANGADHAR)

Message

Dr Ravindra Devrao Kolhe (MBBS, MD)

Dr Smita Ravindra Kolhe (Member, National Medical Commission)

(Padmashri Awardee, Government of India)

Inspired by Mahatma Gandhi's concept of 'Antyodaya', we have been standing with the people of the remote area called Melghat for the last 40 years to make sustainable and positive changes in their lives. We feel that the family adoption scheme introduced by UGMEB, NMC is a realisation of Gandhi's concept of 'Antyodaya' from a medical point of view. As this idea will try to reach the last person in society, we welcome this idea and wish you all the best.

No doubt studying medicine will make you a doctor, however, this village and family adoption program will help make the journey from a doctor to a wise person. When patients come to the doctor, with a physical illness, it is important to understand their mental, family and social conditions. Doctors' responsibility is not only to do treatment with medicine but also to make them mentally strong. When these doctors are paired with a family right from their student days and are a part of that family for the next four years, a family relationship will develop between the doctor and the family beyond that of doctor and patient.

Most importantly this will help with the primary prevention and early diagnosis of the diseases such as diabetes and develop good dietary habits in the family. Most non-communicable diseases occur because of childhood habits. This family adoption initiative helps doctors to understand the dietary patterns of the family and what changes should be made and doctors can orient the family around this. In today's world, we need emotional intelligence over artificial intelligence, through this initiative, we can develop family physicians and ensure every family have an accessible doctor.

In our youth camp, our coordinator Vaibhav started a kind of similar activity. Participants of the youth camp are from different socio-economic and cultural backgrounds, most of them first time out from their families and underconfident. So, we leave all participants in a village and ask them to manage their one-time food from the community members. However, after this activity, they understood the importance of stepping into someone's shoes

and understanding the other side of perspective. They never forget this one day when irrespective of their background they have to struggle for a time meal.

We do not doubt that this initiative initiated by UGMEB, NMC will build not only a doctor in future but also a sensitive, intelligent Indian citizen and a human being.

Best wishes again for this initiative.

Yours,

Dr Smita Kolhe

Dr Ravi Kolhe



डॉ विजय ओझा

Dr Vijay Oza

अध्यक्ष/President

स्नातकोत्तर आयुर्विज्ञान शिक्षा बोर्ड

Post Graduate Medical Education Board



राष्ट्रीय आयुर्विज्ञान आयोग
भारत सरकार
National Medical Commission
Government of India

MESSAGE

The National Medical Commission was created by an Act of Parliament on 25th September, 2020. There are four autonomous Boards under NMC, namely Under Graduate Medical Education Board (UGMEB), Post Graduate Medical Education Board (PGMEB), Ethics and Medical Registration Board (EMRB) and Medical Assessment and Rating Board (MARB). Collectively we have many achievements to our credit with joint efforts of all. The Undergraduate Medical Education Board has also carved some special programs amidst these efforts, one of them being village outreach through family adoption program.

Further to this, UGMEB held an essay competition on the subject and students have participated enthusiastically. To my knowledge this is the first time in the history of any regulatory body to go so close to ultimate beneficiaries. I congratulate the Under Graduate Medical Education Board (UGMEB), the Indian Association of Preventive and Social Medicine (IAPSM), students and faculties who have participated in this herculean task.

(Dr. Vijay Oza)

Message

The journey to becoming a medical professional is extremely demanding, but it's also incredibly rewarding. We believe that a strong support system is essential for the success and personal growth of our future doctors.

The *Family Adoption Program* for MBBS students initiated by the undergraduate medical education board of NMC is an innovative initiative designed to bridge the gap between medical education and community service. This program immerses medical students in real-world healthcare settings, fostering a deeper understanding of patient care, family dynamics, and public health challenges.



As the techniques are advancing our intimate relationships and physical touch are vanishing towards patient care also. We, doctors, are acquiring more theoretical knowledge than practical experience in managing patients both beyond and in clinical settings. I feel this is an excellent program that has been initiated by the UG board to develop a more comprehensive understanding of patient needs, and community health issues and to enhance the empathy and communication skills of both medical learners and society to each other.

Through this program, the families receive additional support and education about managing health conditions, benefit from the student's knowledge and insights into preventive health measures, and experience a sense of connection and support from the medical community which further strengthens community ties.

The *Family Adoption Program* bridges theoretical knowledge with practical experience. By fostering meaningful interactions between MBBS students and families, this program enriches the educational journey of future doctors and positively impacts community health.

I am very optimistic that our future doctors will be supporting this program continuously to create a healthier future and will continue to impart unique opportunities to serve the community. By this, they will not only enhance their medical knowledge but will also foster invaluable human connections.

With all the best wishes.



(Dr Vijaya Lakshmi Nag)



डॉ. योगेन्द्र मालिक
Dr. Yogender Malik
सदस्य/Member

आचार और चिकित्सा पंजीकरण बोर्ड
Ethics & Medical Registration Board



राष्ट्रीय आयुर्विज्ञान आयोग
भारत सरकार
National Medical Commission
Government of India

Message

It is with great honour and enthusiasm that I extend my heartfelt congratulations to all the contributors and participants featured in this e-book. This publication is a remarkable culmination of the "FAP Experience Project," which has seen exemplary engagement from medical students across the nation.



In July 2024, the Undergraduate Medical Education Board (UGMEB) set forth a vital initiative in collaboration with the Indian Association of Preventive and Social Medicine. The call to conduct medical camps for the survey of Family adoption program (FAP) was met with tremendous zeal and commitment from our undergraduate and postgraduate students. These camps were not just a field exercise but a unique opportunity for students to connect deeply with the communities they serve.

The second phase of this project—inviting students to share their experiences through essays and collages—has provided us with an extraordinary collection of reflections and artistic expressions. The book features the top 89 essays and selected collages, each offering a window into the profound impact of these experiences on our students and the communities they engaged with.

The distinguished panel of over 400 faculty members from various Community Medicine departments, who volunteered to judge approximately 8000 entries, has faced the challenging task of selecting the most impactful contributions. The recognition of the top three essays and the best two collages with mementos,



डॉ. योगेन्द्र मालिक
Dr. Yogender Malik
सदस्य/Member



आचार और चिकित्सा पंजीकरण बोर्ड
Ethics & Medical Registration Board

राष्ट्रीय आयुर्विज्ञान आयोग
भारत सरकार
National Medical Commission
Government of India

certificates, and prizes highlights the exceptional quality and depth of the work presented.

This initiative aligns with the vision to elevate the standards of medical education and practice in India. It is not just about academic and creative achievements but about fostering a deeper empathy and understanding among our future medical professionals. The insights and reflections shared in this book underscore the transformative potential of medical education and community service.

We are particularly honoured to have this book released by the Hon'ble Minister of Health and Family Welfare, Shri J.P. Nadda. This event signifies the importance of integrating experiential learning with academic excellence and community engagement.

To all the participants, judges, and collaborators, I extend my deepest gratitude. Your collective efforts are paving the way for a brighter future in healthcare, characterized by compassion, dedication, and an unwavering commitment to service. May this book inspire continued growth and a strengthened connection between medical professionals and the communities they serve.



Prof. (Dr.) Yogender Malik
Member EMRB
Head Publication Division
National Medical Commission



Contents



Chapter	Topic	Page No.
	Foreword	1
	Preface	3
	Acknowledgements	6
Chapter 1	Introduction	8
Chapter 2	Highlights	12
Chapter 3	The Journey Begins	20
Chapter 4	First interactions	28
Chapter 5	Building Trust	40
Chapter 6	Field experiences	54
Chapter 7	Challenges and learnings	68
Chapter 8	Reflection on Motivations	80
Chapter 9	Innovative approaches	86
Chapter 10	Collaborative efforts	92
Chapter 11	Significant successes and milestones	98
Chapter 12	FAP shaping medical skills and personal outlook	108
Chapter 13	Transforming Impacts	118
Chapter 14	Challenges and Solutions	122
Chapter 15	Resilience, empathy, and compassion	130
Chapter 16	Testimonials from the families	146
Chapter 17	Future Career Choices	152
Chapter 18	Student Leadership	162
	Way Forward	
	Annexure I- List of selected essays for publication	
	Annexure II- List of selected collages for publication	
	Annexure III- List of Judges for essays	
	Annexure IV- List of Judges for collages	

Foreword

Incentive for human behaviour should evolve from material or money, to prestige, to power and should culminate into creativity — pleaded the social psychologist Erich Fromm. Medical professionals have a privilege of enjoying not only money but also prestige and power. We live in a society where 'Haves' and 'Have-Nots' co-exist. Medical professional belongs to 'Haves'. When power is centralised in the hands of few, tends to corrupt. To overcome this evil, Gandhi embarked on Trusteeship, a spiritual mindset for a person who holds power. The mindset of creativity moulds intellectual power that professional holds in society for the empowerment of the downtrodden and can become 'benevolent'.

What can inculcate an attitude of care, concern, responsibility and knowledge (LOVE) towards a ill person who comes to a doctor for help? It is when the medical professional realises and shares the agony (not only physical but also Social) that the ill person goes through. Academic excellence is not enough, one should transcend to understand socio-economic-political environment in which we all live. The attitude of sacrifice by "Haves", reflects the hidden empathy (KARUNA) in the mind. KARUNA is realisation of agony of others in the society.

Medical professional when nurtures empathy for downtrodden, can not keep silent. The patient does not remain mere client or consumer. The professional finds the role of service provider. Further more professional transform in the role of a 'Trustee'. He/she does not remain satisfied with charity but transcends beyond to a empowering friend.

Family Adoption Programme aims at exposing young sensitive minds to the agony of social life, with a hope that empathy generated will convert their mindset in to "Trustee Mode". It is a first step towards inculcating social responsibility in young minds. The credit must be given to Dr. Aruna Vanikar, who holds the driving seat of the programme.

I am sure that National Medical Commission will not be satisfied with mere family adoption, but will take-up community adoption and develop a comprehensive 'Health Care System' around the medical college hospital. The "Village Health-Care Assurance scheme" adopted from last 40 years by 'Mahatma Gandhi Institute of Medical sciences', Sevagram' may be a useful guide to them.

20/12/21

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. Samudiyatha 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

Chapter 1: Introduction



communication
affection
learning
compassion
building trust
first visit
love
empathy
experience
skills
resilience
interactions
challenges

new family
developing skill

ॐ असतो मा सद्गमय ।
तमसो मा ज्योतिर्गमय ।
मृत्योर्मा अमृतं गमय ।
ॐ शांतिः शांतिः शांतिः ॥

Lead me from the unreal to the real,
Lead me from darkness to light,
Lead me from death to immortality,
May peace be, peace be, peace be.

Chapter 1- Introduction

Medical education is undergoing a significant transformation in our country to match with the growing challenges of meeting with health care facilities provided to our citizens. There is an imperative need to produce healthcare professionals who are not only clinically competent but also are deeply connected to the communities they serve. As we navigate through the complexities of modern healthcare, it is becoming clear that we should build a robust medical educational system beyond the conventional classroom-hospital centric teachings and address to reach out to the community, *'to go back to the roots.'* The changes brought up by the Under-Graduate Medical Educational Board (UGMEB) of the National Medical Commission (NMC) in last few years considered the importance of community-based teachings in devising a medical curriculum. Some initiatives have been introduced, one of them being 'Village outreach through Family Adoption Programme (FAP)'.

FAP, a novel approach is designed to take the young medical students to the doorsteps of village households so that they get first-hand experience of real-world challenges faced by the families in diverse socio-economic settings. It aims to provide an experiential learning opportunity to Indian Medical graduates towards community- based care and thereby enhance equity in health. Once they sit in their practice after qualifying as medical doctors, they will remember the background of the patient whom they will be treating. Adoption of families and the sequential follow up visits will be instrumental in inculcating a deep sense of responsibility, empathy, compassion and a holistic understanding of the social determinants of health among budding healthcare professionals. Regular interactions with their adopted families will make students gain first-hand experience about social, economic and cultural factors that impact physical and mental health, thereby enriching their academic knowledge with practical insights. It empowers communities to increase awareness level regarding their health needs, hygiene and nutrition.

This programme has been mandated by NMC in 2023 and is well taken up by the institutes as reflected in the FAP Survey Report 2024. Along-with the survey of FAP, a national-level competition was envisaged as a platform to capture the essence of experiences of students and Resident doctors. A competition was jointly held by UGMEB, NMC and Indian Association of Preventive and Social Medicine (IAPSM). Undergraduate and postgraduate students were invited to pen their experiences, insights, and reflections in up to 600 words. This was to

unearth the hidden talent and potent energy to channelize their creative expressions on their journey through FAP. Participants were encouraged to explore and articulate interactions with families/ households in the form of essays/ reflective writings/ anecdotes and collages.

This book is curated after rigorous selection process of the most insightful and thought-provoking submissions from approximately 8000 entries received in the competition. Each entry in this book is a unique testament of the transformative power that FAP aims to bring in the society and in the mindset of future medical practitioners. The write-ups reflect a deep engagement with socio-cultural landscape while the collages serve as a visual illustration delving deep in the communities to narrate emotional and experiential aspects of learners' journey. These contributions offer a unique window into the evolving paradigm of medical education in Bharat- one that prioritizes social responsibility and community engagement alongside the thirst for clinical expertise.

As the reader dives into the pages of this book, he will witness the impact created by convergence of medical knowledge and community wisdom carved out through close community interactions. The impact created nurtures future medical professionals of the nation to understand the people behind illnesses rather than focussing on just learning about the diseases and treatment. Longitudinal integration of community-based learnings through this program spread over various phases of undergraduate medical curriculum is not merely an educational strategy but is a profound thought on design for carving out of healthcare professionals we aspire to make- *a doctor who is as compassionate as competent, as empathetic as logical, as socially aware as scientifically skilled and as globally important as locally relevant.*

The essence of medical education is not in the acquisition of knowledge alone, but in the application of this knowledge to usher in positive change in the lives of individuals, families and communities at large. By adopting 3-5 households, each medical student may evolve as an excellent family physician as well as a social reformer to implement health policies and practices that benefit the community to achieve the goal of "सर्व सन्तु निरामया".

We are taking a stride ahead by being the first country to innovate a Family Adoption Programme for making a more humane and socially responsible medical education system. We hope that this compilation will be a testimony for ages and will serve as an inspiration for educators, students and policymakers alike.

Chapter 2: Highlights

FAMILY ADOPTION PROGRAMME



ईशा वास्यमिदं सर्वं यत्किञ्च जगत्यां जगत्।
तेन त्यक्तेन भुञ्जीथा मा गृधः कस्यस्विद्धनम् ॥

-

All this is for habitation by the Lord, whatsoever is individual universe of movement in the universal motion. By that renounced thou shouldst enjoy, lust not after any man's possession.

Chapter 2: 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 submission.

Some write-ups are visible tip of the iceberg under which lie thousands of stories touching millions of lives across the nation. Selecting the top write-ups was no easy task. Judging criteria were carefully designed to evaluate not just the quality of writing but also the originality of ideas, the depth of analysis, understanding of themes and relevance to societal ethos. Multiple sequential rounds of judgements were done both at the level of UGMEB, NMC and IAPSM. Each submission was reviewed for its clarity, coherence, and the impact it could make to the reader. This chapter is a concise presentation of the essay and collage judgement process.

Essay and Collage Judgement Process

A call for the essay and collage competition by Undergraduate Medical Education Board (UGMEB), National Medical Commission (NMC) was circulated to all the medical colleges/institutions of the country working under the ambit of NMC. Collaboration made with Indian Association of Preventive and Social Medicine (IAPSM) was fruitful in reaching out to potential participants through popular communication medium. Undergraduate (admission year 2021, 2022 and 2023) and postgraduate students as well as senior residents of Medical Colleges who had implemented Family Adoption program (FAP) were eligible to apply. Essays of up to 600 words were invited. Collages could be digital or handmade. Guidance also clarified formatting requirements. Students were expected to choose a theme out of a list of 15 relevant themes for FAP. A comprehensive google form was made for ease of submission. The competition received very encouraging 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 UGMEB of 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 of Community Medicine Departments with designation ranging from Professors to Assistant Professors were eligible to apply. After removing duplicate entries, a total of 407 members representing 28 states and Union Territories from across the country formed the pool of jury. Out of these, 393 faculty rendered services for judging essays and 17 for judging collages. Three members were common between both pools. The judges' preference for essay / collage was taken into consideration. Essays and collages were blinded; those from respective states were allocated to judges from different states to ensure a fair judgment. (Table at the last page of chapter illustrates the multi-stage 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 (AI) 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.

Essay Judgement Process

At the first stage the judges were allocated for UG and PG/SR categories. Associate Professors and above were allotted essays of PG/SR category. In the second round each essay was processed through one judge. The anonymized essays, with Unique IDs were received from NMC. A custom script was written to randomly allocate judges to the essays, in such a manner that the Judge would get a maximum of 14 entries from States other than his own. All the Judges were provided with a Judges' Special code. Prefilled Google forms, with the name of the Judges, Unique ID of essays and the themes were sent to each Judge through customized emails. Bunch of essays given to a judge at this round involved multiple themes. Judges were provided a guidance note and they scored the essays out of 30 points. The essays were also graded into excellent, very good, good, fair and below expectation categories. The content was given more weightage than the language and focus was kept on the originality of content and depth of narrative. The scores obtained were compiled and the top entries were selected from the list.

The essays were processed through a second round of check for AI generated content. Totally 647 UG essays and 85 PG essays were processed through AI check. Essays with less than 10% probability of being AI generated content were retained for next round. This way 159 UG essays and 52 PG essays were taken for the next stage. At the second stage, a smaller pool of judges scored the essays out of 50 points using a structured rubric. The rubric involved 5 criteria - originality, depth of reflections, focus, organization and overall impression each with 10 points. Each essay was processed through a panel of 2 judges. Each panel had a maximum of 14 entries to judge, majority belonging to the same theme. UG and PG essays involved 15 and 5 such panels respectively.

IAPSM Core team processed 159 UG essays and 52 PG essays further to shortlist the entries for inclusion in this book. Utilizing the judges score in round 2 and keeping a thematic balance, a total of 70 UG essays and 19 PG essays were finally shortlisted for the book.

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 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.

Words from the Core Team

While the Family adoption program was implemented in all medical colleges, 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.

The core team wish to convey special thanks to UGMEB, NMC for inviting IAPSM as collaborator for this activity; appreciation to all students for participating in FAP and sharing their experiences creatively in words and visuals; and gratitude 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, Karnataka.
2. **Dr Paragkumar Chavda,** GMERS Medical College, Gotri, Vadodara, Gujarat.
3. **Dr Malatesh Undi,** Karwar Institute of Medical Sciences, Karwar, Karnataka.
4. **Dr Tanvir Kaur Sidhu,** Adesh Institute of Medical Sciences & Research, Bathinda Punjab.
5. **Dr Abhishek Garg,** Lady Hardinge Medical College, New Delhi.
6. **Dr Samudiyatha UC,** Sri Devaraj Urs Medical College, Kolar, Karnataka
7. **Dr Sharon Baisil,** Malankara Orthodox Syrian Church Medical College, Kolenchery Kerala.
8. **Dr. Nikhilkumar J. Patel,** Nootan Medical College & Research Centre, Visnagar, Gujarat.
9. **Dr Abhishek Kumar,** Manipal Tata Medical College, Jamshedpur, Jharkhand.
10. **Dr Vaidehi Gohil,** Dr M K Shah Medical College, Ahmedabad , Gujarat

Table 1: Award Winning Entries

Rank	Student's Name	Category	Designation	College/Institute	Page no.
1 st	Sneha Sindhu	UG Essay	UG 3 rd Year	Rajendra Institute of Medical Sciences, Ranchi, Jharkhand	33
2 nd	Sheikh M. Kalia	UG Essay	UG 3 rd Year	Katihar Medical College, Katihar, Bihar.	156
3 rd	Pradhyumn Purohit	UG Essay	UG 3 rd Year	People's College of Medical Sciences & Research Centre, Bhopal, M.P.	76
1 st	Juhi Raut	PG essay	PG Resident	Jawaharlal Nehru Medical College, Sawangi (Meghe), Wardha, Maharashtra.	66
2 nd	Daljit Kaur	PG essay	PG Resident	Dayanand Medical College & Hospital, Ludhiana, Punjab.	162
3 rd	Varsha Rajan	PG essay	Senior Resident	Dr. Moopen's Medical College, Wayanad, Kerala	149
1 st	Vaibhav Chandra	Collage	PG Resident	Jawaharlal Nehru Medical College, Sawangi (Meghe), Wardha, Maharashtra.	Front page
2 nd	Parnika Sharma	Collage	UG 3 rd Year	Symbiosis Medical College for Women, Pune, Maharashtra.	Back page

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 wasn't selected this time, know that your voice matters. Your dedication to writing 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 future. Keep writing, keep sharing, and continue to make a difference!

Table 2: Judgement process for essays

Round	Round Name	Input	Process	Outcome
First	Screening Phase I	6520 entries (6104 UG and 416 PG/SR essays)	a. Anonymisation b. AI check (>40% AI content not accepted)	4945 entries sent to IAPSM. (4555 UG and 390 PG essays)
Second	Evaluation Phase I (Guidance note with 30-point scoring)	4945 screened entries (4555 UG and 390 PG essays)	a. Essays scored out of 30 points. b. Essays with >25 points were selected.	647 UG and 85 PG essays selected.
Third	Screening Phase II	647 UG and 85 PG essays selected.	a. AI screening (<10% AI content was accepted).	159 UG and 52 PG essays selected.
Fourth	Evaluation Phase II (Rubric based)	159 UG and 52 PG essays selected.	a. 50-points rubric with 5 criteria. b. Each essay judged by a panel of 2 judges.	Scores and comments received on each essay.
Fifth	Selection Phase I (Publications)	159 UG and 52 PG essays selected.	a. Shortlisting by FAP Core Team b. UGMEB was asked to increase the number of UG essays in publication.	70 UG and 19 PG essays sent to UGMEB for publication.
Sixth	Evaluation Phase III (Short-listing)	Essays selected for Publication	Re-evaluation of selected essays by FAP core team based on previous scorings and comments of judges.	10 UG essays shortlisted.
Seventh	Selection Phase II (Awards)	10 UG and 19 PG essays.	Judged by President and Member, UGMEB, NMC	Top 3 essays awarded in UG and PG/SR category.

UGMEB: First and Seventh Round

IAPSM: Second to Sixth Round

Table 3: Judgement process for collages

Round	Round Name	Input	Process	Outcome
First	Screening Phase	1314 entries	c. Anonymisation d. Screened as per guidelines.	169 entries sent to IAPSM.
Second	Evaluation Phase I (Rubric Based)	169 screened entries	c. Each entry judged independently by 2 judges using a rubric d. Scores averaged.	90 entries selected (score >60% on rubric)
Third	Evaluation Phase II (Theme Based)	90 entries	b. Judged by a panel of 3 judges. c. Theme wise selection	Up to 5 collages selected for each theme (90 entries).
Fourth	Selection round I (Awards)	90 selected entries from IAPSM	c. Detailed evaluation by President and Member, UGMEB. d. A separate book proposed for collages.	2 entries selected for award: 1 st and 2 nd
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

Holistic Understanding
THE JOURNEY

Chapter 3: The Journey Begins

Environmental conditions



Vision Screening

FAMILY ADOPTION PROGRAM

Significant milestones
THADUTHATKONDUR
Interdisciplinary
Collaboration

Community Engagement

FAMILY ADOPTION PROGRAM



Personal & Professional Growth



A STUDENT'S POINT OF VIEW



Trust & Relationship Building
Health Education

Improved communication

Early Diagnosis & Intervention

Page no.20

Collage by "Subathira Devi.V"

Sri Manakula Vinayagar Medical College & Hospital, Pondicherry

**I shall be telling this with a sigh,
somewhere ages and ages hence:**

**Two roads diverged in a wood,
and I— I took the one less traveled by,
And that has made all the difference.**

-

Robert Frost.

Chapter 3: The Journey Begins

The first step is the toughest one and so is the journey of a medical student in quest for Family Adoption Program (FAP). FAP is not just an academic exercise but an experiential learning where a student is transformed from a learner of Medicine to becoming the caregiver of a family over time. This chapter is a snapshot of the essence of this beginning where every medical student adopted family, department and the curriculum followed by the college itself is on a journey of growth, discovery and responsibility. Just as the rare Neelakurinji flowers bloom only once in 12 years, the maturation of a medical student through FAP takes time and needs patience. Close interaction with the community makes a student an integral part of the community, learning not only from the textbooks but also from the lives they touch. This journey begins by understanding the needs of a family, listening to their stories, and witnessing the health challenges they face. This is where theory meets practice, and empathy becomes as important as knowledge. Thus, students are slowly transformed through their interactions with the families they adopt. Medicine is not about treating diseases but about healing lives, about understanding the person behind patients, this realization is a soft skill and FAP offers immense scope to learn it. Every conversation in the field, every gesture of care, and every story of a family will contribute to the growth of our future physicians. The journey is slow, maybe filled with uncertainties, but it is certain that the impact of FAP will unfold gradually. This chapter encapsulates that delicate, yet crucial beginning- a time when students take their first step towards becoming not only doctors but healers in a true sense.



FINDING A NEW FAMILY

If you are a medical student, you would have definitely heard of the 'Family Adoption Program', no matter which year you are in. As for our college, we were supposed to go to a different district and find our self a family to adopt and interact with for the next three years. This idea of finding new people and then being with them like a family doctor even before actually becoming one felt exciting, I was looking forward to a trip like that.

Then finally came the day of our first visit. We took a bus from our college to the university. The bus stopped at the gate and we were supposed to walk the rest of our way. We were all guided by our seniors. Each one of us was assigned a family. Although it so happened that for some of us the houses were quite far away. It took almost 25 minutes to walk to the house which was assigned to me. The intern ma'am called out to them from their main gate. A lady of about forty years showed up. My senior talked to her explaining who we were, where we were from and that I was going to be with them as a part of our curriculum. The lady was a bit hesitant but soon after she allowed me inside.

From the door I followed her to her house. There were many people there, a dog was playing around, a boy came out and took the dog inside the room, and then a girl came out of the kitchen, confusingly looking at me and then her mother. Sangeeta aunty, as was the name of the lady, asked her to get me a chair. I then tried to start a conversation, asking their names, telling them about myself, who I was, where I came from and everything she asked about me

and why I was there. Our conversation progressed well; she also offered me a glass of water. Then, a few people came in through the main door. Auntie went ahead to greet them. I was soon explained that their elder daughter was about to get married and these were her in-laws. I thought my presence would make things uncomfortable so I went up to auntie and asked her if I could leave as I did not want to disturb them. She agreed and also offered me sweets as I left. I conveyed my regards and left. Outside I caught up with my friends and we walked back talking about our experiences.

From the next time onwards, things became even better. I gained their trust and talked to them about their health. I started filling the record file. After a few visits I also started talking to them on the phone, I would ask about their health and to keep me updated. One day, auntie told me that she had high uric acid and would feel pain in joints, so I asked her for her last lab test report. Apparently, she hadn't taken a test for past 2-3 years. So, I suggested her to visit the hospital and get her tests done. I also advised her to call me when she visits the hospital so that I could help her around. As time passed, our bond improved, trust developed. I came across their pets and loved spending time with them. They started treating me like their own. Even today I keep in touch with them. Everyone is born with one family, who knew I would find another one.

Kanishka Bhat

UG 2nd Year

Veer Chandra Singh Garhwali Govt. Medical Sc. And Research Institute. Srinagar



Narratives on initial expectations, training and preparation for the FAP

Expectations: Initially as a medical student we are very much excited to know what is about a Family Adoption Program! The first visit when we went on was like a thriller movie its of mixed emotions whether the family would accept us or not, the positive feedback about our communication with them and a lot more! We are excited that we are going to adopt a family for us for the next three years and we will be in as one of their family member and we will take Part in their familial Healthcare system. We are very glad that we will conduct health visits, medical camps, provide health care to the adopted families

Training: We were trained on various skill like

Empathy and Compassion: Gain a greater understanding of families' particular struggles and work closely with them to cultivate empathy compassion. We were trained that "EMPATHY IS PUTTING OURSELVES IN THEIR SHOES"

Community participation: Acquire knowledge about the significance of community participation and the best ways to include local residents in initiatives aimed at promoting health

Leadership: Take the lead in creating and carrying out care plans, planning health education programs, and liaising with different stakeholders to hone your leadership abilities. It thought about how coordinated we should work on.

Training on certain skills include

Clinical skills: Using clinical knowledge and abilities in real-world situations, including as performing physical examination, delivering immunisations, and treating chronic illnesses.

Develop good communication skills: helps to effectively educate families about health issues, listen to their concerns, and develop trust.

Cultural Competence: Learning about cultural sensitivity and how to give care that respects and aligns with the values and beliefs of the families you serve.

Teamwork: Collaborate with other healthcare professionals to appreciate the value of interdisciplinary approaches in community health.

Field training include

Home Visits: Supervised home visits to understand the living conditions and specific needs of the families. **Community Engagement:** Participation in community health fairs, workshops, and other outreach activities. **Collaboration:** Working with social workers, nurses, and other healthcare professionals to provide comprehensive care.

Documentation training include:

Record-keeping training focuses on keeping correct and confidential health records. Data collection methods include gathering and analysing health data to track progress and consequences

Reporting: How to prepare reports and deliver findings to supervisors and community in-charges.

Preparation for FAP

As a medical graduate we have to be prepared both mentally and physically to meet our families. So many preparations are needed personally and from college department side to encourage ourselves.

Personal preparation

Self-hygiene and discipline: we should be groomed well and clean. To gain the confidentiality of the patients we should be prepared. Discipline is very essential as a medical graduate.

Time Management: Scheduling: Create a schedule that balances program requirements with academic and personal obligations.

Psychological and emotional readiness: Resilience Training: Participate in exercises that promote resilience and stress management abilities.

Academic preparation: Learning about community medicine family medicine and related topics to fap

Collaborative preparation: Both the management and students must effectively involve providing proper care to the families and the society!!

Conclusion: Initial expectations training and preparation falls under the various categories like personal academic community levels. If all these are properly coordinated family adoption program will gain a great knowledge to the students and will built strong hope how they will serve the society!

Gercy Carlin

UG 3rd Year

Bharat Medical College, Tamil Nadu



Entering our rural communities: the family adoption program

"The Family Adoption Program"(FAP)", a term, that I heard for the first time when I joined medical college. It was the Community Medicine department of our college that informed us about this program and it created a mixture of feelings within me: curiosity, nervousness as well as a feeling of some kind of tiresome responsibility of a completely new family of strangers. But little did I know that my perception was going to change completely at the end

of the day. We were told that this program will serve to sensitize the medical students with the rural conditions, practices and beliefs, more effectively and create a good opportunity for the student to understand the problems encountered by people in the rural areas as well as gain some practice-based knowledge about community medicine. The first visit for FAP that happened in our 1st year of MBBS was an enriching and a memorable experience for me. We visited the village accompanied by the professors and the resident doctors from the department of Community Medicine of our college. There, we were allotted families for whom we were going to become the first point of contact in case of any medical crisis.

As soon as I reached the house the family members gave me a warm welcome. I introduced myself and my purpose of visiting them and they were very glad to know about it. They were happy to find out that the higher authorities are considerate about health of the rural people. Then I got introduced to all the family members one by one. After conversing for a while, I started to get a clear picture of the areas where intervention was needed. Then I observed their house closely after taking their permission. I felt that improvements were required in hygiene practices, so I educated them about the importance of cleanliness and the various diseases that spread due to the lack of hygiene. I also enquired about the source of drinking water and its storage for later use. I was relieved to find that the drinking water was covered but at the same time disappointed by the fact that they had little knowledge about the proper method of boiling the water before drinking it. So I taught them the method of rolling boil water and its importance in order to prevent the spread of waterborne diseases. I performed some basic assessments like calculating the Body Mass Index (BMI) and suggested some more nutritious foods like fruits and green leafy vegetables to be included in their diet. We also recorded their blood pressure values and random blood sugar levels for screening of underlying co-morbidities like Hypertension and Diabetes. Along with my colleagues we also created awareness about the importance of immunization and also performed a drill demonstrating the steps of hand washing.

After spending some time with the family and completing the information collection and assessment part, it was time to leave. Initially I was nervous at the thought of family adoption as I perceived it to be some kind of exhausting responsibility but at the end of our visit my perception changed completely and I found it to be an enriching experience. Overall, this visit helped me to understand the importance of field work in the medical profession.

Knowing that this was just the beginning and we would get multiple chances to visit the families over the duration of our MBBS curriculum, we left the village with some insightful memories and an experience that will be forever etched in my heart.

Parmar Kuldeepsinh H

UG 2nd Year

Parul Institute of Medical Sciences & Research, Vadodara

Vasudhaiva Kutumbakam : An anecdote on family adoption programme

It was a sunny afternoon, with a pounding heart I was heading towards Ramlal Sur's house. His family was assigned to me under family adoption programme. Before me was a small pucca house in Buita. A lean man in his late sixties opened the door and recognised himself as Ramlal. Subsequently his wife Mita, an old woman offered me water. On initial inquiry I came to know there were four other members – Ramlal's son Rana, daughter-in-law Semanti, two grandchildren Ria and Raju. The first few visits were spent getting to know the family,

their lifestyle and majorly building trust. I saw that they drank pond water, used the same for cooking and felt short in maintaining basic food hygiene. I taught the family how to purify water by boiling, why it is necessary to cover cooked food and how these interventions can keep away deadly diseases.

Once the health examinations started, I found that Semanti was underweight, anaemic and had severe gastric issues. On briefly analysing the given history I concluded that she had peptic ulcer. I asked her to consult a doctor soon and bring changes in her diet accordingly. Over time the family grew closer. One day Ramlal opened up on how he used to work in a gas station but got sacked when the Covid pandemic set in. The family faced bunch of adversities, many a times they slept without having dinner. "The pandemic made the poor even poorer!", Ramlal exclaimed. We live in a country where boys are considered as boon and girls as liability. I faced this burning scenario here. Ria once studied in a government aided school now stays at home. Semanti rattled that they could afford education for one and they chose Raju. Too much of my dismay, I sat them down and told that they must continue Ria's studies, highlighted the importance of girl child's education. After counselling for days Semanti convinced her husband. Soon Ria resumed her education. In fact, Rana now worked in double shifts so that he could send both of his children to school.

Another issue which I encountered was menstrual hygiene. Semanti and Ria were in their active menstrual age. Sceptically they revealed that they use d cloth pieces instead of sanitary pads. On asking, Semanti replied that Rana was the sole breadwinner so they can't afford such luxuries. Shockingly, I told how cloth could potentially cause infections and that maintaining menstrual hygiene is not a luxury but a need. In my following visits I kept communicating and discovered something-in a densely populated country like ours where there is a perpetual scarcity of healthcare facilities and doctors, mental health is something which remains neglected. When I saw these people pouring their hearts out to me I realised how vulnerable one feels when they are faced with a disease- mental or physical. Some of these remains undiagnosed giving rise to fear which feeds on the naïve minds of the sufferer. Here medical students & this initiative comes to rescue. Facing on ground scenarios gives us an early exposure which hones our skill and makes us competent as physicians.

On the last day when I was packing up before leaving, Semanti took my hand and said, "What you have given us is more than any medical care. You gave us hope, which is needed the most and thank you for that doctor babu." This statement resonated deep to me, I felt that our roles extend far beyond than being mere healthcare professionals, we are a source of hope and support for this society. This world is our home and the people living in it our family, which in Sanskrit implies "Vasudhaiva Kutumbakam".

Ipsita Bhattacharya

UG 3rd Year

Jagannath Gupta Institute of Medical Sciences & Hospitals, Kolkata

From Classroom to Community: Navigating the Family Adoption Programme's Transformative Journey through the lens of a Community Medicine Resident

The Family Adoption Programme (FAP) implemented by the National Medical Commission of India is a pioneer venture that amalgamates the academic of medical education and social sensitivity. The concept entails first-year MBBS students taking care of five families and adopting them till the third year under the supervision of the Community Medicine

Department. It can therefore be said that being a Junior Resident in Community Medicine had its levels of inspiration with the noble aims of the program but at the same time, came with some level of parasympathetic responses to the logistics of the whole program. However, the journey that was experienced proved to be an inspiring one in as much as the Nielsen effort in dedication and commitment to community engagement.

How we felt when we first knew about this, a little unsure yet happy about it. The scope of the work to be done was very large. This entailed preparation that took about three months and included ground research, transect walks, House listings, and prepositioning of health camps. The intervention activities for three months were conducted by the research team consisting of faculty members and ground health workers, i.e., Anganwadi and ASHA workers in the identified and targeted slum areas. Walking through the narrow, overcrowded lanes, often with pigeons overhead and unsanitary conditions underfoot, was an eye-opener. The harsh realities of these living conditions were a stark contrast to our own experiences. This immersion heightened our sensitivity and empathy, making us acutely aware of the daily struggles faced by these communities. The initial discomfort and shock we felt served as powerful reminders of the importance of our roles as future healthcare providers.

The preparatory phase called for careful planning and integration plans very well. The main objective was to achieve good documentation and health checkups of families in the targeted zones. This involvement included the organization of health camps as one of its major processes. Such camps also offered basic health care services to the concerned communities, thus establishing rapport with the people. Each student was required to keep in touch with adopted families frequently, observe their health conditions, and act according to the plan we designed for them. This hands-on approach demanded a lot of interpersonal interaction and demonstrated responsibility. Year-round cumulative involvement also made the students aware of the fact they are observing the long-term social benefit accrued from their interventions, besides appreciating the systems at work in enhancing community health.

Besides improving the hands-on experience of the learning institution's medical students, FAP also avails the students to specific factors about the community they stem from or plan to practice in. This means that when treating a patient more than consideration should be given to their symptoms, but consideration should also be given to the patient's environment, his lifestyle, the challenges he/she faces among others. This creates a positive rapport between medical students and society due to the appreciation of their common humanity. Thus, through constant communication with the families, students learn of the difficulties that these communities face which is valuable as it moulds the vision of the students concerning the service delivery of health and placing high regard for their humility.

Thus, the FAP is an ideal reflection of the principle 'Sewa Parmo Dharma' (Service is the highest duty), an amalgamation of medical education and social service. It has the capacity of turning future doctors into more of professional human beings with a sense of service to the society. It is a noble stand that closes the gap existing between the medical school and the general public, thus producing doctors who do not only complete formal education but also have humane touch and prepares future doctors to make relevant changes in public health.

Anshita Mishra

PG Resident

Maulana Azad Medical College, New Delhi



**Chapter 4:
First interactions**

FAMILY ADOPTION

SUPPORT

RIGHT GUIDANCE

We interacted with this person also

FAP

DOCTOR

Collage by "Akriti Shah"

Sukh Sagar Medical College & Hospital, Jabalpur.

Page no.28

FAP

Page no.28

Sukh Sagar Medical College & Hospital, Jabalpur.

DOCTOR

'It is an extraordinary act of courage to come to know a stranger's pain.

-

Steven Erikson

Chapter 4:First Interactions

In the field of medical practice, the first interaction between the caregiver and the health seeker sets the tone for their relationship. It is very important to learn the art of communication and develop this skill over a period of time. Often, the health seeker is in a submissive role and the caregiver is in a dominant role if the interaction happens in a healthcare delivery setting, whereas the roles are totally reversed when a future healthcare provider goes out in the community as a learner. This chapter is an exploration of those initial meetings, where a learner comes out of his comfort zone and communicates with a stranger. The stranger sets some expectations, and a form of trust starts to build up. The initial communications are not about prescribing medicines⁷ but about understanding the dynamics within the family. The essays in this chapter reflect on the very delicate bond that must be established during the initial interactions. It is these initial bonds that pave the way for future visits and a lasting positive relationship.



In the field of medicine, the pursuit of knowledge and the science of healing are bonded with strings of empathy and compassion. **The Family Adoption Program in the MBBS course** uniquely integrates these elements, offering us an immense scope to engage closely with families facing challenges, provide meaningful support, and develop a holistic approach to care beyond clinical settings.

One fine morning, we set out for our first field visit to a spartan village consisting of small, roughly-made houses with mud brick and bamboo framework, joined together with narrow, unpaved paths. Basic amenities like running water, electricity, and sanitation facilities were scarce, reflecting the backward living conditions of the people.

Before the visit, I had undertaken the groundwork research on the basics of adoption, familiarizing myself with the potential challenges, and benefits that might be faced by adoptive families and walked into the home armed with a notepad, respect, and a sense of curiosity.

The first time when I entered the home of Mrs. Hena Bibi, I was filled with a mix of curiosity and apprehension. However, her warm smile put me at ease. After introducing myself and explaining the purpose of my visit, she invited me in and offered me a seat with hospitality, after which she began to share about their lives and hardships, also showing interest in knowing more about my studies and the program.

She introduced her family members including her husband Mr. Seikh, elder son, younger son, and a daughter, all of whom are attending school. Their main challenge is financial instability, as the income from work at a steel plant is very low and basics are always solicited. The health sector is one of great concern as they are not sick at the moment, but the cost of medical care is something to really worry about. The attendance of their school-going children is often hampered, and the quality of education in the village is not very good; this alters their future prospects.

This very first meeting marked a moment of great importance because it meant the first step toward **building a bridge of trust**, understanding, and mutual respect—a real-world

application of the principles of patient-centred care. First of all, I set up trust and empathy as a listener, an advocate, and a supporter; which formed the bedrock for this relationship.

This is not necessarily free of challenges. **Cultural differences, language barriers, or health beliefs** can lead to misunderstandings, these very challenging situations will help us to grow, as we work at building our cultural competence and communication skills.

This house visitation program brings in **quite a few benefits to the family**, impacting various aspects of their lives related to improved health care access. Screening and education on basic health issues, offers a supportive network that gives them emotional solace and provides improved quality of life to them. The program **provides practical experience** by applying clinical skills to real-world health issues, improving communication, empathy, and cultural competence. It teaches public health strategies, disease prevention, and the importance of health education. Regularly managing a caseload and visiting families fosters responsibility and professionalism.

While the Family Adoption Program is surely an education initiative, it goes much further to effect deep personal and social change and growth. Quite literally **a lifeline of health care and hope for families**, this program has turned daily struggles into stories of resilience and renewal. For us future doctors, it fosters both clinical skills and empathy, equipping us with a holistic approach that transcends medicine to truly transform lives.

Monalisa Deb

UG 1st Year

DRIEMS Institute of Health Sciences and Hospital, Kairapari



Family adoption program (FAP) is initiated to provide an experimental learning opportunity to medical students towards community-based health care and thereby enhance equity in health. In FAP, my initial expectations were not high as this programme was entirely new to everyone. I just hoped to find a family with whom we could build good rapport and provide them with their healthy lifestyle guidelines.

When I first met my family members, I encountered one minor problem, that is the language barrier. Other than that they were very kind to me but initially they were a little hesitant in opening up. So, during our first visit all I could ask was their names, ages, address. Then introduced myself and had a chat about general things. But I enjoyed the change in environment in the village as I'm from a city and our environment is totally different from theirs. I could see mud houses, cattle sheds, kitchens with chulhas which is the local term for a small brick stove which is used for cooking, large verandas and trees and nice calming environment.

On our second visit, they were more friendly and open. They were also trying to overcome the language barrier between us. They volunteered to provide snacks and drinks and considered me as their own family. Then I started asking them questions given in our exercise manual to which they answered without hesitating. They also had a few doubts and questions about one of their family members' conditions, to which I gave them information as much as I knew and about the rest, I asked my group in-charge faculty to help them out. The family members were very thankful to us for the same.

During the subsequent visits, they were even more welcoming and they had no problem about discussing their chronic illness, family income, etc. They even let me go around their house and assess the electrical fittings and door/window measurements. It would have been a little

difficult to assess these things in case a good rapport hasn't been formed. They also asked about the purpose of these assessments and we explained about adequate lightning criteria, ventilation, and how to prevent overcrowding, etc. We also explained the need for proper garbage and waste disposal and its impact on environment. In the next visit, me and my teammates wanted to make the visit a little more innovative by enacting a street play on importance of proper waste/garbage disposal. The villagers enjoyed watching the street play and afterwards we taught them steps of hand hygiene in a interactive workout session. The village heads appreciated our approach and wanted similar sessions like that.

So, this year, during our first visit, we first went to our respective families to check on their health and in the second half we enacted another street play on the topic drug abuse and its impact on health. The villagers were very excited to watch this play and applauded loudly at the end.

I hope our upcoming family visits will also be innovative and interactive which will bring us even more close with our family members.

V Miriam Mizpah Orchid

UG 3rd Year

Christian Medical College, Ludhiana



Family Adoption Programme-An Un-experienced Experience

As a student of first year, it is always been a question in my mind I guess from the day of my orientation what actually family adoption is and why we need. Totally unaware, I used to ask my batch-mates about this and keep them troubling with questions. I guess about 3 week prior or so we were given a folder that we have to fill. I just go through it once only to become nervous to see the questions that we are being supposed to ask. Obviously, as introvert I become conscious how I am going to ask them all these with a thinking will they really let us know about them or they feel being interfered. Few instructions were given by our department. Then, we were taken to that area on Saturday. It was one of slums on roadside. Though I have seen many slums while travelling in bus, rickshaw, etc. But never seen it so closely. I was just looking at houses, people around there and there dressing and there messed up way of living. Then we went to our family which we were assigned. It is family of three people with a working mother, working son and daughter. When we inspected their house, it was size of single room or even smaller than-that with a kitchen attached to it. They do not have windows and not proper ventilation but yes their houses are of bricks. Stray animals can enter their room as if a member of their family. They do not have their own washroom they use common washroom outside. On asking people we get to know even drinking water they have to take from tanker. Even though I was quiet most of the time while my fellow-mates ask questions but I was keenly listening them. I realised we do have much than they have still we both are living are our lives in our own way. Most of the families there are having monthly income 20-thousand or so. I told my friend that-few people used to spend that amount in one trip and they are living one month that is amazing. But one thing that I came to know is that for their medication purposes they believe in private hospitals even though government hospitals are offering them at low prices. For them government hospital are not satisfying and found them hectic. This made me rethink my thoughts. But still we offered them to help if they need any kind of medication from our hospital. The first experience of family adoption is just inexpressible as it is mixed emotion. Happy as they are

enjoying whatever their condition is and sad that they have to live like this. But this programme makes me realize the importance of interaction between people. Understanding their emotions, behaviour and their way of living. I feel that it is something which cannot be taught in lectures by professors that you should talk like this, behave like this. This is something which we will learn only when we experience it. And should experience from starting only as this is something which is going to enhance the quality of knowledge. But in this I think we can really help a family as we are concerning that family particularly. And also the members of that family become more open when you interact them frequently. Might possible we help them with their clinical condition. I remember when we were assigned a different family, one member asked us where were the old one. I was first surprised but then smiled.

Bhavya Bharti

UG 1st Year

North Delhi Municipal Corporation Medical College, Delhi

Ad Montes Oculos Levavi

We are in an era where there is optimism in excellence. Excel we should, as Indian Medical Graduates. The Family Adoption Programme was another step in this undying approach to integrate not just clinical but community health into the curriculum. We were supposed to learn how to track diseases and assess them on a community level and we were prepared for that. But as life has it, you will always get a bit more on your plate than you wish for.

I remember my first day at the FAP. As we made our way through the thick blankets of fog on a bus which rattled its way through the cracked roads, we crossed miles and miles with nothing but trees, brooks turning into raging streams. Our dreams of being met by a crowd of supporters soon vanished. Some were inviting, most suspicious. This idea of being praised was not unbiased - all of us students had been veneered as champions for cracking through NEET, but the sudden scepticism was shocking at the very least. As we made our way through the lanes, becoming narrower with every turn, me and my partner were assigned a house, which like the many others there - mud huts with outsides flaking flecker with a few cement houses in between. The solid roads had turned into muddy lanes.

We were instructed to take basic family health history but even that turned out to be a mammoth task. They were a husband and a wife, married for over half a decade, no children. We perspired as our efforts to gain the slightest information was met by a question, never an answer - why, how, and most importantly, a no. As our time came to an end, we were ready to pack up and leave - when they said in the slightest of a whisper - "We are HIV positive." And the curtains closed, end act.

The husband was the first to fall ill, followed by his missus. As they recalled their history, a strong sense of compassion was followed by guilt. The husband had become infected while he worked outside. The diagnosis only came when both showed symptoms. Jharkhand has forty thousand active cases of HIV and ranks 11th in the country. I suggested that there are drugs to prevent HIV from infecting a foetus but even at the slightest thought of their child having to go through this, they differed from having any- "we don't want to give this curse to anyone - least of all our children". The shame and guilt associated with its presence has marred any help that could be given out. The couple built a house away from their family to "protect" them and no one apart from the two of them knew about their diagnosis. Have we

built a place so stringent that people are unwilling to talk about their health, even if we are doctors? Keeping their secrets to our hearts, we left promising that our lips shall remain mum. Upon our return, a thought struck - we, as students, strip compassion from medicine, reading and learning everything from a clinical point of view. This method falters out here in the real world where people don't open like pages of a book, ready to divulge every bit and piece of information. We are the ones who must bend, curve and reach to treat our patients. This is what FAP was supposed to teach us. To treat a disease clinically is what is taught, but to treat, understand and respect is what makes us a doctor.

Sneha Sindhu

UG 3rd Year

Rajendra Institute of Medical Sciences, Ranchi



I was recently given the opportunity of visiting a nearby village as part of Family Adoption Programme by NMC. Each of us had to take up 3 families and collect data about their personal information as well as perform basic health checkup. While interviewing and conducting the health checkups, I realized how noble and great the medical profession is and just how much we are all respected in the community. Each member of every family was willing to answer all the questions that were asked and were willing to go ahead with the health checkup, infact each person was intently listening to the questions and answering them to the best of their ability. They were readily sharing their health problems and asking for a diagnosis or any form of help we could offer. Almost every woman in the homes we visited who were in the reproductive age group had some sort of weakness and pallor which pointed towards some level of anaemia. They were all asked to visit the camp set up by our college to avail benefits such as iron folic acid tablets etc. Almost every family member was underweight and needed supplementary nutrition in the form of healthy meals. Most heads of the families were either farmers or labourers and therefore income is not stable and fluctuates depending on season in case of farmer and work opportunities in case of labourers.

One feature that was commendable was the fact that children of all families were enrolled in government schools and attaining education which is of utmost importance. This has been a positive change seen recently in the past few decades encouraged by various schemes by the government such as the mid-day meal scheme that has encouraged parents to send their children to school without any worries. A better education will lead to a better quality of life of the upcoming generations in the form of better job opportunities and a much more financially stable life. Another commendable thing that I noticed was that all children had received all necessary vaccinations. This change has also been recent because of schemes introduced by the government. It is a change certainly in the right direction as up to date immunization will prevent most common communicable and non-communicable diseases thereby improving the health status of the community. One quality of theirs which was certainly heartwarming was their hospitality and generosity. I would like to conclude by sharing few takeaways from the family adoption program. First, I realized once more the nobility of the profession I have chosen and just how lucky I am to be able to help those in need. Second, visiting the village made me feel extremely grateful about all the resources I have available at hand while there are people struggling to avail the same resources and

making ends meet. Overall, it was a very humbling experience, and I am thankful to have been given this opportunity.

Hiba Intakab

UG 3rd Year

Rajshree Medical Research Institute, Bareilly

Initially, the notion of Family Adoption Programme sounded as a clinical survey which included the details of one's lifestyle, diet, income etc. But now, I admit that this journey has also witnessed several beautiful and emotional moments. The first interaction with the adopted families has not only been a part of my books but also has been a part of my life as a guide, who had molded this junior UG. I had adopted 3 lovely and supportive families. The beginning of this journey was anxious, but the later encounters were smooth and friendly. All the three families welcomed this budding undergraduate student with a warm heart and have shared all their details with patience and without hesitation. My day wasn't only restricted to asking the questions in my log book, but was even indulged in listening to their daily routine, with few talks even related to their past. I even guided them to the health camp that was conducted by our college in their area, on my first visit.

This programme in one way helped me become independent and responsible. But among the three, one family has a special place in my heart. It is a family of an old couple, leading an independent life after completing their share of responsibilities. I met Amma (the way I addressed her) first near the temple, and then she led me to her house. It was a sweet little home. I started with my introduction and had taken their verbal consent before asking the questions. Amma was very keen in answering my questions, and every question of mine was suffixed with her past memories and experiences. Amma mentioned about her drop-out in 2nd standard, her children, her field experiences and many more life experiences. Uncle was rather silent but had asked a few medical related queries about his eye problem. I answered a few with my little knowledge and then guided them to the interns who assisted us on this journey. After having a home tour of theirs, it was time for departure. Amma was in tears when I waived her bye. She exclaimed that after her daughter had got married, she has got another daughter who would take care of them and support them.

This belief in them is what makes me strive hard for my better future. So, finally to make this emotional journey a cherishable one, I took a picture of all three of us, standing in front of the house with me standing behind them, signifying that this daughter always stands as a support pillar to my new adopted family. Thus, the first interaction was my first step towards a road of great learning. It made me realize my duties, both as a doctor and as a human. It signified the importance of duty, dedication and devotion along with other qualities of professionalism like empathy, communication, resilience etc.

Thus my first interaction ended with bunch of memories and a collage of photos.

*Saturday of this month was different,
As the brain got "fap" as a new afferent.
Unknown of the road ahead,
A new journey has started.
There were three halt stations,
Which were our five year's destinations.
It was an educational trip,
With a bit of an emotional grip.
It was not only a travel,
But an opportunity to unravel our hidden talents.
Thus, it started with a question,
And ended with a notion for the future.*

Uppaluri Lakshmi Naga Sai Sarvani

UG 2nd Year

Bhaskar Medical College, Telangana

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The National Medical Commission (NMC) has mandated Family Adoption Programme (FAP) for MBBS students from 2022. The student is expected to establish rapport, understand their health and related factors, and help improve the healthcare of the family, and by extension, the community. Thus, it is expected to help in achieving Universal Health Coverage. This programme was also implemented in our college, the National Institute of Medical Science and Research. As a first year student, interacting with people besides our professors and batch mates was both challenging and exciting. By the time I reached my third year, FAP became a method to improve my social skills, which is essential for any doctor. But as we all know "first interactions are never easy" and they are enough to make or break a person's opinion for you. I learnt that, from the very first interaction it is necessary to normalize our (A doctor's) presence, that the family should know, now they have a person readily looking after them. I learnt to be humane and empathize with the rural population by understanding their customs and limitations and also many positive aspects of community unity. In our culture we have a moto "ATITHI DEVO BHAVA", during our first interactions with the family I got to witness this. Every family welcomed us as if we were one of their own, even though some were hesitant at first but after introducing ourselves and explaining the purpose of our visit, the families opened up quickly.

One of the family that I adopted included an old widow with no children living all alone , there was no one to take her to the hospital and despite undergoing a severe injury all She had as a source of help was her village 's Primary Health Care Centre, this shows us the harsh reality of the society we live in and lack of proper health resources and government policies and reach . This encounter also taught me that even though I was not capable of turning her life upside down but that was no reason to not help her "even a small step can change the world". The other family under me was poles apart . A well to do family of 8 people, aware of their rights and their health. This shows us, rural India is slowly developing and is being empowered. During the third year of MBBS, I adopted a new family. It was a joint family. While talking to the daughter-in-law, we realized she could be a patient of Polycystic Ovarian Disorder and should consult a doctor as soon as possible. During this first interaction we were able to convince her to visit NIMS hospital without any hesitation and gain her trust. Due to the Family Adoption Programme. I was able to use my textbook knowledge in the practical world and get a step closer to being a good doctor. In conclusion, my first interactions with

different families were a great experience. Community engagement in our field gives us students an insight into the living conditions of the public and how they influence their health. This motivates us towards the kind of career we must prepare for, gaining trust and cooperation of families.

Tisha Singh

UG 3rd Year

National Institute of Medical Science & Research, Jaipur



First interactions with adopted families

After a long wait between spending so much time in the tunnels of preparation, head down, trying not to screw up, just going from one day to the next, the day finally arrived “OUR FIRST FAMILY ADOPTION”. Omg! I was very excited, my white coat was ironed, my bags were packed, everything was set, On the way to college I was preparing myself on how to interact with the family.

After reaching, our teachers gave us instructions and preform were issued. And then we travelled to our village and I started marching towards my allotted family. Though I was a bit nervous and anxious, I rang the doorbell and a lady came out after which I introduced myself and to my surprise, she invited me inside and was very welcoming which was unexpected as I was after all stranger for them. I wanted to develop a good rapport with them, keeping in mind that smile will win hearts and our attitude that will leave remark I started to communicate with her. She was not hesitant about answering my questions and I also wanted her to be comfortable. So, I repeatedly asked her whether it is okay for her to answer the questions, and I was lucky that she was very cooperative, she shared medical histories of her and her family members, and she even invited me for lunch; it was very overwhelming, and the clock was ticking I had to return to my bus. Unfortunately the conversation was not enough. Her kindness inspired me a lot. I bid farewell to her, and she asked me when I will visit her again, it really did move me. She also thanked me for listening to her problems. Which made me realize that simply listening to someone's sorrow and pacifying them with few encouraging words are enough.

You don't have to take many efforts to solve these problems or u don't have to give them solutions. Only reassurance can do magic. The first lesson learnt was, to be a good listener. I was very happy and satisfied, eagerly looking forward for many more lessons. The first interaction with my family will always be memorable one, and I wish and hope that the things which I have learnt will help me in my profession and will sculpt me as a good doctor. This family adoption programme made me realize that everything cannot be learnt from the textbooks, whereas interaction with the people is very important for a healthy Doctor Patient relationship. I hereby looked forward for my next visit and the upcoming life lessons.

And in my subsequent visits I helped them as much as I can and guided them. I wish and hope that this program will carve me as a good human and a doctor who values empathy and is patient centred. And to understand that, the patients choose doctors as opposed clown as someone they trust...

K Afreen Banu

UG 3rd Year

Bhaarat Medical College and Hospital, Tamil Nadu



A visit to remember!

It was a bright Tuesday morning in Chennai. 1st year MBBS students were called upon by a department which was a bit strange to them, the Community Medicine Department. The department announced for the students to gather in the lobby in order to visit a nearby village. The students were overjoyed and shouted “Oh! Yeahhh!”, faint remains of the childhood innocence were visible in their faces. They were brimming with joy to have gotten away from the boring biochemistry cycles and anatomy lectures. But little did they know it was going to be a weekly routine for them.

Students boarded the bus and started. The village scenery along the roads were new to most of them. Students boarded off the bus and were given a “warm” welcome by the sun. It was shining with all its glory. They asked the students to visit the families allotted to them. Though a bit hesitant at the start, students eventually entered the house and began to interact. Instead of a medical history, the students started to have a light hearted conversation with the family members as they too surprised to see doctors who are so young to be one. They gradually established a connection and gathered the details of the family members. Slowly students started to ask the questions, albeit without any clue why they were. Mild giggles came in the back while asking about the drainage facilities.

The students slowly started to realize how starkly different is the lifestyle of the villagers. Many of the students did not have a clue about the food items the families ate. They patiently asked about the diseases they had, water they drank etc.

While asking about the economic status, the students were in for a guilty surprise. They were astonished upon hearing the monthly income of the families. At least a few would have got to realize that how life was entirely different in a place which was not more than 30 minutes’ drive from theirs

Slowly they were getting exhausted. Drenched in sweat, all were waiting to somehow run to the bus and leave the place. Once they were called back they couldn’t have run any faster, but not without thanking the families for the interaction, giving a great sense of satisfaction to them as well. The faculty guided them to fill the forms and get them signed. A few of them, dozed off the moment they got seated due to the sheer exhaustion. Many reflections were going in their minds on the way back. Why did we ask these questions? How will these be of any use? ..and so on, but rightfully so in the point of view of someone who joined the medical journey aspiring to be great surgeons and physicians. In that mindset, they forgot about one thing, the community where their patients live. The Family Adoption Program (FAP) was right there to put them on the right track.

Ganapathy Narayan Arul M

PG Resident

Sri Ramachandra Medical College & Research Institute, Chennai



“Family Adoption”- A path to care and health.

Myself Dr. Bharti Bhagyawani, a first-year resident in the Community Medicine Department at B. J. Medical College, Ahmedabad (Gujarat). I recently had a chance to mentor 10 students from second year MBBS for Family Adoption Programme (FAP). It was both beneficial and satisfying as I was able to share my perception regarding the programme with the students and also able to take their perception for the same.

Being the most populated country in the world, it is difficult for India to provide health care to each person possible, FAP not only gives a chance to reach remote population but also helps medical students to understand the concept of community-based health care. Being their mentor, I guided my students for how to interact with the families, how to make them believe that you are here to help them.

When we reached to our first family there was an old lady doing her household chores, we interacted with her we measured all her vitals, her height, weight etc. Her RBS was raised we guided her for lifestyle modifications as she was already on treatment for hypertension and diabetes. She went inside took all her prescriptions and showed to us, she also showed prescriptions of her husband and asked us about any changes in treatment. This incident made us confident that yes we are here to help them and people here are showing trust on us. She told us if such visits take place frequently it is easy for them to reach to health care services.

Talking about the next family again there was a middle-aged female she welcomed us with a bright smile, she offered us the sitting, insisted for having breakfast. On taking history there were no significant problems, but on doing physical examination her RBS came 385mg/dl, she was scared and terrified that how this can happen. We comforted her, guided her for lifestyle modifications and told her to immediately visit the nearest health facility. This point made all of us realise one thing that how this FAP is helping not only the community by making them aware and screened for their conditions, but it can also reduce the burden on health care system by detecting people early for their conditions, managing them at primary health care level and reducing the chances of complications and hospitalizations.

The next house will be the most memorable for all of us, as the lady from that house was very social, when we started doing her physical examination she gathered all her neighbors saying “come everyone doctors from civil hospital are here and they will check all of you, come fast”, by this we felt privileged to serve the community even if it is in the form of basic physical examination. Students were also happy as they got that respect which they will be eventually getting in future.

Last one family I would like to mention is the one which made us realise that the profession which we are already pursuing is still a dream for many. We went to this family having 7 members, one of them was a girl who was in 12th standard. We did our part by taking history, doing physical examinations. When we thanked them for allowing us in their family they replied don't say thank you just tell us how to become a doctor like you, we want our child to become a doctor and serve the community the way you are doing.

Bharti Bhagyawani

PG Resident

B J Medical College, Ahmedabad



Compassion

Chapter 5: Building Trust

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).

**'Today, give a stranger one of your smiles. It might be the only
sunshine he sees all day.'**

-

H. Jackson Brown Jr.

Chapter 5: Building Trust

Trust is the glue of life; it is the cornerstone upon which any meaningful relationship is built. It is a crucial element of the Family Adoption Program and is formed by regular visits, consistency, active listening and mutual respect. The trust formed between the medical students and the adopted families extends beyond the individual relationships and strengthens the bond between the departments and the communities they serve. In the early stages of the FAP, the trust is tentative and weak like a cotton thread, both for the students who are into the learning phase of nuances about the patient care and for the families who allow a young student to delve deep into their lives. However, the regular FAP visits spread over various phases of medical education open up communication and these consistent actions slowly culminate into a steady trust, shaping the success of the program. This gained trust forms a bridge between the academic knowledge and real life understanding of the approach towards a health seeker. The established trust also broadens the vision of the learner to think about the social issues and not merely treating symptoms. Trust building is essential not only for the success of individual relationships but also for the larger goals of the FAP. The trust thus developed will foster a new paradigm of collaborations with the local communities and other stakeholders. The adopted families become more open to sharing their concerns, hence providing a fuller picture of their health and well-being. Building trust also ensures that the program is sustainable, as it becomes a mutually beneficial process for all the stakeholders involved.



Studying for 14 hours a day to get selected in Medical College is what I anticipated but going to a village, adopting families and meeting the nicest people out there was not on my bucket list. So, FAP came as the biggest blessing in disguise for me.

Having a rural background, the thought of visiting a village didn't impress me much but reality is always different from what we expect. Not only the place is different to locate on map but progress, quality of life, positive and negative sides, people, everything is different even though it's a village. It's just one and half years into the program and I am learning a lot of new things with some challenges and cultural shocks, how the standards of living vary from one family to another in the same place will always amaze me till the end. How one family may have money to buy cold storage and other can't even afford a refrigerator for their basic needs.

So the village I go to village and the families I have been allotted are five in number out of which one is primary and the other 4 secondary. Going for the first time felt like a mere trip to me (like school times) but a foot in that village, a hope in their eyes and first meeting with them made me realise it was not just a trip but a whole journey of my life where I had to put out my best efforts to make their hopes change to reality and build trust with them.

Met my primary family for the first time , the head is illiterate (big challenge for me) because I have to start things from scratch telling them everything about our visits and what we are there for .So , we start with basic information to build a family chart but it was different for me, I couldn't build the chart for the first time because I was not clear about all the members of a family and their relationship with each other but that's how we know our progress, right !one visit in and they told me all about how their girl was adopted and all their relationships, I guess I was successful in making them believe me.

Not only do we meet families on our visits in FAP but also do different programs like planting trees and conducting camps for free check-up of little children. Sometimes I do fear myself for the trust I build with families that they allow their children to go out for a check-up alone with me with the words said , " you are there with her, we don't need to come. "It's overwhelming isn't it? Total strangers on first visit and the next one parents are trusting their child to you. It was this moment for me which made me realise that I had to work hard and study more to meet their expectations.

FAP is a way of testing our knowledge as well and learning new things ,learning about different schemes by the government and telling families how helpful these can be for them , referring them to Health Centre) for free medical check-ups with best doctors and finding solutions to their medical problems within their financial limits.

There are many more visits to come, so summarising my experiences and binding them would be a difficult task for me in this essay There are hundreds of things I can talk about how this programme changed my behaviour, personal outlook and the way I look at people and vice versa .Giving them new hopes, providing them with basic needs and helping with their medical issues is all I am looking for in the next visits and sharing more memories with them .

Shruti Sharma

UG 2nd Year

MES Medical College, Kerala



Marianne Williamson once said, "In every community, there is work to be done. In every nation, there are wounds to heal. In every heart, there is the power to do it". I could not agree more as the Family Adoption Programme launched by the NMC has provided an opportunity to budding medical professionals like me to do just the same. My FAP journey started with our department allocating five families in a village away from the city to each one of us.

The first visit to meet our adopted families was eagerly awaited by all of us. I was wondering how these people whom I had never met before would respond to this visit. It was a pleasant revelation that the Indian rural hospitality was exactly as we have always read in books and seen in movies; very welcoming, respectful and smiling faces ready to share their food and drink with us. But gaining their trust to share their family histories and medical details was a bit more challenging. Subsequent visits helped in gaining their trust to share their concerns and problems with us.

One of my family stood out because of its stark contrast to the others that are generally found in the community. Unlike the joint family system that one associates with rural families, this is a lady in her early 60s who is living alone by herself. Her husband and children have migrated abroad, but she has chosen to stay back because this is the life she likes and does not wish to change it. This decision comes with its own challenges, as with the disintegration of the joint family, she is left to fend for her needs by herself without a timely medical support in aging years. After multiple sittings with the lady, I got to know of her family history and medical conditions which included severe knee and back pain which made walking and carrying out daily tasks difficult for her. A Baba in some other village had been giving her some powdered medicines in a small packet to cure her condition, but when she got home she realised that she had been tricked and was only given a packet of ashes mixed with sand. She had lost faith, and resigned herself to fate as she didn't know better. She refrained from seeking correct diagnosis at a hospital.

After getting a gist of her problems, I counselled her on the importance of good medical care, healthy diet and the availability of resources to help her. I referred her to the Rural Health Centre run by our hospital in the town nearby and gave her a clear timetable of the availability of specialist doctors around the week. It was an achievement of sorts when she was convinced. After visiting the RHC and getting a proper diagnosis and treatment, she was very pleased and told me about the positive impact it had on her. Being a part of the Family Adoption Programme has made me understand the challenges faced by the rural population in assessing medical care at a nascent stage so that the condition can be controlled and prevented from progressing further. It is challenging for the medical colleges, faculty and students as well because of the logistic and time constraints at various stages. But despite its numerous challenges, the program derives its strength from the underlying principle of 'Health for All'. It has personally given me an opportunity to experience first-hand the thoughts, feelings of a patient from far flung rural area goes through before coming for an OPD appointment with a physician.

Amrita Legha

UG 2nd Year

Dayanand Medical College and Hospital, Ludhiana



The Family Adoption programme helps students understand the circumstances and way of life of rural residents. The first time we interacted with the family, we were able to develop our interpersonal skills, and subsequent interactions helped us gain a better understanding of people's needs in terms of their health and other areas. This will also help us feel more confident when advising the family on the best medical advice or treatment. Students who complete this program will have the finest exposure to rural areas and become community health doctors, and the community will also have greater access to health care, improved healthcare-seeking behaviour, and positive health, which will allow us to ultimately reach our goals of Health for All. To take care of the family trust is the most important pillar.

We can understand this with the help of a story. On my first visit to the family adoption programme, I was very nervous about whether the family was going to meet would like me or not. I would be able to them and guide them or not? What if I hurt them? And so on.

As I reached the family's home, I was greeted by an old man sitting outside on the bed. She had this warm, welcoming aura surrounding her as she saw me all my worries vanished. I introduced myself and started talking to her about her day-to-day life and life experiences. She was eager to share as she saw an opportunity to share her thoughts which are usually ignored by other people. She shared how she and her husband worked hard together to build the house she lives in with her family, how her husband died of old age and all the responsibilities fell upon her but luckily both her kids had matured by that time and started helping.

Slowly she started introducing me to her family and too started to warm up towards me. Her daughter-in-law told me how her mother-in-law suffered during COVID-19 and how their family faced financial crises due to the lockdown. Later the grandkids of the family started warming us towards be as they saw their parents talking to me, I asked them questions like what is the name in which standard do they study? What are their hobbies etc. and played with them a little they were all giggling in no time but there was this one kid who was still scared maybe because of how we all were intimidated by our parents whenever we caused any mischief and they used to say that we will take you to the doctor they will give you an injection. It took some time and patience to win that kid's trust but mostly it was the kid's bravery and strength he got from watching the rest of the family members talking to me.

With time he realized I meant no harm to him and warmed up to me. For the rest of the visit, he stayed by my side as I took the family's medical examination, noted their medical history, educated them about various schemes offered by the government and, educated the young couple about family planning, contraception, vaccination, need for vaccination etc. Gave them my contact number that they might be able to contact me in need. During this time the kid grew so attached to me that he would not leave my side and would not let me leave, only after I assured him that I would visit did he calm down and allow me to leave. As I bid them goodbye, I could see in them that they trusted me, could depend on me, would call me in time of need and would eagerly wait for my next visit. On my way back I could feel a sense of responsibility that I had now adopted a family that I had to take care and guide medically.

Saba Sultana

UG 3rd Year

Dr. S S Tania Medical College Hospital and Research Centre



Family Adoption Programme – A Potential Game changer

It all began with my admission to medical college, a dream that I had visualized since when I was in 6th standard, helping the underprivileged section of the society! Community Medicine- a subject dreaded by many was my subject of interest since the very first day of medical college. I was looking forward to a platform wherein I could have a one-to-one

interaction with the community and the introduction of the Family Adoption Programme was the beginning of my expedition.

My very first encounter during the FAP, was with a 75-year-old grandpa, a very humble man! He was extraordinarily enthusiastic about people visiting him, which made me wonder what was running through his mind. I was intrigued to know more about this man and went on to ask him about his life. He began his story with a caution "Do not cry after listening to me, I do not want any pity"

This grandpa was a military man in his young age, popular amongst his colleagues, well-nourished and built and spent most of his time away from home. He was married young and had 3 kids but soon after the birth of his youngest son, his wife passed away which shifted all the responsibilities towards him. He was determined not to leave the army but had no idea how to balance life. He tried his best to provide for his kids, but he just could not make both ends meet. He resorted to smoking to relieve his stress, but that worsened his situation. Due to passive smoking, his daughter developed tuberculosis and passed away which made him realize the importance of how smoking can affect everyone around.

Somehow, years passed by, and both his sons abandoned him, for he had not given them all the luxuries of life. This was the moment of truth. Rejoining the army was the only way out. He rejoined the army and served the country till his body became feeble; he developed non healing diabetic foot ulcers to worsen the situation. After listening to his story, I realized the reason behind his enthusiasm when he saw a bunch of college kids talking to him- Loneliness! It is rightly said that 'Loneliness kills, it's as powerful as alcoholism' this grandpa was abandoned by his kids, had no one to talk to and was all alone. He was probably depressed or emotionally weak.

All the emotions together make a human, a human! One cannot always be sad or happy, it is the mixture of emotions that defines us as an individual. No matter how many failures we have in life, one must know how to get a hold of one's emotions.

Mental health, a subject hardly anyone talks about, is the need of the hour. We, as medical students, most of who have been brought up in metropolitan cities know the importance of having a sound mind. But in a village setup there is absolutely no one to guide the folks to channelize their emotions, thus, according to me, this Family Adoption Programme initiated by the National Medical Council, is a potential game changer to bridge the gap between the society and the community.

Rachana Pai

UG 3rd Year

Sri Devaraj URS Medical College, Kollar



"Didi chai peebe"....., I was shaken out of the thought by my friend's voice. She was asking about our batch's village visit for the family adoption programme (FAP). While narrating about my visit, words of Mahatma Gandhi rang in my mind "A self-reliant India can only stem from a self-reliant village". The words of the lady of the house when I visited her small hut in the village of Orissa during my FAP community posting in my first year are still so clear. Her invitation indicates a virtue so deep that it is difficult to fathom. Her own lack of resources did not stop her from her culture and magnanimity.

Health for all, the declaration of Alma Ata is the need of the time. We continue to have penury in abundance. Our hospitals are bringing forth the medical graduates disjointed by the need of the masses that reside in our villages.

The NMC by bringing about the CBME and FAP has tried to address a huge gap in our medical system. The IMG (Indian Medical Graduate) envisioned by the NMC has to have an important aspect of being a leader, communicator, a doctor aware of the needs of the people of our villages. One important aspect of the health system in our country was to bring health to the doorstep. In this direction the FAP is the right step. When we adopt the house holds for five years we become a part of their household. The particular household I was sitting at had children who had missed some vaccines, it felt nice to educate them and coordinate with the ASHA and to learn that the children had been immunized.

Another household had a teenager who was having menstrual cramps, I along with my mentor counseled her and advised her about fomentation and some pain killers, her smiling face on the next visit lit up my day. The stark rural and urban health divide was evident. The matters that are taken casually by the urban population can be important for the rural masses. The simple meals served by the villagers can be supplemented by small steps like mixing ingredients and cooking styles, this aspect was an eye opener when our teacher told us this, like cooking in iron pots, mixing lentils, adding locally produced greens in the dough or the lentils can enhance the nutritional value of the food.

We also discussed planting some vegetables by the households which had some extra land, along with this the value of ventilation and adequate sunlight was also emphasized by us during our study of the style of the house construction. FAP is unique in that it serves two purposes: to improve rural residents' access to health-care facilities and encourage them to seek it, and secondly, to provide budding health-care practitioners with community-focused training.

The FAP also gives an opportunity for the IMG-

1. To have an early exposure to the village life
2. To learn about the ethics, communication, attitude and leadership
3. Gives an opportunity to learn about the community problems and take timely interventions about the same.
4. To be able to address the gaps in the knowledge from classroom to the real-life settings.

The FAP also addresses various challenges and sort various weaknesses. The need to come up with sufficient villages and families along with the mobilization of resources can be a major hurdle. The language barrier, like a Hindi speaking to me had to take help of my batch mates for Oriya speaking families.

Work well begun is half the work done. The FAP with time will evolve and overcome hurdles to produce an ideal IMG, including myself.

Asmi Sekhar

UG 1st Year

Institute. Of Medical Sciences & SUM Hospital, Bhubaneswar



"The most important thing in communication is hearing what isn't said."- A quote by Peter Drucker is our daily experience in our personal and professional lives.

The NMC introduced the family adoption program as a part of the Competency-Based Medical Education Curriculum to let students experience field-based learning and get first-hand experience of the community we will be serving in the future. We had no idea what this program meant and what it had in store for us when we were in the first year.

I still remember the first family we visited: an old lady in her 70s living alone in a small kutchra house. We knocked at her door, "Go away, I haven't got time for this nonsense" she growled. She didn't let us in or spare her time, the distrust in us was evident, and no amount of convincing would make her come out and talk to us "You all are good for nothing and kill us!" she exclaimed before shutting the door at our face. We had no choice but to move on to the next family who cooperated probably because they felt pity after witnessing our ordeal with her.

The second visit was no different "Why should I tell you how much I earn" she hissed while shooing us away, we grew shameless and didn't back down either and insisted she speak to us, and it was okay if she did not feel comfortable answering certain questions.

Our third visit had better results, she was accustomed to our presence and appeared more relaxed. Our attempts at using local slang didn't go to waste, it sparked fun conversations, tales of her childhood, and the unfortunate time when she lost her son to Covid. It explains her lost faith in doctors and medicine. I had lost a school friend during the pandemic too and could understand her frustration. We chose not to speak further as the conversation got heavy and she preferred to keep quiet. Even though it took a few tries we could eventually make her feel at ease.

Our expectation of just going to the families, getting the information, and filling it in the logbook was far from reality, we experienced the importance of building trust in people, especially as future healthcare providers, also because of the confidence people have in us has been at an all-time low ever since the pandemic.

Trust is built on a foundation of time and cement of communication, if we make haste it is bound to collapse. Every relationship needs time if it has to progress and our rapport with the old lady is a testament to the patience and communication skills we developed along the way. Now she offers us tea every time we visit and looks forward to our next meeting.

Having grown up in cities and now being put in rural settings carried many challenges. We had to be mindful of how we speak and present ourselves, many a time we had to beat about the bush for taboo topics like menstruation, and family planning, being too direct and upfront could cost us the rapport we worked hard to build.

Learning to be sensitive and test the waters before stepping in formed a key part of our interactions with the families. The Family Adoption Program highlighted our strengths and

weaknesses in various aspects of public interaction. It has been a wonderful learning experience and we have a long way to go.

Pooja Patil

UG 3rd Year

Mahadevappa Rampure Medical College, Kalaburagi, Gulbarga



Family Adoption Program (FAP) – A prelude to the world of medicine.

Excitement. Nervousness. Confusion. Will my inept self be able to build a connection with these families? What's the best way to introduce myself? These questions and a lot more raced through my mind as I headed into Kittampalayam, a village in the Suler taluka of Coimbatore district for the first time. We were told by our college faculty to introduce ourselves to families there and collect information. An easy and simple task but I felt overwhelmed.

I spent the day visiting families, nervously introducing myself and outlining the purpose of my visit. Initially, they all had a sense of hesitation and fear but as I spent more time and empathized with their worries & concerns, I was gradually able to create a safe space and they spoke a lot more comfortably. I got to meet new people, interact with them, forge a connection and for a time become a part of their world. It was an introduction to the world of healthcare, where we could see the determinants of health and how every aspect of an individual's life played a role in determining their well-being. It gave me a much needed touch of reality by allowing me to go beyond the confines of my textbook.

FAP has helped us students gain practical experience by allowing us to deal with people in a real, raw and rural healthcare setting. It has taught us the importance of holistic patient care by considering not just physical but also social and emotional needs of patients and families.

An example of this is when in the beginning of 2023, Mr. Velliangiri the head of a family I am visiting suffered from an ischemic stroke. He was admitted in the ICU for over a week and the family had a hard time coping with this sudden financial and mental blow. The next time I visited, I could see the strain. Mr. Velliangiri could only mumble incoherently and even needed assistance to get up from his bed. I reassured them with whatever little knowledge I had that they must keep an optimistic attitude as recovery from stroke can take months to years and that every effort of theirs on this journey counts.

Visit to visit I could see the gradual improvement in his condition. In my most recent visit I was astonished to know he wasn't home. "He has gone to work!" his wife told proudly. I felt a sense of fulfillment knowing that my word had the power to make a positive impact on the family's emotional well-being during such a vulnerable time.

Our college also took us to visit our families to educate them during National Nutrition week. It was a great learning experience for me as discussed with them about healthy food choices and how they can inculcate it into their diet. FAP offers us students a multitude of

opportunities from giving us our first hands-on exposure in healthcare to helping us hone skills in communication and establishing rapport.

As the famous adage goes “ A Journey of a 1000 miles must begin with a single step “ , I can't help but think that FAP is the stepping stone in our medical careers !

Nazeeha Surkhi

UG 3rd Year

KMCH Institute of Health Sciences and Research, Coimbatore



We Forget Where We Are

"When will you come again?" the wide-eyed 10-year-old asked me. Tomorrow being a holiday, they kept asking us to visit. That's when I realized, we weren't just promoting the welfare of communities during our Family Adoption Program visits. We were creating connections. Creating purpose. Ever since I was a child, I knew I had to do something that was bigger than me. Some greater cause always tugged me into wanting to volunteer in social programs. But for a long time, I had not done anything to serve that longing. When the Family Adoption Program started, I regained the familiar tug. We were all arranged into clusters to check the health status of our assigned families during our visits. The concept of 'adopting' a family was soon understood.

My first house had a mother and her husband. Their son wasn't home for the most part. I saw ascertain acceptance in that house; like they confronted the world's harshness and mended its rigidity into something warm. The second, was home to the quintessential nuclear family: a mother, father and three children. My FAP partner's family consisted of a widow and her children. A household with no men around. Her education wasn't optimal enough to get her a job. And situations grew grim when her daughter was expecting. She would tell of her struggles and how they had no one to rely on. No one to give them strength. It made me think, this is what we're here for, isn't it? Maybe there's more to a medical profession than the job itself. It gave me a divine explanation for why people keep doing what they do in this field. Every month, we'd walk up the hill that led us to their houses. On the way we would be greeted by the most wholesome kids. From neighboring homes, they'd run to us with huge smiles to see the 'doctors' that were coming to their houses. Soon, they started feeling like family.

There were a lot of feel-good moments that we had on our trips. But there was one day that didn't feel so good. It did, however, open my eyes to something I had never seen before. We were back from our FAP villages to the buzz of the college corridors. When asked to discuss our experiences, my classmate told us what happened that day. What followed was silence. Silence so piercing, that it seeped into my heart. The same silence I felt when I was standing in front of my grandmother's cold body covered in white. The silence of death had filled the room. I forgot where I was in my mind, I had traveled to the house where it had happened.

I looked at my friend's expression less face, and here turned the look. We were in the midst of an internally excruciating story of how them ant's close relative went to the hospital for delivery. She was young; had along life before her. But while giving life, she lost hers. In that moment, the queerness of truth, pain, and fear, sprung to life. Something irreplaceable was lost. And there was nothing anyone could do to change that. My stomach brimmed with

a disturbing feeling of emotional rampage. I forgot where I was. When you hear things like this, you change. It shows you flashes of the future. How you'll be stepping into uncertainty and facing situations that create controversies in your sub consciousness. But the experiences from the shores you walk, will teach you the meaning of life, the essence of humanity.

Rushdha Thanikatt

UG 2nd Year

M E S Medical College, Kerala



Why did they trust me? I disturbed them while some were about to take their afternoon nap, or some attended to me when they were about to eat. What made them open the doors for me? I am curious about what it was about me that they told me everything I asked. The famous saying of Chris Butler, "Trust is earned when action meets words" resonates deeply. On my initial visits, when I rang the bell of their house, I felt my white coat and the affiliation to my medical institute that fostered their belief in me. The significance of a white coat as a health care worker indicates no harm to their life, but I want to improve their life with all the efforts I make. In our community, trusting is no trivial task, as people may speculate about your intentions. However, there is a feeling known to be HOPE which secretly helps in entrusting us. The hope is to be better, to get some help, and to be cared for. The families we meet during our program symbolize a little child. Children usually don't become friendly on the first day you meet them, as you are just a stranger to them, but recurrent meeting makes them comfortable. It is like a working model of our program dealing with more differential care, as people are not machines.

Let me share an experience. Once I came across reluctance from a family. They did not open their door for me whenever I went on my visit. I think it was immature of me, but I took it as a challenge to make her open the door so that I could complete my details. One day, she attended to me but did not allow me to enter, not only her house but her alley. This made me feel worse standing under the scorching sun, talking separated by a closed gate in between. It is difficult to express the hesitation, worthlessness, and worn-out I felt that day. On my way back after some days, I realized my mistake. It was me who was lacking in sincerity and care. Our thoughts eventually express themselves through our actions.

During subsequent visits, I focused on active listening rather than just asking them questions from the logbook, this makes them feel more heard. My main motive became to understand their ideas, habits, and actions and advise them to tailor their daily routine in accordance with their likes and dislikes. Rejecting their actions brings more discouragement than modifying them. For example, you find a woman with gastritis drinking excessive tea on an empty stomach. How do you advise her? Telling her to stop drinking tea won't work; you have to help her modify her habits, i.e., stay with her through the entire process. Tell her to stop drinking tea and instead drink warm water until stomach pain subsides. After proper medication, if tea is so important for her, tell her not to take it on an empty stomach and take some biscuits or sweets with it, or better to switch to green tea. This is somewhat difficult as we Indians love sweets. Show them your sincerity by remembering the problems you talked about the last time you visited. These approaches have been effective in building trust within our diverse community. People vary in needs and backgrounds and as students we have a

responsibility to bridge between knowledge and awareness. Lastly, I would like to quote “If you don’t get lost, there’s a chance that you may never be found.”

Neha Sharma

UG 3rd Year

Himalayan Institute of Medical Sciences, Dehradun



Transformative impact on the health and wellbeing of adopted families

“You were born with ability to change someone’s life. Don’t ever waste it”

-Dale Partridge

Since Under-graduation, we have been oriented to adopt families under community medicine subject, though now known as family adoption programme, was earlier known as family study. I think community medicine's strength is its ability to bring a community's perspective to health and to bridge the gap between traditional public health and clinical practice. The Family Adoption Program is a recent venture. I was assigned a family of pregnant woman under family adoption programme and I had to follow her throughout her pregnancy in rural area, she was diagnosed as threatened abortion case. One day I visited her, she was sweeping house and I got so disturbed at seeing that. I asked her that she should take rest but she replied that her mother-in-law believed that doing household chores can help her in delivering baby via vaginal route. At that time, I realised that how practitioners of community medicine can change someone's life. I talked to her mother-in-law and emphasised on importance of taking rest keeping in view her medical condition. Initially, it was hard to convince her but eventually she agreed. I could balance emotions with logic and things went eventful for that lady giving me immense happiness that God chose me as a mediator to help her.

Another family which I was assigned of elderly couple with history of Non-communicable diseases, were staying alone in a village area. Every time I used to visit them their tender hearts, warmth and adoring nature used to make up for my grandparents lack. One day I went to them and I realised that male counterpart is having difficult and slurry speech on asking further I came to know that it was happening to him in an on and off pattern from last two days. I understood emergency of situation as he appeared drowsy to me and asked them to call nearby relatives so that he may be transported to hospital for further evaluation and treatment.

The majority of health care facilities and services are concentrated in urban areas. Even when the town has enough medical supplies, a big problem is how a rural resident may acquire those resources. Moreover, they were financially not that stable, so I made them aware of Ayushman Bharat Yojana that offers up to 5 lakh per family member for secondary and tertiary hospitalisation. I realised that some of the obstacles that prevent timely and high-quality health-related awareness and care include health illiteracy, ignorance of communicable and non-communicable diseases, transportation to health care facilities, services, taking time off from work, and a shortage of workers. After admission, when he was investigated, it was found that he was having ischemic stroke which could have been proved

fatal if not managed timely. After few days, he got discharged with complete recovery that gave me enormous contentment.

This sincere and compassionate method of interacting with the community invoked the strength of togetherness in our endeavour to change lives. The Family Adoption Program is evidence of what can happen when people band together to support those who are most in need. These kinds of projects allow us to make a big difference in the villages, which are frequently forgotten in the larger picture of public health. This made us realize how important it is for each of us to do our part to create a better future, not just in the busy urban areas but also in the rural areas.

"Service to others is the rent you pay for your room here on earth" - Muhammad Ali.

Sarleen Kaur Arora

PG Resident

Dayanand Medical College & Hospital, Ludhiana



Family Adoption Program

much needed
refreshments!
apology in
letters

Camping

Nursery
visits...

The cube regression is all real...

a monthly get away

Mapping

Geo Tracker

PhC visits

Yellowish-brown

Team
work
flex

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

Page no.54

aesthetic
houses & corner

Granny up for a huggly!

sunscreen +
umbrella +
cap = essential

2024 2022
Baby's all grown up

H (Sto)
back (19)

magnum opus

@vetalove group

Family

Five
monthly
cardio

Fam: Ly3

Fam: 194

CH

Family 5

विद्या विवादाय धनं मदाय शक्तिः परेषां परिपीडनाय ।
खलस्य साधोर् विपरीतमेतद् ज्ञानाय दानाय च रक्षणाय ॥

-

**The mischievous use their education for conflict,
money for intoxication, and power for oppressing
others. Honest ones use it for knowledge, charity,
and protecting others, respectively.**

Chapter 6: Field Experience

“Nothing for the community without going into the community”. This is the core principle of community medicine. The essence of community health is learned through immersing oneself in the field practice areas, and it is these experiences that ultimately shape the planning for a change that we as social physicians ought to bring on the ground. FAP offers this learning opportunity to the students by getting them acquainted with the field areas. Villages and marginalised areas provide a unique window to delve deep into the soul of society, revealing the intricate tapestry of human lives and relationships.

The rich cultural heritage, local beliefs and faiths of a community can never be learned from a book; one needs to step out and do a lot of legwork for learning the same. Classroom theories fade in comparison to the lessons learned in the real world, where time and persistence are the keys to learning. The stark reality of resource limitation is confronted while working in the field. Immersing a learner in this reality creates a long-lasting impact on the mind-set. The gap between expectations and reality narrows as students engage with adopted family's over time, learning that healthcare is not only about treating illness but about educating hearts alongside minds. The adopted areas serve as a laboratory for a learner of community medicine with vast expanse of ideas, communications with families, and observations of these communities. Such soft skills can never be taught by books. A dawn of realization comes, when the students visit families initially as 'recipients of help', whilst the tables are turned around in to 'mines of real-world knowledge'. This chapter ultimately teaches, the evident weight that a white coat carries, symbolizing responsibility and trust placed upon the shoulders of future healers.



In our studies we often differentiate between real and ideal conditions for example in chemistry we learn about real gas equations and ideal gas equations in medicine we know that ideally people have 32 teeth but rarely see it in reality. These examples highlight the gap between theoretical knowledge and real-world experiences, while knowledge is crucial practical experiences are equally vital in shaping a better doctor. The family adoption programmes by the national medical commission (NMC) is a commendable initiative addressing this gap. During my first year of MBBS, I had my first field experience through this Programmes, which requires us to adopt 5 families individually over the span of 5.5 years. On the very first day, I learned the importance of effective communication. As doctors it is crucial to communicate well with patients to treat them effectively.

Initially hesitant, I found that speaking with new families became easier over time. I made mistakes but learned to communicate in the patient's language, ensuring they felt comfortable sharing their history. Clear and empathetic communication helps build trust and aids in accurate diagnosis. Despite any fatigue we must always engage with patients patiently and respectfully, treating each one as if they are the first of the day. On the second day of the family adoption program, I learned a crucial lesson about the sense of responsibility towards each patient. Our hospital Guru Teg Bahadur hospital organised a free health camp in Nand

Nagri and our role was to encourage my adopted families to attend. I brought a 5-year-old patient with his mother who came due to my assurance. Ensuring their smooth experiences was my duty but I left the camp early because I was running late neglecting my responsibility towards them. I felt guilty the entire day. This experience taught me that as doctors we must prioritise our patient's wellbeing above all else. Just as mothers are deeply concerned for their children, we as doctors should show the same level of concern for each patient at every visit. This sense of responsibility is essential for a successful and compassionate medical career. In the controlled environment of a hospital where all necessary apparatus is available treating patients can be relatively straightforward for a doctor. However, a good doctor must be capable of treating patients in any environment even amidst chaos or with limited resources as problems can arise unexpectedly and anywhere, the third key lesson I learned during my field experiences was to be adaptable and prepared to provide medical assistance in any situation. A doctor should be confident enough to offer help even in a crowd. In a country like India where superstitions and myths are prevalent, many health-related beliefs are influenced by religion and tradition. The fourth key lesson I learned was the importance of spreading accurate information effectively. As doctors, it is our duty to educate people about health practices in a way that is respectful and non-offensive. Preventing disease through education and health practices should be our primary aim rather than merely treating illnesses. During my interactions with families, I encountered various misconceptions. For example, one family believed that vaccines should be avoided due to their vegetarian belief. When I tried to explain the benefits of vaccination, they became offended. This experience taught me the importance of communicating correct information in a manner that people can understand and accept spreading correct information in an effective manner is crucial to raising awareness and promoting true health practices. Through these field experiences, I have come to appreciate the practical lessons that complement our academic knowledge. These lessons are invaluable in shaping us into better more empathetic doctors who can handle real world challenges.

Pratigya Gupta

UG 2nd Year

University College of Medical Sciences & GTB Hospital, New Delhi



Roots of Culture and Community

Villages of India reflect our diverse traditions. They constitute the prime base in India. In recent years, it has become possible to access doorstep health care, be it sample collection or online consultation. Not to miss out on the fact that rural areas still lack these facilities. People do not have easy access to health checkups. Traveling to urban areas is difficult. Such factors lead to procrastination in diagnosis of disease. Justified above NMC (National Medical Commission) has rightly decided to start FAP (Family Adoption Program) from our prime base.

I am a first year MBBS student and our FAP visit was at a village in outskirts of Ahmedabad, called 'Nava Dhanaj.'

It was the month of May-June. Scorching sun and heat waves were constant. Some students came because of 'compulsory hours' and few came for the 'curiosity to learn. Hardships aside, on the first day we were allotted families. It was a firsthand experience for me, interacting with unknown people. Many questions bombarded my mind of how I will introduce myself, will they accept me and cooperate, and how will I aid them with any health problem they are facing. My first impression of my family was satisfactory.

Next visit we had to take readings of height-weight and blood pressure. Finally, my practical learning was put into implementation. Honestly, as simple as measuring BP manually was not easy. It depended on me to determine whether the person is hypertensive or normal. I realized that there is only a fine line between them, a line of my accuracy skills. I learnt to ask questions about their diet, hygiene and contraceptive practices. I also learnt how to communicate advisable changes they must make. Like how a practicing doctor explains, when we visit them with our problem.

I became aware of Government schemes such as PMJAY and MAA (health insurances for medical services). It is beneficial to the financially weaker section of society for health facilities. Further, Government is connecting health infrastructure digitally by Ayushman Bharat Mission. Many families in our village gave a positive response about the schemes.

On the last day of our visit, we organized a health camp. Blood pressure and sugar level checkup was done for everyone. Students were actively involved in guiding and dispersing the patients. Consultation and providing medicines were handled by medical and paramedic's staff. We saw cases of hypertension, diabetes, liver failure and how they were managed. The patients were asked to visit PHC (Primary Health Centre) and Hospital for follow-up of disease. Initially, all of us faced difficulties in collecting data. Some villagers refused to answer, while others were fed up with our regular visits.

Eventually, the people accepted us. It is said, it is difficult to enter the territory of villages. They are too stubborn to adapt to new ideas. They feel someone is invading their personal space.

I experienced this, and as "time tests patience" our results were fruitful. FAP was a chance to blossom my skills of communication and empathy. I am grateful that I was provided with the opportunity to deliver health care, at roots of both our culture and community.

Lastly, it was never a 'compulsory hours' task for me. It was "beads of emotions weaved in a necklace of humanity" service for me.

Riddhi Arvind Patel

UG 1st Year

GMERS Medical College, Ahmedabad



Echoes Of Laughter From Neverland: Key Takeaways And Lessons From Field Experiences

"When educating the minds of our youth, we must not forget to educate their hearts" a quote by Dalai Lama, that was hung up in my college corridors, which I passed by every single day. But it never actually meant much to me. It was not until my first field visit under the family adoption program, that I understood the true meaning of this saying.

I had shown up to their doorstep on a warm sunny afternoon, after having travelled a tedious and dreadful bus ride, all sweaty and cranky. *'This is not the task I signed up for when I enrolled into a medical college'*, I remember I had thought to myself as I navigated through the narrow and mucky streets. Reluctantly, I knocked on the door of the single room house. To my surprise, I was greeted by a face so cheerful, with eyes full of hope and glimmer, and a smile that could light up the world. I introduced myself and without any distrust, I was invited in. I was surprised by their hospitality; despite not knowing me, they welcomed me with open and trusting arms. As I walked in, my eyes fell on the little room they called home. It was equipped with a kitchen, a bathroom and a bed all packed into an area hardly the size of my hostel room. I was in awe. The residents of the house, a family of 4, welcomed me warmly. I couldn't help but smile back genuinely, very delighted and surprised by their amiability. I explained to them the purpose of my visit. They listened to me intently and were happy to comply with any information and details I needed. They took their time introducing each family member, their hobbies and habits, their quirks and pet peeves. By the time we were done, I felt truly acquainted with them. Throughout the course of our time together, they offered me tea and biscuits and whatever they had at home. Their generosity simply had me amazed. Something changed inside me.

When I got back to my hostel room, I came to appreciate to what I had. I laid down on my bed, and was met with immense comfort and a sense of peace, rather than complaints of how lumpy the mattress was. As I walked through the well-lit corridors of my hostel - the very same one I always complained about, thoughts and images of the place kept flashing through my head. I kept thinking about the family I was allotted. My understanding of the family adoption program was that we, as privileged medical students were supposed to help out less fortunate families. But as I sat myself down and reflected, I wondered whom among us was truly in need of help. In ways unknown to me, they opened my eyes to a whole different way of viewing the world. I came to understand that it wasn't material belongings that defined our worth and happiness, rather it's what we make of the little things God gives us.

Perhaps, this newfound perspective of the world will help me use empathy, rather than sympathy the next time I have to make decisions at a hospital for patients coming from different walks of life. Their echoes of laughter have and will forever serve to educate not only my mind, but also my heart.

Mariam Khan

UG 3rd Year

Hamdard Institute of Medical Sciences & Research Centre, New Delhi



Family adoption programs are a unique initiative being taken by the government which orient the students to the rural setup and at the same time providing health related support system to the community who are deprived of these services. When I think of my first field visit under FAP I remember those long walks somewhere in the woods reaching out to various families, out of which I got the chance to meet the family of Sh. Joginder Singh. Earlier I think of these FAP's as the fun time getting attendance for free and skipping those boring hours of college, but slowly after regular visits to the family, talking to them, understanding their problems, their way of living kind of molded my thinking towards these FAP's there was a way lot which I learned from my experience in FAP which I'll never forget in my future life.

The first thing I learned or the first challenge from my field visits was **building trust and communication with the family** the success of FAP heavily depend on the fact of developing trust between us and the family to maintain the open lines of communication with the family and this trust develops due to the effective, clear, honest and open communication with the family so these field visits highlights the importance of these two factors as these helped me to addresses the issues more effectively and provide better support and guidance to the family in respect to the health care facilities.

Second thing I learned was the **PATIENCE** in my initial visits I did not get enough support from the family side they were treating me as a burden which they have to face and so they were not providing me the correct information and details which I wanted here comes the test of my patience which helped me dodge this situation as I very patiently explained them the need and benefits of this program and this helped me guiding myself to information which I needed and even helped breaking the barrier between me and my family and helped reaching to a better outcome.

The third thing to learn during my field visit was the **TEAMWORK & COOPERATION** with the family, with health care workers which worked as a guide for us during the entire visit. Cooperation was a must needed thing during the entire visit without which this visit would be impossible working as a team, helping each-others at every step possibly helped in reaching to the better outcome with immense joy, fun and provided a stress free environment and gave the sense of satisfaction.

Other thing which I learned from the visits was the **PRACTICAL SKILLS AND DECISION-MAKING hands-on** experience with the person, various equipment's, patient care techniques and administrative processes helped in developing practical skills that are crucial as a health care worker. Also, at times we have to take some decisions or give our advice to the family which could be regarding their diet, hygiene, housing practices, religious practices etc. these things enhance our decision-making ability and help our professional development.

In conclusion I would say field experiences in FAP offer valuable lessons and training which shape our personality to a better side and provide better outlook and insight about the health care system of our nation. It also helped serving the goal to this program to provide better healthcare facilities to the families who are deprived of them and also teaches us greatly towards the practical aspect of the community and their health seeking behavior and helped in overall development of medical students to becoming a good doctor in future.

Robin Dhiman

UG 2nd Year

Maharishi Markendeshwar Medical College & Hospital, Solan



Introduction:

We, the students of the 62nd Batch were taken for a series of family adoption program under the supervision of the Department of Community Medicine. As per the guidelines of NMC, the villages not covered by PHC's, to be adopted by the medical college. Bearing the aims of FAP, we successfully adopted two families.

Key Takeaway and lessons learned

As I stepped down from the bus, I put my foot into the soft and pliable soil. Investing my few seconds' worth of time, I inhale the crisp air and analyze my surroundings. With heightened eagerness and enthusiasm gushing through my veins, I march on like a soldier towards my family.

The first and foremost thing to be done was to build a good rapport with the family members. My respected Professors would repeatedly emphasize its importance. "**Rapport Building is as important as the breath to a person**". Also, they would add "**It's not to be learnt but developed on its own, like breathing**". It has taught me the importance of the **Presence of Mind**, of how one must pay heed to the surrounding he is in, the person he is communicating and the careful choice of words and sentences. FAP has also unwittingly taught me the importance of **Local Language**. The necessity of local language in a conversation; the power it holds in instilling trust and belief in a person's heart. The way it is able to quickly generate a cultural connection surely needs to be appreciated.

Once I feel the family members at ease and the open flow of conversation, I approach to the next step of the Family Adoption Program; data collection for Socio-Demographic Profile, Environmental Data etc. Through FAP, I have learnt the **Importance of Preparation**: Beforehand preparation has helped me prevent the wastage of time as well as idle chatter in my subsequent visits. One shouldn't lose the opportunity to develop their **Flexibility and Patience** through the Family Adoption Program. Above all, **Professionalism** is to be strictly maintained. Professionalism can be expressed by demonstrating respect, confidentiality and adhering to ethical standards.

As Mahatma Gandhi quoted "**You don't know who is important to you, until you lose them**". As grief is inseparable from mortality, so should be our empathy while dealing with the family members. While obtaining data regarding mortality, morbidity; we must empathize with the family members.

As per the competency laid out by NMC, for Phase-2 Students; we were required to measure and report the vitals and measures of anthropometry. After learning about various equipment like stethoscope, sphygmomanometer, Haemoglobinometer etc., it was finally time to have a practical hands-on session with them. There was an extra rush of adrenaline than usual. However, amidst, all these glitters and shine, we had to abide by the golden rules of introducing ourselves, asking for consent, explaining them for procedure and the constant expression of compassion throughout. With each and every visit, I just learnt how valuable these core values were.

Conclusion:

As Swami Vivekananda narrated the story of **Frog in the Well** in his second lecture to the parliament.

So does Somanathan Ayer mentions in his poem **A Frog in the Well**.

*"A frog I was confined to a well
Walls of the well, I never tried to scale
Few more frogs, some crabs and fish
With them, I presumed the whole world was in"*

We all were confined to uniformity, lived under the care and protection of the college, our professors and Respected Principal. But the Family Adoption Program provided us a gateway

to the external world. Exposing us to a broad spectrum of people, their associated beliefs, implicated understandings, instillation of trust and beliefs, values of honesty, adaptability, empathy, and tolerance. While at the same time, acting as a catalyst to the journey of self-discovery.

The takeaways and lessons to be learnt are vast and widely spread like the mighty ocean. And we medicos stand there like a miniscule ship. But with the spirit and zeal of an explorer, aiming to unravel and learn day by day.

Alex LRP Narzary

UG 2nd Year

Gauhati Medical College, Guwahati



My First year was the first time interacting with the people outside regarding their health. I stammered a lot, and I felt very low at that time. I understood that I need to improve my communication skills. Then I gave a sapling to each of my family, and they accepted it whole heartedly. At that time, I never knew the importance of that sapling. In second year, I visited the same families again, I thought they would not remember me, but to my surprise they remembered me along with my sapling. This time I was able to communicate better. The reason is I was comfortable in talking and asking questions because I practiced my communication skills, and they were also comfortable in sharing their details with me.

In my third year, I was asked to measure the blood glucose and blood pressure level. In my first family, the head of family initially didn't agree to measure the blood glucose and blood pressure level. Then I explained to him about the importance of screening. It is the right time to know your glucose level status, the earlier the treatment better the prognosis. Then he finally agreed. But the twist is the random blood glucose level of his is 336mg/dl, which is very high. I saw the pain, fear, and sorrow in his eye. Because, for every person there will always be a fear of having a disease lifelong. Then he started asking me many questions like what the cause is, treatment, and so on. That time I only advised him about lifestyle modification and asked him to visit our hospital. Also, he then told me about his nail infection. Then his other family members started telling me about their complaints also. From this, I gained confidence in them, I felt like I did one important thing, that is screening the patient. He was the one who didn't know he had diabetes till then and I just screened it, which is one of the goals of FAP. This gave me a little confidence.

Then my second family, the grandma started telling me about her family situation. I just listened to her. After that she felt a little relieved. I asked her what I can bring for you next time when I come. She told me it is more than enough if you visit me every time. It made me feel "Doctors are there not to treat disease by drugs alone, also emotionally by words".

From my family, I understood that literate people can learn from illiterate people also. It doesn't mean only books teach us. I learnt that good communication and good observation turns into a Good learner. Mere knowledge in the medical profession can be gained from field visit also. Initially, I was the one who did not like FAP much, but now I am the one who is waiting for the FAP visit. This visit, the people I met changed me a lot. I learnt not only the skills but also many life lessons which may not be used now but will be used later in my life.

I thank NMC for implementing the Family Adoption program. I thank you for giving me this opportunity to share my views on FAP. Thank you for reading my experience by spending your valuable time.

Haripreta C

UG 3rd Year

Sri Venkateswaraa Medical College, Hospital & Research Centre, Pondicherry



My Experience

Our steps paced, contrasting hues to the Indore we are accustomed to, lush greenery, spotless avenues, four wheelers and autos dominating the spacious thoroughfare. We noticed kids taking charge of the alleys, wasted tiers and bare feet mapping the streets, a ball-topped stick, and a sword in disguise. Though women were nowhere to be seen, their male counterparts would occasionally pass on a motorbike. With drainage on open roads, wrecked carts and bikes, the alley seemed quite congested none whatsoever mattered to the residents. Observing all this craned neck were 5 teens donning the white coat.

The PSM department guided us, among the glossary, scales, and questions to be asked major emphasis resided on communication skills and the family's consent. According to the World Bank indicators 70% of our population hails from rural India, with medical facilities urbanized, catering to such a huge population remains a daunting task. Family Adoption Programme cores a subtle way of interacting with the population on the other side of the stethoscope, acknowledging the customs, limitations, and better understanding of our predominating community. Exposing budding medical professionals to rural areas bridges the gap, building trust among the locals and releasing the anxiety towards the white coats vice versa. Enhancing communication skills and understanding the general pattern of the rural population.

On 3rd July dropped to our respective wards in a bunch of five we navigated the streets. My first family resided in a pukka house though the cement and brick were quite visible. A nuclear family of 6, schooled till 8th, when the wife of Mr. Ali, gripping the curtains welcomed me in, in a hesitant voice did she say "aap andar mat ayiye" to my male friends "mere unn ne aisa manaa kiya hai" my thoughts spiraled. Is this a way to ensure safety of their family? Or a symbol of still persisting purdah system. What if her attending doctor is a male, would she be comfortable enough? Making me understand why we need female attendants, to reassure them.

The next family was quite a contrast. A joint extrovert family, being warmly welcomed indoors by the females, a bunch of kids relishing vacations at grandparent's home, gave me nostalgia simultaneously accentuating recent lifestyle modifications. TV sets replacing our marbles, Coolers and AC leave no latitude for "hath-Pankha" and "naniki kahaaniya". Upon questioning we collected that the elderly were suffering from hypertension, alcoholism seemed predominant too, exhibiting how sedentary lifestyle veiled under development and modification, stems numerous diseases.

The next two families were expecting a baby and had routine ANC visits, upon enquiring about the immunization status of the kids, vaccines under the Universal Immunization

Program were timely administered. The ASHA worker also informed us how none of the kids in the locality presented any diseases or illness, a testimony to the national healthcare advancements outstretching our grassroots.

It was the last family that resonated with me the most. A lower-class family, every member worked on daily wage, their daughter recently divorced, kids dropped out of school and in the background seepage at the ceiling. Their youngest kid ran to fetch me a glass of water, as we sat, all the smiles and hopeful eyes turned towards me. The questionnaire that discussed their incomplete schooling, scaling financial situation and condition of their abode, shone sadness in their eyes, but the smiling face persisted. I wondered what kept them smiling in such conditions. As I took my leave as Mr. Raheem's eye softened and his smile cracked "shukriya doctor sahiba," he said and I realized it was 'HOPE' it was 'US'.

Khusi Sharma

UG 2nd Year

MGM Medical College, Indore



Serve to be served - Lessons from the fields

The Family Adoption Program, I believe, is initiated in the first year rather than later to provide us, the medical students, with early exposure and sensitivity to healthcare issues from the onset of our medical journey. What we see in hospitals and what we see when we visit the community are quite different. In hospitals, patients actively seek help for their problems and come with the intent of finding a solution. But when we ourselves go to the community, we are able to uncover many issues that are "in hiding" as one may put it. Rural populations often face various barriers to addressing health problems. They may be completely unaware of any complication due to inadequate check-ups or screening. Sometimes, they may be aware, but are unable to do anything about it, which may be because of financial constraints, transportation challenges, limited access to primary healthcare facilities, or cultural stigmas surrounding certain diseases. When we visited the villages, we observed the above problems in real-time. Some patients were so apprehensive about taking medications that they refrained from seeking any medical care altogether. One such example is a family of six where only the parents lived in the house. They had recently gone for a check-up, and everything had apparently seemed normal. The woman only had menstrual and weight gain issues, making her reluctant to attend the free medical camp our college had set up at the village school. However, after persistent efforts, we convinced her that it was for her own benefit. During the consultation, the doctor diagnosed her with hypertension, which her previous doctor had missed. She received various solutions for her menstrual problems and was referred to our hospital for further evaluation of the underlying causes.

We also encountered a family hesitant to come for the referral as they felt it as a waste of their hard-earned daily wages earned from agriculture. They were pleased to hear that our hospital treats patients completely free-of-charge. In another case, the family we adopted was well-to-do and owned one of the biggest houses in that village. The problem we faced with this family is that they thought attending medical camps was a waste of time compared to visiting a clinic for proper consultation. Nevertheless, they still came. The woman received physiotherapy for a knee pain and an initial stage of varicose veins she had developed

recently, hence benefiting from the visit. We also learnt about the massive influence this family had on the rest of the villagers which was of great help for us. We realised that the villagers listen to such people (and also ASHA workers), and it would be better to contact them for prior information about the village before the visit.

Lastly, this program helped us develop essential soft skills necessary for our future as medical professionals. Initially, families were reluctant to trust us and provide us details to help us identify any problems, as we were first-year medical students. This amplified my own shyness and timidity. However, after a few visits, I gained the confidence to communicate with them effectively. We also got to apply many theoretical concepts in practice. Importantly, I had a change in perspective - what we consider insufficient for a good quality of life is often enough for these villagers. They taught us the value of simplicity and gratitude. These village visits have been truly eye-opening, and I look forward to learning much more in the coming years.

Sai Madhura Shastri

UG 1st Year

Sri Madhusudan Sai Institute of Medical Sciences & Research, Karnataka



The Weight of the White Coats

It was a cloudy and windy morning. The day was 22nd July, 2024. On that day the Batch of 2021, MBBS of Rajendra Institute of Medical Sciences, Ranchi mustered up the courage to fight against their will to sleep “a little bit more” and equipped themselves for the venture that lied ahead. This venture, the “FAMILY ADOPTION PROGRAMME” was thought to be just another competency that only needed to be “completed” as a part of our curriculum. Not knowing its true importance, I, just like all my batch mates dressed up professionally, wore my White Coat, hung my stethoscope around my neck and hopped on the bus, ready for the commencement of our family adoption programme. Little did we know, just how much weight our white coats carried? On the bus, we were briefed about the tasks we had to perform. The tasks were simple, to count the number of people in the family and to measure their height, weight and vitals. Enrooted to the village, we prepared our questionnaire, how we would approach the family, how will we start the conversation, we discussed all the hypothetical scenarios we would encounter. What we experienced was something incredible! We dismounted the bus and set out to our assigned houses. As the house I was assigned was a shared one and contained 3 separate families, I was accompanied by 2 batch mates with the task of adopting 1 family each. We entered the premises and saw children chasing the chickens! Enjoying their life, having fun. With a sense of warmth and a smile on our face we approached the only member of the household who was outside the house, a lady washing dishes. As much as wanted to commence our task we couldn't stop our eyes from landing upon a huge pile of garbage next to the house. We foresaw possible health problems in the family. Hesitantly we approached the lady, introduced ourselves and told her that we are tasked to help their family lead a healthier life and assist them in any health-related problem. She was hesitant at first. The lady who showed restraint in trusting us in the beginning, showed great interest in what we told her as the conversation went on.

How did this change occur? What we understood from the whole conversation was they always wanted “Help”. The help that I am talking about was more of a “guiding hand” than Assistance. Throughout the conversation we told her about ventilation, the distance wastes should be disposed from the house, the toilet should be far from the kitchen. This seemingly common information was like a new vision for them. They saw this as a rope that would pull them out from the well they were in. They learnt that most of their illness, allergies, fever and infections that they suffered regularly could be avoided. We informed them about the nutritional benefits of eating healthy food, the roles of certain iron and protein rich food for females. We saw their eyes sparkle with hope! We talked for some time, performed our tasks and when we were about to leave, something unexpected happened. They invited us “strangers” into their home, insisted us for tea and food. For them acquiring rations was a difficult task. Life for them was not easy and food was treasure but still they offered their precious treasure to us. In that moment, we began to understand the “weight” these white coats on our backs carried.

They were more than just “coats”, they were a symbol. A symbol for Care & Trust. A symbol for Hope.

Pratham Arya

UG 3rd Year

Rajendra Institute of Medical Sciences, Ranchi

Learnings & Reflections from Family Adoption program: Postgraduate student's Perspective.

The importance of focusing on rural areas dates back to Gandhi's principle of Gram Swaraj. Gram Swaraj - a unique idea for rural development in the form of a self-reliant village, proposed by Mahatma Gandhi much before India's independence, was developed over a period of time. As per his autobiography, he was motivated and moved by the book *Unto This Last* by Author John Ruskin, which led Gandhi ji to translate it into Gujarati and Start the Movement of Sarvodaya (Welfare of All). The Family Adoption Program, as I understand it, has its roots linked to achieving overall holistic aim of Sarvodaya and Gram Swaraj as envisioned by Mahatma Gandhi. In the context of medical colleges and medical education, and the medical fraternity as a whole, there has been an increase in strain between community and patient fraternity, as evidenced by rising cases of discord and incidence of violence and medical lawsuits being filed against doctors and hospitals. One of the major reasons that seem to be responsible for this discord is the weaning interpersonal communication and corporate influence on medical field, which has turned the revered medical doctors into profit-mongering demons in view of the lay community.

By introducing the Family adoption program from the budding years of medical graduation, the NMC has taken a landmark step in starting to resolve issue at its core. The Orientation and importance of FAP were taken as a session in our classrooms first; one of the important aspects was that many villages were adopted, and students were divided into the villages so as to avoid all students in the same village and also to understand and compare socio-demographic and cultural and economic dynamics in each village.

The village Gram panchayat members are taken into confidence for adopting a village and explaining to them the win-win situation for both students and adopted families of the village. The faculty postgraduate students and medical social workers hand-held the students during their interaction with the first family and showed them the nuances of rapport-building and ice-breaking to make the families understand the aim of the program. Then, continuum of family History of adopted family members, family composition, socioeconomic and cultural history, followed by morbidity pattern and environmental history, are captured in a structured manner in subsequent villages. There were one-to-one interactions with key opinion leaders of villages like Sarpanch, Gram sevak, Anganwadi Worker, and ASHA Worker regarding their job profile, execution, and difficulties faced by them and the village community in regard to health. The continuum of care also included various health education activities, IEC, BCC sessions, and exposure to students of public health infrastructure in villages in the form of Anganwadi, Health and wellness training centre (Ayushman Aarogyamandir), Gram panchayat etc.

One of the stark realizations was that Health is not a priority for the village lay community, and they are not keen to attend just the IEC, BCC, or Health education sessions; their requirements are about their illness ailments and curative medicines that we can provide them to alleviate their sufferings. Key lesson: only HE, IEC, and BCC standalone won't work unless we address their felt needs for curative medicine as well.

Hence health screening camps were conducted to provide basic curative care for minor ailments and referral services for major concerns. The faculty and students could also conduct Health check-ups for Anganwadi and School children and teachers.

So, to summarize, FAP, it's an experience that we can relate to when we say, *"The classroom insulates and inhibits; the field exposes and liberates."*

Juhi Raut

PG Resident

Jawaharlal Nehru Medical College, Wardha





Chapter 7: Challenges & learnings

- ### 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



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.



प्रारभ्यते न खलु विघ्नभयेन नीचैः ,
प्रारभ्य विघ्नविहिता विरमन्ति मध्याः ।
विघ्नैः पुनः पुनरपि प्रतिहन्यमानाः ,
प्रारभ्य च उत्तमजनाः न परित्यजन्ति ॥
(पंचतन्त्र - काकोलुकीयम्)

**Common people do not start the work due to the
fear to face difficulties in the way.**

**Mediocre people start the work but leave it half-way
due to difficulties.**

**But Good people once start the work, do not leave it,
despite lot of difficulties they face in their way.**

Chapter 7: Challenges and Learnings

Going out of our comfort zones always instils a sense of insecurity in a mind. The challenges faced are at multiple levels both by the learners, the educators and the policymakers as well. The longitudinal learnings of the challenges will keep on unfolding with every new adoption of a family and the lessons learned will keep on adding to the existing knowledge base. The students, the departments and the medical colleges/institutions are the key stakeholders, along with the adopted communities. This chapter shall take the reader through the challenges and learnings as faced from the lens of a student and a resident doctor. The readings will present a snapshot of outcomes that can be brought about by keeping a positive attitude. Every accomplishment is born out of apprehensions; the task of a learner is to find ways to overcome the obstacles and focus on the growth. The role of teacher is a must in capturing the field lessons and transcribing them into the learnings of a student.



“Challenges are door to new learnings and experiences”

It is rightly said that challenges that you are facing today will give you new learnings for tomorrow. Nothing comes inadvertently. Every new thing that you are trying today will come with challenges as well as new experiences something like that happened to me when I was going for family adoption. Yeah! You heard that right. It means that you are going to adopt a family on your own. At first I was quite excited as it was something new that was going to happen being unknown of the Challenges that I was going to face.

The major Initial Challenges that I faced were:

- You are going to a village to which you are not familiar
- You will be facing language barrier to communicate
- Many people are not much literate so you need to put much efforts
- Since the houses are quite sparse you have to walk much in order to reach each and every house
- Since in the rural settings no house numbers are assigned to house so you find difficulty in locating them

One major thing which was most challenging for me was that the families in rural setting are not that much literate and they have not much knowledge about various things like

- Hygiene and its benefits
- Vaccination
- Nutrition and essential vitamins
- Safe water and sanitation
- Cleanliness of surrounding
- Self-protection from insects rodents and the diseases caused by them

Initially when I was talking to them about all these they were like not interested to hear all these and were strong on their belief like Vaccination will make them diseased, they mostly take home remedies whenever ill and so on. To make them understand the importance of all

these things was like a tough nut to crack. But I was like I have to do this anyhow. So slowly and slowly by listening to their stories and getting more compassionate towards them, I was able to build a bond of trust with them and was able to tell them about most of the things like the health service that they can have access to in their village, what are the benefits they are going to have when their family is getting adopted and so on. In my opinion all these initial challenges are inevitable and one must know about them as these will have great implications and one must find the ways to resolve them just like in my case I took some time to build a bond of trust with them.

The overall experience of the family adoption program was great. I got to learn about so many things:

- The primary health services in rural area
- The Health conditions prevalent in rural areas
- It improved my communication skills a lot
- I got to learn about some new words in their native language which I am surely going to use in future to communicate with patients
- The belief of people in rural settings and what hampers them to get those medical services.
- Their ideas of healthy life and their lifestyle
- It gave me deep insight about the social aspect of health
- It improved my listening skills as well as my ability to work with fellow health workers.
- This program had a great impact on my personality.

In short I would say that the villagers are very innocent people and when you put in the effort they do understand and cooperate with you as well. I had a wonderful experience with the program and I would say that it is a good initiative to bring health services close to rural people and build trust with them about the health services. And whenever in future also if I will get any opportunity like this I will surely participate wholeheartedly and will do something for the betterment of the community.

Yashika Chouhan

UG 3rd Year

Government Medical College, Dungarpur



Enhancing Medical Education: Insights from FAP Fieldwork in India

As a future physician in India, I was fortunate enough to take part in the FAP, which is a crucial element of our MBBS programme. This event fundamentally changed my perspective of the medical field and my place in society; it was more than just a continuation of my academic path. After giving this experience some thought, I've come up with a number of important lessons and insights that I think will help me in my professional life.

Understanding Community Health Needs

The significance of comprehending the health requirements of the community was among my initial learnings. We interacted directly with families during our field trips, evaluating their health and figuring out how they could receive medical services. I learned from this exposure that health involves more than just not having an illness; it also takes into account social

determinants, cultural norms, and community dynamics. I have direct experience with the difficulties that rural communities confront, including poor access to healthcare, low levels of education, and tight budgets.

Building Relationships and Trust

The value of developing sincere relationships with families was another important lesson I learned from my participation in the programme. Through our conversations, I discovered how important trust is in the medical field. As we built rapport, many families opened up that they had been reluctant to reveal their medical history and worries. I discovered that their willingness to interact with us was greatly impacted by our taking the time to listen and demonstrating empathy.

Interdisciplinary Collaboration

The importance of multidisciplinary cooperation in healthcare was again emphasised by the FAP. Working with community health professionals, nurses, and social workers gave me a more comprehensive understanding of patient care. Our group's approach to resolving health-related challenges was improved by the distinct skill sets and perspectives that each professional contributed. As a prospective doctor, I discovered that treating health issues frequently necessitates the joint efforts of multiple specialties.

Cultural Sensitivity in Healthcare

My interactions with a variety of groups have shown me how vital it is for healthcare procedures to take cultural sensitivity into account. I worked with families that had different perspectives on health and illness, and occasionally, traditional treatments ran opposed to contemporary medical procedures. I learned from this experience that there is no such thing as a one-size-fits-all strategy. Rather, while making treatment plan recommendations, it is crucial to recognise and honour cultural viewpoints.

Resilience and Adaptability

I have a strong sense of resilience and adaptation because of the difficulties we encountered in the field, which ranged from communication problems to logistical problems. One day, for example, our plans to see a family in a remote place were derailed, and we had to find a last-minute way to get there. I learned from this experience to keep my cool under pressure and use my imagination to get over hurdles.

Empowering the Community

Finally, I discovered how critical it is to provide communities the authority to manage their own health. We taught families about healthy lifestyle options and preventative healthcare during the program's health education workshops. I came to see that information is a strong instrument that communities may use to stop the cycle of bad health. We may promote a proactive approach to health management and a culture of self-advocacy by providing families with resources and information.

In conclusion, my experiences under the FAP profoundly impacted my personal and professional development. As I progress in career, I carry these lessons with me, eager to make a meaningful difference in the lives of the patients and communities.

Karan Rathod

UG 2nd Year

Gujarat Adani Institute of Medical Sciences, Bhuj



Introduction

Family Adoption program is a programme for the medical students in their undergraduate course. In family Adoption program, medical students adopting families in the villages near to the medical Colleges to monitor their health and their socioeconomic data. Family Adoption program aims to provide adequate health care in community and experimental learning to students.

Challenges

Awareness Issue – This program involves mainly rural community where the people not having the adequate knowledge about this program and its benefits. Due to lack of education it is very difficult and challenging to aware the whole community.

Privacy and Trust Issues – These are very common challenges in the initial field visits. To take entry in their house and make them understood about family Adoption program and it's benefits is the very first challenge that the students face while this whole program. People are not comfortable to share their personal information. Sometimes people give wrong information like incorrect mobile number which will be very challenging for future data records.

Linguistic Barrier – In some rural community, there's having different languages which is very challenging for medical students to understand and also for the locals to understand each other which creates communication problems and it's a big challenge for the whole family adoption program.

Lack of Interest – Some people don't have interest in the family adoption program which can easily see by their behaviour and unsupported nature. They doesn't allow to interfere in their personal life after explaining all the benefits of this program and this is a big issue with the students.

Learning

Understanding of rural life – Family adoption program helps medical students to learn and circumstances and way of life of rural residents.

Understanding of people's needs – students can learn about their medical needs which helps in national health care programs.

Communication skills development - This program is very helpful to develop the confidence in the students and improve their communication skills which is a great learning in the medical field.

Learning about primary health care centre –

In the very first visit, students learnt about the primary health care centre and units of the adopted village.

Conclusion

Thus the family adoption program is very challenging and helpful for learning about the health issues at community level and it also helps to maintain the records for national health care programs.

Nisha

UG 1st Year

Shaikh-UL-Hind Maulana Mahmood Hasan Medical College, Saharanpur



Apprehension to Accomplishment

Family Adoption Programme

An arduous day, enlightened by ravishing smiles is a luxury for me. Had I expected that on a day where I believed I'd see gloom and despair? Not at all! As a first-year student, I've been inquisitive about patient interactions and treating them. The family adoption programmes were a boon for me. They helped me learn not only of the important educational aspects of maintaining one's lifestyle but also of the uniqueness, cultures and enthralling personalities of people. I have visited three families so far, and it's been overwhelming getting to know them. We were taken to Dharavi, one of the largest slums in the world. I'll be honest, I was petrified, and for I thought I would witness despondent families with inebriated men and haggard children. My notions of course driven by our very own Bollywood cinema. I was relieved to meet jubilant families, extremely zestful children and what I'll always cherish, is the dazzling smiles I saw. Each family was different, unique in its own way. They accepted me with some apprehension at first, for fear of the numerous frauds in today's times. Having understood their concerns, I ensured they were comfortable and very soon they had offered me tea and biscuits to show that they had welcomed me. I learnt about their lifestyles, the daily chores, hardships, beliefs and prejudices, and hence the factors which held them back from medical treatment. They were kind enough to discuss openly and answer honestly the questions and queries that I put forth. I took note of their family histories and other medical treatments they had previously required. Under the guidance of my mentors, I measured their blood pressures, random blood sugar, and anthropometric measures too so as to determine their body mass index and waist hip ratio. Every family offered so much to learn. With the data obtained, I was able to correlate my medical knowledge to give them dietary advice that they gratefully accepted and suggested various lifestyle modifications to ensure their physical fitness.

That's what appears on the face value of a family adoption programme. I delved deeper. I made conversation with the bored housewives and the old 'aegis' who saw this as a deviation from their daily monotony. They'd found someone to share their thoughts with, and I wished to put them out of their melancholy mood. I realised that these people weren't despondent after all, they were just lonely sometimes, as their financial worries often prevented them from engaging in recreational activities. The colonies lived together as a large family, where most knew each other, stood by each other and helped each other in times of misery. They celebrated all festivals, seeing past the religious barriers that separated them.

The conditions they lived in were perhaps not the best, but they made do with it. The smouldering heat and the torrential rain, all in a day proving a hazard, for diurnal temperature variations had led to a viral infection in one of the families I'd interacted with. They recovered soon but the wrath of the illness had burnt a hole in their pockets. The bright side was they now would have access to some of the best medical facilities at Sion hospital, for I shared my contact number with them and promised to help with any medical care they needed. Looking back, it was an enchanting experience. The wisdom I gained from it a gigantesque addition to my medical knowledge. I look forward to interacting with them again, and with many more such families.

Dhun Chhabra

UG 1st Year

Lokmanya Tilak National Medical College, Mumbai



Overcoming obstacles: learning and growing in family adoption.

This is an exciting program for students. They are going to face many challenges and gain many experiences through this program.

Initial challenges:

1. **The search for cooperative family:** The intimidating part is they reject you even before you introduce yourself and your purpose of visit. In a community, there are people who reject you without a reason and there are cooperative people.
2. **Competitive behavior:** It becomes a back breaking task when you are racing against your own class who might have better convincing and searching skills. It's literally a race among the whole class in getting family details. Just because we call it race, doesn't mean it necessarily has to be one because our aim is to adopt a family and take care of their health and related problems. So we should be more precise than being fast. It becomes a back breaking task when you are racing against your own class who might have better convincing and searching skills.
3. **Language barrier for nonnative people:** Nonnative people can face a big hurdle in this challenge. Learning the language and using it with families is a strenuous work because the native language has different accents and different ways of speaking. To top that we should talk benevolently and respectfully in the respective accent or we can't expect proper answers from them.
4. **Building trust:** Families will be dubious about us if we show up suddenly and ask them their health and personal questions. They might not even answer us. We need to earn their trust to get the data.
5. **Overcoming myths and social belief:** There are some people who know that they are diseased and yet they refuse the modern treatments in belief of myths and superstitions. Guiding them, educating them and motivating them to get the disease treated is a big hurdle.
6. **Maintaining continuous follow ups:** The treatment of disease is based on many factors. Some require long term treatment (Tuberculosis) and some require new life style to manage and maintain their life styles with regular checkups (Chronic Hypertension and Diabetes Mellitus). These people must be educated properly to maintain the course of treatment and regular follow up.

Learning experiences:

1. **Criteria for right family:** Families having ill people, who need constant medical attention and who are willing to visit the government hospital will satisfy the criteria. If any of the above criteria is not met then it's a normal visit and we can't gain much experience through this visit and it wouldn't benefit either of us.
2. **Opportunity to learn new language:** This is the best opportunity for the nonnative people to learn the language and the culture of the new state. When they learn the language, they can understand patient's history, communicate and create trust which gives a precise evaluation about the diagnosis helping in better follow up for the treatment.
3. **Learning to build trust:** Building trust with the families is the major part. When we can get a family to trust us, then getting a patient (in future) to trust us will become easier.
4. **Empathy:** It is a great opportunity for any budding doctor who can feel the community as his own family.

5. **Learning disease history:** In adopted family if there are any diseased people. We can maintain track of the disease and this helps the student in learning the management and prognosis of the disease.

Cherukupalli Raja Rishidhar Reddy

UG 2nd Year

ACSR Government Medical College, Nellore



First Day of Village Visit: Medicine through the lanes of Manikhedi

The Second year brought along with itself a regular posting schedule. As part of the Family Adoption Program under Preventive and Social Medicine, our batch was supposed to start rural visits. My assignment was to a family in Manikhedi village deep in the heart of India. We were to face the healthcare challenges in an underserved community—something almost every aspirant doctor, like me, looks forward to. How far did I realize that this visit was going to turn out to be an endowment of experiential education much beyond textbooks and lectures? One fine morning, our bus drove along the dusty roads in rural Madhya Pradesh. Something that my stomach couldn't digest was a feeling of excitement mixed with nervousness. Our entry into Manikhedi was greeted by the smell of earthy cow dung and the sweet, melodious chirping of birds everywhere. We strolled through narrow lanes where children gazed out from behind colored doorways and tree trunks, their wide eyes in wonder at city folk amidst them. Reality hit us when our way ahead was blocked by a herd of obdurate buffaloes.

"Dacsaaab, don't you worry!" laughed a village man who cycled past. "In our village, even the animals get a say in your medical education!"

After having haggled successfully with this bovine roadblock, finally the Sahai family's residence came—six people of three generations all crammed into a humble mud house. Ducking through the low doorway, a pungent smell of spices sets me into heavy sneezing. The sneezing alerts the members, and out came Mrs. Sahai in front of me. She asked the purpose and asked me to get settled while she called out her eldest child to bring some tea.

Armed with questionnaires, I set out with much enthusiasm. Intermittently between the conversations with Mrs. Sahai, she elaborated on many of the traditional remedies passed through generations. "For fever, we use neem leaves," she said. "And for stomach-ache, a pinch of carom seeds works wonders." "But what about serious illness?" I asked being the scientific mind. That knowing smile of that lady went, "Then we pray to the village deity and see the government doctor who visits once a month. We believe in striking a balance between faith and science." Her words struck a chord. What was important to them—cultural beliefs and practices—was often forgotten in our hurry to introduce them to modern medicine. It is the entire practice of health care that makes one realize it is, in effect, the bridging of this gap at the two ends, which constitutes the crux of health care.

These ranged from mass malnutrition conditions to a lack of basic sanitation. Most of all, however, it is the spirit of resilience amongst these villagers in the face of adversity that struck me most. Maybe they did not have the advanced medical care, but indeed their community spirit was truly a healing force by itself. Just then, the entire Sahai family came out to bid me farewell. Mr. Sahai, pretty silent all these days during my homestay, suddenly spoke up. "You came here to adopt our family," he said, his voice shaking. "But I think we

have adopted you too. A doctor who forgets to be human is like a roti without salt-technologically correct but missing the essence." Being doctors does not mean being prescribers, but bridges between the wisdom of tradition and the science of modernity, and between rural reality and urban advancement. More than anything else, intrinsic in every medical case is always a human story waiting to be heard and understood.

Pradhyumn Purohit

UG 3rd Year

Peoples College of Medical Sciences & Research Centre, Bhanpur, Bhopal



Full Circle

It is during a July summer that they cart you outside, on a day touched with a drizzling sky and Petrich or-scented air. Mud squelches beneath your slippers and between your toes. You have been herded onto a bus and herded out, into a neighbourhood of cobbled houses, winding paths and wandering strays. You've forgotten your umbrella. You huddle under your friends instead, a butter-yellow patterned monstrosity, and you mill on the roadside among your classmates, just as confused as they are. Your teacher urges you ahead. Her umbrella is broken on one end, and rainwater soaks her sleeve. Go down this path, she says, and talk to the family in the first house you find. So you do. The house you end up in front of is just as yellow as your friend's umbrella. A cat with luxurious fur pads over the front steps, the furred, drowsy sentinel of the two-storeyed house. She meows at your entrance and curls around the ankles of a lady working in the garden. She is young, sindoor paste over her brow. The lady looks as confused as you feel. I am a student, you say. This is for college, you say. Could I please ask a few questions, if that's alright? A doctor, she exclaims later, once you introduce yourself. You do not have the heart to tell her that you have only begun your course, and that you haven't earned the privilege of the title yet. A white lie you let be.

She is a sweet young woman who bears your stumbling questions with grace. Once you're done she offers tea and biscuits. You accept them shamelessly and brag about them to everyone you meet on the way back. You meet her every season as the years pass. She belongs to a family of two. The second year, to be a family of three, she tells you, with flushed cheeks and a swollen belly. The cat is a permanent fixture, lounging across the front steps.

Her baby is a chubby little thing that grips your finger on the next visit. You ask questions about the baby between laughter and wide smiles, penning down the details swiftly. Your stumbling questions are stumbling no longer. The tea and biscuits are still as delicious as the first time. Your last visit, you hold their hands and thank them for their patience with you. The baby has just begun waddling, and tugs at the glittering keychains hooked on your backpack. After that, you do not see them again, though the occasional message and photo lands in your inbox. A few years later, you have graduated. Your white lie is a white lie no more. You become a doctor, and then you choose to study further, and then one day you are back in the field again, with a herd of milling students in front of you. It's drizzling. You've forgotten your umbrella. This is dejavu; a fond memory. You huddle beneath a fellow postgraduate's umbrella, and study the winding path.

Your students stare at you, faces wreathed by confusion. What should we do? Some things in life come full circle. On this road are clusters of houses containing multitudes, vivid and so

very different, personal universes within brick and mortar. Here: your books are one thing, and what lies beyond the pages is another. You had the opportunity to discover, once. Now you watch the next generation do the same.

Go down this path, you say, and talk to the family in the first house you find.

Farha Mohammed

PG Resident

Kasturba Medical College, Mangalore



The word “Adoption” itself means like the person who is adopting is doing some favor to someone needy. But for me, the meaning of adoption has changed when I witnessed the bond between the UG students and the adopted families. One of the most recent memories was when we first visited our recently adopted village Ekurli. On that day, we 10 people, sitting in our department’s vehicle, adjusting our legs and positions in the vehicle, started our journey around 7.30 in the evening for the Ekurli which was around 19-20 kms away from our collage; one professor, 3 SRs, 2 PGs, 2 Social workers, 1 ANM and 1 driver dada. A Gram Sabha was arranged in the Gram Panchayat Hall and we all were going there to attend it. When we reached there, few of the key persons of the village including Sarpanch madam and few villagers were already there and rest of the villagers were coming one by one. Around 8.30 pm the Gram Sabha was started. One of the important topics of today’s Gram Sabha was “Village Adoption” under Family Adoption Scheme.

Me, being a Senior Resident, was first time witnessing a Gram Sabha, was very excited and trying to absorb all the observations of the event. I was thinking that we had come here for the implementation of the program so we must ask them for various requirements and favors. But the flow of the meeting kept me in an “Aww...!” position. I was utterly surprised with the hospitality and the enthusiasm of the villagers. When discussion came to the point of student safety, the villagers guaranteed us for the safety of the students, especially girls and unanimously agreed on banning any type of alcohol use and sell during the initial days of family adoption program implementation, when students visit the adopted families for 15 days consecutively. And these were not the empty words. Not a single case of misbehavior was reported during that period, as well as till today, when we are visiting the village every month. Rather than calling them adopted families, I would like to call it as families who have adopted our children eagerly wait for them to visit every month. Even a single visit is missed by the student for some reason, they ask us (SRs and PGs roaming around in the village during the visit behind the students) regarding their adopted children, saying- “*Aaj Mauly ala nahika?*” (had Mauly not came today?), “*Amchi Anuja dislik atumhala?*” (Have you seen our Anuja?), etc. If we asked any family regarding the respective student, whether he/she has visited them or not, they started telling us, praising their adopted child saying- “She must have gone to the neighboring adopted house. She is very sincere, don’t scold her, she always come, she will be coming soon.” etc. And the most tiring part is asking students to come back at the meeting spot for debriefing session on time, which they always ended up coming late. And the reason being family members won’t let them go without having breakfast and chai, saying you came after so many days, don’t leave so soon.

All of this was possible because of the trust the department was able to build over these many years while working in the community and the respect we were giving them by understanding

their concerns and problems in a participatory way. All these experiences make me realize that we are receiving way more after adopting the families that the families who got adopted and understood that the one who adopts gets more than the one who got adopted!!

Devayani Wanjari

PG Senior Resident

Mahatma Gandhi Institute of Medical Sciences, Sevagram, Wardha



BRIDGING HEALTH GAPS

Chapter 8: Reflection on Motivations

GAINING
KNOWLEDGE
SPREADING

WILLIAM BLAKE

healthcare

COMMUNITY
HEALTH

FAMILY
ADOPTION
PROGRAM

HEALTH
CAMPS

public health

Where Strangers
become
~ FAMILY ~

COMPASSION

Ensuring Health

LOVE & CARE
REDEFINED

Page no.80

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

॥ येषां न विद्या न तपो न दानं,
ज्ञानं न शीलं न गुणो न धर्मः ।
ते मृत्युलोके भुवि भारभूता,
मनुष्यरूपेण मृगाश्चरन्ति ॥

-

Those who have neither knowledge nor penance,
nor liberty, nor knowledge,
nor good conduct, nor virtue,
nor the observance of duties,
pass their life in this world of mortals
like beasts in human form
and are only a burden on the planet.

Chapter 8: Reflection on Motivations

The motivation with which a student aspires to become a doctor is mostly same across the fraternity. The desire to “help the needy” is the most common answer echoing in the classrooms on the first day of medical college. FAP provides an opportunity for the students to keep this zeal alive over the years and serve the communities while educating themselves. The motivation behind every task is what keeps it rolling down the lanes. The field experiences and the community interactions teach empathy and give a deeper understanding of the realities. Reflecting back on the experiences from the adopted families, the social environment of the communities and the emotions gathered during the visits is an important part of the learning from FAP. These reflections, if done in time, should be imbibed in the heart, and they will serve as a portion of motivation during the journey of medical education as a healer.



FAP: “A Direct Lane To The Community”

‘Community’: a simple word with a simple meaning but also a diverse population with diverse mindset. Medical education is always targeted toward people’s positive health and the community always remains a crucial target to achieve this. For the same NMC incorporates different ways and innovative ideas to sensitize undergraduate students about their community so future doctors can understand their community in a better and efficient way.

Firstly, it seemed to be tough because students were so naive and just stepped into the real world of medicine with so many expectations. But on flipping the coin there was an enthusiastic and curious mind, eager to learn new things was appreciated. This spirit of students always motivates an educator to express the same enthusiasm.

All the Faculties, junior residents and senior residents were always there to execute the programme efficiently. Talk with community leaders, health professionals and all the stakeholders were organized and orientation was given. As a response, they happily agreed to give their support in this Nobel and Innovative venture.

The first visit was filled with great energy to meet the new people. Students get their allotted house and are monitored by a supervisor for needed help. As a field supervisor, I had some queries in my mind that how will the student manage? How will the community react? What will be the reaction of students? Will they get positive and supportive responses?

Though everyone was frightened by similar thoughts but at the end of the session, watching the students with a wide smile on their faces relieved our tension. On asking, they replied that

it was so fruitful visit and they were so happy to serve their community in an efficient way. They said that they would never know this community if this visit was not planned. They can see the real problems and barriers faced by them, their fear for healthcare professionals and their actual thinking.

Until that day, only ASHA workers were familiar people who came to their houses and asked about their health problems. Otherwise, mostly they have to go to hospitals. The community always faced the dilemma of where to go, how to go, what problem they had!

On that day, they felt that a doctor came to their house and sat with them, discussed about their problem and noted down it. Though they were students who could only guide them, but the community felt secure and safe in their hands as they were at their place.

In some fields, it was seen that due to urbanization and migration in some villages, geriatric couples were alone at their residence and could not get active support from others. During house-to-house visit, students would meet them and can guide them for available health services.

It was felt that the student played the role of an active guide to their served community regarding their health. Students have noted down their problems and asked their seniors to help them so that they can guide their families further, which was inspirational.

One word that was so stimulating during all the visit was:

“Amaru Family (Our Family)”

Students have named them as our or my family as they have really accepted them during adoption. As young evolving age adults, they have clearly understood the motive of this initiative and doing their best during the visits. They have mingled so well with their community that we have to identify the adopted family by the name of their allotted student. During the feedback session, all were overwhelmed by the reaction of the students.

Mital Goswami

Senior Resident

CU Shah Medical College, Surendra Nagar



Small Moves

“Every difficulty is an opportunity in disguise”. This was the motivation that led me when I was asked to accompany students in their FAP house visit in PHASE TWO of their community medicine postings, as it was not the usual batch with which I used to have FAP field visits. The visit was intended to provide health education to the members of FAP family. It was the first FAP house visit of students as part of phase two postings. I went along with one of the students to her FAP family. She was prepared to talk about rabies and its prevention to the FAP family.

We were greeted warmly by the mother and daughter who were in the house. She remarked that the student had become leaner than the last time she met her. When enquired about her husband, she turned a little low. She said that one month back, her husband had an attack of stroke. She explained in detail how he developed the symptoms one fine morning, how he went for work with the initial mild weakness and how the symptoms evolved into a full stroke.

The way she explained about the onset and progression of the disease was so intricate and filled with minor specifications. She also noted that the doctors attributed the stroke mainly to his smoking habits. It was also worrying to hear that while in the hospital, he was also diagnosed to have a suspected malignant lesion in his bronchus. She explained about the emotional turbulence that they faced at that time.

Later he got discharged and was started on many medications. She said that the doctors advised strongly against his habit of smoking. She informed that her husband was also in a pathetic state and had stopped smoking for a while, only to restart it again when his friends suggested that “it is okay to smoke one or two cigarettes”. As she said this, I saw her eyes brimming with tears of despair. She optimistically added that she went for a religious meet to pray for his betterment last week. The student was in a perplexed state on listening to the incidents that took place in her family in a month’s time.

We asked her to not lose hope and advised her regarding the ways that she can support her husband in coping with his physical and psychological problems. She can lend a support to help him in overcoming the social pressures to smoke. We encouraged her to utilise the services provided by the smoking cessation clinic in the hospital. We also mentioned about the lifestyle modifications that she can try to bring about in her husband’s daily life.

After some other chit-chats, the student discussed with the mother about animal bites and the important steps to be done in case of an animal bite for the prevention of rabies. She curiously listened to the students’ talk and asked her doubts regarding the same.

It was time for us to leave. It was so striking to understand how a disease shakes the core of a family. The risk factors and their interplay leading to the disease, disease progression, how it affects the family and their well-being, stages of grief and coping mechanisms was demonstrated by this single visit. The student understood the importance of regular follow up visit to the FAP family and was even more interested in understanding how the habit of

smoking can lead to stroke. I asked her to read about Virchow's triad, and finally ended up in remembering his words "medicine is a social science".

Chinky M

PG Resident

Government Medical College, Thrissur



Innovative approaches to healthcare delivery in the community settings.

Chapter 9: 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.



**The best brains of the nation may be found on the last benches of
the classroom.**

-

Dr. A.P.J. Abdul Kalam

Chapter 9: Innovative Approaches

Family Adoption Program has been started with a broad vision of bringing out a change in outcome of medical education, i.e. making every undergraduate a family physician. Implementation of the same is under the purview of medical colleges. Institutes can take different approaches based on local feasibility to execute the program. Different areas have different challenges based on the resources, geography and socio-political structure. As a social scientist, the coordination of various stakeholders becomes even more important and the quest to innovate new approaches remains constant. Dynamicity of FAP comes from the dynamicity of students, educators, departments, administrators and institutional support. Bharat being a country of diversity, very soon FAP will find its own fate with many innovative approaches popping up from every nook and corner of the nation.



Innovative Approaches to Healthcare Delivery in Community Settings: The Family Adoption Program

It is India's Family Adoption Program (FAP) that to the outside world is glowing due to the novel way in inverting healthcare serving from usual medical institutions to localities at the local level. However, this has been achieved due to the introduction of students and prospective doctors from medical schools into these regions.

Home-Based Care: An Integral Part of Community Healthcare

Piyush Sharma a medical student gives their viewpoint that the focus on care by FAP in the community is one of the most important and positive aspects of the program. The program has come to the conclusion that it is much more efficient, and indeed patients are always much more satisfied when given health services in the comfort of their homes, and such services especially work well in chronic diseases, geriatric care, and mother and child health. In addition to reducing the workload of medical facilities, home visits also make it possible for the early discovery of diseases, monitoring, and the delivery of long-term care.

Community Health Worker Integration: Strengthening the Healthcare Network

FAP places a special emphasis on the role of CHWs in expanding health care to the community. The parallel process enabled trust building, contact with target groups, the exchange of information, among others. Only a small number of cases may be impossible to

treat at the community level, and hence in such cases, their follow-up is essential by the CHWs with the referrals to higher levels of care.

Technology-Enabled Healthcare: Bridging the Digital Divide

Being aware of how technology will likely bring about changes in healthcare, FAP has tried out different digital interventions. For example, mobile health apps have been used to collect health data in real-time, set up remote consultations, and share health education. Specialists, because of their ability to guide patients in faraway places by means of telemedicine, are more likely to have access to specialized treatment. Additionally, health care has been improved by the use of electronic health records, which has increased care coordination and facilitated data management.

Participatory Action Research: Empowering Communities

To tackle problems, the FAP has employed a participatory approach which includes the community members in the process of decision-making about health priorities, organizing the preventions, and evaluating the outcomes. This strategy has not only made community members more responsible for their health but also it is the right way to go if one is to develop lasting health programs.

Interdisciplinary Collaboration: A Holistic Approach to Care

The health needs of the community are not only varying but also complicated and, as such, a single approach cannot deal with them effectively. The FAP has been in the forefront of the participation of a team of doctors, nurses, social workers, and other health workers. Patient care has improved, the faculty has become more efficient, and patients have better plans and also have law evident from the interdisciplinary approach.

Conclusion

The Family Adoption Program is an example of how creativity can effectively address healthcare issues in India. By reference to the community-based care, the recruitment of community health workers, the use of technology, the community impact on decision-making, and the interaction between different specialists, the FAP has visualized a new model of health care delivery that aims at the health and well-being of the marginalized communities.

Rishank Shahi

PG Resident

Netaji Subhash Chandra Bose Medical College, Jabalpur



Bring The Clinics to Them

When the entire MBBS batch stood under the scorching summer sun waiting for the bus to arrive, every student had one thing on their mind- 'What is this FAP thing?'. After a whole week of lectures, all we wanted was a break. But here we were, fanning ourselves with our journals. A hop, skip and a bus ride later we reached, and our jaws dropped. We would soon find out that our biggest mistake was underestimating them.

I wholeheartedly expected the conversation to be a battle. I saw Shital come out of her house with a child mounted on her hip and a washcloth on her shoulder. I asked her some basic details about the household and now it was time to ask about immunizations and any systemic diseases. I was prepped and ready with the Marathi names for 'menstrual cycle' and 'vaccination' and 'contraceptives and whatnot. I started asking her, and to my greatest surprise, she knew all the vaccines her children had received, knew the length of her cycle and told me what contraception she used and what was the most popular in the area too. I was dumbfounded. I was also embarrassed. I felt awful for underestimating the person I was standing in front of and being surprised at her responses about her medical history. I finished up the form in record time and every family I met henceforth gave me all the information I needed in complete detail.

That day, coming from a place of privilege as medical students, we realized we held so many false predispositions about these families' attitude towards medicine and health. Not only this, but we had entirely underestimated the power of women in family health. These women--these homemakers, were a living record of all things medical about their families.

Did I need to tell them about vaccination schemes, ration cards, subsidized groceries and Anganwadis? Absolutely not. They knew how to make the best of their resources close to them. So why did they still have prevalence of health issues? How can a community with so much information about resources, programs and schemes still has any disease? The answer? **Access.**

When you work a minimum wage job where every hour counts towards the money you are going to make at the end of the day as a blue collared worker, you seldom stop to think about taking a leave to see a doctor because you have a small cold. Knowing what I know now, I propose that the most logical approach to making these communities better health-wise is screening camps and portable clinics that visit these places from time to time.

When Shital told me she has been coughing for a week but couldn't make time to go to the hospital for a full day, all I could wonder was how great it would be if the hospital came to her. She can save those 3 hours that she can use to buy some more rice for the home. Having a free clinic a stone's throw away on the weekend will make sure that they show up with their complaints and don't wait until it is too late to do something about it or till an epidemic has already begun.

Bringing basic screening camps, general medicine clinics and other systems of portable healthcare will profit them immensely. Getting access to healthcare without taking off a significant portion of their day will make them eager to check on any initial symptoms before it turns into something worse. Having the confidence of being able to work all day and spend

just half an hour at the clinic in their backyard may make them come forward with chronic complaints like migraines, backaches and other symptoms that seem small but can be indicative of a much bigger problem. They know health. They know when they need help. They are helpless because of their situations. We need to stop waiting for them to get educated. They are educated. Their circumstances don't allow them to do what we do- take prompt action.

So, bring the clinics to them, and trust me, they know how to do the rest.

Shreya Patil

UG 2nd Patil

Dr. D Y Patil Medical College, Hospital and Research Centre, Pimpri, Pune



Chapter 10: Collaborative efforts

Health
Education,
IEC & BCC
Activities
Conducted



Supervision by
faculties and
student-
teacher
interaction.



Yela, Maharashtra, India
Lat: 20.61475°
Long: 76.59163°
17/02/22 09:50 AM GMT +05:30



Wardha, Maharashtra, India
Lat: 20.59163°
Long: 76.59163°
07/02/22 10:50 AM GMT +05:30

Orientation To
Health &
Wellness
Training
Centres,
Anganwadi
ASHA
Workers



Wardha, Maharashtra, India
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Identifying
Patients
through
Health
screening
Camps



Community-
based
learning



शशिना च निशा निशया च शशी शशिना निशया च विभाति नभः ।
पयसा कमलं कमलेन पयः पयसा कमलेन विभाति सरः ॥
मणिना वलयं वलयेन मणिर् मणिना वलयेन विभाति करः ।
कविना च विभुर्विभुना च कविः कविना विभुना च विभाति सभा ॥
सभया च भवान् भवता च सभा । सभया भवता च विभाति जगत् ॥

-

The moon shines because of the night and the night shines because of the moon. So, the sky shines because of both the moon and the night.

In the same way, the lotus looks beautiful because of the water, and the water looks beautiful because of the lotus. So, the lake looks beautiful by both the lotus and the water.

The beauty of a king who has excellent poetry increases with a great poet and the beauty of a poet increases with a king who likes excellent poetry. A king who likes poetry and grandeur enhances the beauty of the gathering tremendously.

A good gathering (seminar) enhances your beauty, and you enhance the beauty of that gathering. Both add to the wonderful beauty of the entire world.

Chapter 10: Collaborative Efforts

Family Adoption Program is a unique program where medical colleges can explore collaborative opportunities in communities with long lasting bonds. The bonds thus formed will gain confidence of beneficiaries which is an important step in learning social components of health. Initiatives by departments to make bi-directional collaborations between multiple stakeholders of the community will help the medical students to learn about health as a social responsibility. FAP offers space to work with Anganwadi workers, ASHAs, ANMs, CHOs, local self-help groups, community leaders, NGOs etc. One of the principle components of primary health care i.e. community participation is a cornerstone for collaborative efforts.



Effective healthcare requires seamless coordination and collaboration among various state holders, particularly between local health workers and authorities. This partnership forms the backbone of public health systems worldwide, ensuring the timely delivery of services responses to health emergencies and overall community well-being with the help of family adoption program {FAP}. I was also able to be a part of this system and learned a lot of things about how health care facilities are working at the ground level. And with the help of ASHA workers and ANGANWADI workers. I was able to learn a lot of new things about the national health programmes which are being implemented on this level and by being a part of the effort, improved the effectiveness of the procedures.

During the family adoption programme, I talked to the social workers of that village and my interest in learning, how they work and how they use the resources. They have to improve the health service effectiveness in the village. By building the trust between us I started my effects with the local health workers, by the data collected by the local health care workers, I was able to segregate individuals in the village on the basis of age, sex and risk factors of different disease such as diabetes, diabetes hypertension and with the data collected by the social health care workers, we implemented a health screening drive in the village by checking blood glucose levels and blood pressure of different individuals. We are able to identify about 12 individuals with potential risk of developing diabetes.

I further told them that how they can visit the nearest government hospital and can go through the diagnosis. The ASHA worker had the data of all the pregnant females in the villages and newborn babies. Even the family which was appointed to me had a pregnant female aged 24 years. Me and all my fellow friends visited different households and explained about the national immunisation programme, how important immunisation is and how it is provided by the government free of cost. We also explained about the Janani Suraksha Yojana in different households as how the ASHA worker can help them during the time of delivery and pregnancy and how the government provide support by providing money to the care taking ASHA worker and the pregnant female.

We even organised a session in the village about the medications which the villagers can get from the ASHA and ANGANWADI workers, such as ORS, IFA tablets, CHLOROQUINE, disposable delivery kits, oral contraceptive pills, condoms and DOTS to provide the health care facilities in the village. With the collaborative effects of students and social workers, we were able to overcome a lot of difficulties such as language barriers, the social workers helped us to properly reach to the local people by being a mediator and explaining the details to the villagers in local language. And by the help of data collection by the social workers we were able to enhance the efficacy of the family adoption programme by properly indulging with the families. And the village community was able to trust us, which helped us to provide healthcare to them properly.

CONCLUSION

By the collaboration between the local health workers and my fellow students under the family adoption programme, we were able to achieve the optimum outcomes of the program and provided with a tailored response which the village community needed. This partnership not only enhances health care delivery but also strengthens the health care system at ground level and family adoption programme can be very useful for the same.

Shefali Kaushik

UG 3rd Year

Dr S S Tantia Medical College Hospital & Research Centre



“The body is the only means to fulfil all the duties. That’s why it is very important to keep the body healthy.”

Following the regulations of CBME for ‘Family Adoption Program’ As per NMC guidelines for FAP, a health camp was planned to be organized in the slum areas of Jobra, Cuttack. The location to be selected was very challenging as the criteria such as good communication, accessibility for residents, religiously neutral place, coordination from local health workers and leaders were taken into consideration.

Two MSWs from our department visited various slum areas nearby, discussed about health camps with local leaders, health workers and informed our Professor & HOD. Under the chairmanship of Dean & Principal a thorough discussion was done with Prof & HOD, Department of Community Medicine, Superintendent and staffs concerned on 27th June 2024. Taking all the factors into consideration, it was concluded that the Health Camp would be organized in the ‘Pareshwar Sahi’ on 6th July 2024.

The required resources for Health Camp were shortlisted. An application requesting provision of necessary instruments, equipment, drugs, laboratory technicians, pharmacist for smooth organization of the event was communicated to the Medical Superintendent. Superintendent sir very expeditiously came forward and granted the application very next day. The essentials were provided.

Next day an application requesting 2 specialist doctors from each of Department of Medicine, Obstetrics & Gynaecology and Paediatrics was communicated to the Dean & Principal. Sir issued an order for nomination of one Assistant Professor and one Senior Resident each from the respective departments. The Professor & HOD of the respective departments reacted very promptly and sent the names of nominated specialists.

The local health workers (ASHA, Anganwadi worker) were informed about the location, activities and timing of the Health Camp. They welcomed the decision of organizing the camp. Their role was very pivotal, as they had to mobilize the residents using their communication and leadership skills. The local community leaders were informed about the camp and prerequisites for the same were detailed.

The day before the Health Camp, a sensitization meeting was held in our department by one of our Associate Professor and tasks were distributed among all. The interns posted, and undergraduate students were asked to make posters on community awareness about hand hygiene, ORS preparation, prevention of diarrhoea, non-communicable diseases. The banners needed were prepared.

On the day of Health Camp, with all the resources we reached the spot in time. There were admirable arrangements by local leaders. Our Prof.& HOD, some of our faculties, two MSWs with some undergraduates and interns went to nearby schools and made aware the students about common ailments and their preventions. Under the auspices of Professor& HOD the camp started at 08:30 AM.

As the time passed, the crowd increased. Registration of beneficiaries, anthropometric measurement, screening of blood pressure, random blood sugar, haemoglobin, advice by specialist doctors, provision of drugs with prevention advices were given. Though it was scheduled for 4 hrs, the beneficiaries continued to come for camp till 1:30 PM that day. The

local leaders were so pleased with the organization of camp, they felicitated all our team members. With the effort of each and everyone in the team the camp came to an end successfully.

Thus, the Health Camp proved that,

**“Coming together is Beginning;
Staying together is Progress;
Working together is Success.”**

Biswajita Panda

PG Resident

SCB Medical College, Cuttack



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

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

Chapter 11: Significant successes and milestones

Healthcare is in poor health



MALNUTRITION

SOCIAL RESPONSIBILITY
LEADERSHIP QUALITIES

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

देश पोलियो फ्री घोषित, केसर साहिब ने लॉ अफ पॉलियो का लो नही

Raj K. Talwar, Raj K. Talwar, Sandhya P. Bhatia, Anshu K. Talwar, Praveen K. Talwar
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. Samir Malik
Tamil Nadu Government 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...
...the National Medical Commission (NMC) is considering...
...a part of MBBS training...
...to be assigned to...
...to be assigned to...
...to be assigned to...



Times View: The principle of...
...the NMC should be...
...the NMC should be...
...the NMC should be...
...the NMC should be...

medical students pursuing MBBS...
...the NMC should be...
...the NMC should be...
...the NMC should be...
...the NMC should be...

रथस्यैकं चक्रं भुजगयमिताः सप्ततुरगाः
निरालम्बो मार्गश्चरणविकलो सारथिरपि।
रविर्यात्यन्तं प्रतिदिनमपारस्य नभसः
क्रियासिद्धिः सत्त्वे भवति महतां नोपकरणे ॥

-

Everyday Sun travels to the border of endless sky on an unsupported path in a single wheeled chariot carried by seven horses checked by serpents and driven by a foot-less charioteer. The action of great people is accomplished by their inner strength and not by instruments.

Thus, success is an outcome of great character, favourable (or unfavourable) equipment/ tools/ circumstances are largely incidental and immaterial!

Chapter 11: Significant Successes and Milestones

Every journey has a long way to go, the same if with FAP. Talking about significant milestones and successes at this nascent stage is a bit sceptical but one thing is sure: FAP has an innate ability to bring forth positive change in the orientation of future doctors that the country will be producing. Inculcated in the medical curriculum in A.Y. 2021 and being mandated from A.Y. 2023, the FAP has brought about a major change in medical education. The milestones are many: from reaching hearts in the community to growing as a compassionate healer, thousands of lives will be touched. The ultimate success of FAP will be reflected in generations to come when the next decade will witness the doctors healing the person behind the disease rather than just the disease.



Matriarch

Amidst the first year of medical school, I was completely bogged down by the subjects of first year. We were informed about the FAMILY ADOPTION PROGRAM by the community medicine department. I being an urban girl had absolutely no awareness regarding the problems faced by the rural areas of our nation. One could easily define me earlier as someone born with a silver spoon. My friends and I being naïve teenagers took this noble initiative as mere excursion.

Finally, the day arrived, the morning was bright. As it had rained earlier, there was a sense of ablution in the air and the sun rays beamed on us like pure gold. We all were ready with the brightly colored stethoscopes placed round our collars which was bringing about the glory of us being the budding doctors of the future. Little did we know that the bus we were going to board was taking to a destination that was going to metamorphose the purpose of our lives altogether.

The moment I disembarked the bus, my bones had been pierced with chilled air that was filled with a realistic picture of the society. A society which has a story to tell but they are conveniently brushed under the carpet. I met a family, who were much below the poverty line as per the modified Kuppu swamy scale. It was an extended family consisting of twelve members residing under extremely difficult living conditions. Initially their matriarch was sceptical about my presence, but my assurance she felt much relieved. No sooner did I learn about her granddaughter named Piya. She was a young girl filled with ambitions in her eyes. Her eyes glittered like the shining stars in the sky. Piya had attained her menarche just the day before our visit, I was extremely shaken to hear that she lacked the basic menstrual hygiene resources that each female in our society deserves. The only resource she had access to be a tuft of coir as the sole absorbent product. She was abstained from attending school altogether bringing an end to her education.

My heart was shattered, I tried to counsel them regarding menstruation not being a taboo rather a completely normal physiological process in a womanhood. By the support of my medical school professors, we were able to run a drive regarding menstrual hygiene and we

provided them access to menstrual products in association with a menstrual hygiene products brand.

By my next visit, I could see Piya donning her crisp uniform to attend her school. She was acing her academics as well as in extracurricular activities. It was an absolute delight for me to bring about the slightest difference to one's life. This was by educating the importance of education in a girl's life and how menstruation shouldn't be a hurdle to achieve our goals. This family not only tried to learn something new with my every visit but also executed those scientific principles in their lives. Infact, the matriarch has adopted me just like her granddaughter. Indeed, my new grandmother and my new adopted family have this own shortcomings but they are absolutely rich by their heart.

Kibriya Vali

UG 2nd Year

Mallareddy Medical College for Women, Hyderabad



Family adoption program- a key to understand rural and urban inequality in healthcare

"To study phenomenon of disease without book is to sail uncharted sea, while to study books without patients is not to go to sea at all"

- Sir William Osler

Based on message of Mahatma Gandhi to serve our villages, Family adoption program was initiated for the MBBS students to understand the community till the core. Under this program each student has to adopt 5 families and complete sociodemographic, dietary and health assessment of the families. It provides insight to the living conditions of the people, impact of environment and how it affects their health and daily lives.

I still remember my first visit. My expectation of people seeing me as a doctor was scattered as people thought of us as students coming for projects, so they were not even interested to share their details, for them it was waste of time. Few families bothered to give their details, and it was the first step, with every visit we grew closer and comfortable in sharing personal problems and sometimes even gossip about neighbours and TV shows and some invited us to their family function.

I remember during one of my visits when a family member complained about fatigue and tiredness. I suggested her to add jaggery and dates in her diet and during my next visit she was thankful as her symptoms decreased and it provided me a great sense of satisfaction.

The conversation in hospital between patient and doctor is tense, only important information is spoken. One advantage of this program is that we can actually see the living conditions like cleanliness, economic status, housing, waste management and its impact on their health.

There was a family who frequently suffered from diarrhoea episodes they would visit hospital get cured but after 2-3 month some other family member would get affected, one thing I noticed was they would drink water from open well without boiling so I insisted them to add chlorine solution or tablet to water before use and it was surprising to see the incidence had

decrease. The benefit was visible during posting as I became more confident while interacting with patients.

This program helps both the students and the community. It helps to improve health coverage of the community. Spirit of helping the community will motivate the students rather than just focusing on studying for exams they will also focus on interacting with patients. It will help in bringing back the **Family doctor system** rather than running for specialist. Along with Competency based medical education it helps in developing **Community based medical education**.

Initially, we simply used to take the details repeatedly which irritated the family making them uncooperative because people have high expectations that they want us to treat the disease then and there for free. Instead, we learnt a lesson that we should engage and talk more rather than taking information.

The most heart-warming moment was when a kid in one of my family told me he wanted to become a doctor like me. At first, I went into this program as a clueless student, became confident over the course, and I am trying to become a role model for future budding doctors.

"Underprivileged, who need more, gets less"

"Of all the forms of inequality, injustice in health is the most shocking and inhumane"
- Martin Luther King JR

This program is an eye opener for the future medical students to realize that not only urban but also rural and tribal community deserves equal healthcare.

Abhishek HariKumar Pillai

UG 2nd Year

Dr. VithalraoVikhe Patil Foundations Medical College & Hospital, Ahmednagar



Dreams and destinies: Bonds that last forever

It was a sunny day in the month of July and the classroom walls clamoured with the sounds of students repeating mathematics tables. Children sat on wooden benches in various assortments; out of whom, most were wearing home-stitched clothes.

"Did you bring me a chocolate?" Devi's seven-years-old face lit up when she noticed me. She came running, dressed in a sharp blue uniform with her hair tied up in two ponytails. Soon the entire class transformed into a ruckus as the class flooded with white coats. "You promised me last time," Devi said again as she followed me outside where tables were being set up and chairs were being arranged for the medical camp.

We had spent an entire week in preparing for the medical camp to be organised at Mubarakpur, the village where Devi lived; at a distance of about fourteen kilometres from our medical college. Multi-speciality consultants from Obstetrics, Paediatrics, Surgery, Medicine, Orthopaedics, Dentistry and Ophthalmology were present.

I offered Devi a chair and explained to her the basic concept of blood pressure and how it is taken. She nodded excitedly as I wrapped the cuff around her left arm.

“But I am not ill.” She whined as the cuff started getting tighter. I explained to her that this camp had been organised for general check-up. Her blood pressure came out to be absolutely normal, “I told you so,” She teased me. Soon the medical camp was overcome by a flurry of activity. As the sunlight filtered through the leaves and played softly with shadows, the ground became filled with excited medical students dressed in white coats, who were bringing their adopted families to the camp. We went along the dusty streets to bring other members of Devi’s family to the camp.

It was exactly a year and a half ago when I had been a nervous first year medical student, standing in front of the same door, anxious about adopting two families and interacting with them. I had been overwhelmed. As I now knocked on the door, the difference felt almost jarring. Since then, I had been to Devi’s home a multiple number of times, I had been invited for lunch, had been offered water; I had helped in plantation of trees in their backyard. Devi was almost a younger sister to me now.

I sat in the veranda and counselled the Ahirwar family regarding ORS and non communicable diseases. We talked about the problems faced by the family during rainy season, and they let me pet one of the hens that they owned. I looked around in amazement, this wasn’t just a house, this was a home: filled with a shared sense of humanity, joy, and an ingrained respect for traditions. I felt as if I had stepped into a completely different world; so far removed from the daily uproar of vehicles on road, the streetlights and the hustle and bustle of the city.

Overall, the camp was a success. Around 80 patients were benefited out of whom 25 were male and 55 were females. 5 diabetic patients were screened, and total cataract patients were 4.

After the camp ended, we goofed around and made so many memories. An old grandfather told us tales about the place during India’s independence and we even measured our own weights on the weighing machine. Then it was time to go and as I bid Devi goodbye; she held my hand in hers and whispered softly in my ear, “When I grow up, I want to become a doctor too.”

Tanishka Jain

UG 2nd Year

Gandhi Medical College, Bhopal



Though medical education itself is as much about clinical knowledge, it is much about the human experience process of understanding. Currently being a 2nd-year MBBS student, my involvement in the Family Adoption Programme has been a turn-point experience, influencing and shaping my budding medical skills and my outlook towards life immensely. FAP matches medical students with families from a wide variety of backgrounds, providing the opportunity to become involved in real health challenges outside of the classroom. In the program, I have not only sharpened my clinical skills but also more in depth empathy and

understanding the view of society of doctors. This reflective essay identifies how the Family Adoption Programme contributed to my growth as a future health professional, focusing on the interplay between knowledge about medicine and compassionate care.

It all started from the very first visit of my allocated Family on 13th January 2024. The family extended me a warm hospitality by offering me a glass of water and asking me for meal even though I was not a doctor yet and visiting them just for the first time, all these just because they see me as a Future Doctor. In that moment, I understood the deep respect and esteem society holds for those in the medical profession.

During my initial visits, I gathered details about the family's health that they gave me enthusiastically and I provided my phone number for future contact. However, with subsequent visits, their attitude changed, they became less engaged and expressed frustration, saying, "harbaaraate ho par kuch karte to ho nahi, sirf sawal puch ke chale jaate ho". This experience made me realize the high expectations society has for doctors and the responsibility to meet these expectations and earn respect. For improving the rapport, I tried few things like the next time I brought with me, Sphygmomanometer and weighing machine, that improved the communication but still they were not that free with me to an extent that they can share all aspects of their health with me.

2 weeks later, On the night of February 8th, I received a call from the family seeking advice for their 15-year-old son, who was suffering from sudden severe abdominal pain. With no doctor available at the nearest PHC, I advised them to come to our college-affiliated hospital. Upon arrival, I guided them to the Emergency Ward where the boy was diagnosed with acute appendicitis. The resident ordered a CT scan and USG for confirming the diagnosis. I took the boy for the tests to our CT Scan room. The boy underwent surgery and was hospitalized for five days before discharge. After the discharge, I regularly called the family about the boy's health and advised them for follow up. After this incident, I was able to develop a Strong Rapport with them and gain their trust.

While I was helping them, I got to learn about Acute Appendicitis Burn's point, its investigations, signs and symptoms, treatment. I additionally searched for the details about the case and Now I am confident about that topic both theoretically and practically and that enhanced my clinical skills. It has encouraged me to think about my role as a future doctor in a broader societal context.

After the visits of FAP, I now try to find out Health care problems and try to find what can I do at my level to remove that problem. Overall, FAP has been a unique and transformative experience in my medical education. It has helped me develop essential clinical skills, communication skills, fostered a deeper sense of empathy and compassion, gave me an opportunity to understand the views of society for doctors and shaped a more holistic approach to medicine.

Venu Singh

UG 3rd Year

Shaikh-UL-Hind Maulana Mahmood Hasan Medical College, Saharanpur



Being an introvert, I was very anxious and nervous the day that our Community Medicine teacher took our batch (1st year mbbs) on our FAP (family adoption programme) village.

They said that each and every one will have our own family not as group but one by one . Me being the quiet one and didn't know how to communicate even with distant blood relatives , I find it quiet challenging. We follow our teacher and they give me the house no. and the name of the head family name . I enter that house and to my surprise the head of the family is the village head . They are 6 members family , nuclear ; only the couple and their children . I'm very relieved that my one friend came with me and help me with communication , but I also did many talking to my surprise, it just came naturally . They even told me they start building their house using cement(RCC type) . I take their particulars and housing and nutrition status. Our batch visits only around 2 times our FAP village.

During our 2nd mbbs we go again around 1 time a month. To my surprise I can do all the communication and interacting by myself , which I thought it is a significant success and milestone achievement for myself as I'm very introvert and sometimes I want to just not talk at all. On later that year the head of my family was diagnosed lung cancer, very unfortunate. I can see that it significantly causes financial problems and they cannot continue their home construction also, every time I go to their village, I tend to seek their constructed area before I enter their house , and there is no progress , I used to be very sad every time, I didn't know why but maybe I'm quiet attached to my FAP family .

Now I'm in my 3rd year, and we have FAP period every week, I used to go and visit them , as usual there can be no progress in their construction site. The head of the family under go 13 round of chemotherapy and also radiation. My family used to ask me about their drugs and iv drip dosage and duration through WhatsApp, I find it quiet convenient for the family that I am available to help them. I am glad that I am there when they came to our hospital to checkup and when they admitted in the ward. FAP give me new family that I didn't even know I would care so much of them .I just wish them well and can continue their construction as soon as possible.

Lalremruati

UG 3rd Year

Zoram Medical College, Mizoram



Contentment of a MBBS student

“ Where are you from, dear child? May everyone be fortunate enough to meet a doctor like you.”

I felt I was manifesting the quote “Patients don't remember the doctor's prescription but the communication.”

On our recent visit at the FAP, we were allotted new families. Earlier in my first year, I never understood why our AETCOM classes emphasized so much on communication, but now I have realized it is this that makes our profession a noble one.

Every time I visit my families, I feel so valued and respected. Their eyes start gleaming because they know someone will listen about their joint pain, headaches, fatigue, and try to do something to help them.

“Madam, by God's grace, I am completely fit and fine, I never have had the need to eat medicines. However, I just feel tired quite often, sometimes I feel the roof over my head spinning. But I assure you there is no illness that I harbor”. I was told this on one of my visits by the wife of the head of the family. Listening to her carefully, I started performing the general examination, and found she had pallor. So, I advised her to get a CBC done. Few days down the line she shared her reports with me and I was right about the diagnosis I had in mind. I understand it's not that big of a deal to diagnose anemia but for me it was probably the first diagnosis I had made on field and every first is always special. This filled me with a sense of achievement and urgency to communicate to her the steps to regain her normal blood hemoglobin levels.

Being given the responsibility of a family's health is a huge task indeed, but it also builds in us a sense of accomplishment about how far we've come and the motivation of how far we have yet to go.

Our college recently held a health camp at the village where we students have been allotted families. It was the first health camp I attended as a volunteer, and it was an overwhelming experience. Doctors from medicine, surgery, pediatrics departments, and lab technicians accompanied us, guided by the community medicine department. I was elated to see that people came forward enthusiastically, some with specific complaints and others for regular checkups. It shows that people are slowly becoming aware about health as an important concept and appreciating the government's efforts of prioritizing prevention over cure.

One finding that still bothers me is that about prevalence of anemia. Our respected professors did their part and taught us how to counsel the girls about the dietary changes that could be of help and prescribed adequate medications to manage the condition. Many parents also turned up with their kids, and I thoroughly enjoyed learning how to interact with and win the confidence of kids. We were allowed to conduct small awareness sessions about ORS and hand washing in the village Primary school. It was a very uplifting experience. I shall never forget any drug or any management modality I learned that day because it was a “learn and apply” experience for me. We as students always look forward to such initiatives by authorities, and FAP is a commendable addition to our curriculum.

Sir Henry Ford rightly said,

“Coming together is beginning
Keeping together is progress,
Working together is success.”

Looking at the violence against doctors, FAP is one which shows that situations in the future might change. Our generation is hopeful to bridge the gap between doctor and patient.

Anasuya Mishra

UG 2nd Year

Sri Jagannath Medical College and Hospital, Puri



Family Adoption Programme: Comprehending Epidemiological Triad

Epidemiology is all about study of factors that causes disease. Clinician work in clinical set up and treat the disease. But the cause of disease is left untreated. As a community physician, we identify factors responsible for disease conditions. Usually, we practice epidemiological triad to explain disease causation. The epidemiological triad is about agent, host and environment factors that are responsible for disease condition. Through Family Adoption Programme (FAP), we community physician get insight into these factors.

In field practice area of urban health training center, we came across an individual who is seeking for nearest health facility. The family of individual is migrated from other state and presently settled at urban area. This individual was having complain of weakness, cough and weight loss. For these complains, he visited to private practitioner but didn't get relief. Accordingly, we advised sputum microscopy and chest-x ray. This patient turned out to be "Microbiologically confirmed drug sensitive Pulmonary Tuberculosis without any co-morbidity". This was his clinical diagnosis but question still remain why at age of 23 years, this young fellow got tuberculosis disease. To full fill our quest and also the family is poor socio-economic class, migrated from other state so we adapted this family.

First, we registered this patient on Nikshay portal to get the direct benefit of Nikshay Poshan Yojana. Also under Nikshay Mitra Yojana, we adapted this patient for monthly grocery to have nutritious diet. To search the answer "why" we visited to the patient's house. The house was located in densely populated area. House is ill-ventilated and overcrowding was present. Total nine family members were residing in two rooms. After contact screening for tuberculosis, no one was having symptoms of TB. We performed Interferon Gamma Release Assay (IGRA) to know latent TB cases. It turned out to be positive for two elderly family members. Both of them were put on Tuberculosis Prevention Therapy (TPT).

After gaining confidence of patient, we identified host factors like he was addicted to tobacco. He used to smoke bidi and chews gutakha. Also, occasionally he consumes alcohol. Also, patient's blood report suggestive of Iron deficiency Anemia.

With the help from Tobacco Cessation Centre (TCC) which is functional at district hospital, patient is now a successful tobacco quitter. To correct anemia, Iron folic acid (IFA) supplementation and dietary advice given to patient. Present day, he has non anemic status. After successful completion of treatment, he has been cured from tuberculosis.

Tuberculosis is social disease, which is highly prevalent among lower socio economic strata, migratory families, illiterate families. Illiterate and uninformed families have to bear treatment cost and pushed into poverty. By adopting this family, we have not only successfully treated TB case but also through TPT we prevented future TB cases. Further, we transformed individual's life through multiprong approach i.e. he has successfully quitted tobacco addiction, he is following healthy lifestyle and enjoying optimal health.

Amit Abasaheb Mane

PG Resident

Pimpri Chinchwad Municipal Corporation PG Institute, Pimpri



Chapter 12: FAP Shaping medical skills and personal outlook



गुरु गोविन्द दोऊ खड़े , काके लागू पाय ।
बलिहारी गुरु आपने , गोविन्द दियो बताय ॥

-

Guru and Govind both are standing, whose feet should I touch?

I am grateful to you Guru, who showed me Govind.

Chapter 12: FAP shaping medical skills and personal outlook

The day a student enters medical college, he is considered a doctor by society around him. Families and friends start thinking very highly of the young learner. This feeling of grandiosity sets a learner's trajectory towards the path of self-gratification. The aptitude to learn is affected and a trench is created in the journey of medical education. This trench is aptly filled by introduction of the Family Adoption Program in the medical curriculum. Taking the student to meet the community; ultimate beneficiaries enlighten the consciousness of young minds and bring them closer to reality. This helps medical students to shape their medical skills overtime by keeping the ultimate goal of serving society. The outlook towards the bedside clinical application of knowledge also broadens as the future doctors keep the social part of the ailments in mind.



A family's health mosaic: How the family adoption programme impacted my view on healthcare.

With textbooks and lecture notes all around me in my hostel, all that Family Adoption Programme(FAP) accomplished was to alter my career goals as a physician. Just like when I first started medical school, I was excited to fill in all the blanks and wasn't yet tarnished by interactions with other students who weren't always encouraging. In a way that no textbook could ever comprehend, the Patels, a family of five who lived in a little town outside of Mangaluru, became my teachers.

Mr. Patel, the patriarch of the family, suffered from frequent kidney stones. Due to inadequate upkeep, Mrs. Patel struggled with long-standing unidentified refractive problems. Rahul, their oldest son, seemed healthy enough at first glance. Priya, the middle child, showed symptoms of precocious puberty, while Arjun, the youngest child, displayed indicators of developmental delay. The FAP instantly shaped me into a robust skill set, the most formidable of which is comprehensive family care.

I considered the Patels as a unit and learnt how each family member's health influenced each other before determining their care. The father's persistent suffering made it difficult for his family to afford basic medical care. Treating these problems needs an understanding of them and taking appropriate action.

My diagnostic abilities were enhanced by the FAP in unusual ways. I witnessed Mrs Patel squinting her eyes during a visit as she worked on a small piece of unfinished embroidery. It soon caused me to speculate if she had been particularly long-sighted. The training has made me more perceptive, and aware that sometimes crucial hints go unspoken and that the true narrative may not always be found in what appears on the surface but also in what patients do and say. It also compelled me to communicate delicate information to Priya and her entire family in an uncomplicated yet sympathetic manner. I've gained the ability to manage the

cultural nuances related to puberty and issues related to reproductive health—a talent that cannot be fully imparted through listening to lectures in a classroom.

In addition to providing the family with general medical knowledge, I also began to speak up for Arjun and put them in touch with local resources while discussing ways that they could assist their son's development at home. However, I also learnt to modify my strategy based on the individual problems and perspectives of each family member. In this instance, it required convincing Mr. Patel, a father of two young boys, to take a leave of absence from work for two or three days in addition to administering medication to assist him pass the kidney stones his body had generated.

When I witnessed a family juggling several health issues and yet going about their everyday lives with dignity, it inspired me to respect individual strength. FAP has extended my empathy beyond a simple gauge of prospective medical student experience. What will stick with me more than the knowledge from books as I prepare to become a medical practitioner is a profound understanding of how healthcare functions outside of learning materials, which FAP has reinforced.

Furthermore, the experience has made me fully aware of the disparities in healthcare that exist in rural places, and it has motivated me to allocate a portion of my future practice to providing care to under-resourced communities. I am grateful for how the Patel family and this program have changed my life, pushing me to become a more competent physician and a better human being.

Harshitha V Kumar

UG 3rd Year

A J Institute of Medical Sciences & Research Centre, Mangalore



During my first year at MBBS in 2022 Family adoption program was introduced. It was intriguing. I was questioning myself, "If I would be able to follow my adopted villages? Is it possible to overcome my social fear and socialize with the family and their community? In due course, we were allocated to families. What do you think shaped my thoughts overcame my fears, and enlightened my point of view?

My Initial field visit was to NR Pally was a memorable visit though I was nervous. I was teetering about whether I should interact with family without a flinch (Or) seek help from my friend. Will they invite me? Will they refuse to share information? With such pounding, questions popped into my mind as I approached Mr. Venkataramana's family and I was wrong. They were affable. I was humbled by the respect they showed me. As I proceeded with my job they provided every detail with immense trust. I did witness the challenges they faced, including health issues due to their agricultural practices. He also met with a minor accident & confined to home. They go to the RMP doctor & get some medicines for quick relief and to save travel expenses. Majorly, it is because of their low socioeconomic status and lack of awareness about the side effects of certain medications.

During my visit to the BC colony, Aragonda. I encountered individuals facing challenges, there was a woman with an injury but had no one to take care of her at time of any emergency

and a 65-year-old woman who ought to work for her meals due to insufficient pension and the loss of her family members. She asked for medicines with teary eyes for the last time I saw her. It made me realize that livelihood isn't easy for everyone especially in rural areas.

Through these interactions with families, I have gained insight into the lifestyle of people from rural areas, how to interact with rural communities and patients, to evaluate history, and most importantly, I got to know how to earn their trust. It's all about connecting with them. Being patient and polite and understanding them is all that really matters. As a student, I can't solve everything, but at least I can give the assurance and emotional support they need. Show some EMPATHY! Serving people gives you priceless happiness and satisfaction. I understood their way of showing care and affection. Everything we encounter might not turn out to be the best scenario, but these small stepping stones manifest the great result. You can't foresee what you DON'T KNOW, and things will not change unless you want to. I actually found my purpose behind our field visits was to make a meaningful impact on the lives of people that we encountered. And I had the urge to change my approach towards patients. You know purpose drives you! People should be able to rely on us and trust our reliability. Essential and meaningful communication and Interaction are indispensable for achieving our goal.

FAP could bring closure to such isolated families, and it has the potential to overcome problems by addressing the needs of those living in remote areas with limited access to healthcare facilities. It is an essential initiative to overcome the barriers posed by lower socioeconomic status. Taking care of them would lift their burdens. FAP is the poignant approach to creating awareness and helps people in need of medication, basic medical assistance, and surveillance. These are some of the reasons withholding the progress of community health.

Mounika Konidhala

UG 3rd Year

Apollo Institute of Medical Sciences and Research, Chittoor



First Flight...

One Saturday morning, the 29th of April, my batch of 150 students settled in the lecture hall with curiosity and amusement awaiting our department of community medicine. On that day was our field trip. Now while a field trip sounds innocuous and even fun, I was mildly apprehensive. This was not just a simple visit to the beach, but a foray into our nearby panchayat to conduct a family survey. When the professors joined, they briefed us about how we will go in pairs and that each pair had to take two families: one per person. But before 'adopting' our family, we needed to ask them several probing questions. Ideally, we had to know them in and out – their blood group, immunization history, oral hygiene. And my partner was just as ineloquent with Malayalam as I was. But my fears abated when I talked to my first family and I was happy to learn that they were used to this business.

The first house we adopted was a joint family with eleven children, one of them being a 25-day old neonate who was unnamed. The most challenging portion of the interview is asking

whether they had any addictions or history of stillbirths. Thankfully we managed to get through the questions quickly and overall had a positive first interaction. My only disappointment was that we could not visit them a second time, and I never learnt the name of that baby girl!

The next house was located clandestinely, accessible only by descending a flight of rock steps. When we got there the Head of the Family issued his complaint that all our students walked past his house, never bothering to climb down. He was an amicable old man and despite his health issues treated us extremely politely. On the subsequent visit I made the acquaintance of his grandson who was studying for the medical entrance exam and he asked us for our tips. It was a humbling moment, the first of many to come in my MBBS life.

But it was the third house that left the most lasting impression on me. The aged woman told us that she lived with her husband who spent most of his time out of town owing to his work. She was alone and pounced on the opportunity to get new faces to speak to. She shared that she took some drugs for controlling hypertension and diabetes and asked us many doubts on the same. As a first-year student I could not reply, but she did not mind. Yet, the experience taught me how much knowledge I had to accrue to be worthwhile in society.

In the final family, we met an 80-year-old woman whose face and arms were puffed up like a water balloon. We took her pulse and respiratory rate like we did for the previous families. At the time it always gave me the greatest pride to be able to do these simple examinations. Throughout our return trip I was thinking of 'what caused the evident oedema?'. Inadvertently, I was trying to diagnose her condition in my mind even when I was short of facts. This was probably my first attempt at thinking in this manner, and looking back I realize that it was my first time I felt like a doctor.

Even before my postings I had been exposed to people and their illnesses through this family adoption program. I learnt to converse freely with them. I devoted my time paying full attention to what they said. I empathized with them.

It was such personal experiences that brought in me the deep conviction that medicine is not the study of disease, but the study of the people manifesting it.

Abhishek Chandran

UG 3rd Year

Sree Narayana Institute of Medical Sciences, Chalakka, Ernakulam



“Actual growth occurs when we experience it first-hand”

I believe in above perspective that actual growth occurs and personality development of us – young medical students occurs only when we experience it. All that theoretical knowledge comes into realisation. Out of our tiny nutshell, we get to know what the real world and it's status look like..!

Starting out in first year of our MBBS course , when we just got to know the normal human body's anatomy and physiology , developing our strong basics; We were simultaneously introduced to this new curriculum by NMC (National Medical council) about family Adoption program. It was such a new experience out of the box, that we understood the

actual purpose of it. Upon first time , we were assigned families in selected rural villages of our city, I developed a whole new perspective about rural India and its health care sector development.

India lives in its villages

~Mahatma Gandhi

The above well said quote of Gandhiji highlights the true importance of rural India. With about 60% of India its villages, health is of utmost importance.

“Healthy citizens are the greatest asset; any country can have”

Our Government of India, National Medical council fills the gap between the villagers and healthcare workers with the introduction of such a good program i.e FAP .Here We , The young medical students interact we them individually at their doorsteps, so that they can open up their health problems. We practiced pulse taking, measuring BP , assessing socioeconomic status, doing diet surveys, regular follow ups and also building our communication skills. Although as students, we don't have much knowledge about diseases and treatment, but we can communicate their health problems with the doctors that came with us.

“Be faithful in small things because it is in them that your strength lies”.

~Mother Therasa

Mother Therasa's well said quote about doing our small parts , can make a big difference to the society. Likewise, our communication with those adopted families increases our knowledge of understanding and their outreach to us.

Another challenging skill, I personally faced was Communication . I tried to communicate better and better every time we used to visit them.

Better Understanding comes from an effective and good communication , and good communication results in developing trust, confidentiality and improvement of further treatments.

I personally believed that this programme helped me to face the reality of situations, communication gaps which actually occurred . I gradually tried to improve my skills in communication, basic medical skills and developed empathy and compassion.

Struggles and problems of rural India awakened by soul. Out of my comfort zone, I came to understand, what needs to be done and what I can do for improvement of healthcare sector . I thought of doing research work and improvement plans for rural India in upcoming future.

My personal outlook changed a whole of 360°after introduction of this programme .We can be the change of India, as compassionate young doctors, honing our medical skills right from first year and doing our part in society can bring a millennial change.

Concluding, my essay on reflections on how FAP shape our medical skills and personal outlook, I must say I developed proper plan for upcoming future . In the end, I conclude by this thought,

"One by one , we can improve!"

"One person can make a difference, and everyone should try ! "

Syeda Lena

UG 3rd Year

Khaja Bandanawaz University - Faculty of Medical Sciences, Gulbarga



Walking through the community is where we discover the curtained factors affecting health. Field visit breaks down the barriers of perception that we have of the health standards prevalent in the society. It is rightly said that "The heart of Community Health beats in the field where it's pulse is felt the strongest. The FAP has significantly benefitted medical students by enhancing both their medical skills as well as personal development. One of our teachers says that visiting the fields is like reading a "Live Book" because the best lessons in Community Medicine are taught by the Community itself and the true essence of public health can only be grabbed by stepping into the community. This FAP helped the students in refining their skills. First of all, it gave us the much-needed clinical experience as we got a chance to practice and perform under the guidance of our professors. We learnt how to explain the medical terminologies in layman's language. We learnt not only to communicate effectively with the families but also empathize with them and listen to the plight of the patients. I firmly believe, that with every interaction with the families we had a wonderful opportunity to make a difference even if the slightest, in the lives of people which I think fairly justifies the aim of family visits so that each one of the communities is benefitted. Health is not only right of the people living in upper strata of society but every single individual and makes "Health for all" an achievable goal. Next, I would lay emphasis on the fact that we interacted with the families of very diverse thought patterns and backgrounds. As it is said, "every coin has two sides", similarly here as well we had families who were very health conscious and self-aware while on the other hand there were families which neglected their health. Here, I would like to quote an incident which happened with us in one of the families I visited, a lady around 60 years old had very high blood sugar levels and had a perception that if she takes medications for the same, she'd never be able to get cured of the disease and hence started ignoring her disease believing that she'd recover on her own. But we convinced her to our best and told her in detail about diabetes and finally she agreed to go to the hospital and get herself treated. Here I learnt the value of teamwork and how if we make collective efforts, we definitely can change mindset of people towards health. I read somewhere that, "to heal a community you must first walk amongst its people" and owing to this I believe that family visits are the eyes through which we see the true face of the public health challenges. The list is endless. The students saw the plight of the patients and realised how compassion and emotional intelligence can support the patient in recovering faster. There were times when we faced unfamiliar environment and overcoming those challenges as well as adapting to new situations was something that was instilled in each one of us. In conclusion, this programme helped us to shape us morally, responsible as well as rounder health professionals who not only have clinical experience but also essential values such as

communication, teamwork, cultural competence instilled in them. As we know, field visits are where classroom knowledge meets real world challenges and have the medical graduates will emerge out as individual who have learned the language of community not by textbooks but by the community itself.

Vidhi

UG 3rd Year

World College of Medical Sciences & Research, Jhajjar, Haryana



FAP is Designed to Suit Rural Health: The Initiative Par-Excellence

Family Adoption Program is a transformative journey of medical students to learn being compassionate, empathetic, competent and committed for serving the unserved. This program has provided new and brighter outlook on my residency, medical education and vision for a career dedicated to improving healthcare access and outcome for all. FAP provided opportunities to undergraduates, interns and residents also to polish their clinical skills like measuring vitals, taking height, weight, waist circumference, physical examinations and identifying health issues. Some elderly at home had complaints of having ghabrahat and tingling sensation, and when we took his blood pressure it was very high on three consecutive readings. A medicine specialist approached him at home in the village and he was given proper treatment.

Working and interacting with families allowed me to understand the impact of lifestyle choices and socio-economic factors on health. FAP gave me a broader canvas for public health solutions by providing platform to learn and address issues related to basic amenities in rural area like inadequate clean water, lack of proper sanitation, banks, hospitals, schools etc. These initiatives can be taken to address those determinants of health to prevent and control major and minor illnesses in future. Regular visits polished my history taking skills. Digging deeper into the health delivery systems allowed me to build confidence, putting my thoughts for approaching the families with empathetic attitude and good communication skills about problem. I could also understand social pathology including traditional and cultural barriers for seeking health care.

Textbooks only spoke of disease control, sanitation and access to healthcare, but human stories behind these concepts remained distant bridge between transforming public health from abstract principles to realistic techniques or situations. FAP provided me with insight into the crux, application and challenges of preventive strategic efforts in Public Health. I met Kishori Meena, 35 years old, pre-diabetic in village Chanderi, struggling with weight management. She was counselled about diet plans inclusive of carbohydrates, more fiber, switching to jaggery rather than sugar and brisk walking for an hour. She was glad that somebody took time to care for her and that too at her doorsteps.

Witnessing healthcare inequality first-hand was eye-opening. The Patel family, living in medical desert with limited access to specialists, lacked health insurance and therefore had financial burden due to health expenditure. One family member is suffering from cancer and needs regular treatment. These experiences made me realize the need for systemic changes. We guided them to get benefit under Ayushman Bharat Scheme. We also emphasized an

importance of collaborative care and community engagement. Regular interaction with families fostered a deep respect for their resilience and resourcefulness. The kids showed us around and helped to spot the families, sparked passion for serving underprivileged communities and transform my knowledge and outlook for public health to advocate improved access and resources. This program has instilled in me a lifelong commitment to promoting public health and ensuring that everyone must have an opportunity to live a healthy life. FAP has ignited passion for advocacy.

FAP truly changed my view about fundamentals of health. It's not about intervention and statistics. It is all about the Patels, the Meenas, the Vishwakarmas and many more families representing them. The program gave me knowledge about challenges they are facing and how public health plays a crucial role in addressing them and helping them from the roots. This newfound knowledge shall undoubtedly guide my future endeavours as a public health official.

Aakriti Verma

PG Resident

Peoples College of Medical Sciences & Research Centre, Bhanpur, Bhopal



Chapter 13: Transforming Impacts



Community First Family Adoption Program



COMMUNITY OUTREACH

Family Adoption Programme

- This programme will link each MBBS student with up to five families in rural Goa
- They will acquaint themselves with the health problems of family members, chart their medical course and facilitate their access to healthcare services
- They will also provide referrals to other healthcare facilities
- Camps will be held for the benefit of the rural poor in the adopted village of Bambolim

District Residency Programme

- Second year resident doctors will be exposed to the district health system
- Students will be trained in diverse settings close to the community
- It will involve them in healthcare services at district hospitals
- They will also get first-hand experience with planning, implementation, monitoring and assessment of outcomes of national health programmes at the district-level



Activities Targeted

Promoting Good Agricultural Practices

Tracking village profile, other info.

Sanitation of basic patterns people of particular village are using

Comparing of traditional practices of food consumption – preservation, etc.



Level of food processing infrastructure required

Strategies to train the farmers & local youth about Food Processing

Encourage Entrepreneurship in food processing



FAMILY ADOPTION PROGRAM



- MBBS students as "complete doctors" with humane approach and confidence to be leaders in socio-medical fronts.
- The neglected rural population will be enriched and the results for the country will be seen in next few years.



अल्पानामपि वस्तूनां संहतिः कार्यसाधिका ।
तृणैर्गुणत्वमापन्नैर्बध्यन्ते मत्तदन्तिनः ॥

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**Even insignificant items or things, when put
together, can accomplish great tasks.**

**A rope made up of hay sticks, for instance, can bind
and control a powerful elephant.**

Chapter 13: Transforming Impacts

The potential of bringing about an immense transformation by FAP in the communities, below essays are a great example for the same.

When I was allotted my families as a part of the family adoption programme, I was quite apprehensive about what good can just an MBBS student do to the lives of these people sustaining their lives with bare minimum resources, but overtime I feel great to have been able to make a pertinent and positive impact on these people residing in the shady and hidden part of the city. The head of my family Mr. Hanuman Yadav or Uncle Ji as I fondly call him now told me on the first visit that he was suffering with Grave's disease. I could see the appearance prescribed about the disease in the textbooks match his looks. He further told me that he was taking 'pudiya' treatment from a 'vaidh' of his village who seemed to be a quack to me as his condition had just become worse over the past few months. I helped him to get a consultation from the doctors of our institute who helped him with better allopathic drug treatment and after a few weeks he was very well and was not troubled anymore with those sleep issues, palpitations and anxiety. This was the start of actual trust building between me and his family. With further visits I gave them a lot of advices about how they can make small modifications in their lifestyle to bring about considerable changes in their health and sanitation conditions. Their home earlier had very poor ventilation and natural light reaching their rooms. I had advised Uncle Ji to get a window made on his kitchen wall, but I never actually thought that he would pay heed to what a college student told him. But to my astonishment he actually got it constructed the next time I visited him, and their earlier dingy and reeking kitchen was now well lit and air fresh air could pass through it. Even they changed their Chula and now had an LPG cylinder after my advice and Uncle's wife was set free of her problems of burning eyes and smoke due to the new cooking method.

My other family headed by Mr. Dinesh was a quite conservative type and had orthodox principles. To my surprise they didn't want to educate their 4-year-old daughter rather send her to work as a house help in one of those big bungalows on the other part of their locality once she comes of age. They were quite reluctant and said that they did not need any preachings about how they should raise their kids. I finally had to call one of our senior residents who could counsel them and after a long-fought struggle, they finally complied, and their daughter now goes to a nursery school.

The locality that all of us batch mates went to realized that our families were just dumping their waste into the drain flowing behind their street which had now become a breeding paradise for mosquitoes. On enquiring, we realized that no one came to collect their garbage. Collectively we complained about this to the municipality and now they have regular waste dumping vans making rounds in their area every morning. Though the above stories seem too good to be true and may portray us like over achievers but none of it is made up and shows how little steps towards health and well-being can actually bring about a startling change to the lives of the underprivileged sections of the society.

Chaitanya Tanwar

UG 2nd Year

Vardhman Mahavir Medical College & Safdarjung Hospital, Delhi

Combatting stubble burning

Health is right to all. Family Adoption Programme is a virtuous initiative which provides experimental learning opportunity to Indian Medical Graduates to play a significant role in community health and development. During my family adoption programme, we went to a small village in Punjab which was nestled amongst lush green farms. When I first went to my assigned home around the months of March and April, there was no significant health issue in my family. They were mostly busy in their daily chores as the golden harvest season was going on. When I went to the village again in November, I noticed that the child in my home Preeti had watery and itchy eyes and her grandmother who was previously diagnosed with asthma a few years back had exacerbated symptoms of breathlessness. All the other members of the family were also facing respiratory issues.

When I discussed this with my fellow classmates, they told me that they were also having similar issues in their respective adopted families. Other symptoms which were prevailing in the village included headaches, dizziness, skin irritation, rashes and increased respiratory issues like cough and shortness of breath. I was shocked to learn that many people in the village had suddenly become sick so I was concerned to know what kind of epidemic was prevailing in the area which was once a panorama of the charming scenes of nature. After some investigation, I found out that during the months of October and November after the nearby paddy is cut, stubble burning is performed by the farmers.

Then I realised that the symptoms suffered by the people in my family and other villagers were because of stubble burning. I decided to take initiative to control this condition and educate farmers about the hazardous impacts of stubble burning. With the help of my teachers and classmates, I organised a Public Health Campaign which educated the people about the health risks associated with stubble burning and recognize early symptoms of respiratory issues. We provided them free health checkups and access to medications for managing symptoms such as asthma inhalers and anti-inflammatory drugs. With the help of the sarpanch of the village Mr. Jagtar Singh, we gathered the farmers and told them about the hazardous effects of smoke after burning a paddy field which causes air pollution and also the fertility of the soil for growing the next crop decreases. We made some informative posters and pasted them around the village.

The Agricultural engineer Mr. Anand Gupta from the nearby city was approached to give a health talk to the villagers. The farmers got to know about new methods to increase the yield of the crop and have a better life along with it without any health problems. He made around 150 farmers to take an oath to never engage in stubble burning for the betterment of their own and the villagers. After some time, the problem began to resolve and the whole village was grateful for the collective effort of my obliging classmates and faculty members for helping them to eliminate the concept of stubble burning and spreading awareness about it. Family Adoption Programme not only improves healthcare access but also foster a sense of unity and understanding which bridges the awareness gap within the community.

Ananya Gupta

UG 3rd Year

Adesh Institute of Medical Sciences & Research, Bhatinda



Chapter 14: Challenges and Solutions

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

PAP 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
YOUR.

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.

Page no. 122

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

मूकं करोति वाचालं पङ्गुं लङ्घयते गिरिं ।
यत्कृपा तमहं वन्दे परमानन्द माधवम् ॥

-

**Remember with Devotion the Divine Grace of
Krishna Who can make the Dumb speak
with Eloquence and the Lame cross high Mountains,
Remember and Extol that Grace which flows from
the Supreme Bliss manifestation of Madhava.**

Chapter 14: Challenges and Solutions

Challenges and solutions go hand in hand. There is no solution found till there are no challenges. FAP like any other program, faces many challenges, and it is up to the executive stakeholders to find solutions to them. One solution will thrive more challenges, and it shows that the stasis is not there. The only situation where there will be no challenge is when one stops working. This chapter takes the reader through the journey of solutions from the students of point view and is very inspiring to read.



Family adoption program (FAP) is a great initiative in the curriculum of the medical students as this helps to connect with the general public beyond the hospital premises helping in getting better insight into the gaps that are underlying in the community setup and where the healthcare services are lagging behind. During my MBBS days, it was a great learning experience going into the family, in the community. Now as a resident of Community Medicine, what motivates me to do so is that as a doctor, I am going to the people in the community in addition to them coming to me as patients. This has helped in breaking barriers that had been preventing the people to reach out to healthcare facility. Moreover, my branch of practice deals with prevention which is one of the important pillars in healthcare. Reaching out to people without them having to move out of their comfort zone has served as a double benefit; firstly, it has been helping the people to prevent themselves to get hold of a disease and secondly it has been helping them to seek healthcare without delay if unfortunately, they catch hold of a disease. But this is easier said than done because challenges will always be there. As a doctor, not belonging to the topography of the patients, it was vital to understand the language, psyche of the people only then it started becoming convenient to communicate with them. Also communicating with the people in their own language and involving the commonly occurring happenings in their area helped in breaking the ice. Communication being a skill in itself has been the one to master before stepping into community as it was naïve for me as a physician to come across with new people and for the community to accept me in their ecosystem. Faltering in this would have defeated the purpose of FAP. Building rapport was one of the most important aspects, so that the family didn't misunderstand me by feeling suspicious about the motive I was visiting them. As a doctor I couldn't rush into them and try fetching the needed information about the family as it would have theoretically solved my side of prerequisites but eventually would have been a superficial task as the practical aspect wouldn't have been covered and the whole purpose would have gone into shambles. Hence, I started interacting with the elderly people in the family and was nice and playful with the kids, that eased other members who may be nervy initially on my arrival and later I could communicate with other members as well. I then measured Blood Pressure of elderly members and conducted their General Physical Examination, used stethoscope to check for the breath sounds and heartbeats. This further helped in building rapport and helped in etching in their minds that the doctor came to us for our benefit and not for his personal benefits. Next meeting onwards the family was welcoming and showed warmth to me. They serve me with tea, snacks, cold drinks. They started inviting me in their family functions and have been in touch with me ever since. The elderly members shower love and

blessings while the kids have been playful with me whenever I visited their houses. They have all been treating me as part of their family. Hence, with me whenever I visited their houses. They have all been treating me as part of their family. Hence, with correct efforts I could interact better and earned respect, love and warmth from the community. To conclude, the key to success of Family Adoption Programme is better communication, being selfless and to understand the psyche of the people so that we can make the most out of the programme and receive much more than what we will be giving to the community.

Dr. Suhas Bakaya

PG Resident

Dayanand Medical College & Hospital, Ludhiana



Family Adoption programme-a Medical Undergraduate training programme, not only aids the medical students to learn in a comprehensive manner, but also encompasses a holistic health management of a community. Execution of this programme has posed many challenges in both **technical and medical perspective**.

Multiple family Cases were taken by 202nd year MBBS students(4 students/day for 5days) under the assistance of an Assistant professor, a postgraduate,4 CMRI and 2 social workers of Community medicine department. Each medical student was allotted 5 families. Here let us see only the medical challenges faced and solutions implemented: Nine out of 20 students **had language difficulty**. Hence it posed a major challenge in communicating and collecting case histories of the families in rural area of Tamil Nadu. Hence, all Tamil speaking students were made to finish their work at first and then, they were asked to help the non-Tamil speaking students. To make the work easier, all non-Tamil speaking students were also taught with basic Tamil colloquial language required before hand.

At first, villagers were a bit hesitant to share their information with students. So, it took a bit long to build trust on students, as they **dwelt with social stigma**, fear and anxiety issues. Hence, faculties and workers had encouraged the villagers with their personal actions, stories and had encountered them with empathy. For example, females were anxious and weren't willing for haemoglobin testing, since the needle prick would hurt them. To comfort them, female faculties had taken needle pricks on themselves in front of the villagers. This action convinced many, made them even to volunteer for testing. Each day there were four students. For every student there were 5 families, it **took more than 2 hours for each student to finish**.

Every student was distributed with one medical equipment. After the students had completed their 5 families with that instrument within the given time period, they were asked to interchange their instruments in rotations. We had difficulty **in carrying all the medical instruments** required. So, we had taken two big cardboard boxes, carried by two social workers. People had doubts on **Reuse of needles** for sugar and haemoglobin testing. So, workers had demonstrated needles will be bent, twisted and collected separately and will be properly destroyed and other medical wastes will be discarded under Bio-medical waste management. If the **equipment don't work**, there will be 2ml blood taken from the family members and stored in blood storage test tubes, labelled and stored in cold storage accordingly. After reaching college, samples will be processed, and reports will be sent to the

patients through the social workers or through the patient's WhatsApp number on self-request.

Since **only the 2nd year mbbs students** had gone to each house, they were **unable to provide the essential treatment** for minor illnesses.

Students were asked to contact the doctor faculties through phone and send their locations through WhatsApp. Thus, the doctors would be able to reach them and manage them accordingly. Mild cases will be treated, major cases will be referred to the higher centre.

For any emergencies, one ambulance will be accompanied with them. The programme was **conducted in a hot climate**, air-conditioned bus was provided for all. Many refreshments were also purchased and provided. Thus, it led to betterment of the students and workers. Hence making the work more efficient. A family will be undertaken by a **student only till the time he/she finishes his under graduation**. Then after, who will take care in future was also a problem.

At the end, participants were given medical sheet, that would help with future reference and future management of the patients.

After implementing the above measures, programme was implemented successfully.

K. S. Vidhyalakshmi

PG Resident

ACS Medical College and Hospital, Chennai



Community medicine provides an insight into the living conditions of the public and how they influence their health through field practice and family health studies. To further enhance our understanding family adoption programmes have been recently introduced into MBBS curriculum. By this single activity we can achieve many goals. It exposes students to the living condition of patients, which at village level helps us to understand the occurrence of diseases in an area. Further when a village is adopted it is equally a win-win situation for residents, they become more aware of their health and are provided with possible health benefits e.g. regular health checkup etc. I was allotted three families in the village. We were guided by our teachers to always wear white coat, talk in their language, prefer Indian clothing. The main motive is maintaining the reputation along with avoiding sense for superiority or any other barriers. My first posting was in a joint family having 2 brothers and their wives and kids. Their mother had a brain hemorrhage 2 months back which led to paralysis due to lack of immediate treatment. The village only has one doctor having only basic medicines and instruments. Moreover, the main city was about half an hour away. As a result the lady was left bed ridden. She was given proper care at home like massaging, timely medicine etc. Had she been given treatment in crucial period, her life might have become easier. The son also had diabetes for which no regular medication was taken. He went to the nearby doctor whenever he felt uncomfortable and took medicine. I tried to explain to him the importance of taking regular medications, his mother being an live example. I also tried to explain him to control sugar and fat intake. Their major concern was lesser finances. They didn't consider it wise to spend so much on medicine. In another family there are seven members. The head of family used to sell vegetables but had to stop because of his health. He had uncontrolled Diabetes for the last 10 years as a result of which he recently developed retinopathy leading to blindness and diabetic foot. Due to these ailments, he is completely bed ridden due to which his kids now have to leave their schooling and rather have to go on

working to support the family. Now the patient got operated for eyes in which he took help of Ayushman card which helped him reduce the expenses to a great extent. His wife works as a maid in nearby house on minimal wages. We tried to explain him and the rest of family about regular check up. A camp was also organized by our college which included free health check up along some free medications like paracetamol, hypertension, Diabetes, sanitary napkin for girls and women. This experience taught me that empathy, cultural competence and perseverance are crucial in providing effective health care in rural settings. It taught us the significance of community involvement and the impact of personalized care in improving health outcomes.

Apeksha

UG 3rd Year

Dayanand Medical College & Hospital, Ludhiana



“Living in a rural setting exposes you to so many marvelous things - the natural world and particular texture of small-town life and the exhilarating experience of open space”.

It was my first visit to the village in my life where I have to adopt 5 families and all the instructions and training regarding the **“Family Adoption Program”** was given to me 1 day before.

Challenges and solutions:

- 1 Communication Barrier:** I went to one house by the instructions given by ASHA didi. Didi introduced me to the family and vice versa. I greet them with **‘Namaste’** and they also replied. Then I note their details like name, age, number of family members, children and elders. ASHA didi helped me in overcoming communication barrier.
- 2. Immunization:** There were four children in their house. I gave them chocolate and then these become friendly with me. Then I ask to their mother about their immunization status by requesting her to show **immunization card** and made her educated about how these children should be immunized.
- 3. Geriatric Health:** There was Dadiji who was suffering from diabetes. I made her about to know how she should control her diabetes by walking about **thirty minutes daily** and by practicing yoga and meditation along with keeping chocolate with her to prevent hypoglycemia. In order to prevent hypertension, I advise her not to use salt with fruits and use salt less than 5 g m i.e., one teaspoon per day.
- 4. Women Health:** I checked anemia by looking at conjunctiva and I found most of the women were suffering from anemia and thus I advice them to add **dates, apple, banana, spinach** and **green leafy vegetables** in their diet.
- 5. Animals:** They also had animals in their house and thus I told them about the method of disposal of faeces and about sanitation Moreover they don't have habit of keeping drinking water covered and there were many places where water was collected artificially which can serve as **breeding place for mosquitoes and flies.**

6. Toilets: There were no toilets and they have habit of **open field defaecation**. I told them about diseases like enterocolitis, food poisoning and symptoms like diarrhea, nausea, vomiting, with which they can suffer from.

7. Hygiene : They **lack the habit of washing hands** before and after food and I made them aware about the disease like hepatitis A and E , food poisoning , gastroenteritis that can be caused due to poor hand hygiene.

8. Ventilation: It was inadequate, and I suggested them that they should have a window in their house. If it is in front of the door then cross ventilation would occur and thus preventing **respiratory diseases like tuberculosis**.

9. Lightening: There was inadequate lightening in the house such that I can't read **newspaper in the darkest corner of the room** and thus, I suggested them that they should lit the room and always try to take natural light. It will help in preventing Vitamin D deficiency.

Second Visit: I found that some challenges that I faced in the first visit were conquered by **Information Education Communication (IEC), Behavioral Change Communication (BCC)**, awareness and health promotion. Some challenges are still there on which I have to work.

Conclusion: The family adoption program was very educating and informative for me. It helped me in developing clinical skills and breaking linguistic barrier along with helping families through primordial, primary and secondary level of prevention. This experience helped me in feeling the aesthetic pleasure of life.

Aseem Gupta

UG 3rd Year

S N Medical College, Agra



INTRODUCTION

“The heart of community medicine lies in compassion, connection, and family. The Family Adoption Program brings these values to life, transforming lives and communities. But in making this program successful, many challenges are faced. The most frequent challenge is to win the faith of the family we adopted. During the program, many challenges are faced in different cases, which can be overcome by implementing solutions.

The first and foremost challenge faced by students and families is the communication barrier. Language barrier: different languages spoken by adoptive families. Cultural barrier: different cultural backgrounds, values, and beliefs affect communication and understanding. Communication challenges due to disabilities, such as hearing or speech impairments. Generational barriers are communication barrier between different age groups, such as between children and other adults.

One such challenge faced by students while recording the data related to reproductive life. Especially the challenge faced in villages by male students was that, as they proceeded with data history and topics related to pregnancy records of females, they were hesitating to answer. In some families, they literally refused to answer. My perspective in this case is that, Are males not doctors? Here, the challenge faced was communication among two different

genders. But it's students and families's duty to overcome. Students in such cases should feel comfortable, be free to answer, and be given quality information so that they will also take an interest and become aware of government programs for the betterment of families.

Many of them are not aware of family planning, contraceptives, the famous program "hum do hamare do," and many more.

On the other side, villagers must understand students, as they are also in a learning phase. Challenge due to a lack of awareness. They are deprived of getting proper healthcare facilities because they are unaware of that. Through this program, they open up about their thought, which somewhere and somehow are hidden in their minds. Villagers generally don't visit hospitals for common health issues. They leave it, ignoring the fact that it's common and will be cured. But what I say is okay in some cases, but not equally true in all. Villagers need to get social to devise information about many diseases and the importance of visiting hospital. Common case of joint pain in the elderly group, and they are taking painkillers without any prescription, and it's becoming their habit. The adverse and side effects explained by the students make them realize the wrong practice they are inculcating. To overcome these challenges, medicos need to understand the importance of this program. They must build a sense of belonging to create connection. Record and honour family stories, preserve history, and encourage understanding among participants. Provide emotional support, counselling and therapy for adoptive families. FAP isn't only about students visiting and completing logbooks and records. But the word adoption gives a clear idea: as the parents who adopt a child and take care in the same way every medico needs to do. Through FAP, villages without PHCs are getting medical attention.

CONCLUSION: FAP builds confidence to deal with challenges. *"If there is a will, there is a way"* means if there are challenges, there must be solutions.

The deep meaning hidden in the word *ADOPTION* is

A -AWARE our future
D -DOCTORS about the
O- OBJECTIVES towards their
P- PATIENT'S
T-TREATMENT
I- IMMUNIZATION
O- OF the
N- NATION

At last, it is said that

"THE BEST WAY TO FIND YOURSELF IS TO LOVE YOURSELF IN THE SERVICE OF OTHERS ".

Shubhangi Ramdas Padole

UG 2nd Year

Prakash Institute of Medical Sciences & Research, Sangli





Family Adoption Program

Chapter 15: Resilience, empathy, and compassion



**'It is a privilege to serve mankind, for this is the worship of God.
God is here in all these human souls.**

-

Swami Vivekaananda

Chapter 15: Resilience, Empathy, and Compassion

The values of resilience, empathy and compassion form backbone of a person-centric approach in healthcare. As students immerse themselves in the lives of the adopted families, they realize that medicine is more than learning about diseases; it is about offering hope, support and comfort to those in need. The challenges of communities test resilience of a learner and longitudinal follow-up visits in FAP will increase the endurance of the student. Empathy can never be taught in classrooms or by the textbooks, it can be imbibed as a behaviour only through experiential learning. This chapter will take the readers to such experiential narratives and leave them with a thoughtful insight.



INTRODUCTION

We humans, either it be a men or a women, a social worker or an employee or a house maker, often endure obstacles, problems, difficulties and uncertainties. But what keeps us going is our own ability to be resilient, sympathetic and hopeful. During the family adoption program, I met some inspiring people whose tales have left a lasting impression on me. This program has been a transformational journey for many aspiring med students. In this essay I would like to share my profound experience about the families I met.

RESILIENCE: This is a story of a 19-year-old daughter, who had been a victim of an acid attack by her father for the way she looked. After this incident she couldn't complete her education, she hasn't walked out of the house. She had completely lost her self-esteem, courage and hope. She was struggling to live a normal life. This was her state when I first met her through this initiative. However, I started to connect with her after a few visits, though she was hesitant at the beginning. With the help of the programme support I tried to build her confidence, and she slowly learnt to accept that she is still the lovely young woman. She understood and believed in herself, she is unique and that's what makes her beautiful. As a program counsellor, tried to open a new door in her life, allowing her to focus on her goals and feel proud of herself. Her path and struggles exemplify the true essence of resilience.

EMPATHY: This is a story of a couple who had suffered greatly in their initial stages of life and were struggling to make their presence known due to the linguistic barrier. The couple had lived in Rajasthan and worked in the glass production industry. They were unable to conceive a kid because of the heat affecting their health. Hence decided to relocate to south India looking to start a fresh life and in search of a peaceful job. They initially found it difficult to blend among with community. However, I tried my best to get to them by helping them initiate a conversation with people around. Trying to speak the local language though would be difficult initially. Through this program, they improved their vocal skills. After this program they were able to bridge their language gap. They were even able to guide those who had come to dwell beside them. They created a network of support, recognizing how empathy can transform people and help build a stronger community.

COMPASSION: It was a life-changing story of a three-year-old kid, whose parents were not educated. This kid was born deaf. From his birth he struggled for his survival. His family was very concerned about his future. Their family was unaware of the hearing aids and sign language since they come from a village. I, with the help of this programme, was fortunate enough to guide them regarding the sign language interpreter. Now their son is learning sign language so that he can overcome his personal barriers, connect deeply with others. So, this initiative not only gave resources but also inspired others to act with kindness. This compassion made by me and the medical officer built a strong bond and trust with each other. This programme has not only changed lives but also helped to shape their future.

CONCLUSION: This programme helped me recognize my actual self and built trust with the family members, recognizing their issues and offering solutions. These three stories have made me understand the actual definition of resilience, empathy, and compassion. This program not only changed their lives but also laid groundwork for a better future and changed the way I look at community medicine.

Kirthikha S

UG 2nd Year

ACS Medical College and Hospital, Chennai



The best memories of our life can never be captured in pictures, they are always captured in heart. Finally, the D-day came of the event, I had long anticipated since the start of my second year MBBS. It was the 'Family Adoption Programme' of a village in a rural area.

All of our batch mates were asked to assemble for a short briefing about the strategies to be followed to successfully accomplish the aims and objectives of the Family Adoption Programme: "To provide an experiential learning opportunity to Indian Medical Graduates of community-based health care and thereby enhance equity in health."

We were sceptical about the way the villagers would accept us but at the same time I was super happy to visit a village for the first time in my life. We went in group of 24 out of which we were randomly selected in pairs and were told to adopt different families so that we can help and counsel them about their health care needs. Each pair was given a file folder and we were asked to note the findings of varied aspects of all the adopted family members: the health-related issues faced to function as a first point of contact and act as conduit between the population and relevant health care facility to generate and analyse related data for improving health care outcomes for evidence based clinical practices such that age appropriate healthcare measures could be taken.

Constraints faced: On conversing with different families, we realized the level of education and awareness needed amongst villagers to avail better healthcare facilities. Many were illiterate to the extent that they were unaware of their biological age which made us difficult to counsel and orient them towards their primary health care and thereby raise health related awareness within their community. We were concerned regarding the language barrier amongst us and the villagers, but after meeting and interacting with them the communication gap faded away with their warm gestures and they themselves explicitly elaborated on the healthcare issues faced by them. The purity and sanctity of their heart was clearly depicted when some of the family insisted us to share their meals with us. These heartwarming

gestures made the bonding stronger and thereby easier to interact and guide them while giving some insight regarding the benefits of various government sponsored healthcare programme which they can avail off like the 'Ayushman Bharat Yojana'.

After visiting the families, we went to Anganwadi and interacted with the kids. While taking their vitals, a little girl came to me exclaiming "Didi! I have been watching you since quite some time and I am very much impressed by the way you converse with us and make us aware about the healthcare issues, I also want to be a doctor like you".

I was very happy that my perseverance, diligence and empathetic attitude instilled and fostered a sense of doing something good for the society, becoming a better citizen and being compassionate to the fellow beings and society at large in the young mind. Also, the quality and level of interaction with the adopted families generated resilience in them to raise their health-related awareness despite their language issues mainly due to remoteness of their villages in rural area.

I am further looking forward to re-interacting with them as a follow-up regarding their health-related issues to further strengthen their resilience power and the bond of compassion and empathy with the members of the adopted families.

Astha Gupta

UG 3rd Year

Sukhsagar Medical College & Hospital, Jabalpur



The family adoption program defines the- "Art of delivering health care to people"

The mantra behind it is to expand providing continued and comprehensive care to the people in context of family and community. It evolves around providing population-based health care here emphasis is on health of a community including immunization, environmental hazards and collective lifestyles.

As stated by K. PARK- "The secret of national health Lies in the homes of the people"

The basics of healthcare lie within the community, and these are RESILIENCE, COMPASSION and EMPATHY. These are very critical for establishing trust within patients and providing care that meets their needs.

It is said that- "Those who would benefit the most from a service are least likely to obtain it."

Resilience is the capacity to respond to stress in a healthy way such that goals are achieved at minimal psychological and physical cost. The interaction with the adopted families helps to build a sense of understanding of their suffering and the socio-economic issues perceived by them while availing health services. Listening to them develops a sense of responsibility of guiding them about the health programs that can help them in their treatment with economic benefits. Resilience isn't just a trait – it is a SKILL that can be cultivated through cognitive behavioral techniques. The Family Adoption Program helps us to inculcate this precious skill. It is important for a doctor to develop a simple principle- "Do as much as possible For the patient, And as little as possible To the patient "

Leadership is about EMPATHY. It is about having the ability to relate to and connect with people for the purpose of inspiring and empowering their lives. 'If we can't see Eye to Eye, Let's try Heart to Heart'

Empathy is all about finding echoes of another person in yourself. Patient satisfaction is achieved when the doctor empathizes with the patient and then put efforts to provide the best for patient. It is the 'Essence of providing healthcare to the community'. When we adopt a family, we develop the feeling of patiently seeing the world through the other person's eyes. In the Family Adoption Program, there is development of trust and connection between the health care personnels and the people who need it the most. This gives a sense of satisfaction to medicos and the person who may be emotionally challenged and would want someone to listen patiently and empathize with them. It is said that- 'EMPATHY IS THE MEDICINE THE WORLD NEEDS'

'Words of kindness are more healing to a drooping heart than balm or honey'

COMPASSION is an emotional connection with another person's distress or suffering. The Family Adoption Program gives an opportunity to feel and see the people of rural India. Communicating with them, seeing their lifestyle, the environment and their sufferings helps to develop a sense of commitment and compassion which would help us in future. It is rightly said that- 'A good physician treats the disease; A great physician treats the patient who has the disease'

FAMILY ADOPTION PROGRAM helps us to understand the circumstances and way of living of the rural residents. The first interaction with the family helps in developing interpersonal skills and subsequent interactions help in gaining a better understanding of people's needs in terms of their health and other areas. This will help us in becoming COMMUNITY HEALTH DOCTORS and community would also have greater access to health care, improved health seeking behavior and positive health which will allow us to reach our goal—"HEALTH FOR ALL"

Sanya Chugh

UG 3rd Year

Dr S S Tantia Medical College Hospital & Research Centre



In the Heart of Kalyanpuri: Lessons in Medicine and Humanity

Why Medicine? The one interview question that all medical students prepare for. Well, for me, it might just boil down to a seven-letter word. Purpose. "*The urge to be, to count for something*" as put by '*The Great Manifesto*.' It is the most mundane moments in this field that keep us going. Community medicine, and the family adoption program; the most dreaded, gruelling, and demanding postings that all third years manage their life around. Hardonians are allotted families in the urban slums of Kalyan puri, New Delhi; the birthplace of our field learnings, and might I add, nasty houseflies and deadly mosquitoes. The daily walk from the Urban Health Centre to block 17, watching the people, the street shops, and stray animals, was humbling. Our knowledge acted like the cement that filled the many lacunae in our system, mirrored by the countless potholes we encountered. I was allotted a joint family of eight; grandparents, parents, and four children. The mother, Kavita, was

educated up to 12th standard, which reflected in the way she cared for her household. Though, Avantika, the eldest daughter, was a puzzle, not just to us, but one that even Kavita couldn't solve.

With an acute history of cough, loss of appetite, fainting spells at school, and low mood, call it confirmation bias, but we constantly gravitated towards a tuberculosis diagnosis considering the socio-economic and environmental factors. Like for everything in life, I sought my mothers', a paediatricians' guidance after a negative sputum report. She suggested that I look into adolescent psychology as well. A day later, as life would have it, I received a panicked call from Kavita, rambling about a parent-teacher meeting, and self-harm notes in Avantika's notebook. Blinded by worry, she said that she didn't know who to call. And she called me. Purpose. An unassuming seven-letter word. I quickly centred myself, and tried to find the words to guide her, explaining the complexities of the adolescent mind and measures she can take during this fragile state. As an eldest daughter myself, it struck a chord, and my voice exuded with empathy. Later, I took Avantika for a psychiatry consult at the health centre. I realized that day, mental health is often considered a luxury. The poor have bigger things to worry about, is an idea that is unconsciously woven into our mindset. This made me discern the importance of the word, "mental" in the definition of Health.

On returning from the field, all of us would discuss the duality of families that come from the same block. While one had two air conditioners, the other could barely pay for a life-saving surgery. While one ate chicken, the other would barely make ends meet. While one was obese, the other was stunted. While one displayed excellent health seeking behavior, the other acted against all logic. But they all add one thing in common. They were at the bottom of the system, trying to find a way up.

This experience in Kalyanpuri taught me the true essence of community medicine, not just in terms of medical knowledge, but in understanding the lives of the people we aim to serve. As someone who can't count in Hindi, with weak vernacular, I've been picking up new words and ways of taking a history. My very own medical Duolingo. Coming from an upper middle-class family, this experience was important for me, to become a compassionate human first, doctor second. I am proud of the impact we made, however small, and grateful for the lessons we learned from the resilient families. Though, food for thought, how can we, as future healthcare providers, redefine our approach, one that transcends socioeconomic barriers, and makes mental health a priority?

Ananya Gupta

UG 3rd Year

Lady Hardinge Medical College, New Delhi



"The presence of the doctor is the beginning of the cure." In a world full of misery, pain, diseases, and problems, I feel proud to find myself as a doctor. I feel privileged to have the opportunity to provide a better life to mankind and help people live a beautiful life. As Mahatma Gandhi once said, "The best way to find yourself is to lose yourself in the service of others." When I initially met people during the Family Adoption Programs, I learned that life for everyone is different. The things that we think are necessities in our lives are more than luxuries for them. Apart from the medical illiteracy, it's quite evident how those people

in villages earn their livelihood. Even most of the children are put to work and elders still work, even when they're sick. They believe in the saying, "It might pass like a kidney stone, but it shall pass." This is how my feeling of empathy grew every time I met a new family.

An old lady once told me that, to them, being able to visit a doctor is more than a luxury. She said her family has lost 3 members to heart attacks because they couldn't reach the doctor in time. What a thunderclap those words were to me! It sounds so normal to hear such news every day, but it definitely makes you emotional when someone speaks her heart out, crying, right in front of you. As William Osler said, "A good physician treats the disease; the great physician treats the patient who has the disease." I comforted her, took her blood pressure, and provided basic medical advice. I realized, "Doctors don't treat physical wounds only; they heal a person physically, internally, and mentally. One day, a man around 65 years old mentioned his long-standing neck problem, resembling cervical issues. This highlighted the truth in "Even the slightest discomfort can decrease one's ability to work." After recommending exercises and remedies, I revisited him weeks later. His 'Thank you' and smile deepened my love for the profession. There's nothing like easing someone's pain and seeing them smile. Over the course of my visits to the village, I realized that my compassionate and empathetic demeanour has a downside. Situations where elders spoke of children suffering caused me excruciating emotional pain. However, the Dalai Lama's saying, "Compassion is the wish to see others free from suffering," has always inspired me to keep going.

"Life is a circle of happiness, sadness, good times, and bad times." Therefore, along with sadness, also comes happiness. The Family Adoption Programme revealed the importance of this profession. It became more than a job; it became a calling. The respect and consideration I received were beyond calculation. Playing with kids was as enjoyable as time spent with siblings. We gained a family through the bonds our hearts created. We not only educated villagers but also learned about their regional remedies, like tulsi and neem. An important lesson was the value of a relaxed life. People in villages, enjoying nature, often have better mental health and longer lifespans than city dwellers. We need to slow down and appreciate nature for better mental well-being. I learned as much from them as they did from us. To conclude, "Life is the greatest teacher of all. It teaches us things nobody ever could!" My experience during the Family Adoption Programme was full of resilience, empathy, and compassion. I thank God for this opportunity. I'm proud to be a dedicated student of medicine.

Nivisha Kulshreshtha

UG 2nd Year

Naraina Medical College & Research Centre, UP



The Family Adoption Program (FAP) in our community medicine curriculum was something I always eagerly looking forward to the visits. The idea of stepping out of the sterilized classrooms into real people's lives and understanding their health and socio-economic problems firsthand, excited me as well as scared me at the same time. Little did I know that this experience would become one of the most impactful and unforgettable parts of my education.

The Anandhan family was assigned to me; they lived in a small house on the outskirts of town. Mr. Anandhan, who headed the family, worked as a grocer while Mrs. Anandhan managed domestic chores and took care of their two kids. Our initial jitters were quickly relieved by their warm reception. Their humility despite lack was remarkable hospitality. They treated us like honored guests rather than intruders, offering us tea and snacks that must have consumed a considerable fraction of their weekly grocery bill.

A myriad of difficulties were evident from the very first visit to Anandhan. Due to the nature of his work, which is physically demanding, Mr. Anandhan had been suffering from chronic backache and Mrs. Anandhan was displaying signs of stress and tiredness, although she always appeared happy. The children were joyful and clever but malnourished and unhealthy. Our first assignment was to gather detailed health history and perform basic medical assessments; however, what happened went beyond mere clinical exercise.

One of our visits' most memorable moments occurred during a conversation about Mr. Anandhan's backache. He had been dependent on over-the-counter analgesics that could only give him temporary relief without addressing the root cause of his pain. We arranged for him to visit their nearby clinic where he was given some drugs as well as advice on how he can do exercises at home that will help him in therapy treatment. It was gratifying to watch him gradually recover, which also highlighted the significance of easy access to proper healthcare services that many people take for granted today. The Anandhan family's heart was their children, Jayashree and Padmashree. The difference between their parents' challenges and the infectious laughs and limitless energy of the two could not have been greater. Nonetheless, it was evident that they were growing up with poor nutrition. We held health camps in which children were vaccinated or received a check-up.

We became more than just FAP requisites to the Anandhans; we developed human connections with them. At this moment, we were no longer students doing a project but friends. One evening Mrs. Anandhan, in her characteristically welcoming manner, cooked us a special dinner. While sitting at the dining table sharing tales and laughter, I realized how much we had learnt from one another. They taught us about faith and community while we taught them about health. The knowledge I gained during our trips to the Anandhan family's residence was beyond medicine. I came to understand the significance of empathy and listening. Just being there for someone and caring about him or her, however, was sometimes all that we could do. It went a long way in reinforcing the notion that healthcare is not just about treatment of diseases but also encompasses understanding patients' lives as a whole and addressing their needs collectively.

In conclusion, more than an academic exercise, Family Adoption Program was a personal growth and human connection journey. The Anandhan family experiences have taught me lessons on compassion, resilience and what health care truly means. It has confirmed my commitment to changing lives of those who are most vulnerable while motivating me towards advocating for better medicine which is inclusive and empathetic. Even as I proceed with my studies, this experience will remain etched in my mind reminding me how important human relationships are in healthcare.

Soowrish S

UG 2nd Year

Saveetha Medical College & Hospital, Kanchipuram



One of the most rewarding experiences I have had as a medical student is the Family Adoption Programme, a Community Medicine initiative. It has greatly influenced my understanding of the art of medicine, strengthened my interactions with the community, and given me valuable lessons in resiliency, empathy, and compassion.

The family I was assigned consists of a husband, wife, their three children and a dog. I was struck by their warmth and hospitality from the first visit despite the challenges they had. The husband works as a daily wage labourer, and the wife takes care of the home and the children with the dog being their guarding companion. Their financial situation is feeble; however, their resilience is inspiring. The wife always finds time to look after needs of everyone at home and discuss her children's education and health of family overall. The youngest of the siblings had a curious interest about craftsmanship of automobiles and helped the villagers with any of the related issues. These acts of kindness and service are a witness to their strength and unity as a family.

In addition to this, I used to meet other villagers and gave basic medical advice and assured them that I would help arrange a visit to my hospital and provide them with free medicines. Seeing the look on their faces and knowing that I could be of small help to them was gratifying. It made me realise my commitment to not only treat illnesses but also to understand the associated socio-economic dimension affecting health.

During one of our visits, my college had organized a health awareness session about certain diseases prevailing in the area along with a medical camp in the village. We used simple skits and posters to convey our messages effectively. It was satisfying to see their curiosity to know better and improve their health.

We were able to address villagers and their families in a short amount of time through the health camp which was set up after enquiring about their needs. By working together as a team along with other professionals from healthcare area, we successfully were able to address their issues in a shorter span of time. It reminds us that a healthcare provider alone cannot function effectively but only a shared collaborative effort can bring significant changes to the society.

One of the meaningful elements of the programme has been the idea that compassion and learning go beyond interpersonal relationship and the essence of communication skills. By working in the community, the problems faced can be understood and treated at a grass root level by making the people aware about certain preventable conditions.

The overall journey of Family Adoption Programme has been a gratifying experience for me. Not only have the stories of resilience, struggles, compassion, and empathy that I have come across influenced my approach towards healthcare but they have also broadened my outlook on career options. As I pursue my education in the field of medicine, I carry with me the

invaluable lessons learned from this experience and remain committed to serving communities with utmost respect, compassion and empathy.

Mahera R

UG 3rd Year

Bharat Medical College



***Accounts Of Strong Will, Empathy, And Love That Arose from The Family Visit Program
For Community Medical Training***

Every medical student must undergo the Family Visit Program for Community Medicine. It is meant to expose the realities of health in the community. During this period, medical students are exposed to various problems faced by different families with varying financial abilities. This program will be important in developing resilience, empathy and compassion among future health professionals—an important quality for a doctor.

Resilience: Overcoming adversities.

While carrying out one such visit, I met a family residing in an underprivileged neighbourhood with minimal access to healthcare services. The head of this family was a single mother who worked on several jobs just to afford basic needs for her family of three members. Amidst all struggles she had determination – very inspiring indeed – towards raising up her kids and giving them opportunities that were better than what she got herself. Living through all these hardships has made me realize it takes great patience and adaptability rather than just surviving, living amidst adversities.

Empathy: Listening to Different Viewpoints

One of the most memorable experiences I had was interacting with an old-aged couple who had lived in the same place all their life. They talked about community solidarity and the gradual changes that had come up in their neighbourhood. Being a former teacher, he shared his thoughts regarding education and support from within the community. It made me realize that having a background of patients is very significant in understanding how to provide effective care. This visit also taught me in a more direct way about empathy in medicine which is being able to put oneself into another's shoes so as to comprehend what they are experiencing and what they require.

Compassion: Whole Person Care

A powerful lesson on compassion came from a family with a chronically ill child. Their parents shared about how they have been managing their child's condition despite its emotional and financial burden, however, still seemed hopeful enough to keep offering him proper care. The daily struggles these families face and their love for the baby will forever remain fresh in my mind.

In addition to the treatment, it showed me that part of medicine is about offering emotional support and understanding to patients and their families when they need it most. The way in which the patient feels or recovers can be influenced by compassionate care.

The strength of the Family Visit Program has a strong connection with resilience, compassion and empathy. It's these stories and experiences that stay with us long after we have left their bedsides. They are a reminder that each patient has a unique story, which I believe is what makes holistic, effective healthcare possible. The resilience exhibited by patients and their families serves as a monument of medicine even as the deep empathy one develops keeps him/her bound to his/her subjects at heart level. Compassion is therefore moving beyond the 'cure' for treating illness but instead providing care for an entire person.

Hence, Family visit program can be called community medicine's vehicle of knowledge transmission. It doesn't only teach but also creates an empathetic health care provider who is emotionally strong. This fieldwork experience of being with families in different situations would go a long way in teaching many values to medical students that they will take with them into their professional and personal lives. These tales of strength, compassion and empathy are not mere stories but the foundation for good human medical practice.

Appu Rajosh

UG 3rd Year

Government Medical College, Kottayam



Weeds Of Life

Sprinkling drops of rain urge us to meet the dusty mud. But the sun sparkles shamelessly even though it clocks for rain. It relented the rain with a dashing whirl of wind. Even the weather showered the resilient condition of the family which I'm going to adopt. Sun shuts down the rain not up to par a gatecrasher enters the family.

On cloud nine, I got a woefully carpenter family having a grandpa, grandma their son daughter in law and their two daughters. Wall of bricks stood as a pillar to their one storey house. Chuckling of girls kissed the wall. Red thread that linked between the mother and daughter in law resounded their bond. Easy as a soft summer wind whirl of caring and support winded through the family. But a mole of sadness and an unforeseen future still haunted the room.

The dubious face of a 55-year-old grandma pulled a chair in front of me. She eagerly called her daughter-in-law. She resoundingly came and stood near an old grandpa in his 70's who had already taken his seat in front of T.V. Soon after she came, grandma took the job to introduce me. I splashed a smile on them. They eagerly waited to give answers to my questions. They filled a comfortable environment around me. Without delay I entered my piles of paper having everything that I had to ask. The cooperation of the elders and the skeptical face of children who sat on floor in front of me made me more eager to step in to their family. My eagerness almost came to the last sort of question. As the plot of the question changed to the enquiry on 'any disease in the family' the breeze around us started to cry over spilled milk. The sudden change in air shucks my airway and my brain already sketched a chronic disease among one of their family members. I swallowed a sip of saliva and corrected my throat and spelled in a low voice 'If you are comfortable could you answer my question?'. The responder Infront of me looked at their daughter in law with tears on her eyes. As an answer to the grandma, she nodded and lowered her face towards the grandpa. She conveyed in a low voice about everything they had to face in the last two weeks.

As a diabetic patient, grandpa had a non-healing ulcer. But it got worse in the last two weeks and there was an unbearable pain in my right foot. Their son took him to the nearby hospital and was diagnosed with NON-HODGKIN LYMPHOMA. She ended up saying this with eyes full of tears. The only thing they know is the fact that it is severe and by treatment it may cure. They were not able to pronounce the disease but even though they had to welcome the harsh reality. This disease pulled them to the land full of weeds and crops. Their son earned day and night. His hands got thin within the two weeks.

My eyes got stuck at grandpa. His smiling face came to pale, and he was holding his tears, and looking at his beloved wife. Her eyes sparked with tears; she was crying. For a typical family like them they had to fill their bowels with the bowl of rice that they harvest each day. Today they are helpless with the hope of curing disease.

I listened to everything they told me patiently. Though I'm not professional to split a word on disease but my mouth spit the words of empathy, and my hands patched on their shoulder for a good hope. I stepped out from them and wished for the cure. Let them be able to remove the weed that vegetated on their paddy field without permission and hope for a happy life for them.

Fathima Naba PN

UG 2nd Year

Travancore Medical College, Kollam



The view is different from our window and the mountaintop! This is what I realised from this Family Adoption Programme.

When we are posted in the OPDs waiting for the next patient to enter our chamber for consultation, for a point of time our entire concentration is on what the presenting symptoms are, what the diagnosis can be and how are we going to treat him. What we don't focus on is, well, everything else. For that time being he is just a patient; someone who needs to be treated, medicated. What we forget is that not all ailments require medications and not every patient needs just a consultation. Sometimes just listening to their stories, acknowledging their hardships, being a witness to their life and family is what's truly needed. This is the essence of Family Adoption Programme (FAP).

While visiting the families I realised how different the ground reality is, how different and at times difficult the lives of people can be. Meeting a few people, seeing them not just as patients but people, people who have a ton going on in their lives at this very moment, is an exceptional experience. A few stories even broke my heart.

Many families out there have one single earning member, while, about 5-6 other members totally dependent on him. What if he falls sick? A dozen members go to bed empty stomach, an experience nobody wants to or should go through.

There are people who cannot afford treatment and then some who don't realise the importance of that treatment in time and then again, some who have nobody else to help them, to look after them when they are sick.

When a patient comes to us with a month- old prescription of a certain procedure they haven't undergone, we often come to the conclusion that he is being careless towards his health. But is he? Or is there another reason? Maybe he simply couldn't! This can be due to various reasons like no financial aid or even more scary one :- no means of getting that financial aid. Women in such conditions suffer the most especially when they aren't financially independent. What if the husband denies paying for her treatment. What if her in- laws deny the treatment. Imagine the emotional trauma she has to go through on a daily basis!

The elderly of the society, particularly the ones who do not have any children or unfortunately, have been abandoned by them are another harsh reality of our society. These people have no one except their spouse (also in senescence) and sometimes not even them, and thus are left alone to take care of themselves. In an age when the body stops functioning well, when physiology is all but degrading, when income is scarce; these people, if encountered by any deadly disease hardly make it out alive!

What fascinated me the most out there is that The Life Must Go On. These people taught me that no matter what we go through, we learn to live and live with a smile on our face.

Among these people are the real superheroes fighting real battles with all their might!

Seeing all these scenarios with my own eyes, I realised one thing which we all healthcare workers need to consider, that is, he/she might be just another patient/case/curiosity for us but for someone out there, that very person is the entire life, the entire family. If we treat them while keeping this in mind, we will never lose as humans!

Bhumika Pathak

UG 3rd Year

Himalayan Institute of Medical Sciences, Dehradun



When I started out as a first-year medical student and I was told about Family Adoption Programme, there were so many questions going on in my mind- how will I be responsible for families? Can the basic advice I give them improve their life? Can the survey we conduct help in the effective delivery of healthcare to these underprivileged people? And now by the time, I've come to 3rd year, I can tell with great certainty that yes, whatever I had been doing, connecting with families, helping them by giving them advice about social issues like sanitation and hygiene and basic medical advice for their ailments, speaking to people about the importance of vaccination and preventive measures for certain diseases like Dengue and Malaria, has certainly made an impact on their lives. Not only that, watching these families overcome many hurdles in their life made me want to become better and fulfil my role of a student doctor to the best of my ability, as they say that 'Compassion is the ability to look beyond one's own pain and help others'. In this subsequent essay, I have tried to share with you some of the life stories of the families I interviewed while in the village of Ullalupanagar.

Story of Sumaiya: - Sumaiya is a single mother of 2 young children whose husband had recently passed away in a road accident. She worked tirelessly as a housemaid but struggled to make ends meet. However, her resilience was evident in her determination to provide for her children despite their harsh financial conditions. She had a great desire to educate her

children as she herself was uneducated and didn't want her children to have the same fate, so she worked in multiple houses in a day so that she would be able to provide her children with food and basic amenities to attend school. Through the programme, I helped her connect with the ASHA worker of the locality who helped provide her family with better nutritional supplements and who also helped enrol her children to the Anganwadi where they would track and record the growth of her children, while providing them with basic education. This helped ease some burden for Sumaiya.

Looking at Sumaiya's courage to continue despite her struggles has taught me the importance of resilience, she is a true inspiration.

Story of Wasim: - Wasim's family faced immense difficulties. They were a family of 6 living in inadequate conditions, in a small pukka house with insufficient ventilation and lighting. There was very limited access to clean water as well. Despite this, they still managed to remain hopeful and committed to surviving, working tirelessly to provide for their children despite their own health issues. I tried to advise the family to install an RO water purifier to at least ensure clean drinking water thereby reducing the chances of water-borne diseases and told them about the free health check-up schemes that took place in the nearby Primary Health Centre. I also gave them advice on basic sanitation and hygiene practices. Active engagement with the family and empathetic approach helped the family regain their dignity and also decreased the frequency of the children falling ill.

These were some of the stories which show us that having empathy and compassion for the people from villages motivates them to adopt better practices to then improve their quality of life and through them we learn to become resilient and courageous.

Prathima

UG 3rd Year

Dr BR Ambedkar Medical College, Bangalore



Title: "Bridging the gap in Palliative care: Field Experiences from the Family Adoption Programme"

Background

The Family Adoption Programme (FAP) aims to deliver community-based care, offering an opportunity to understand the health needs of the community. As rightly said, "**Field trips are powerful learning experiences**", one fine day, we encountered a 35-year-old male, Mr. Ramamoorthy, who was found to be paraplegic for the last 9 years, lying at one corner of his house. He was unmarried and taken care of by his old mother. He seemed to have lost hope about his life and didn't even maintain an eye contact with us, when we tried to interact. He rarely spoke to his own family member. It was indeed a challenging task to establish an initial rapport with him. He expressed a sense of helplessness, depression and frustration as to "*What have I seen in my life?*" "*I am so worthless!*" "*Why do I even live if I am adding an extra burden to my mother?*" This encounter indeed left an indelible impression on all of us.

Impact of this experience: "An Attitudinal change of the students"

Apart from the physical aspects of care, we strongly felt the need of rehabilitative care which would help regain his independence and facilitate his daily activities. One of the students opined, “*Mam, why don't we collect money from all of us and buy him a wheelchair?*” Such opinion from the students was overwhelming, revealing that palliative care is not just a terminal care or end of life care but aims at improving the quality of life. This visit was also an eye opener for the undergraduate students in changing their perspectives towards patient care and cultivate empathy and compassion from the very first year of their course. The other student stated, “*I would take up some course in the future which would help these people!*” As a result, the Family Adoption Programme (FAP) inspired the students to deeply consider and build their future career options. Their subsequent visits fostered trust and brought a ray of hope to the said patient.

Caregiver's Perspective: The unexplored aspect

We also noticed pressure sores on the extensor aspects of his knees and ankles. Despite his mother's unwavering commitment, the absence of adequate care evident from the patient's condition, underscored the immense challenges faced by the family caregiver. On interacting with his mother, we were able to figure out the possible reasons for this neglect, which were, lack of knowledge and training on basic preventive measures, financial constraints and physical and mental exhaustion from constant care giving. Hence, the FAP helped in sensitising the caregiver and the students regarding wound care and pain management. Students' ability to apply these skills was evident during subsequent visits.

Linkage to support systems: Establishing Continuum of care

We informed the Medical Officers at the respective Health and Wellness Centre (HCW) about this patient, enabling them to initiate home based care and plan regular follow-ups with the help of ASHA/MPW, thus reducing caregiver's burden. Through these visits, we were able to inform the patient's mother about the specialised palliative care services available at 'Palliative Care Clinic' in our tertiary care hospital. Additionally, this patient was linked to “Sanjeevan”, a Non-Governmental Organisation (NGO), that provides holistic community-based palliative care.

Moving Forward

If we had not visited this family, this patient would have remained unnoticed. This is supported by the literature, which states that, only 1 to 2 percent of population in India who need palliative care actually receive it. This field experience highlighted the importance of integrating ‘palliative care screening tool’ suggested by the National Programme of Palliative Care (NPPC) with the FAP, by which, the ray of hope can be successfully extended to more such patients needing care. Through the FAP, we are also motivated to create a ‘compassionate community’, by educating the volunteers with simple nursing skills. Taking this opportunity, “**We can certainly add life to years, although not years to life!**”

Nivetha K

PG Resident

Indira Gandhi Medical College & Research Institute, Puducherry



FAMILY ADOPTION PROGRAMME

"YOU BROUGHT US SO MUCH JOY"

"WE HAVE BEEN WAITING FOR YOUR VISIT"

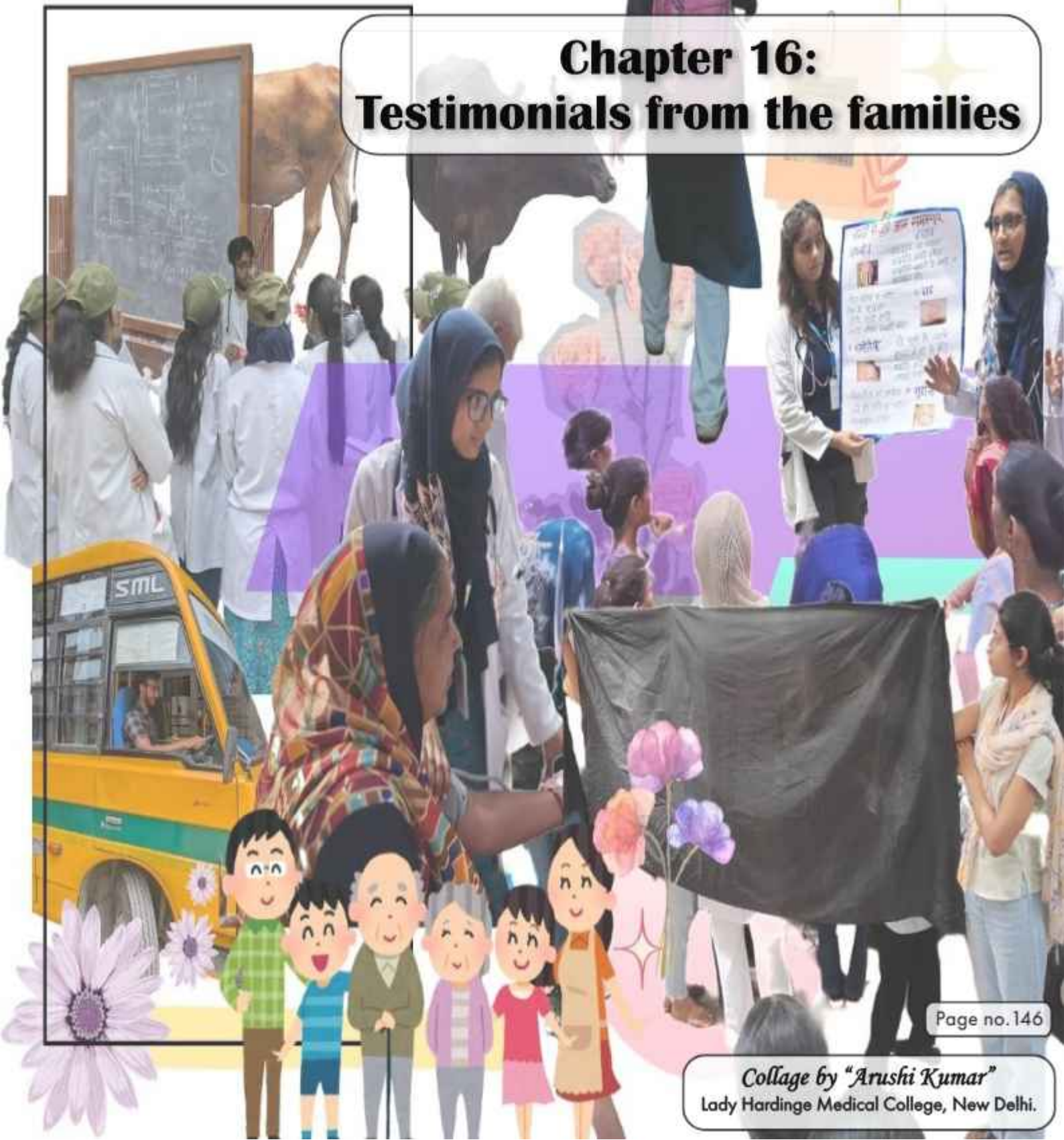
"DOCTOR MAM YOU MOTIVATED ME TO EXERCISE,

I AM FEELING GOOD"

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

"THANKYOU FOR VISITING AND HELPING ME OUT"

Chapter 16: Testimonials from the families



Page no.146

Collage by "Arushi Kumar"
Lady Hardinge Medical College, New Delhi.

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

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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.

Chapter 16: Testimonials from the Families

The real reflection of any work comes from the ultimate beneficiaries. Just like students are the window to their teachers, the testimonials from the adopted families are the window to the implementation of the Family Adoption Program. The feedback from even a single family can-not be ignored and is important for the improvement of sequential batches of FAP in the community. Medical students through FAP form a bridge between the community and the departments/institutions. One should always be the recipient of the feedback from families; the positive ones keep us motivated, and the negative ones should be taken as constructive criticism. This chapter will take the readers through a few such testimonials, wishing you an introspective reading.



Field visits to rural community offer invaluable insights into the real-world impacts of healthcare initiative during a recent visit to a remote village Kumbhphal I had the opportunity to hear firsthand testimonials from families and community members about their experiences with the village healthcare workers and the services provided this testimonial highlights the significant positive outcomes achieved through dedicated health care efforts are great.

A welcoming community: Upon arrival in Kumbhphal I was greeted warmly by people around in community I sense a support of unity and mutualism in within those people immediately. The health centre does modest in resources was a buzzing hub of activities and hope the village healthcare workers introduced us to family and community members eager to share their stories.

Testimonials from a mother of 2-year-old: One of the most touching testimonials come from Jamunagoje a young mother who have recently given birth to a second child she spoke the critical role the village healthcare workers played during her pregnancy,” before I become pregnant I didn't knew much about prenatal care the healthcare workers visited my home regularly provided me with vitamins and taught me about the importance of a balanced diet they were with me every stop of the way and because of their guidance I had a safe delivery twice my babies are healthy and I am too”.

An elder's gratitude: Elders in the village often face unique health challenges and the support from village healthcare workers is crucial for their wellbeing one elderly gentleman Mr Babasaheb shared his experience I have diabetes and high blood pressure the village health care workers monitor my condition regularly check my blood sugar and ensure I take my medication correctly they even help my family learn how to prepare healthier meals for me thanks to them I feel better and can contribute to my family and community.

Impact on children's health: Children's health is a priority in the village and the effects of the Asha workers have made a noticeable difference Mrs Jyoti a mother of three expressed her appreciation my children used to fall sick often specially with diarrhoea and infections the

health care workers taught us about the importance of clean water proper sanitization and hygiene they also provided vaccination and nutritional supplements now my children are healthier and attend school regularly I am so grateful for their help.

A village leaders' perspective: Village had Mrs Kanta bai mule provided a broader perspective on the healthcare initiatives over community has faced many health challenges, but the dedication of village healthcare workers has brought significant improvement they don't Just provide medical care the educate us an empower us to take better care of ourselves and their presence has stringent are community and brought us hope.

Conclusion: Hearing these heartfelt testimonials understood the importance of community-based help care and the vital role of village healthcare workers in improving health outcomes in rural areas.

The stories of Jamuna, Babasaheb and Mrs Kanta bai with Mrs Jyoti highlighted the profound impact that dedicated health care workers can have on individual life and the community as a hole this experience has really formed my belief in the power of grassroots health initiative and the necessity of supporting and expanding such programs.

The positive outcome achieved through the dedication of village healthcare workers and the resilience of the community serve as a t testament of to what can be accomplished when healthcare provider and community member work together.

Vivek Trivedi

UG 2nd Year

Mahatma Gandhi Missions Medical College, Aurangabad



Reaching the unreached: Testimonials from a hilly district of Kerala

The family adoption programme has reduced the gap between the community and health care. The geographical structure and acceptance of community affected the conduction of this programme. Allocating recommended number of houses was challenging in a low population density (384 people per sq.km) area like Wayanad. Frequent rainy days and narrow untarred, uphill roads acted as barriers for reaching the community. The department was able to manage the situation and the responses from families and community leaders were favourable.

“Having students come home from a hospital is very helpful for the entire population. If this continues, there will be so much help for this area and this house. Just as a head of the household or guardian manages a house, each family is taken care by a medical student. The students come, enquire and later holding camps is also very helpful. The minor illnesses

which will be complicated later in life can be detected at an earlier stage through this programme. If we are ill, we could contact students for some assistance. Like a doctor who comes home and treats. This is an area with poor estate workers. We go to estate hospital only when we are very sick. So, these types of camps and student interactions definitely helped us. We will all support you and this programme.”

-Family member, Rippon

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“They do health checkup, take care of my child, measure BP – everything seems helpful. We don’t go to hospital regularly anyway to do all this. It should be continued.”

-Family member, Arapetta

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“The programme is good. We can share all our health problems and them. Monitoring the Glucose values are also very helpful.”

-Family member, Thinapuram

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“People are eagerly waiting for the arrival of students. We stop the household works to be with them.”

-Family member, Thinapuram

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“They are like our family members. When they don't come, people asked me when they are coming. We have also created WhatsApp group for this programme. Everyone will be informed through this group about the visiting days. Even the families are asked to share their doubts in this group. Everyone is giving good response about this programme. It is more convenient than going to hospital.

The old age people used to ask anything openly to students. People became more aware of the health conditions due to awareness classes. Initially only locals came to the camp, but now people from the surrounding villages are also informed about it and take part in that. Compared to males, females were participating more in camps.”

-Area development society member, Arapetta

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“This programme is new to us. People are also afraid why they come. They don't like to answer some questions like income, house square feet, finding it has nothing to do with health. Since the area is an underdeveloped one, people are having inhibition to interact.”

-Anganwadi worker, Jaihind colony

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“An environment day celebration activity was conducted as part of this programme. It was beneficial for all the people. The connection with your hospital will also enhance.

Students are coming from different cultures. The interaction of students who are born and raised in abroad was quite with the community. The student should spend more time with family. We are willing to help students in case of any language barrier or other difficulties faced in the community”

-Village committee secretary, Thinapuram

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Most family members experienced a positive change in their attitudes toward health. They considered students as care takers of their family. The community leaders were also willing to support this programme.

Varsha Rajan

PG Sr. Resident

Dr. Moopen's Medical College, Wayanad, Kerala



Chapter 17: Future Career Choices



तत्कर्म यन्न बन्धाय सा विद्या या विमुक्तये ।
आयासायापरं कर्म विद्यऽन्या शिल्पनैपुणम् ॥

१-१९-४१ ॥

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श्रीविष्णुपुराणे प्रथमस्कन्धे एकोनविंशोऽध्यायः

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**That is (true) action, which does not promote attachment;
That is knowledge which liberates [one from bondage]. All
other action is mere [pointless] effort/hardship; all other
knowledge is merely another skill/craftsmanship.**

Chapter 17: Future Career Choices

The journey of becoming a family physician (MBBS doctor) begins with the foundational experiences learned during the Family Adoption Program (FAP). FAP provides an array of deep understandings of community healthcare. The aspiring doctors learn to deliver holistic and continuous care, addressing not only immediate illnesses but keeping in mind long-term outcomes. The nascent mind of a learner in medical education has big dreams for future career choices, and the myriads of exposures available in medical colleges/institutions offer great opportunities to the students. There are hundreds of fields to do specialisation and super-specialisation after under-graduation, and we expect our students to excel in the field of their choice. The purpose of FAP is to make sure that every medical student trained in our country should function as a family physician for the communities. The future career trajectory will be different for all, but the common path of serving should be retained, and skills learned during undergrad should not be lost.



Importance of Family adoption program on my future career choices and aspirations.

This year we had a family adoption program for which we were taken to Dharpur. Over there, me and my batch mates were allocated with one family each. The intention of this activity was to identify the diseases, medical history and ongoing treatment details if any and to guide them and also raise awareness to help prevent any further complications. As part of the program, we took the vaccination status of the children in the family and to help them understand the importance of vaccine. We also took the information if there is any overcrowding in the home and explained the related diseases and educated them about the same. For example, communicable diseases like Pneumonia, Tuberculosis, Bacterial and Viral infections which can spread due to overcrowding to other family members. If the children are not vaccinated with the vaccines like Vitamin A, BCG, MR, they are prone to Blindness, Tuberculosis, Measles and Rubella. If they have the facility of Sanitary toilet, if not, importance of having one and are they using dustbin or not, with the usage of which we can maintain 'Swacch Bharat'. If there are any pregnant women in the home, then their Antenatal care and Postnatal care importance was explained to them so that we can reduce the maternal mortality rate. We also organized the Tree Plantation as there were no trees. As part of plantation, we distributed Tulsi, Neem, Hibiscus, Mogra etc. to the family members so that the nearby environment can be neat and clean. During this program, I was heartily welcomed by the family.

I learnt as to how I can improve my communication skills, converse in the native language. Other than this, I learnt how the preventive measures about the diseases have to be conveyed. For example, one of the adopted family members had hypertension, so gave them

advice to avoid consumption of table salt, avoid oily food, outside food and to consume green vegetables, fruits, protein like Chana dal etc., and palms and dates. The above advice helped them, and I also saw positive improvement in their health.

Now I am getting to know my career choices through this like I can run a free medical camp so that the needy people can avail benefits like getting treatment, free health check-up which ultimately saves their travelling charges to hospitals. I can also be a Medical Officer by which I will be able to visit different villages and check on the vaccination schedule and ANC, PNC details, the water and environment inspection etc, by this, I can decide what changes have to be made in their villages. I can also be an Epidemiologist and study disease v/s population graph through which ongoing diseases can be identified and spread awareness about the preventive measures. I can also run a NGO, through which I can provide free health beneficiaries to poor people and also provide ambulances which will help them reach the hospitals as early as possible. During the rainy season, I can distribute mosquito nets, odomos, all-out and also spray the pesticides which will keep the mosquitos away. Other than this, through IEC (Information Education Communication), I can help them understand how we can prevent any diseases and also if infected, how we can take care of ourselves. Also, I can run a vaccination program and spread awareness on the importance of National immunization schedule. So yes, this family adoption program gave me lot of opportunities to better myself and betterment of poor people and their health. It was a wonderful experience.

Khusi M Jaiswal

UG 3rd Year

GMERS Medical College, Dharpur



The impact of hope and dreams:

“What do you want to be when you grow up?”

The words that I would hear every time when I was young. The younger me would think about the question, and then proceed to give answers that always varied. Sometimes the answer would be a singer, other times it would be a vet or a chef. I had a thousand variations of what I wanted to be, but there was always something common in that. The innate want to help people and bring them happiness, no matter how small it could possibly be. Being a doctor was something that I realized that I wanted to do, very early on in my life. Helping people, making them feel better.

Thus, when the decisions and paths in my life finally led me to a medical college, it was everything that little me had ever dreamed of. We medical students spend most of the time that we have staring at the lecture screens in front of us. Our routines hectic and sometimes monotonous.

So, when the department of Community Medicine one day, mid lecture briefed us on how we would be taken to a Family Adoption Programme, our class was filled with mixed reactions.

I for one was excited to finally have a break from the normal academic classes and had decided to treat it like a little trip for myself. The field trip arrived, and I exited the bus with a bag full of the items that I would need. As soon as we entered the village, a sense of calm washed over me. Change.

Greenery everywhere, as it drizzled lightly, with ponds surrounding the houses that we were supposed to enter. No more lecture halls echoes. All throughout the programme, I met people, talked to them, sat on the grounds of their home, and watched as they treated us with warm hearts. In their eyes, the white coats that we adorned resembled 'hope.' Our supervisors, with years of experience, helped us through every step that we had to take. House to house, we went around helping and asking questions, listening to the stories of the people who wanted nothing more than to be listened to.

Doing this I met a little kid, not more than 6 years old. Weak and shy he kept tugging on his mom's attire, as we asked questions to the families, his eyes never trailing away from the stethoscope that I had. Thus, grabbing a chance to communicate, I called him towards me. "Do you want to play with this?" I asked, the stethoscope in my grasp. His mother then proceeded to tell us how his only wish was to become a doctor in his life, and that it was the first time that he was seeing real white coats like us. This apparently had made him very happy and joyful.

Most of the families that we had seen throughout our visits did not have much in terms of material wealth, but what I came to realize was that they almost always had one thing in abundance. Hope and togetherness. Thus, I realized that the answer to the first question had never really changed. I just had to look a bit deeper. What we really want, never truly does go away.

This experience strengthened my passion for the field work and rekindled a spark. Seeing different families, that we got to help, however little it was. And I think that the greatest privilege we have is the responsibility to carry that spark further, till the unseeing end.

Nalasa Lepcha

UG 2nd Year

Regional Institute of Medical Sciences, Imphal



Empathy is learned behavior

Virginia Woolf famously wrote, "I feel a thousand capacities spring up in me, I am rooted but I flow" every time I read this statement, I feel every human can become a thousand versions of themselves and what they end up becoming is through the experiences in life that shaped them. The Family Adoption Programme came right around the time when I needed a sense of purpose as studying daily in the first year with limited exposure to patients made me question my capabilities. I was allotted a family of 6 members in a village called Chanpi which is a small village near Katihar, having lived my whole life in the concrete clad suburbs of Delhi it was my first time in a village like that. The welcomeness and generosity they had made me learn how empathy has so much to do with your capacity as a doctor to treat the patient. I remember in winter of 2023 we went on a family visit and the mother of my family aged 65 years was having an acute exacerbation of COPD and my seniors and teachers quickly helped me stabilize her. I didn't sleep that night because not knowing how to help her when she needed felt like a failure to me. I read all that I could find about COPD and threw myself into learning all about it as they thought of me not as a second-year student but rather a doctor and not being taught that yet didn't seem like a good excuse. Once I was done reading up on that I went to the medicine department to talk to a senior who had guided me during my postings to learn how I can make a difference. He taught me more about clinical management of COPD.

And then came the next visit I was able to find out the most probable reason for this condition: the house had a separate room where wood was burned for cooking fuel and that room had no windows for any air circulation. I spent some time trying to convince the head of the family on the implications it can have on his young daughters too who had taken over the chores ever since their mother had become incapable of daily activities due to recurrent episodes of breathlessness. During the time until our next visit I went to consult the Pulmonologist my senior from medicine had introduced me to. She taught me how to counsel the patient and family members and I was able to ask her about the doubts I had about the technique for how to properly use inhalers so that I can help my patient manage them properly. When the next visit came, I saw that the head of my family was waiting outside the gate of his house eager to show me the new renovations he had made and I saw that not only had he installed a window in the kitchen, he had installed an exhaust fan too. He was filled with pride at his new modifications and told me in great depth about the cost and time taken to build it which reminded me of my dad. I appreciated his efforts and talked about how changing to other cooking fuels can be better. It was through this experience that I learned about the power of empathy and felt the capacity to become a better doctor rise up because of it within me.

Sheikh Malaika Kalia

UG 3rd Year

Katihar Medical College, Katihar



FAP- Being The Major Guide For Becoming A Good Doctor

FAP or Family Adoption Programme is being the major tool that shapes the view of life and motivating students to dive into the field of medicine. As being new to the field of medicine I faced challenges of answering to the problems that was being posed by my adopted family members. It was difficult when I tried to explain the reason why I need to collect certain data's which were irrelevant to the medical aspects. It was difficult to speak with them at the first place with them having regional dialects. It was difficult to convince them to measure blood pressure, haemoglobin, or random blood glucose levels. It was difficult to convince myself that I could become a good doctor.

As said by Victor E Frankl in his famous book - Man's search for meaning, where he explains the importance of meaning in life or having purpose in life. I started to remember the first place why I wanted to become a doctor that is helping people, thus I started to learn medicine in a way that will help the society.

As time passed with adequate efforts I could be able to appreciate the questions posed by the adopted families and was able to answer them. My communication skills developed which helped me to convince them into providing details which they were hesitant to share at the first place like menstrual history. I was able to measure blood pressure with a sphygmomanometer accurately in the digital era. This confidence boosted me to learn various clinical skills and applying them that benefits the society.

I really enjoyed the way people look at lives from different perspectives, one being happy for another while the other being jealous and so on. These various emotions made me to remember that we are humans at the end of the day, and we make mistakes. The rural life is very different from the fast-paced cities made me to stop for a moment and think what I should be doing and what I am doing.

This family adoption programme gave me the different aspect of society where people are still in the golden era. I was able to feel the disadvantages of people who were living in the most remote villages and made me to think what difference I can make in their lives. This motivation helps me to stay focused on my goal and hoping that it will help me to become a good doctor.

Parthasarathy

UG 2nd Year

Srinivasan Medical College & Hospital



My life is full of sweet surprises. I am a person who learns from experiences and adapt according to my environment. Even if a person has a predetermined life plan, the life might plan something very contrast and smart for the future. We have to embrace it to understand it and make it wonderful. As a doctor, for me time is God and hard work is my prayer.

When I started going to the field for Family adoption Program, I was just a medico who wanted to be a doctor who can heal people as a whole unit by handling the administrative field since there is a lack of trained doctors in the field of administration. At a personal level, I believe that a doctor who can understand the need of a patient at health problem and health care need level, is the doctor who can make the system cost effective and beneficial at the same time. I had a great plan for my future, even though, my drive to get there was mediocre due to the scarcity of proper mentorship from a person who achieved it and lack of materials, and especially the motivation to conquer it. The first day at Family adoption Program challenged and changed my whole perspective about what I wanted to do in my life and career. I got the real taste of working in the field and helping people to understand their rights and needs. Even though the people I visited were educated, they didn't know how to access free quality health care for free which is provided by the government. The core idea of Family adoption Program to improve the health seeking behaviour of the people showed me the importance of educating people about their role and power in the health system.

Executing the program was not a problem since the institution provided all the amenities, in contrast, executing the same in a very productive and efficient level by adequately using the resources provided was challenging for me. It felt like the health and wellness of each and every kind face I saw during my field visit lied on my shoulders. The immense drive to make the program successful unlocked a new level of potential in me. I understood the need of administrative skills and how to acquire it through proper planning and networking with likeminded people.

Nothing can replace experience. Working with my colleagues on the field was like a time machine for my learning. I learned the local language and culture in no time, which I couldn't achieve otherwise. I learned how to channelize the people's attention through incorporating

various methods and by sharing common grounds. Listening to their stories and sharing a cup of tea with them reminded me why I took this profession in the first place. The love and respect the people gave me a new purpose of reaching for the heights, because I was craving for more and I understood what makes me happy and fulfilled.

Healing is more than just a word. It has different dimensions, and finally I could unlock one as a sweet surprise of my life. It equipped and concreted my idea of pursuing my career as a health administrator so that I can contribute to programs like Family adoption Program which can change a million lives positively. The program made me believe that I can be the change rather than waiting for the change.

“THATWAMASI”- you are that.

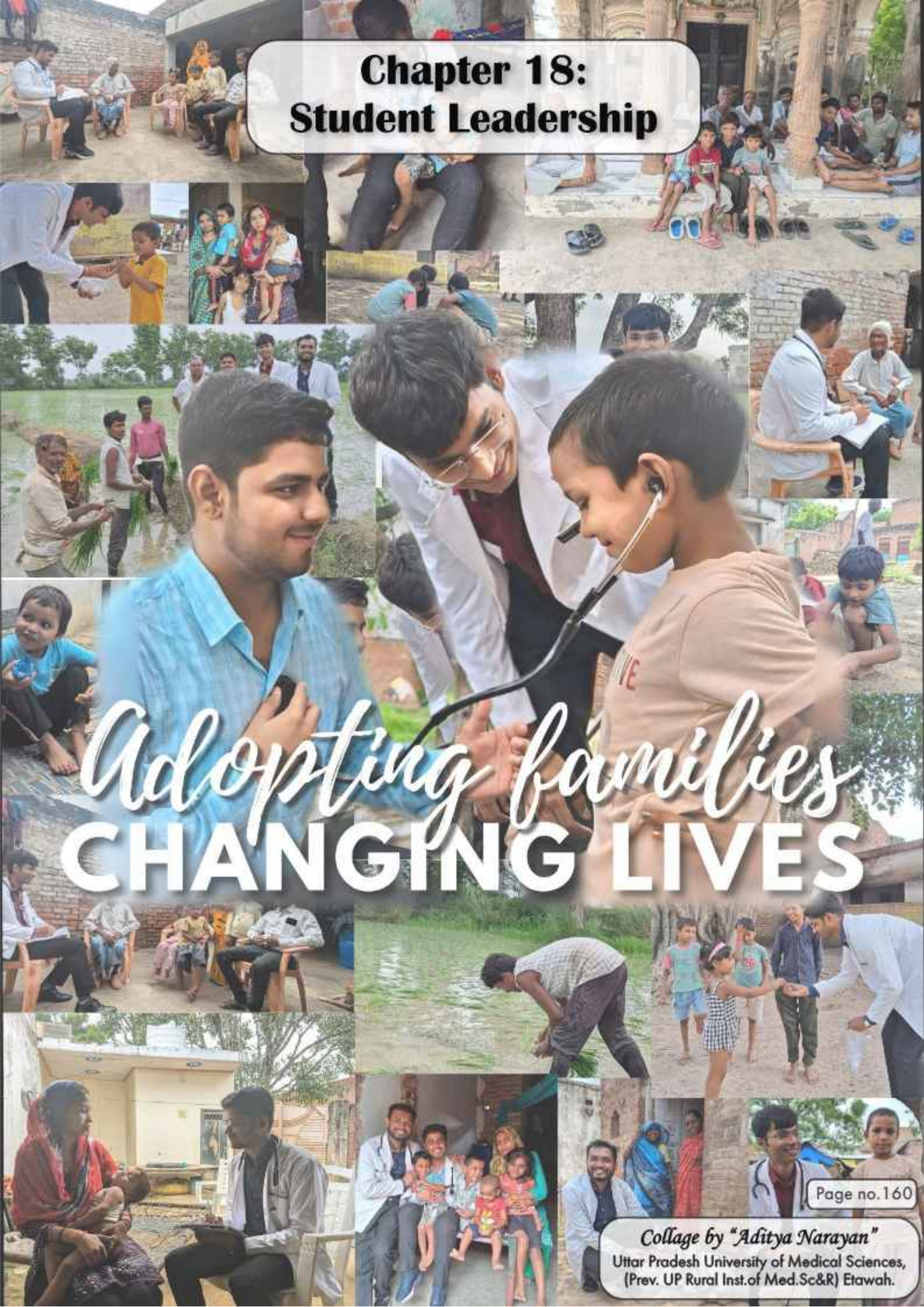
Marvel K Soman

PG Resident

Rajarajeshwari Medical College & Hospital, Bangalore



Chapter 18: Student Leadership



Adopting families
CHANGING LIVES

अमन्त्रमक्षरं नास्ति नास्ति मूलमनौषधम् ।
अयोग्यः पुरुषो नास्ति योजकस्तत्र दुर्लभः ॥

-

There is no sound that is not a mantra,
no plant that is not medicinal.
There is no person unworthy,
what is lacking is an 'enabler'.

[Thus, it is difficult to find a leader, a leader needs to be groomed.]

Chapter 18: Student Leadership

FAP is a unique platform where student leadership is nurtured over years. Through direct contact with the communities, the students learn leadership roles early in their career. The thought of welfare for the adopted families and the thirst of knowledge makes a student grow as compassionate, responsible and effective leader who is equipped to lead in his professional career as well as an engaged citizen. FAP nurtures them to become more than just a "Public Health Professionals", rather it shapes them into a "Public Health Leader".



Inspiring parable about fostering trust

“The only source of knowledge is experience.”

~ Albert Einstein

Experiences sharpen our skills and knowledge and influence our decision-making later in life. During our Family Adoption Programme, I've had many insightful encounters that familiarised me with the community's overall perspective. We came across stories of struggle and hardships brought on by sickness, financial problems, or social crisis, stories of resilience, trust, compassion and motivation. One such incident involved a teenage girl I met in a family that was allocated to us. Few weeks back, during my district residency program, I was seated in the medical outpatient department when I received a call on my phone. Although initially I couldn't take the call because OPD was really busy, but I managed to pick it up later when my phone rang again. The woman on the call asked, "Hi, ma'am! This is Jasmine's mom. You remember?"

About eight months back, I was assigned a family in a village. When I first met the family, I noticed a very scared and apprehensive-looking girl standing away from me while I was speaking with her mother. When I saw her nervousness, I tried to talk to her in an attempt to end our awkward silence. She was a tenth-grade student. When I enquired their mother about what made her nervous, she jokingly responded "What about her doctor! she's highly strung always. Even I don't understand what I can do about her. After she passes her senior secondary examination, I'm going to get her married abroad." I learnt that her father had recently passed away one year back. I was quite taken aback by this and could somehow relate it to child's mental anguish.

Throughout course of our profession, we are taught about virtues of empathy and compassion. Here, I was dealing with an adolescent and therefore couldn't omit addressing the child's mental issue. I took her hand and made her sit next to me and asked what bothered her. We instantly connected as we had a commonality between us that we had both experienced the loss of our fathers in our lives. Perhaps that was the reason I felt like I could see a glimpse of my own childhood in hers. Slowly, she confided in me about her social fears and how even the smallest things worried her. I nodded warmly as I listened intently to her spill out all her

feelings. This boosted her confidence in me even more. Later, when I told her my story, I could tell she was truly absorbed. I shared my phone number in case she wanted to chat about her worries. She promised me that she would let nothing jeopardize her mental health or her academic performance.

I couldn't believe my ears when after months that kid called me and that too to tell me that she topped in her school in tenth examination. That voice sounded so confident and happy. She had called to let me know how inspired she was by my words and how often she would think back on it. She was certain that she would pursue her education in the professional field and delay her marriage.

The motivation I felt when I got that call is what matters in this story, not how I inspired that girl. How much that girl valued my smallest gesture! How an experience transformed my perception regarding my capabilities! How my scope as a doctor extended beyond those boundaries of health centres! It is an experience that is going to stay with me forever.

Daljit Kaur

PG Resident

Dayanand Medical College & Hospital, Ludhiana



Family adoption programme



*"GIVING HOPE
TO A HOME"*

***“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.”***

-

Swami Vivekananda

Way Forward

The Family Adoption Program (FAP) has established itself as a groundbreaking initiative in the landscape of medical education, serving as a key element in the holistic development of future healthcare professionals. It is designed to immerse medical students in community health by connecting them directly with families, fostering a deep understanding of public health challenges and social determinants that shape health outcomes. As we look to the future, the FAP presents a tremendous opportunity to further enrich medical education and strengthen its role in shaping the Indian Medical Graduate. The following vision outlines how FAP can evolve and continue to make a significant impact in medical education and healthcare delivery.

The **overall impact of FAP** has been profound, as it has transformed traditional medical education by providing students with first-hand exposure to real-world healthcare scenarios. Through their interactions with families, students are able to better understand the multifaceted nature of health, which includes not just biological factors but also the social, economic, and environmental influences that affect individuals and communities. This program has significantly enhanced their capacity to address health issues holistically and has bridged the gap between classroom learning and practical healthcare delivery. In an era where medical education is increasingly leaning toward clinical specialties, it is essential to **reinforce the importance of community health experiences** in medical curricula. The FAP is one such initiative that brings community health into the spotlight by making it a vital component of a student's learning journey. By placing students in real-life community settings, it not only enhances their clinical skills but also deepens their understanding of preventive care, public health policy, and health promotion. These experiences are critical in preparing medical graduates to serve effectively as the first point of contact for healthcare in their communities, addressing both individual and public health needs.

Furthermore, the stories and narratives emerging from the FAP are valuable assets that go beyond being mere anecdotes; they serve as powerful inspirational and educational resources for future medical students. These stories highlight the transformative impact that the program has had on students, showcasing how their work within communities has not only shaped their clinical skills but also instilled a sense of social responsibility and empathy. By sharing these stories, we can motivate the next generation of medical professionals to engage more deeply with the communities they will serve, while also providing them with practical examples of the challenges and rewards that come with community-based healthcare.

Celebrating the efforts of students who participate in the Family Adoption Program is vital for highlighting the importance of community-oriented medical education. These students are actively contributing to the health and well-being of their adopted families, often going above and beyond their academic requirements to make a tangible difference. By recognizing their contributions, we emphasize the critical role that community health plays in medical education, while also fostering a culture that values community service, empathy, and a patient-centred approach to care.

The **role of the Indian Association of Preventive and Social Medicine (IAPSM)** in taking the FAP forward is instrumental. As the leading organization in the field of public health and preventive medicine, IAPSM has the expertise and capacity to guide the evolution of this program. By incorporating continuous feedback from students, faculty, and communities, the association can ensure that the FAP remains relevant, impactful, and aligned with the latest developments in medical education and public health. Moreover, IAPSM can collaborate with government health initiatives and educational bodies to integrate FAP more deeply into the national healthcare framework, ensuring that medical students contribute meaningfully to the nation's public health goals while advancing their own professional competencies.

Looking ahead, Community Medicine should remain at the core of medical education, particularly as we strive to produce well-rounded physicians who are not only skilled clinicians but also advocates for public health. The FAP serves as a model for how community medicine can be integrated into the broader medical curriculum to shape the Indian Medical Graduate into a physician of first contact, capable of addressing the health needs of individuals and communities alike. In today's globalized world, the skills learned through FAP ensure that these physicians remain globally relevant while being deeply connected to the local health context. Essay competitions provide a platform for students to reflect on their experiences in community health and articulate how they can apply these lessons to their future practice. Such reflective learning is crucial for developing critical thinking and problem-solving skills, both of which are necessary for addressing the complex health challenges faced by communities today.

In conclusion, the Family Adoption Program represents a forward-thinking approach to medical education that blends clinical knowledge with community engagement, creating a generation of healthcare professionals who are well-equipped to serve as compassionate, competent, and community-focused physicians. As we continue to refine and expand the FAP, it is essential that we keep community medicine at the forefront of medical training, ensuring that **future doctors are not only prepared to meet the health needs of the nation but are also capable of leading public health initiatives globally leaving a lasting impact on society.**

The IAPSM remains committed to supporting and advancing this program, ensuring that it continues to play a central role in shaping the future of healthcare in India. The timeless

Indian prayer,

"सर्वे भवन्तु सुखिनः सर्वे सन्तु निरामया"

"May all be happy" "May all be free from illness"

can be answered effectively if Medical Education moves beyond the walls of the medical colleges and Community Oriented Medical Education takes the centre stage.

Dr. Annarao G. Kulkarni

National President (2024-2025)

Indian Association of Preventive and Social Medicine, (IAPSM)

Annexure-I

List of Essay Entries Selected for Publication

Sr. No.	Student's Name	Designation	College/Institute	Pg No.
1	Harshitha V Kumar	UG 3rd Year	A J Institute of Medical Sciences & Research Centre, Mangalore	110
2	Kirthikha S	UG 2nd Year	ACS Medical College and Hospital, Chennai	132
3	K.S.Vidhyalakshmi	PG Resident	ACS Medical College and Hospital, Chennai	125
4	Cherukupalli Raja Rishidhar Reddy	UG 2nd Year	ACSR Government Medical College Nellore	75
5	Ananya Gupta	UG 3rd Year	Adesh Institute of Medical Sciences & Research, Bhatinda	121
6	Mounika Konidhala	UG 3rd Year	Apollo Institute of Medical Sciences and Research, Chittoor	111
7	Bharti Bhagyawani	PG Resident	B J Medical College, Ahmedabad	39
8	K Afreen Banu	UG 3rd Year	Bhaarat Medical College & Hospital	37
9	Gercy Carline	UG 3rd Year	BHARAT MEDICAL COLLEGE	23
10	Mahera R	UG 3rd Year	BHARAT MEDICAL COLLEGE	139
11	Uppaluri Lakshmi Naga Sai Sarvani	UG 2nd Year	Bhaskar Medical College, Yenkapally	35
12	V Miriam Mizpah Orchid	UG 3rd Year	Christian Medical College, Ludhiana	31
13	Mital Goswami	Senior Resident	CU Shah Medical College, Surendra Nagar	82
14	Amrita Legha	UG 2nd Year	Dayanand Medical College & Hospital, Ludhiana	43
15	Shruti Sharma	UG 2nd Year	Dayanand Medical College & Hospital, Ludhiana	42
16	Apeksha	UG 3rd Year	Dayanand Medical College & Hospital, Ludhiana	126
17	Suhas Bakaya	PG Resident	Dayanand Medical College & Hospital, Ludhiana	124
18	Daljit Kaur	PG Resident	Dayanand Medical College & Hospital, Ludhiana	162
19	Sarleen Kaur Arora	PG Resident	Dayanand Medical College & Hospital, Ludhiana	52
20	Prathima	UG 3rd Year	Dr BR Ambedkar Medical College, Bangalore	143
21	Saba Sultana	UG 3rd Year	Dr S STantia Medical College Hospital & Research Centre	44
22	Shefali Kaushik	UG 3rd Year	Dr S STantia Medical College Hospital & Research Centre	94
23	Sanya Chugh	UG 3rd Year	Dr S STantia Medical College Hospital & Research Centre	134
24	Shreya Patil	UG 2nd Year	Dr. D Y Patil Medical College, Hospital and Research Centre, Pimpri, Pune	90
25	Varsha Rajan	Senior Resident	Dr. Moopen s Medical College, Wayanad, Kerala	149
26	Abishek Harikumar Pillai	UG 2nd Year	Dr. Vithalrao Vikhe Patil Foundations Medical College & Hospital, Ahmednagar	101

27	Monalisha Deb	UG 1st Year	DRIEMS Institute of Health Sciences and Hospital, Kairapari	30
28	Tanishka Jain	UG 2nd Year	Gandhi Medical College, Bhopal	102
29	Alex Lrp Narzary	UG 2nd Year	Gauhati Medical College, Guwahati	60
30	Khushi M Jaiswal	UG 3rd Year	GMERS Medical College, Dharpur Patan	154
31	Riddhi Arvind Patel	UG 1st Year	GMERS Medical College, Sola, Ahmedabad	57
32	Yashika Chouhan	UG 3rd Year	Government Medical College, Dungarpur	70
33	Appu Rajosh	UG 3rd Year	Government Medical College, Kottayam	140
34	Chinky M	PG Resident	Government Medical College, Thrissur	84
35	Karan Rathad	UG 2nd Year	Gujarat Adani Institute of Medical Sciences, Bhuj	71
36	Mariam Khan	UG 3rd Year	Hamdard Institute of Medical Sciences & Research, New Delhi	58
37	Neha Sharma	UG 3rd Year	Himalayan Institute of Medical Sciences, Dehradun	51
38	Bhumika Pathak	UG 3rd Year	Himalayan Institute of Medical Sciences, Dehradun	142
39	Nivetha.K	PG Resident	Indira Gandhi Medical College & Research Institute, Puducherry	144
40	Asmi Shekhar	UG 1st Year	Instt. Of Medical Sciences & SUM Hospital, Bhubaneswar	47
41	Ipsita Bhattacharya	UG 3rd Year	Jagannath Gupta Institute of Medical Sciences & Hospital, Kolkata	25
42	Juhi Raut	PG Resident	Jawaharlal Nehru Medical College, Sawangi (Meghe), Wardha	66
43	Farha Mohammed	PG Resident	Kasturba Medical College, Mangalore	77
44	Sheikh Malaika Kalia	UG 3rd Year	Katihar Medical College, Katihar	156
45	Syeda Lena	UG 3rd Year	Khaja Bandanawaz University - Faculty of Medical Sciences, Gulbarga	113
46	Nazeeha Surkhi	UG 3rd Year	KMCH Institute of Health Sciences and Research, Coimbatore	49
47	Ananya Gupta	UG 3rd Year	Lady Hardinge Medical College, New Delhi	135
48	Dhun Chhabra	UG 1st Year	Lokmanya Tilak Municipal Medical College, Sion, Mumbai	74
49	RushdhaThanikatt	UG 2nd Year	M E S Medical College , Perintalmanna Malappuram Distt.Kerala	50
50	Khushi Sharma	UG 2nd Year	M G M Medical College, Indore	63
51	Pooja Patil	UG 3rd Year	Mahadevappa Rampure Medical College, Kalaburagi, Gulbarga	48
52	Robin Dhiman	UG 2nd Year	Maharishi Markandeshwar Medical College & Hospital, Solan	59
53	Devyani Wanjari	Senior Resident	Mahatma Gandhi Institute of Medical Sciences, Sevagram, Wardha	78
54	Vivek Trivedi	UG 2nd Year	Mahatma Gandhi Missions Medical College, Aurangabad	148
55	Kibriya Vali	UG 2nd Year	Mallareddy Medical College for Women, Hyderabad	100
56	Anshita Mishra	PG Resident	Maulana Azad Medical College, New Delhi	26

57	Nivisha Kulshreshtha	UG 2nd Year	Naraina Medical College & Research Centre	136
58	Tisha Singh	UG 3rd Year	National Institute of Medical Science & Research, Jaipur	36
59	Rishank Shahi	PG Resident	Netaji Subhash Chandra Bose Medical College, Jabalpur	88
60	Bhavya Bharti	UG 1st Year	North Delhi Municipal Corporation Medical College, Delhi	32
61	Parmar Kuldeep Singh H	UG 2nd Year	Parul Institute of Medical Sciences & Research, Vadodara	24
62	Pradhyumn Purohit	UG 3rd Year	Peoples College of Medical Sciences & Research Centre, Bhanpur, Bhopal	76
63	Aakriti Verma	PG Resident	Peoples College of Medical Sciences & Research Centre, Bhanpur, Bhopal	116
64	Amit Abasaheb Mane	PG Resident	Pimpri Chinchwad Municipal Corporation PG Institute, Pimpri	107
65	Shubhangi Ramdas Padole	UG 2nd Year	Prakash Institute of Medical Sciences & Research, Sangli	128
66	Marvel K Soman	PG Resident	Rajarajeswari Medical College & Hospital, Bangalore	158
67	Sneha Sindhu	UG 3rd Year	Rajendra Institute of Medical Sciences, Ranchi	33
68	Pratham Arya	UG 3rd Year	Rajendra Institute of Medical Sciences, Ranchi	65
69	Hiba Intakhab	UG 3rd Year	Rajshree Medical Research Institute, Bareilly	34
70	Nalasa Lepcha	UG 2nd Year	Regional Institute of Medical Sciences, Imphal	155
71	Aseem Gupta	UG 3rd Year	S N Medical College, Agra	127
72	Soowrish S	UG 2nd Year	Saveetha Medical College and Hospital, Kanchipuram	137
73	Biswajita Panda	PG Resident	SCB Medical College, Cuttack	96
74	Nisha	UG 1st Year	Shaikh-UL-Hind Maulana Mahmood Hasan Medical College, Saharanpur	73
75	Venu Singh	UG 3rd Year	Shaikh-UL-Hind Maulana Mahmood Hasan Medical College, Saharanpur	103
76	Abhishek Chandran	UG 3rd Year	Sree Narayana Instt. of Medical Sciences, Chalakka, Ernakulam	112
77	Rachana Pai	UG 3rd Year	Sri Devaraj URS Medical College, Kolar	45
78	Anasuya Mishra	UG 2nd Year	Sri Jagannath Medical College & Hospital, Puri	105
79	Sai Madhura Shastri	UG 1st Year	Sri Madhusudan Sai Institute of Medical Sciences and Research	64
80	Ganapathy Narayana Arul	PG Resident	Sri Ramachandra Medical College & Research Institute, Chennai	38
81	Haripreta. C	UG 3rd Year	Sri Venkateswara Medical College, Hospital & Research Centre, Pondicherry	62
82	Parthasarathy	UG 2nd Year	Srinivasan Medical College and Hospital	157
83	Astha Gupta	UG 3rd Year	Sukh Sagar Medical College & Hospital, Jabalpur	133
84	Fathima Naba	UG 2nd Year	Travancore Medical College, Kollam	141
85	Pratigya Gupta	UG 2nd Year	University College of Medical Sciences & GTB Hospital, New Delhi	56
86	Chaitanya Tanwar	UG 2nd Year	Vardhman Mahavir Medical College & Safdarjung Hospital, Delhi	120

87	Kanishka Bhat	UG 2nd Year	Veer Chandra Singh Garhwali Govt. Medical Sc. & Research Instt, Srinagar, Pauri Garhwal	22
88	Vidhi	UG 3rd Year	World College of Medical Sciences & Research, Jhajjar, Haryana	115
89	Lalremruati	UG 3rd Year	Zoram Medical College, Mizoram	105

Annexure-II

List of Collage Entries Selected for Publication

Sr. No.	Student's Name	Designation	College/Institute	Pg No.
1	Anjali Kumari	UG 3rd year	Agartala Government Medical College, Agartala	108
2	Anjana Kamath	UG 2nd year	Amala Institute of Medical Sciences, Thrissur	80
3	Kashish Agarwal	UG 3rd year	Geetanjali Medical College & Hospital, Udaipur	118
4	Dhruvkumar Gamit	UG 3rd year	GMERS Medical College, Sola, Ahmedabad	8
5	Sumana Patra	UG 3rd year	Gouri Devi Institute of Medical Sciences and Hospital, Durgapur	68
6	Bhawna Jain	UG 2nd year	Government Medical College Ramanathapuram	98
7	Sasmitaa S	UG 3rd year	Government Medical College, Dindigul	164
8	Ribhu Patra	UG 3rd year	ICARE Institute of Medical Sciences & Research, Haldia, Purba Midanpore	(v)
9	S S Mohamed Safiq	UG 2nd year	Indira Medical College & Hospitals, Thiruvallur	12
10	Juhi Raut	PG Resident	Jawaharlal Nehru Medical College, Sawangi (Meghe), Wardha	92
11	Vaibhav Chandra	PG Resident	Jawaharlal Nehru Medical College, Sawangi (Meghe), Wardha	Front page
12	Nipun V Murali	PG Resident	Kasturba Medical College, Mangalore	152
13	Pavithra M V	UG 2nd year	KMCH Institute of Health Sciences and Research, Coimbatore	54
14	Arushi Kumar	PG Resident	Lady Hardinge Medical College, New Delhi	146
15	Gireesh G D	UG 1st year	M S Ramaiah Medical College, Bangalore	130
16	Shweta Sharma	UG 3rd year	School of Medical Sciences & Research, Greater Noida	86
17	Ananya Vernekar	UG 2nd year	Shri B M Patil Medical College, Hospital & Research Centre, Vijayapura (Bijapur)	40
18	Subathira Devi V	UG 2nd year	Sri Manakula Vinayagar Medical College & Hospital, Pondicherry	20
19	Akriti Shah	UG 2nd year	Sukh Sagar Medical College & Hospital, Jabalpur	28
20	Parnika Sharma	UG 3rd year	Symbiosis Medical College for Women, Pune	Back page
21	Aditya Narayan	UG 3rd year	Uttar Pradesh University of Medical Sciences, (Prev. UP Rural Inst. of Med. Sc & R) Etawah	160
22	Rhydham Bindal	UG 2nd year	Vardhman Mahavir Medical College & Safdarjung Hospital, Delhi	122

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

Annexure-III
List of Judges for Essay

Sr. No.	Name	College/Institute/Organization
1	Priyanka Sahu	Shri Balaji Institute Of Medical Science
2	Grishma Dinesh Chauhan	Sbks Medical Instt. & Research Centre, Vadodara
3	Kapil Goel	Postgraduate Institute Of Medical Education & Research, Chandigarh
4	Meely Panda	All India Institute Of Medical Science, Bibinagar Hyderabad
5	Devi Madhavi Bhimarasetty	Rangaraya Medical College, Kakinada
6	Lisa Sarangi	Hi-Tech Medical College & Hospital, Bhubaneswar
7	Anshu Mittal	Maharishi Markandeshwar Institute Of Medical Sciences & Research, Mullana, Ambala
8	Sanjay S Agarwal	Government Medical College, Vidisha, Mp
9	Essor Sadhana Awasthi	Government Medical College (Prev.Uttarakhand Forest Hospital Trust Med.Col.), Haldwani
10	Lipilekha Patnaik	Instt. Of Medical Sciences & Sum Hospital, Bhubaneswar
11	Aparajita Abhinava Shukla	Smt. N.H.L.Municipal Medical College, Ahmedabad
12	Timsi Jain	Sri Muthukumaran Medical College, Chennai
13	Sarit Sharma	Dayanand Medical College & Hospital, Ludhiana
14	Prasad Dnyandeo Pore	Bharati Vidyapeeth Deemed University Medical College & Hospital, Sangli
15	Rk Baxi	Medical College, Baroda
16	Gurmeetsingh	Maharishi Markandeshwar Medical College & Hospital, Solan
17	Bobby Joseph	St. Johns Medical College, Bangalore
18	Sanjeev Mahajan	Government Medical College, Amritsar
19	Rakesh Bahl	Government Medical College, Jammu
20	Johnson Cherian	All India Institute Of Medical Sciences Madurai
21	Shaili Vyas	Himalayan Institute Of Medical Sciences, Dehradun
22	Neeti Rustagi	All India Institute Of Medical Sciences Jodhpur
23	Pracheth R	National Institute Of Mental Health & Neuro Sciences, Bangalore
24	Rupa Sharma	R N T Medical College, Udaipur
25	Renu Agrawal	S N Medical College, Agra
26	Rekha Dutt	All India Institute Of Medical Sciences Kalyani

27	Tulika Singh	Indira Gandhi Institute Of Medical Sciences,Sheikhpura, Patna
28	Pragti Chhabra D	University College Of Medical Sciences & Gtb Hospital, New Delhi
29	Praveen Kulkarni	Jss Medical College, Mysore
30	Kalpana Kale	Government Medical College, Miraj
31	Jayanti Acharya	Bhaskar Medical College, Yenkapally
32	Sairu Philip	Government Medical College, Kottayam
33	Ksuvetha	Psg Institute Of Medical Sciences, Coimbatore
34	Kavita Vasudevan	Indira Gandhi Medical College & Research Institute, Puducherry
35	Mbuvnesh Kumar	Saveetha Medical College And Hospital, Kanchipuram
36	Ravi Kiran Pal	Jiet Medical College Jodhpur
37	Jarina Begum	Manipal Tata Medical College,Baridih Jameshedpur
38	Essor K Bhavani	Government Medical College, Vikarabad
39	Chanasekhar Valleppalli	Svims - Sri Padmavathi Medical College For Women, Alipiri Road, Tirupati
40	Seema Jain	Llrn Medical College, Meerut
41	Paragkumar Chavda	Gmers Medical College, Gotri, Vadodara
42	Medha Mathur	Geetanjali Medical College & Hospital,Udaipur
43	Sudip Bhattacharya	Aiims Deoghar
44	Meenal Madhukar Thakare	All India Institute Of Medical Sciences, Bilaspur
45	Manasi Shekhar Padhyegurjar	Smbt Institute Of Medical Sciences & Research Centre, Nandihills, Nashik
46	Yashowardhan Vijaykumar Totala	Dr.Vasantrao Pawar Med. Col. Hosp. & Research Centre,Nasik (Prev. Ndmvp Samaj Medical College)
47	Hemangini K Shah	Goa Medical College, Panaji
48	Praveen Ganganahalli	Shri B M Patil Medical College, Hospital & Research Centre, Vijayapura(Bijapur)
49	D Shobha Malini	Jajati Keshari Medical College Jajapur
50	Akhil R Nair	Smbt Institute Of Medical Sciences & Research Centre, Nandihills, Nashik
51	Umesh Gajanan Kawalkar	Government Medical College, Akola
52	Karthik Balajee Laksham	Jawaharlal Institute Of Postgraduate Medical Education & Research, Puducherry
53	Nikita Savani	Swaminayan Institute Of Medical Sciences & Research, Gandhi Nagar
54	Sumanth Mm	Mysore Medical College And Research Instt. (Prev.Name Government Medical College), Mysore
55	Poonam Prakash Shingade	Employees State Insurance Corporation Medical College, Gulbarga
56	Chaneshkumar Markandprasad Pandya	Medical College, Baroda

57	Sahil Goyal	North Delhi Municipal Corporation Medical College, Delhi
58	Smita Santosh Chavhan	H.B.T. Medical College & Dr. R.N. Cooper Municipal General Hospital, Juhu, Mumbai
59	Balpreet Kaur	Government Medical College, Patiala
60	Reshma Patil	Symbiosis Medical College For Women, Pune
61	S Karthikeyan	Psg Institute Of Medical Sciences, Coimbatore
62	Shalli	All India Institute Of Medical Sciences, Vijaypur
63	Santosh Kumar Verma	Rajkiya Medical College Jalaun, Orai, Uttar Pradesh
64	Neeraj Bedi	Mahaveer Institute Of Medical Sciences & Research, Bhopal
65	Shailesh Gupta	Rama Medical College Hospital And Research Centre, Hapur
66	Ipsa Mohapatra	Kalinga Institute Of Medical Sciences, Bhubaneswar
67	Ashwini Chingale	Belagavi Institute Of Medical Sciences, Belagavi
68	Rakesh Narayan Patil	Smbt Institute Of Medical Sciences & Research Centre, Nandihills, Nashik
69	Twinkle Agrawal	St. Johns Medical College, Bangalore
70	Prasad J Waingankar	Mahatma Gandhi Missions Medical College, Navi Mumbai
71	Kannan	Sri Ramachandra Medical College & Research Institute, Chennai
72	Samudyatha Uc	Sri Devaraj Urs Medical College, Kolar
73	Amrut Arun Swami	Dr S S Tania Medical College Hospital & Research Centre, Sri Ganga Nagar
74	Mittal Rathod	Pandit Deendayal Upadhyay Medical College, Rajkot
75	Neelam Roy	Atal Bihari Vajpayee Institute Of Medical Sciences And Dr. Rml Hospital, New Delhi
76	Anjum John	Pushpagiri Institute Of Medical Sciences And Research Centre, Tiruvalla
77	Mohua Biswas	Dharanidhar Medical College & Hospital (Ddmch), Keonjhar,
78	Anurag Srivastava	Government Institute Of Medical Sciences, Kasna, Greater Noida
79	Malik Faizan Ahmad	Naraina Medical College & Research Centre, Kanpur
80	Inanil Acharya	Bhaskar Medical College, Yenkapally
81	Kishor Sochaliya	Cu Shah Medical College, Surendra Nagar
82	Leena Rahul Salunkhe	Dr. D Y Patil Medical College, Kolhapur
83	Renu Waghmare	Virendra Kumar Saklecha Government Medical College Neemuch
84	Amrita N Shamanewadi	Sapthagiri Institute Of Medical Sciences & Research Centre, Bangalore
85	Sushree Priyadarsini Satapathy	Government Medical College & Hospital (Renamed As Bhima Bhoi Medical College & Hospital), Balangir
86	Avinash Borkar	B.K.L. Walawalkar Rural Medical College, Ratnagiri

87	Denny Mathew John	Saveetha Medical College And Hospital, Kanchipuram
88	Jyoti Ashok Landge	Bharatratna Atal Bihari Vajpayee Medical College, Pune
89	Kenche Bhavani	Osmania Medical College, Hyderabad
90	Jairaj Singh Hanspal	Gautam Buddha Chikitsa Mahavidyalaya, Dehradun
91	Abhishek Kumar	Manipal Tata Medical College, Baridih Jharkhand
92	Krupal J Joshi	All India Institute Of Medical Sciences, Rajkot
93	Amulya N	Sri Chamundeshwari Medical College Hospital & Research Institute
94	Paramita Sengupta	All India Institute Of Medical Sciences, Kalyani
95	Geetu Singh	S N Medical College, Agra
96	Rashmi Yadav	Autonomous State Medical College Pratapgarh
97	Swati Shikha	Manipal Tata Medical College, Baridih Jharkhand
98	Sanjivani Vishwanath Patil	Bharati Vidyapeeth Deemed University Medical College & Hospital, Sangli
99	Satabdi Mitra	Kpc Medical College, Jadavpur, Kolkata
100	Ruesh Negi	Government Medical College (Prev. Uttarakhand Forest Hospital Trust Med. Col.), Haldwani
101	Varsha M Vaidya	Bharati Vidyapeeth University Medical College, Pune
102	Anum Fatima	Jaipur National University Institute Of Medical Sciences And Research Centre, Jagatpura, Jaipur
103	Mythily M R	Jss Medical College, Mysore
104	Kapu Ashok Kumar Reddy	Apollo Institute Of Medical Sciences And Research, Chittoor
105	Jyothi Vasudevan	Mahatma Gandhi Medical College & Research Institute, Pondicherry
106	Ashok Kumar	Jawaharlal Nehru Medical College, Ajmer
107	Saurabh Kumar	Jagadguru Gangadhar Mahaswamigalu Moorusavirmath Medical College, Hubballi
108	Mohammad Waseem Faraz Ansari	E.S.I.C. Medical College & Hospital, K.K. Nagar, Chennai Earlier Known As Esie Medical College & Pgimsr, K.K Nagar, Chennai
109	Oliver Vincent Dsouza	Father Mullers Medical College, Mangalore
110	Deep Shikha	Himalayan Institute Of Medical Sciences, Dehradun
111	Mahesh Tondare	Bidar Institute Of Medical Sciences, Bidar
112	Sanjev Dave	Autonomous State Medical College Society, Hardoi
113	Medhavi Agarwal	Rohilkhand Medical College & Hospital, Bareilly
114	Meghana Narenan	Symbiosis Medical College For Women, Pune
115	Prakruthi R A	Shri Atal Bihari Vajpayee Medical College & Research Institute, Bangalore
116	Nikhilkumar J Patel	Nootan Medical College And Research Centre, Mehsana

117	Sharon Baisil	Malankara Orthodox Syrian Church Medical College, Kolenchery
118	Tanvir Kaur Sidhu	Adesh Institute Of Medical Sciences & Research, Bhatinda
119	Kamran Farooq Qureshi	H.B.T. Medical College & Dr. R.N. Cooper Municipal General Hospital, Juhu, Mumbai
120	Mohan Kumar M	Kmch Institute Of Health Sciences And Research, Coimbatore
121	Viral R Dave	Gcs Medical College, Ahmedabad
122	Rashmi Kumari	Dr. Ram Manohar Lohia Institute Of Medical Sciences, Lucknow
123	Anwith H S	Kempegowda Institute Of Medical Sciences, Bangalore
124	Jayashree S Seeri	Bgs Global Institute Of Medical Sciences, Bangalore
125	Amit P Gujarathi	Smbt Institute Of Medical Sciences & Research Centre, Nandihills, Nashik
126	Sowndarya T A	Shridevi Institute Of Medical Sciences & Research Hospital, Tumkur
127	Chaitali Ashutosh Gore	Vydehi Institute Of Medical Sciences & Research Centre, Bangalore
128	Priyamadhaba Behera	All India Institute Of Medical Sciences, Bhubaneswar
129	Malatesh Undi	Karwar Institute Of Medical Sciences, Karwar
130	Dinesh Kumar	Pramukhswami Medical College, Karmsad
131	Joshi Bhavna Pramod	Shriramchandra Institute Of Medical Sciences, Chhatrapati Sambhajinagar
132	Deepak Narayan Tayade	Shriramchandra Institute Of Medical Sciences, Chhatrapati Sambhajinagar
133	Beeson Thomas	Shri Balaji Institute Of Medical Science, Raipur
134	Vijay Kumar Barwal	Indira Gandhi Medical College, Shimla
135	Ashok Kumar Srivastava	Himalayan Institute Of Medical Sciences, Dehradun
136	Anjali Mahajan	Indira Gandhi Medical College, Shimla
137	Shashwat Nagar	Dr. M.K. Shah Medical College & Research Centre, Ahmedabad
138	Anil Koparkar	All India Institute Of Medical Sciences Gorakhpur
139	Jay K Sheth	Narendra Modi Medical College, Ahmedabad (Formely Known As Ahmedabad Muncipal Coporation Medical Edu. Trust Medical College)
140	Akanksha Tomar	Netaji Subhash Chandra Bose Medical College, Jabalpur
141	Abhilash Sood	Dr. Radhakrishnan Government Medical College, Hamirpur, H.P
142	Vidisha Vallabh	Himalayan Institute Of Medical Sciences, Dehradun
143	Md Abu Bashar	All India Institute Of Medical Sciences Gorakhpur
144	Shalini Srivastava	School Of Medical Sciences & Research, Greater Noida
145	Harsh Mahajan	School Of Medical Sciences & Research, Greater Noida
146	Sikata Nanda	Government Medical College & Hospital (Renamed As Bhima Bhoi Medical College & Hospital), Balangir

147	V Damodaran	Madras Medical College, Chennai
148	Akhil Dhanesh Goel	All India Institute Of Medical Sciences Jodhpur
149	Kalpita Samrat Shringarpure	Medical College, Baroda
150	Ruma Maheswari	Madras Medical College, Chennai
151	Betsy A Jose	Pushpagiri Institute Of Medical Sciences And Research Centre, Tiruvalla
152	Akshay Minhas	Dr. Rajendar Prasad Government Medical College, Tanda, H.P
153	Shubha Db	Jjm Medical College, Davangere
154	Angelin Priya	Manipal Tata Medical College, Baridih Jameshedpur
155	Rajena Vishnu Awate	Ananta Institute Of Medical Sciences & Research Centre, Rajsamand
156	Tapobrata Guha Ray	Rg Kar Medical College, Kolkata
157	Niti Gahlot	Mahatma Gandhi Medical College And Hospital, Sitapur, Jaipur
158	Swapnil Tanaji Sangle	Government Medical College, Osmanabad
159	Sreeshma Pavithran	Manipal Tata Medical College, Baridih Jameshedpur
160	Govinao N Kusneniwar	All India Institue Of Medical Sciences Bibinagar Hyderabad Telangana
161	Shweta Rajpal	Era Lucknow Medical College , Lucknow
162	Rupesh Kumar	Government Medical College, Dungarpur
163	Shilpa K	Gadag Institute Of Medical Sciences, Mallasamudra, Mulgund Road, Gadag
164	Sunil Jangid	Namo Medical Education And Research Institute, Silvassa
165	Neha Sharma	Himalayan Institute Of Medical Sciences, Dehradun
166	Siddharam Metri	Hassan Institute Of Medical Sciences, Hassan
167	Prashant Solanke	Dr. Ulhas Patil Medical College & Hospital, Jalgaon
168	Sowjanya D	Shridevi Institute Of Medical Sciences & Research Hospital, Tumkur
169	V Bodhi Sri Vidya	Gitam Institute Of Medical Sciences And Research, Visakhapatnam
170	Shraddha Shripad Kulkarni	Bharatratna Atal Bihari Vajpayee Medical College, Pune
171	Vijay K Yalamanchili	Government Medical College, Machilipatnam
172	Meet Chauhan	Shantabaa Medical College, Amreli
173	Amrit Kaur Virk	Dr B R Ambedkar State Institute Of Medical Sciences, Sas Nagar , Mohali
174	Anjuman Chaudhary	Rajershi Dasrath Autonomous State Medical College, Ayodhya
175	Bharti Damajibhai Koria	Pandit Deendayal Upadhyay Medical College, Rajkot
176	Sujata Shirish Pol	Lokmanya Tilak Municipal Medical College, Sion, Mumbai

177	Balkrishna Bandu Adsul	Mahatma Gandhi Mission Medical College, Vashi
178	Devena Gour	Gandhi Medical College, Bhopal
179	Nikita Sharma	All India Institute Of Medical Sciences, Bilaspur
180	Sushantha	A J Institute Of Medical Sciences & Research Centre, Mangalore
181	Padma Bhatia	Gandhi Medical College, Bhopal
182	Asha B	S S Institute Of Medical Sciences& Research Centre, Davangere
183	Venu Ramkrishna Shah	Gcs Medical College, Ahmedabad
184	Gurmeet Kaur	Lady Hardinge Medical College, New Delhi
185	Maj. Ashlesha Tawde Kelkar (Retd.)	Mahatma Gandhi Missions Medical College, Navi Mumbai
186	Ambrish Mishra	Government Medical College, Seoni
187	Gaurav Kamboj	Kalpana Chawala Govt. Medical College, Karnal, Haryana
188	Subarna Sinha Mahapatra	Iq-City Medical College, Burdwan
189	Farzana Islam	Hamdard Institute Of Medical Sciences & Research, New Delhi
190	Kanica Kaushal	Institute Of Liver And Biliary Sciences, New Delhi
191	Maria Nelliyanil	A J Institute Of Medical Sciences & Research Centre, Mangalore
192	Adarshjot Kaur Toor	Government Medical College, Amritsar
193	Manish Taywade	All India Institute Of Medical Sciences Bhubaneswar
194	Vaidehi Gohil	Dr. M.K. Shah Medical College & Research Centre, Ahmedabad
195	Khushboo Juneja	Manipal Tata Medical College, Baridih Jharkhand
196	Vanishree Shriram	Sri Ramachandra Medical College & Research Institute, Chennai
197	Sudha Ramalingam	Psg Institute Of Medical Sciences, Coimbatore
198	Yash R Shah	Dr. M.K. Shah Medical College & Research Centre, Ahmedabad
199	Mc Vasantha Mallika	Travancore Medical College, Kollam
200	Prakash L Gattani	Dr. Shankarrao Chavan Govt. Medical College, Nanded
201	Pravin Yerpude	Government Medical College, Chhindwara, Mp
202	Nitika Sharma	Kalpana Chawala Govt. Medical College, Karnal, Haryana
203	Amey Dhatri,	Mahatma Gandhi Institute Of Medical Sciences, Sevagram, Wardha
204	Neha Agrawal	Autonomous State Medical College Society, Etah
205	Lalitha K	M S Ramaiah Medical College, Bangalore
206	Salve Shobha Bansi	Mahatma Gandhi Missions Medical College, Aurangabad

207	Kaushik Nag	Tripura Medical College And Dr. B R A M Teaching Hospital, Agartala
208	Mayavati Nannaware	Smt. Kashibai Navale Medical College And General Hospital,Pune
209	Thilak S A	Viswabharathi Medical College, Kurnool
210	Parmar Rajan Kesaji	Banas Medical College And Research Institute, Palanpur, Gujarat
211	Valavan A	Pondicherry Institute Of Medical Sciences & Research, Pondicherry
212	Anusha Rashmi	K S Hegde Medical Academy, Mangalore
213	Har Ashish Jindal	Postgraduate Institute Of Medical Education & Research, Chandigarh
214	Praveena Daya A	All India Institute Of Medical Sciences Madurai
215	Pidakala Mary Moses	Mamata Academy Of Medical Sciences, Bachupally
216	Shubham Girdhar	Al Falah School Of Medical Sciences & Research Centre, Faridabad
217	Anand S	Tirunelveli Medical College,Tirunelveli
218	Pradeep Kaswan	Employees State Insurance Corporation Medical College,Alwar
219	Telagareddy Divya Jyothi	Konaseema Institute Of Medical Sciences & Research Foundation, Amalapuram
220	Kotha Prasanna	Konaseema Institute Of Medical Sciences & Research Foundation, Amalapuram
221	E Srikaanth Reddy	Gsl Medical College, Rajahmundry
222	Renu Sulakhe	Konaseema Institute Of Medical Sciences & Research Foundation, Amalapuram
223	Sonam Kushwaha	Uttar Pradesh University Of Medical Sciences, (Prev. Up Rural Inst.Of Med.Sc&R) Etawah
224	Mitasha Singh	Dr. Baba Saheb Ambedkar Medical College, Rohini, Delhi
225	Aditi Gothi	Government Medical College, Dungarpur
226	Khan Amir Maroof	University College Of Medical Sciences & Gtb Hospital, New Delhi
227	Pavithra P	Hassan Institute Of Medical Sciences, Hassan
228	Ranu Rawat	Adesh Medical College And Hospital, Shahabad, Kurukshetra
229	Arshad Ayub	All India Institute Of Medical Sciences, Deoghar
230	Dharmesh Kumar Lal	Indian Council Of Medical Research
231	Cowshik E	Government Medical College ,Tiruppur
232	Pratik Ranjan Nayak	Dharanidhar Rath Institute Of Engineering And Medicinal Sciences
233	Kajari Bandyopdhyay	College Of Medicine And Sagore Dutta Hospital, Kolkata
234	Umang P Salodia	Government Medical College, Chittorgarh
235	Nitesh Chauhan	Amrita School Of Medicine, Faridabad
236	Manisha Verma	Namo Medical Education And Research Institute, Silvassa

237	Garima Sangwan	Kalpna Chawala Govt. Medical College, Karnal, Haryana
238	Sreelal T P	Dr. Moopen S Medical College, Wayanad, Kerala
239	Smrutiranjana Nayak	Kalinga Institute Of Medical Sciences, Bhubaneswar
240	Richa Gautam	Hamdard Institute Of Medical Sciences & Research, New Delhi
241	Prem Sagar Panda	Kalinga Institute Of Medical Sciences, Bhubaneswar
242	Rahul Taye Gam	Lakhimpur Medical College
243	Harjot Singh	Sri Guru Ram Das Institute Of Medical Sciences And Research, Sri Amritsar
244	Ronanki Mounika	Rajiv Gandhi Institute Of Medical Sciences, Srikakulam
245	Anga Venkata Suresh	Gayathri Vidya Parishad Institute Of Health Care & Medical Technology, Visakhapatnam
246	Pradip Kharya	All India Institute Of Medical Sciences Gorakhpur
247	Pradnya Jadhav	Rajiv Gandhi Medical College And Chhatrapati Shivaji Maharaj Hospital, Thane
248	Sasmita Pradhan	Scb Medical College, Cuttack
249	Dhaneswari Jena	Government Medical College, Sundargarh
250	Shweta Goswami	Maulana Azad Medical College, New Delhi
251	S Nancy	Vinayaka Missions Medical College, Karaikal, Pondicherry
252	Neha Dhingra	Christian Medical College, Ludhiana
253	Rajalakshmi M	Sri Manakula Vinayagar Medical College & Hospital, Pondicherry
254	Geethanjali S	Kilpauk Medical College, Chennai
255	S Lena Charlette	All India Institute Of Medical Sciences Madurai
256	Aravinda C	Thanjavur Medical College, Thanjavur
257	Atul Kumar Singh	Rama Medical College And Hospital , Kanpur
258	Abhay Kumar	Government Medical College, Purnea
259	Jai Pal Majra	Bps Government Medical College For Women, Sonapat
260	Deepa Ln	Sri Madhusudan Sai Institute Of Medical Sciences And Research, Chikaballapur
261	Ria Roy	Santiniketan Medical College, Bolpur
262	Mousumi Datta	Rg Kar Medical College, Kolkata
263	Swati Jarole	N.C. Medical College & Hospital, Panipat
264	Dhaval Vinodchana Mahadevwala	Pacific Medical College & Hospital, Bhilo Ka Bedla, Udaipur
265	Rini Raveenan	Government Medical College, Thrissur
266	Arun Kumar Pandey	Katihar Medical College, Katihar

267	Shubha Db	Jjm Medical College, Davangere
268	Rashmi Ranjan Barik	Driems Institute Of Health Sciences And Hospital, Kairapari
269	Seema Sharma	Maharaja Agrasen Medical College, Agroha
270	H Shalini	Jjm Medical College, Davangere
271	Hetal Lalitkumar Kaku	Acs Medical College And Hospital, Chennai
272	Pragadeesh Raja	Father Mullers Medical College, Mangalore
273	Satyajit Pattnaik	Instt. Of Medical Sciences & Sum Hospital, Bhubaneswar
274	Visweswara Rao Guthi	Svims - Sri Padmavathi Medical College For Women, Alipiri Road, Tirupati
275	Jalindar Pandurang Baravakar	Dr. Vithalrao Vikhe Patil Foundations Medical College & Hospital, Ahmednagar
276	Mancesh Bhatt	Soban Singh Jeena Government Institute Of Medical Science & Research, Almora
277	Salil Dube	Government Medical College, Pali, Rajasthan
278	Steffi Ann Varughese	Travancore Medical College, Kollam
279	Patruni Manoj	Rajiv Gandhi Institute Of Medical Sciences, Srikakulam
280	Shruti Shastri	Seth Gs Medical College, And Kem Hospital, Mumbai
281	Aswan Gaddala	Government Medical College, Ongole (Previously Known As Rajiv Gandhi Institute Of Medical Sciences, Ongole,)
282	Kalaivani Annadurai	Bhaarat Medical College & Hospital
283	Ipsita Debata	Kalinga Institute Of Medical Sciences, Bhubaneswar
284	Santraj Ram	Autonomous State Medical College Society Ghazipur
285	Jeny M Mundodan	Government Medical College, Manjeri, Malapuram Dist.
286	Rajath Rao Ur	Kasturba Medical College, Mangalore
287	Sinjita Dutta	Institute Of Postgraduate Medical Education & Research, Kolkata
288	Nitu Kumari	World College Of Medical Sciences & Researc, Jhajjar, Haryana
289	Saurabh Rambiharilal Shrivastava	Datta Meghe Medical College, Nagpur
290	Arun Kumar	Dr Sn Medical College, Jodhpur
291	Debayan Podder	Raiganj Government Medical College & Hospital, Raiganj
292	S Sukanathan Soundararajan	Psg Institute Of Medical Sciences, Coimbatore
293	Tirupathi Sushmitha	Gandhi Medical College, Secunderabad
294	Krunal Modi	Gmers Medical College, Dharpur Patan
295	Sharmistha Bhattacharjee	North Bengal Medical College, Darjeeling
296	Deepshikha Kamra	Christian Medical College, Ludhiana

297	Bhaskari Kolli	Government Medical College, Ongole (Previously Known As Rajiv Gandhi Institute Of Medical Sciences, Ongole,)
298	Tuhina Shree	Employees State Insurance Corporation Medical College, Alwar
299	Deepak Kumar	Maharishi Markandeshwar Medical College & Hospital, Solan
300	P J Srinivas	Andhra Medical College, Visakhapatnam
301	Sumana Gopichand	Government Medical College, Ananthapuram
302	Mukesh Sharma	Autonomous State Medical College Firozabad
303	Richa Singh	Moti Lal Nehru Medical College, Allahabad
304	Sulagna Das	Burdwan Medical College, Burdwan
305	Sapna Shridhar Patil	Taylor's University
306	Sofia Noor	Late Shri Lakhi Ram Agrawal Memorial Govt. Medical College, Raigarh
307	Rakesh K Nayak	Sdm College Of Medical Sciences & Hospital, Sattur, Dharwad
308	Frederick Satiro Vaz	Goa Medical College, Panaji
309	Bhavna Langer	Government Medical College, Jammu
310	Prasanna Thirunavukkarasu	All India Institute Of Medical Sciences, Jodhpur
311	Vijayakarthiskeyan M	Vinayaka Missions Kirupananda Variyar Medical College, Salem
312	Kalika Gupta	Ananta Institute Of Medical Sciences & Research Centre, Rajsamand
313	Rupali Vishal Sabale	Seth Gs Medical College, And Kem Hospital, Mumbai
314	Neha Upadhyai	Graphic Era Institute Of Medical Sciences
315	Pratima Matli	Chalmeda Anand Rao Institute Of Medical Sciences, Karimnagar
316	Ranjana B Zade	Rajiv Gandhi Medical College And Chhatrapati Shivaji Maharaj Hospital, Thane
317	Jithin Surenan	Kasturba Medical College, Mangalore
318	Shweta Mangal	Mahatma Gandhi Medical College And Hospital, Sitapur, Jaipur
319	Shalki Mattas	Shri Guru Ram Rai Institute Of Medical & Health Sciences, Dehradun
320	Pramita Muntode Gharde	Jawaharlal Nehru Medical College, Sawangi (Meghe), Wardha
321	G Rakesh Maiya	St Peters Medical College, Hospital & Research Institute
322	Romy Biswas	Coochbehar Government Medical College & Hospital, Coochbehar
323	Mohit Sharma	Punjab Institute Of Medical Sciences, Jalandhar
324	Din Prakash Ranjan	Raichur Institute Of Medical Sciences, Raichur
325	Ranjana Singh	Noida International Institute Of Medical Sciences
326	Mouna H S	Apollo Institute Of Medical Sciences And Research, Chittoor

327	Dewesh Kumar	Rajendra Institute Of Medical Sciences, Ranchi
328	Chinta V Mahesh Kumar	Maharajah Institute Of Medical Sciences, Vizianagaram
329	Gagan Deep Kaur	Uttar Pradesh University Of Medical Sciences, (Prev. Up Rural Inst.Of Med.Sc&R) Etawah
330	Priya Pasupathy	Madras Medical College, Chennai
331	Deep Shikha	Himalayan Institute Of Medical Sciences, Dehradun
332	Tony Lawrence	Government Medical College, Konni
333	Aurobindo Samantaray	Driems Institute Of Health Sciences And Hospital, Kairapari
334	Sandeep G Yankanchi	Shri B M Patil Medical College, Hospital & Research Centre, Vijayapura (Bijapur)
335	Jannatbi Iti	Gadag Institute Of Medical Sciences, Mallasamudra, Mulgund Road, Gadag
336	Dipak Pal	Kpc Medical College,Jadavpur,Kolkata
337	Mehul Ramanbhai Patel	Nootan Medical College And Research Centre, Mehsana
338	Manoj Aravind Bhumi	Andhra Medical College, Visakhapatnam
339	Meenal Vinay Kulkarni	N. K. P. Salve Instt. Of Medical Sciences And Research Centre And Lata Mangeshkar Hospital, Nagpur
340	Hemlata Gorakh Rokade	Government Medical College, Osmanabad
341	Roma Sohil Dadwani	Cu Shah Medical College, Surendra Nagar
342	Gowri Shankar	S. Nijalingappa Medical College & Hsk Hospital & Research Centre, Bagalkot
343	Pallepogu Divya	Government Medical College, Ongole (Previously Known As Rajiv Gandhi Institute Of Medical Sciences, Ongole,)
344	Sudha Sharma	Maharani Laxmi Bai Medical College, Jhansi
345	Spandana Pamidi	Government Medical College, Ongole (Previously Known As Rajiv Gandhi Institute Of Medical Sciences, Ongole,)
346	Sanjeev Kumar	All India Institute Of Medical Sciences, Bhopal
347	Priya A Warbhe	Dr. Panjabrao Alias Bhausaheb Deshmukh Memorial Medical College, Amravati
348	Ramnika Aggarwal	All India Institute Of Medical Sciences , Bathinda
349	Naidana Partha Sarathy	Alluri Sitaram Raju Academy Of Medical Sciences, Eluru
350	Suprakash Mandal	Government Institute Of Medical Sciences, Kasna, Greater Noida
351	Joy Patricia Pushparani	Karuna Medical College, Palakkad
352	Sachin Kumar Patil	Manipal Tata Medical College,Baridih Jameshedpur
353	Pratibha Gupta	Rajarshi Dashrath Autonomous State Medical College Ayodhya
354	Sneh Kumari	Maharaja Agrasen Medical College, Agroha
355	Sunita Parshuram Pawar	Dr.Vasantrao Pawar Med. Col. Hosp. & Research Centre,Nasik (Prev. Ndmvp Samaj Medical College)
356	Aija Roy	Apollo Institute Of Medical Sciences And Research, Hyderabad

357	Arun Kumar	Shaheed Hasan Khan Mewati Government Medical College, Nalhar
358	Annu Antony	Al-Azhar Medical College And Super Speciality Hospital, Thodupuzha
359	Krishna Mishra	Kalinga Institute Of Medical Sciences, Bhubaneswar
360	Umesh Ramadurg	S. Nijalingappa Medical College & Hsk Hospital & Research Centre, Bagalkot
361	Sonal Onkar Dayama	Employees State Insurance Coporation Medical College, Sanath Nagar, Hyderabad
362	Rachana Ar	Karwar Institute Of Medical Sciences, Karwar
363	Namrata Abhijit Acharya	Government Medical College, Latur
364	Soram Goutam	Shija Academy Of Health Sciences, Imphal
365	Mohd Maroof	Government Allopathic Medical College, Banda
366	Madhura Dhananjay Ashturkar	Maharashtra Institute Of Medical Education & Research, Talegaon, Pune
367	Latika Nath Sinha	Government Medical College, Pali
368	Anil Bindu S	Sree Gokulam Medical College Trust & Research Foundation, Trivandrum
369	Phaneena	Sri Madhusudan Sai Institute Of Medical Sciences And Research
370	Paras Rahulbhai Mehta	Government Medical College, Surat
371	Mehar Bano	Maharani Laxmi Bai Medical College, Jhansi
372	Abhishek Tiwari	Moti Lal Nehru Medical College, Allahabad
373	Manoj Kumar Verma	Dr Sn Medical College, Jodhpur
374	Naveen Ramesh	St. Johns Medical College, Bangalore
375	Parul Sharma	GMERS Medical College, Dharpur Patan
376	Nirmal Sujitha Ij	Vinayaka Missions Kirupananda Variyar Medical College, Salem
377	Neelakanti Rajashekar	VELS Medical College & Hospital, Tiruvallur
378	Sphurti Uday Chate	Symbiosis Medical College For Women, Pune
379	G Gnanamani	Vinayaka Missions Medical College, Karaikal, Pondicherry
380	Chhaya Mittal	Shaikh-UI-Hind Maulana Mahmood Hasan Medical College, Saharanpur
381	A Revanth Kumar	Noida International Institute Of Medical Sciences
382	Priti Solanky	GMERS Medical College, Valsad
383	Lavanya K M	GSL Medical College, Rajahmundry
384	Jannath Hameeda Banu	Stanley Medical College, Chennai
385	Samyak Sahu	Veer Surendra Sai Institute Of Medical Sciences And Research, Burla
386	Ratnesh Sinha	Manipal Tata Medical College, Baridih Jamedshedpur

387	Rajsinh Vishwasrao Mohite	Krishna Institute Of Medical Sciences, Karad
388	Soumya Swaroop Sahoo	All India Institute Of Medical Sciences, Bathinda, Punjab
389	Dhruvena Pandey	Government Medical College, Ratlam
390	R Gangelin	SRM Medical College Hospital & Research Centre, Chengalpattu
391	Rupesh Sahu	Government Medical College, Chhindwara
392	Suthanthira Kannan	E.S.I.C. Medical College & Hospital, K.K. Nagar, Chennai Earlier Known As ESIC Medical College & PGIMSR, K.K Nagar, Chennai
393	Harshal Sabane	SSR Medical College, Mauritius

Annexure-IV

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. Jahnvi	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 Rasanias	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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अंतः अस्ति प्रारंभः

The end is the beginning.



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