

SWOT Analysis of Family Adoption Program (FAP) & Strengthening Families through Support: Perspective of Faculties of Community Medicine, Odisha

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ABSTRACT

Background: Family Adoption Programme (FAP) is a new initiative in medical education in India to provide medical students hands on experience in community-based health care. To find out the perceptions of faculty regarding various strengths, weaknesses, opportunities, and threats of the Family adoption programme implemented in the UG curriculum by SWOT analysis. To determine the various positive aspects and various challenges for conducting FAP in medical colleges among faculty members.

Methods: A cross-sectional observational study was carried out among the Community Medicine faculty representatives from 14 medical colleges in Odisha state. A structured questionnaire formed in Google Forms was sent to them through their mail ID and WhatsApp. A total of 130 faculty members from 14 colleges responded by filling out the survey form. Those who did not give consent and were not interested in participating in this study were excluded from the study.

Results: Out of the 130 faculty members, 56(43.1%) Assistant Professors and 14 (10.8%) Professors responded to the survey. Majority of them 115(88.5%) responded that early community exposure to students followed by more scope for interaction with the family i.e. 106(81.5%) was considered as the external opportunities by FAP. Lack of transport, no clarity over timing and scheduling, over over-expectation of the family from the students were the potential challenges & threats, which were opined by 107(82.3%), 85(65.4%) & 34(26.2%) of participants, respectively.

Conclusion: By addressing weaknesses, capitalizing on opportunities, and mitigating threats, FAP can better serve adoptive families and provide care at their door step as believed by various faculties.

Key-words: Family Adoption Program (FAP), Faculty, Holistic, NMC, Opportunities

INTRODUCTION

Family Adoption Program (FAP) being a new initiative in medical education in India was introduced by NMC.

Proposal to include FAP within the CBME curriculum is to instill humanistic qualities and understanding the social determinants of health. It's a longitudinal program spanning across the first, second, and third professional part 1 MBBS. Under the FAP, each medical student is assigned to families in a rural community-for providing them preventive and primary care services ^[1].

Its importance is to orient students towards primary health care by developing their interpersonal communication and clinical skills. Besides this, also to develop compassionate, patient-centred physicians with

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a comprehensive understanding of their patients' (daily challenges & social contexts) who live beyond medical conditions. This first-hand experience facilitates a more empathetic approach to healthcare delivery and allows students to appreciate the importance of holistic patient care [2,3].

Under the FAP, a village outreach initiative has been established, with the Community Medicine department taking the lead and involving faculties, social workers, and support staffs. Every student shall mandatorily adopt a minimum of 3 families and ideally 5. During the Medical UG training program starting from 1st Prof. MBBS to 3rd Prof. Part-1. Total 20 visits 1st yr-9 visits (27hrs), 2nd yr-6 visits (30 hrs) & 3rd Yr-5 visits (21 hrs). Preferably, the villages included must not be covered under the PHCs adopted by the medical college, and transit time from the college to the site is less than 2 hours. Students are divided into teams, and 5 families are allocated per student [2,4].

In our area, no studies related to the family adoption program have been conducted so far, so to assessed the perspectives of the faculty of Community Medicine. So, we have conducted this study to find out the perceptions of faculty regarding various strengths, weaknesses, opportunities, and threats of the Family adoption programme implemented in the UG curriculum by SWOT analysis. To determine the various positive aspects and various challenges for conducting FAP in medical colleges among faculty members.

MATERIALS AND METHODS

Research design- This is a cross-sectional observational study, which was conducted in the Department of Community Medicine of Bhima Bhoi Medical College and Hospital, Balangir, Odisha, India. for 3 months from 1st February, 2024 to 30th April 2024. It was carried out among the Community Medicine faculty representatives from 14 medical colleges in Odisha state. A universal sampling method was used.

Inclusion criteria- Those who have filled up the Google form after giving consent were included in the study.

Exclusion criteria- Those who did not fill up the form and did not show interest in this survey.

Methodology- The Principal investigators along with the teams of Bhima Bhoi medical College and Hospital,

Balangir, Odisha had prepared a structured questionnaire including the parameters like advantages & challenges of FAP, measures to improve FAP, acceptance of the students by the family, role and readiness of faculty, policy decisions regarding FAP. This Questionnaire was prepared in Google Forms and sent to the various faculties of the Department of Community Medicine of the Government. & Private Medical Colleges of Odisha, India, through the mail and on their WhatsApp. The total medical colleges in the state of Odisha is 14. The total faculties responded (sample size) was 130.

Statistical analysis- Data was entered in Microsoft Excel, and analysis was carried out using SPSS version 21. Categorical variables were represented in the form of frequency & Percentage.

Ethical approval- Approval for the study was obtained by the institutional ethics committee, School of Bhima Bhoi Medical College & Hospital, Balangir, Odisha, India.

RESULTS

Out of 130 faculties those who responded among them majority of the faculty were of the post of assistant professor which was 43.1% followed by 26.9% senior residents responded to this survey (Fig. 1).

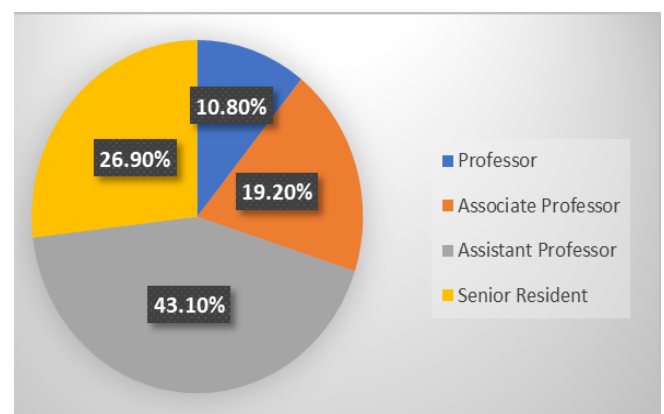


Fig. 1: Faculty position of Study Respondents (n=130)

Table 1 shows that majority of the faculties i.e. 115(88.5%) reported that this FAP activities will help early community exposure to students & 106 (81.5%) of the faculties opined that there was more scope for interaction with the family which according to them was found to be the most important internal strength of the program. Whereas 45 (34.6%) reported that this could be

helpful to find a new catchment area for the hospitals. 72(55.4%) faculty members stated that students by these activities provided students with the opportunity to

focus on health rather than diseases, which was an external opportunity for both the students and the hospital.

Table 1: Response to internal strength and external opportunities on FAP among faculties (N=130)

Parameters	Frequency (%)
Early community exposure to students	115 (88.5%)
More scope for interaction with the family	106 (81.5%)
Long-term, full-fledged extension of Family Health Study	102 (78.5%)
Provides a long-term, holistic insight into the health of the family	98(75.4%)
Helps the students understanding the public perception of health & community medicine subject	86(66.2%)
Creates relevance and interest for academics among students	75(57.7%)
Provides an Opportunity to the Students to focus on “health” rather than “disease”	72(55.4%)
Opportunity to form long-lasting bonds with the families	60(46.2%)
New catchment area for hospitals	45(34.6%)

Table 2 shows that 107 (82.3%) of the faculties reported that lack of transport, logistics & supporting staff was the primary factor for improper implementation of FAP in medical colleges. The most common threat for carrying out FAP was reported to be overburden of the faculties by various departmental activities as reported by

60(46.2%) of faculties. 26.2% members responded that families are not supportive and available during the time of visit, as they thought that they didn't get much benefit from this programme. 6.9% of the faculty reported that there was reluctance amongst them to go to the field with the students.

Table 2: Response to potential challenges and threats on FAP by Faculties (N=130)

Parameter	Frequency (%)
Lack of transport, logistics and supportive staff	107(82.3%)
No clarity over timing and scheduling	85(65.4%)
Too early for first-year students; risk of losing confidence and relevance	78(60%)
Over expectations of the family from the students	68(52.3%)
Shortage of faculty in medical colleges	60(46.2%)
Overburdened with other responsibilities	60(46.2%)
Families not always available & supportive	34(26.2%)
Too many new initiatives at once by NMC	30(23.1%)
The reluctance of faculty to go into the field	9(6.9%)

Fig. 2 represents that on assessing the positive aspects of carrying out FAP in medical curriculum by Likert scale it was assessed that most of the faculties (83.1%) strongly agreed that the initiative taken by NMC is making students exposure early to the community. 75.4 of % faculty strongly agreed and were of the view that this led to more scope for interaction among the students. There were mixed responses among the faculties related to

FAP whether it would provide opportunity to focus on health rather than disease. It was found that 25.4% disagreed, and 19.2% strongly disagreed with this opinion. Even Opportunity to form long lasting bonds with family by FAP was disagreed by 30.8% of the faculties and strongly disagreed by 23.1% faculties (Fig. 2).

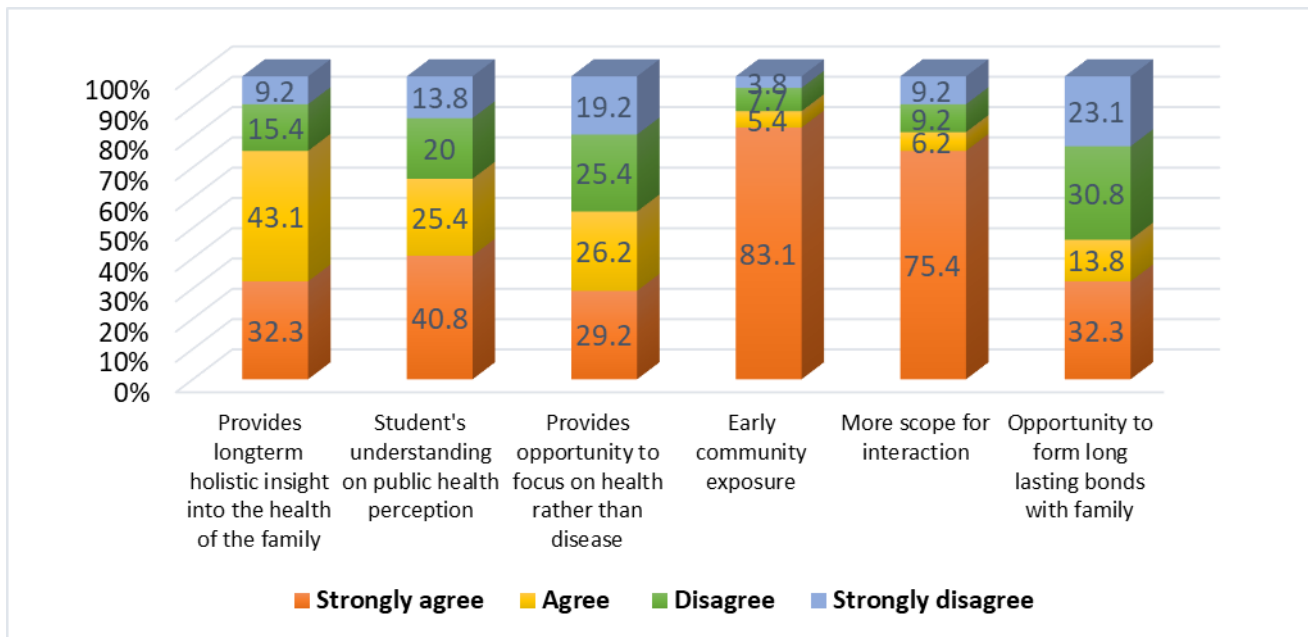


Fig. 2: Responses to positive aspects of FAP among faculty members (Likert scale)

Fig. 3 illustrates the responses of the faculties regarding the potential challenges in carrying out FAP successfully in colleges by Likert scale. It was observed that 38.5% of the faculty strongly agreed that there was a lot of over-

expectation from the families. 34.6% of the participants strongly disagreed that it was not the right time to create an impression in the student's mind.

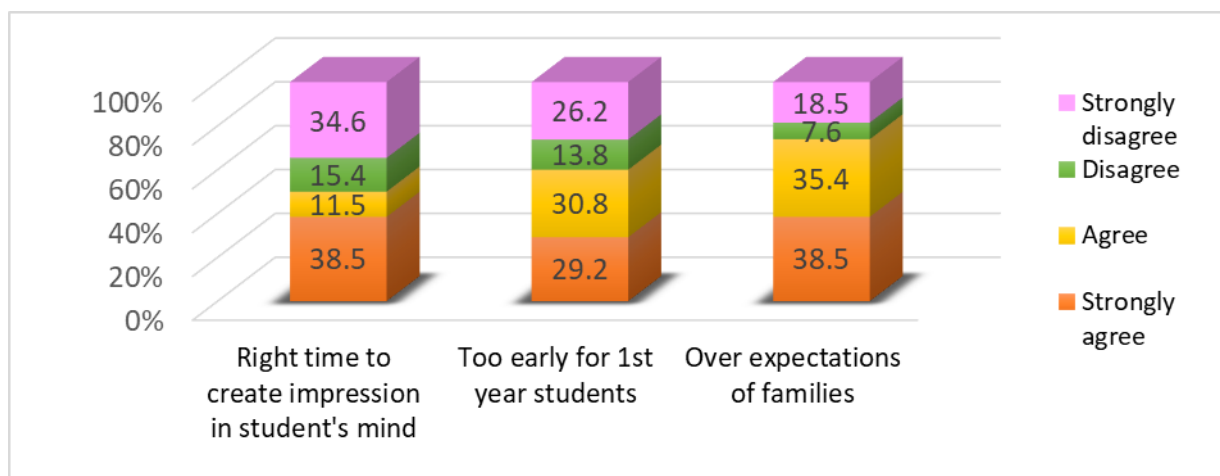


Fig. 3: Response to Various Challenges on FAP among faculty members (Likert Scale)

DISCUSSION

The present study showed that faculties believed Fap was help the students to have early community exposure (88.5%) so they were more scope to interact with the family (81.5%). 66.2% of the faculty perceived that this helped the students in better understanding the public perceptions of health and the subject, which were the three primary strengths of this programme. In contrast, the most common weakness of this programme, as felt by many faculty, i.e, 82.3%, was a lack of transport, logistics, and supportive staff.

Even 60% of the faculties believed that this fap is too early for the first year MBBS students as it will result in risk of losing confidence and relevance in future.

The most common threat for this was identified to be over-expectation of the families of the students, which was reported by 52.3% of the faculty. In contrast, 57.7% & 55.4% of the participants believed this created interest among the students for academics, and they were focused more on health compared to the disease aspect. 34.6% said this fap was in new catchment area for

hospital which were the main aspects of opportunity from this programme.

A study conducted by Shikha *et al.* had also observed that hands-on experience of learning, attitude, ethics and development of leadership skills among the students were the strength of this programme, and opportunities included early identification of the community problems and taking prompt intervention, which would help in achieving larger goals of health. Whereas the most common weakness that caused hindrance was limited resources, there was no proper allocation of slots for visits in the curriculum, and the threat that would hinder this was found out to be resistance and unavailability of family during their visit, the existence of social pathology and cultural taboos in family ^[5]. Another study by Yalamanchili *et al.* had reported that most concerning factor in carrying out FAP was cooperation from the public and adjustment of the visit in the academic schedule of the students. Most of the faculty also addressed that logistics and career growth were causing hindrance ^[6]

Chepuru *et al.* in their study observed that most of the study participants were affiliated with assistant professors (40%). Majority of the faculties believed that FAP would help students to have better understanding of social determinants in the community (89.5%), shall have good communication skills (87.5%). The challenges identified by them were non-availability of the families during the day of visit (97.9%), followed by resistance from the family in not providing proper information to students (68.4%) and lack of logistics (57.9%) ^[7].

In the present study also, we have found out that FAP was reported to be overburden amongst the faculties by various departmental activities {60(46.2%)}. In a study by Chepuru *et al.* ^[7]. It was seen that the faculty thought that this activity would burden them with their already existing departmental work, and it would be difficult for them to adjust it in the academic schedule. The same responses were also reported in the study done by Yalamanchili *et al.* ^[6]. A qualitative study done by Aikat *et al.* found that the logistics and human resources issue was the main hindrance faced by many of the participants. Vehicles to carry the students were seen as most of the medical colleges did not have their own, and for transportation, they had to arrange a vehicle at their own cost, which led to a financial burden ^[8].

Other longitudinal studies done in Australia and Canada showed that integrated Clerkships and year-long community-based placements, the students gain strong communication skills and excellent clinical reasoning and management experiences the same perspectives had been reported in our study ^[9]. A study by Ganganahalli *et al.* observed that out of 305 students, 90% of them believed this programme was helping them personally and for professional growth. The main factor that encouraged them to participate was the engagement of the faculty, which gave them a lot of benefits ^[10].

A cross-sectional study conducted by Hullali *et al.* had found out that 81.4% of the students reported that FAP had enhanced them to be empathetic and confident physician in future, but the most common barrier for them was reported to be communication barriers (44.9%) followed by difficulties in gaining trust and cooperation from family members ^[11].

Another study conducted Shree *et al.* had observed that Language and communication barriers were the main hindrance for successful implementation of FAP ^[12].

Das *et al.* study done at medical college of Tripura had reported that 76% of the participants had agreed that NMC decision of implementing FAP in MBBS curriculum was right whereas 24% disagreed ^[13]. Vairavasolai *et al.* ^[14] and Baruah *et al.* had found out in their study that FAP will help the students to understand the rural people needs, social structures and health status of the community. This will also improve the quality of life of the rural community ^[15].

A Qualitative inquiry done regarding the perceptions of medical teachers regarding the family adoption program by Mukhopadhyay *et al.* ^[16] had reported that Community-oriented medical education and nurturing clinical and communication skills were the major strengths. In contrast, constraints in human resources, logistics, as well as improper curricular planning were the major weakness of FAP. Bolstering community-oriented medical education through enhanced participation in primary health care was the major opportunity. In contrast, the overall sustainability of the program in the face of resource constraints and the lack of motivation of stakeholders was perceived as a major challenge ^[17].

CONCLUSIONS

In this conclusion, out of 130 respondents, the majority were Assistant Professors (56, 43.1%) from various

medical colleges. Most faculty members believed the Family Adoption Program (FAP) provides early community exposure, enabling long-term, holistic student-family interaction. However, 34.6% strongly disagreed that this is the right stage to influence students, 30.8% disagreed with the potential for forming lasting family bonds, and 23.1% strongly disagreed.

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Final approval- Dr. Sushree Priyadarsini Satapathy, Dr. Rabinarayan Dash, Dr. Tushar Kanti Meher, Dr. Priyaranjan Acharya, Dr. Satya Ranjan Acharya, Dr. Swarna Prava Panda

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