

## **National Medical Commission (Undergraduate Medical Education) Guidelines, 2023**

### **CURRICULUM FOR FAMILY ADOPTION PROGRAMME**

#### **FAMILY ADOPTION PROGRAM:**

This is being introduced with the aim of village outreach program for MBBS students. Every student shall ideally adopt 5(five) families. However, minimum 3(three) families are mandatorily to be adopted by every MBBS students. Every college may arrange one diagnostic medical camp in the village wherein identification of:

- a) anaemia, malnutrition in children, hypertension, diabetes mellitus, ischemic heart diseases, kidney diseases, any other local problems may be addressed.
- b) If required, patients shall be admitted in the hospital for acute illness under care of student, charges may be waived off or provide concession or govt. schemes.
- c) For chronic illness, students shall be involved.
- d) Subsidized treatment charges may be provided under govt. schemes or welfare schemes.
- e) Medical student may be allocated about 5 families and introduced in the first visit.
- f) Camps may be arranged by Dean and Community Medicine/ P.S.M. department with active involvement of Associate/ Asst. Professors, social worker and supporting staff. Local population may be involved with village leaders.
- g) Visit by students be made to the visit as mentioned in table below. Annual follow up diagnostic camp can be continued by the PSM department.

#### **TARGETS TO BE ACHIEVED BY STUDENTS:**

##### **First Professional Year:**

- a) Learning communication skills and inspire confidence amongst families
- b) Understand the dynamics of rural set-up of that region
- c) Screening programs and education about ongoing government sponsored health related programs
- d) Learn to analyse the data collected from their families
- e) Identify diseases/ ill-health/ malnutrition of allotted families and try to improve the standards

##### **Second Professional Year**

- a) Inspire active participation of community through families allotted
- b) Continue active involvement to become the first doctor /reference point of the family by continued active interaction
- c) Start compiling the outcome targets achieved

##### **Third Professional Year**

Analysis of their involvement and impact on existing socio-politico-economic dynamics in addition to improvement in health conditions

**-Final visit to have last round of active interaction with families**

**-prepare a report to be submitted to department addressing:**

- 1) Improvement in general health
- 2) Immunization
- 3) Sanitation,
- 4) De-addiction
- 5) Whether healthy lifestyles like reading good books, sports/ yoga activities have been inculcated in the house-holds.
- 6) Improvement in anaemia, tuberculosis control
- 7) Sanitation awareness
- 8) Any other issues
- 9) Role of the student in supporting family during illness/ medical emergency
- 10) Social responsibility in the form of environment protection programme in form of plantation drive (medicinal plants/trees), cleanliness and sanitation drives with the initiative of the medical student

**Curriculum for Family Adoption Programme**

Professional Year	Competency The student should be able to	Objectives	Suggested Teaching Learning methods	Suggested Assessment methods	Teaching Hours
1 <sup>st</sup> Professional	<ul style="list-style-type: none"> <li>• Collect demographic profile of allotted families, take history and conduct clinical examination of all family members</li> </ul>	By the end of this visit, students should be able to compile the basic demographic profile of allocated family members	Family survey, Community clinics	Community case presentation, OSPE, logbook, journal of visit	6 hrs
	<ul style="list-style-type: none"> <li>• Organize health check-up and coordinate treatment of adopted family under overall guidance of mentor</li> </ul>	By the end of this visit, students should be able to report the basic health profile and treatment history of allocated family members	Community clinics, Multispecialty camps	Community case presentation, OSPE, logbook, journal of visit	9 hrs
	<ul style="list-style-type: none"> <li>• Maintain communication &amp; follow up of remedial measures</li> </ul>	By the end of this visit, students should be able to provide details of communication maintained with family members for follow-up of treatment and	Reporting of follow up visits, PRA techniques (transact walk, group discussion) Community	Community case presentation, OSPE, logbook based of competency, journal of visit	6 hrs

	<ul style="list-style-type: none"> <li>Take part in environment protection and sustenance activities.</li> </ul>	<p>suggested remedial measures</p> <p>By the end of this visit, students should be able to report the activities undertaken for environment protection and sustenance like study of environment of families, tree plantation, herbal plantation activities conducted in the village</p>	<p>clinics.</p> <p>Participation in and Process documentation of activities (NSS activities) along with reporting of photographic evidences</p>	<p>logbook certification based of competency. journal of visit</p>	<p>6hrs</p> <p>( Total 27 hrs, 9 visits)</p>
2 <sup>nd</sup> Professional	<ul style="list-style-type: none"> <li>Take history and conduct clinical examination of all family members</li> <li>Organize health check-up and coordinate treatment of adopted family under overall guidance of mentor</li> </ul>	<p>By the end of this visit, students should be able to compile the updated medical history of family members and report their vitals and anthropometry</p> <p>By the end of this visit, students should be able to report the details of clinical examination like Hb %, blood group, urine routine and blood sugar along with treatment history of allocated family members</p>	<p>Family survey, Community clinics</p> <p>Community clinics, Multispecialty camps</p>	<p>Community case presentation, OSPE, logbook, journal of visit</p> <p>Community case presentation, OSPE, logbook, journal of visit</p>	<p>6 hrs</p> <p>9 hrs</p>

	<ul style="list-style-type: none"> <li>Maintain communication &amp; follow up of remedial measures</li> </ul>	By the end of this visit, students should be able to provide details of communication maintained with family members for follow-up of treatment, and suggested remedial measures along with details of vaccination drive	Reporting of follow up visits, PRA techniques (transact walk, group discussion) Community clinics,	Community case presentation, OSPE, logbook based certification of competency, journal of visit	9 hrs
	<ul style="list-style-type: none"> <li>Take part in environment protection and sustenance activities.</li> </ul>	By the end of this visit, students should be able to report the activities undertaken for environment protection and sustenance like study of environment of families, tree plantation herbal plantation activities conducted in the village	Participation in and Process documentation of activities (NSS activities) along with reporting of photographic evidences	logbook based certification of competency, journal of visit	6 hrs
					( Total 30 hrs, 10 visits)
3 <sup>rd</sup> Professional	<ul style="list-style-type: none"> <li>Take history and conduct clinical examination of all family members</li> </ul>	By the end of this visit, students should be able to update the medical history of family members and their vitals and anthropometry	Family survey, Community clinics	Community case presentation, OSPE, logbook, journal of visit	3hrs
	<ul style="list-style-type: none"> <li>Organize health check-up and coordinate treatment of adopted family under overall guidance of mentor</li> </ul>	By the end of this visit, students should be able to report the details of clinical examination like Hb %, blood group, urine	Community clinics, Multispecialty camps	Community case presentation, OSPE, logbook, journal of visit	3hrs

		<p>routine and blood sugar along with treatment history of allocated family members</p>			
	<ul style="list-style-type: none"> <li>Maintain communication &amp; follow up of remedial measures</li> </ul>	<p>By the end of this visit, students should be able to provide details of communication maintained with family members for follow-up of treatment, and suggested remedial measures along with details of vaccination drive</p>	<p>Reporting of follow up visits, PRA techniques (transact walk, group discussion) Community clinics,</p>	<p>Community case presentation, OSPE, logbook based certification of competency, journal of visit</p>	<p>3hrs</p>
	<ul style="list-style-type: none"> <li>Take part in environment protection and sustenance activities.</li> <li>Council the family members of allotted families and analyze the health trajectory of adopted family under overall guidance of mentor</li> </ul>	<p>By the end of this visit, students should be able to report the activities undertaken for environment protection and sustenance like study of environment of families, tree plantation, herbal plantation activities conducted in the village.</p> <p>By the end of this visit, students should be able to analyze and report the health trajectory of adopted family along with remedial measures adopted at individual, family and community level</p>	<p>Participation in and Process documentation of activities (NSS activities) along with reporting of photographic evidences, Small group discussion (report of the health trajectory of adopted family)</p>	<p>logbook based certification of competency, journal of visit</p>	<p>3hrs</p>
					<p>( total 21 hrs, 7 visits)</p>

## LOG BOOK FOR FAMILY ADOPTION

COLLEGE NAME :

UNIVERSITY :

ADDRESS DETAILS :

NAME OF THE STUDENT :

ROLL NO. :

VILLAGE NAME :

TEHSIL/ DISTRICT :

STATE UNION TERRITORY :

NAME OF THE MENTOR :

MENTOR STATUS :

Asst. Prof/ S.R. And Details  
(If changed, details of subsequent  
mentors)

NAME OF ASHA WORKER :

ADDRESS OF ASHA WORKER :

EXPERIENCE :

(SINCE HOW MANY YEARS IS HE/ SHE EMPLOYED)

(SEPARATE PAGE FOR EACH FAMILY BE MAINTAINED)

- Family name and address
  - Approximate size of living space of house-hold
  - Malaria/ flu/ etc pertinent to the region
- 1) If there is any illness or medical emergency required by the house-hold, the student should take initiative in being the primary contact for the family.
  - 2) The student in turn should consult his/her mentor for further management of the patient.
  - 3) The hospital to which the college is attached must provide treatment facilities to the patient.
  - 4) Government schemes may be utilized for optimal management.
  - 5) Follow-up records must be maintained by the student. These must be periodically evaluated by mentors with the help of senior residents.
  - 6) The entire data sheet may be prepared by every student and submitted by the end of 6<sup>th</sup> semester for evaluation.
  - 7) Progress notes must include every demographic point and history recorded.

