



SIDO KANHU MEDICAL COLLEGE & HOSPITAL

(Under Sido Kanhu Public Charitable Trust)

Pathar Bagan, Sadipur, Ranishwar, Dumka, Jharkhand, Pin- 814144

Ref. SKMCH/Com/007/26

Date 11.05.2026

FAMILY ADOPTION PROGRAMME CBME 2026-27

CURRICULUM FOR FAMILY ADOPTION PROGRAMME (FAP)

The National Medical Commission (NMC) envisages the FAP as an opportunity for the Institute(s) to discharge its social responsibility and as a critical platform to facilitate *Authentic learning* of the under-graduate students to sensitize them with the real-life challenges of working for the Universal health coverage (UHC). The FAP will present an opportunity for the students to experience the health inequities and understand the social factors contributing to it.

The FAP is expected to complement the other Competency-Based Medical Education (CBME) reforms e.g., posting of interns in the public health facilities under the Compulsory Rotating Medical Internship (CRMI) and the District Residency Program (DRP) for producing socially-responsive competent Indian Medical Graduates who would contribute for the cause of reducing inequities in health and society in the future. Institute(s) should leverage collaboration and partnership with the community and the public health care delivery system for effective implementation of the FAP so as to serve the larger purpose of the CBME reforms in the country.

TARGETS TO BE ACHIEVED BY STUDENTS:

Phase 1:

1. Rapport building and connect with the families
2. Learning communication skills and inspire trust building amongst families

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3. Understand the dynamics of community set-up of that region
4. Mobilize families for participation in Screening programs
5. Undertake detailed family study and prepare the family diagnosis to identify diseases/ ill-health/ malnutrition of allotted families/ risk factors / scope for health promotion
6. Formulate objectives to be achieved for each family

Phase 2:

1. Continue active involvement to become the first doctor /reference point of the family by continued active interaction
2. Ensure follow-up of members from adopted families for vaccination, growth monitoring and promotion, menstrual hygiene, IFA prophylaxis, health lifestyle adoption, nutrition, vector control measures, compliance to medications etc.
3. Work collaboratively with adopted families to achieve the formulated objectives
4. Inform families about ongoing government sponsored health related programs
5. Ensure appropriate referral of family members considering their choice for additional or annual screening at higher health facilities.

Phase 3:

1. Work collaboratively with adopted families to achieve the formulated objectives
2. Observation of services delivered at the community level during Village Health Nutrition Days (VHND), Community-based events (CBEs), Health and Wellness Centres (HWC) camps under the different national health program
3. Build understanding regarding work of frontline workers (ANM, ASHA/USHA, AWW, MPW) through interaction
4. Build understanding around intersectoral action for health through Local self-governing bodies, NGOs, SHGs etc for health promotion
5. Undertake short term action projects for improving health in the adopted families or community.

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6. Analysis of their own involvement and impact on improving the health conditions in the adopted families.

Final visit to have last round of active interaction with families - prepare a report to be submitted to department addressing:

1. Improvement in overall health of the family
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. Health awareness
8. Any other issues
9. Role of the student in supporting family during illness / medical emergency

Social responsibility in the form of environment protection programme in form of plantation drive (medicinal plants/trees) cleanliness and sanitation drive with the initiative of the medical student.


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Phase wise competencies to be achieved through the FAP

Professional year and topics for visit	Competency	Objectives	Suggested T-L methods	Suggested Assessment methods	Teaching Hours
First year Visit 1 – Rapport building with the Families and Orientation Socio-demographic and Socio-economic profile Visit 2 – Environmental health	Collect demographic profile of allotted families, take history and conduct clinical examination of all family members	By the end of this visit, students should be able to compile the basic demographic profile of allocated family members and formulate objectives for each family	Family survey, Screening camps Field visit clinics	Community case presentation. OSPE, Observation, FAP logbook Multi-source feedback Reflections Case studies	Total 24 hours [A minimum of 4 visits of full day of around 6 hours] OR [If 3 hours visit then 8 visits to be conducted]
	Mobilize the adopted family members for participation in screening camps and coordinate treatment of adopted family under overall guidance of mentor	By the end of this visit, students should be able to report the basic health profile and treatment history of allocated family members	Screening camps Field visit clinics PLA techniques (sorting, ranking etc)	Community case presentation. OSPE, Observation, FAP logbook Multi-source feedback Reflections Case studies	

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Drinking Water supply, Sanitation and Vector control	Maintain communication and follow-up of remedial measures	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.	Family survey, Screening camps Field visit clinics Reporting of follow up visits.	Community case presentation. OSPE, FAP logbook based verification of competency, Multi-source feedback Reflections	
Visit 3 – Individual health profile including Anthropometry	Take part in health promotion, environment protection and sustenance activities	By the end of this visit, students should be able to report the activities undertaken for health promotion, environment protection and sustenance like tree plantation, herbal plantation activities conducted in the community	Participation in and process documentation of activities (NSS activities) along with reporting of case studies	Community case presentation. OSPE, Observation, FAP logbook Multi-source feedback Reflections Case studies	
Visit4 – Addictions Tobacco, Alcohol, Screen addiction and other addictions					
Second year	Take history and conduct clinical examination of all family members	By the end of this visit, Students should be able to compile the updated medical history of family members through family follow-up	Family survey, Field visit clinics Referral and follow-up	Community case presentation. OSPE, Observation, FAP logbook Multi-source feedback Reflections Case studies	Total 24 hours [A minimum of 4 visits of full day of around 6 hours] OR
Visit 5 – Healthy Lifestyle Dietary assessment,					

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Physical activity and Exercise Visit 6 – Micronutrient deficiencies - Nutritional anemia, Iodine deficiency disorders Care of under-5 children Visit 7 – Feeding, vaccination, HBYC Maternal health Visit 8 – Care of Pregnant and Lactating mothers	Facilitate checkup and/or referral of adopted family under overall guidance of mentor Maintain communication and follow-up of remedial measures	By the end of this visit, students should be able to report the details of clinical examination and investigations like HB %, blood group urine routine and blood sugar or any other investigation along with treatment history, compliance to treatment, of allocated family members By the end of this visit, students should be able to provide details of communication maintained with family members including information about National programs provided. Students should also be able to follow up on treatment and suggested remedial measures under the guidance of a mentor. Documentation of referral in logbook	Field visit clinics Referral Field visit clinics Reporting of follow up visits. Family survey, Screening camps Field visit clinics Reporting of follow up visits.	Community case presentation. OSPE, FAP logbook Case studies Multi-source feedback Community case presentation. OSPE, FAP logbook based verification of competency, Multi-source feedback Reflections	[If 3 hours visit then 8 visits to be conducted]
Third year Visit 9 – Communicable diseases – Tuberculosis, Influenza and others Visit 10 –	Take history and conduct clinical examination of all family members and facilitate health check-up if required	By the end of this visit, students should be able to maintain follow-up with the families and update the medical history of family members	Family survey, Field visit clinics Referral and follow-up	Community case presentation. OSPE, Observation, FAP logbook Multi-source feedback Reflections Case studies	Total 36 hours [A minimum of 6 visits of full day of around 6 hours] OR [If 3 hours visit then

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Non-communicable diseases – HTN, DM and others	Maintain communication and follow-up of remedial measures	By the end of this visit, students should be able to provide details of communication maintained with family members and collaborative efforts undertaken with family members for improving their health.	Family survey, Field visit clinics Referral and tracking Reporting of follow up visits.	Community case presentation. OSPE, Observation, FAP logbook based verification of competency, Multi-source feedback Reflections	12 visits to be conducted]
Visit 11 – Adolescent health / School health Menstrual hygiene, Life skills	Counsel the family members of allotted families and analyze the health trajectory of adopted family under overall guidance of mentor	By the end of this visit, students <u>should</u> be able to analyze and report the findings of short term action projects and its effect on health trajectory at individual Family and community level	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)	Community case presentation. OSPE, Logbook based verification of competency. Observation Viva-voce Multi-source feedback Reflections	
Visit 12 – Healthy ageing Health care of the Elderly		By the end of this visit, students should be able to report the role of various frontline functionaries' delivery primary health care and Local self-governing bodies, NGOs, SHGs etc for health promotion	Observation and reporting of events Exposure visits Interaction with frontline functionaries	Logbook based verification of competency, Observation Viva-voce Multi-source feedback Reflections	
Visit 13 – Mental health Healthy coping strategies and Resilience	Work as a member of Health Team and facilitate intersectoral action for health				
Visit 14 – Well-being of the Families Final visit and Report submission					


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LOG BOOK FOR FAMILY ADOPTION PROGRAMME

(To be modified by the Institute as per their requirement)

Institute:

University:

Name of the Student:

Roll No:

Batch:

Address of Community for FAP:

Number of Adopted Families:

Names of Head of Household of Adopted families:

Dates of Screening Camp: _____

Name of Faculty Guide/Mentor


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