Short Communication

SWOT Analysis on the Perception of Indian Medical Graduate Toward the Family Adoption Program

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Abstract

The National Medical Commission (NMC) of India introduced Family Adoption Programme (FAP) as a part of curriculum based medical education (CBME) for undergraduate medical students in March 2022. This program was started to provide experiential learning opportunities to undergraduate students towards community-based healthcare. A descriptive cross-sectional study was conducted including undergraduate medical students from all over the country through an online survey. A structured and validated questionnaire was circulated that consisted of both closed and open-ended questions related to perceptions regarding FAP, challenges faced and suggestions for better implementation. Data were collected, responses were analysed and SWOT (Strength, Weakness, Opportunity and Threats) analysis was conducted.Responses were received from 1054 undergraduate medical students from government & private medical colleges across the country. 51.2%, 41.2% and 5.1% participants were from the 1st Professional Year, 2nd Professional Year and 3rd Professional Year respectively. 85% and 87% students agreed/strongly agreed that FAP is helpful to gain an understanding of rural life and to develop a sense of social responsibility respectively. 90% agreed/strongly agreed that FAP is helpful to develop AETCOM skills. Language barrier and resistance offered by families were major challenges. Frequent community visits, training in the local language, provision of benefits to the families and development of a digital database are suggestions for better implementation.Undergraduate medical students are enthusiastic towards the family adoption program and consider it important in the development of social responsibility and AETCOM skills. Future studies are required to include perception of all stakeholders.

Keywords: Indian medical graduate (IMG) family adoption program, perception, SWOT analysis

Introduction

The National Medical Commission (NMC) of India implemented competency-based medical education (CBME) for undergraduate medical education in August 2019. The main purpose behind implementing CBME was to prepare competent and skilled medical professionals along with quality medical education. It is intended to prepare an Indian medical graduate (IMG) as a physician of first contact with the community. One of the national goals of this document was to recognize "health for all" and the health rights of all citizens and to impart training to medical professionals to fulfil their social obligations toward this realization.[1]

To attain this goal, it was important to send the undergraduate students in the community to understand their health needs and to learn from them. This approach is called community-based education (CBE), and the purpose behind CBE is to provide an immersive experience to students through learning, service, and research in the community.[2]

CBE is an approach that places medical students in real community settings to learn from and contribute to local health needs. It helps learners understand the social, cultural, and environmental determinants of health. By engaging directly

Access this article online

Quick Response Code:

Website: www.ijcm.org.in

DOI: 10.4103/ijcm.ijcm_21_25

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How to cite this article: Sharma A, Agrawal A, Mathur M, Sharma A, Agrawal C, Sharma N, *et al*. SWOT Analysis on the perception of Indian medical graduate toward the family adoption program. Indian J Community Med 2026;51:415-8.

Received: 09-01-25, **Accepted:** 29-12-25, **Published:** 20-02-26

with families and communities, students develop practical skills, empathy, and a sense of social responsibility. CBE bridges classroom learning with real-world public health practice, promoting holistic and preventive health care.

NMC introduced family adoption program (FAP) as a part of CBME for undergraduate medical students in March 2022.[3] This program was started to provide experiential learning opportunities to students toward community-based health care. This program begins in first professional year and continues throughout the entire MBBS curriculum. Under this program, every medical student is allotted five families from the community preferably from areas not covered by primary healthcare centers (PHCs). Medical students are divided into teams; each team is allocated a facilitator. Medical students visit these families with the facilitator and keep track of their health.[3] Undergraduates personally interact with community members, record and maintain all health details in their logbook, including demographic details of family such as number, age, gender of family members, literacy rate, nutritional status, immunization status, fertility profile of family members, details of antenatal cases if encountered, physical environment of family, and vital events of adopted family members.

Community-based learning or service-learning modules have been tried in some countries like North America, Australia, Uganda, and Singapore.[4-7] As FAP is a new initiative in the undergraduate medical curriculum in India and more than two years have passed since its commencement, it is important to find out the challenges in its implementation through feedback from the stakeholders. Very few studies have been reported where challenges faced by medical students have been assessed and analyzed.[8] This study was thus planned to evaluate the perception of budding IMGs as a stakeholder in the implementation of the FAP.

Methods

A descriptive cross-sectional study was conducted, including undergraduate medical students from all over the country, through an online survey. Approval from the Institutional Ethics Committee was taken by letter no. GU/HREC/EC/2023/2385C dated December 26th, 2023.

A questionnaire was developed and validated by the members of medical education experts from different institutes in India. The first part of the questionnaire consisted of a brief description of the study, who can participate and informed consent to ensure participants are informed about the study's purpose, confidentiality, and voluntary participation. The second part consisted of both closed-ended and open-ended questions. The majority of questions on perceptions required a response on a Likert scale (strongly agree, agree, neutral, disagree, and strongly disagree). Open-ended questions were related to detailed feedback and suggestions. A questionnaire to medical education experts was sent for face validity and content validity. Modification suggested by experts was incorporated.

For a broader reach, the questionnaire was circulated through online platforms.

Data were collected, responses were analyzed, and SWOT (Strength, Weakness, Opportunity, and Threats) analysis was conducted.

Statistical analysis—descriptive statistics for Likert scale questions and thematic analysis for open-ended questions.

Results

We collected the responses from 1054 students from different medical colleges, including government and private medical colleges across the country. A total of 540 (51.2%) participants were from the first professional year, 444 (41.2%) were from the second professional year, and 54 (5.1%) were from the third professional year. A total of 443 (42%) participants visited the adopted families for two to five times, 516 (49%) visited for five to ten times, and 95 (9%) students visited for more than ten times.

In response to an open-ended question to share their experience on how FAP contributed to their development of AETCOM skills, the most common reply was the development of communication skills. Some unique responses were "It taught us how to talk to people in a way we never did. Teaches us how to be humble, confident etc.," "I've had the opportunity to interact with family, developing empathy, understanding, and cultural competence. Engaging with family facing various health challenges has taught me effective communication strategies, including active listening and delivering sensitive information with compassion," and "It was very helpful for the social and personal development."

In response to enumerating the problems/challenges they faced during the FAP field visit, the most common challenges mentioned were the language barrier, insufficient time for interaction, families not opening up for interaction, and the rude behavior of family members. Some unique replies were "The family members are sometimes not comfortable to reveal their personal information," "People are rude sometimes and they are not interested in interacting with us," "The families were quite scared and were not opening up and trusting us," "Sometimes the family heads were not available so we were not able to gather information," "Due to timing issue they are busy in their household chores due to which they are not properly talking to us."

The most common suggestions to improve FAP were more frequent visits, more time for interaction, and the need for help to bridge the language barrier. Some unique suggestions were "We should be taught about things other than just filling the logbook. We should be taught some clinical-based things. We should be taught how to talk to people with proper guidance," "Instead of families, we should visit rural hospitals," "Problem faced by the family should be discussed in college with prof (professors) and students," "Having a digital database that can be accessed anywhere," "Some benefits be given to families so they believe on us."

Table 1: Perception of undergraduate medical students toward FAP

Questionnaire	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
FAP is helpful to gain an understanding of rural life	356 (33.8%)	576 (52%)	96 (9.1%)	12 (1.1%)	14 (1.3%)
FAP is helpful to develop a sense of social responsibility	334 (31.7%)	590 (56%)	108 (10.2%)	6 (0.6%)	16 (1.5%)
FAP is helpful to apply theoretical and clinical knowledge and skills into practice	316 (30%)	550 (52.2%)	148 (14%)	24 (2.3%)	16 (1.5%)
FAP is helpful to understand basic health needs of rural population/community health issues	388 (36.8%)	594 (55.4%)	62 (5.9%)	12 (1.1)	8 (0.8%)
FAP is helpful to develop bond with adopted family members	330 (31.3%)	570 (54.1%)	124 (11.8%)	16 (1.5%)	14 (1.3%)
FAP is helpful to develop AETCOM (attitude, ethics, and communication) skills	378 (35.9%)	572 (54.3%)	82 (7.8%)	14 (1.3%)	8 (0.8%)
FAP orientation was helpful to understand the goal and objectives of this program	292 (27.7%)	608 (57.7%)	126 (12%)	14 (1.3%)	14 (1.3%)
You had enough time to interact with adopted family members	232 (22.3%)	522 (50.1%)	194 (18.6%)	78 (7.5%)	16 (1.5%)
Language was a problem while communicating with adopted family members	190 (18.3%)	462 (44.6%)	266 (25.7%)	88 (8.5%)	30 (2.9%)
You were motivated, guided, and trained by medical faculties regarding FAP program	238 (22.9%)	548 (53.2%)	190 (18.4%)	40 (3.9%)	16 (1.6%)
FAP logbook is framed properly to record all your participation in FAP	302 (29.3%)	592 (57.4%)	112 (10.9%)	18 (1.7%)	8 (0.8%)
It is difficult to balance between academic commitments and FAP participation	150 (14.9%)	302 (30%)	324 (32.1%)	194 (19.0%)	38 (3.8%)

FAP=Family adoption program

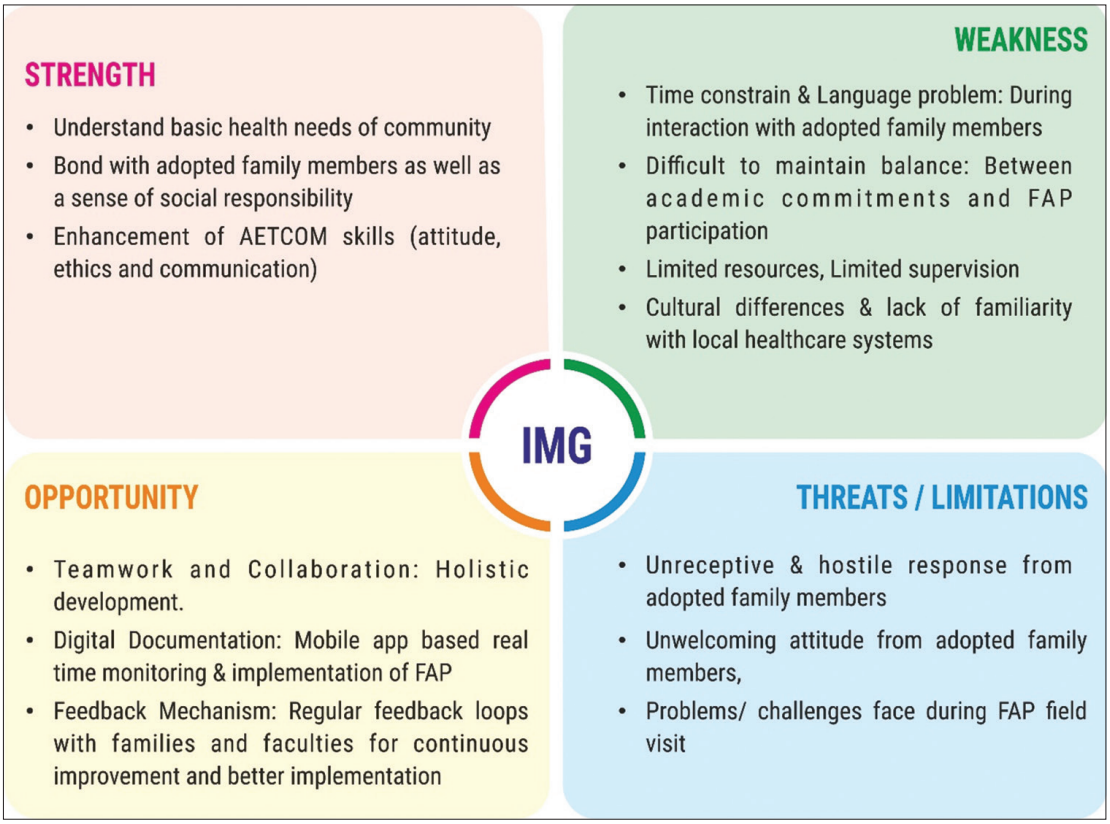

Figure 1: SWOT analysis on perception of medical undergraduates toward FAP in India

The perception of participants toward FAP, recorded through closed-ended questions (on the Likert Scale), is summarized in Table 1.

Responses received from IMGs for better implementation of FAP and to enhance its impact were evaluated through SWOT analysis and are shown in Figure 1.

Discussion

NMC has started FAP in the medical curriculum to make health care more accessible to rural populations and impart community-oriented training to the budding healthcare professionals.[3] As more than two years have passed since the commencement of FAP in the medical curriculum, it is

important to evaluate the program by recording the challenges faced by the medical students and their suggestions toward betterment. The overall feedback of participants was positive as the majority agreed/strongly agreed with the statement that FAP helps in gaining an understanding of rural life and that FAP helps in developing a sense of social responsibility. The majority of participants also believed that FAP helps in the development of AETCOM skills.

Language and communication barriers were the most common challenges faced by students during their visits. Shree A *et al*.[9] have also reported language and communication barriers as the most common obstacles in cooperation with families. Students have also suggested that they should be helped in bridging the language barrier. Sometimes completing the documentation work in the logbook is given more importance by faculties than the actual interaction with families. This is evident from a response "We should be taught about things other than just filling the logbook. We should be taught some clinical-based things. We should be taught how to talk to people with proper guidance." As medical students in any medical college in India come from different regions of the country, their proficiency in the native language of the region where FAP is conducted is limited. India is a multilingual country and proper vocal training of students in the local language before their field visits can help them in better interaction with families.

Another challenge mentioned by participants was the resistance offered by families in opening up to students regarding their health issues and the rude behavior of family members. Many students have especially pointed out the rude behavior and one of them stated "People are rude sometimes and they are not interested in interacting with us." This is in contrast with the results of Shree A *et al*.[9] where about 90% of families were cooperative. The study done by Shree A *et al*.[9] is a single-center study with a sample size of 271, whereas our study has included participants from all over the country with a larger sample size, and this might be the reason for the difference. Lack of cultural sensitivity in students might be a reason for resistance from families. Moran M *et al*.[5] have also reported cultural insensitivity in students and distrust among rural people toward mainstream medical services as obstacles during community-based training. They have suggested comprehensive cultural sensitivity training to the students before sending them for such interactions.

Though the majority have agreed/strongly agreed that they had enough time to interact with the adopted family members, most of the students felt that more time should be provided to them with more frequent visits. The majority of responders in our study were from first and second professional years and had visited the families less than ten times. Asking for more time for interaction with families shows their enthusiasm toward FAP. Students have suggested frequent community visits, training in the local language, provision of benefits to the families to improve trust, and development of a digital database. Students want not only to record the health problems of the families but also to discuss them with faculties as well as their solutions. This reflects that such community-based training develops a sense of responsibility in them.

Strengths

Our study has included responses from undergraduate medical students from all over the country. As the questionnaire included both closed-ended and open-ended questions, we were able to record their perceptions toward FAP, challenges faced, and suggestions for better implementation.

Limitations

Our study has reported the perspectives of undergraduate medical students toward FAP, who are only one of the stakeholders. For a complete evaluation of FAP, the perspective of all the stakeholders is required. Thus, more such studies are required in the future that include medical faculties, adopted family members involved in FAP, and the administrative framework of institutes.

Conclusion

Undergraduate medical students are enthusiastic toward the FAP and consider it important in the development of social responsibility and AETCOM skills. Language barriers, lack of communication skills, and resistance from families are some of the challenges that need addressal.

Financial support and sponsorship

Nil.

Conflicts of interest

There are no conflicts of interest.

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