



ASSESSING THE IMPACT OF DOMICILIARY HEALTHCARE SERVICES: A COMPREHENSIVE STUDY ON COMMUNITY HEALTH, STUDENT LEARNING, AND MEDICAL COLLEGE HOSPITAL DYNAMICS

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Abstract:

Background: In the ever-evolving landscape of healthcare delivery, domiciliary emerged as a dynamic approach to community well-being at Medical College. From a research healthcare services have perspective, undertaking social responsibility and extension activities contributes to a deeper understanding of community dynamics and fosters meaningful connections between academia and society. This research embarks on a comprehensive investigation, seeking to evaluate the profound impact of domiciliary healthcare on individual families, community health, student learning, and the overall functioning of the Medical College Hospital. Initiated in the year 2000, this programme involves medical students adopting five families each, engaging in periodic Saturday visits to conduct surveys and deliver health education and health care. The families, recipients of tailored health education encompassing nutritional, environmental, residential, and personal hygiene practices, are empowered to protect themselves from both communicable and non-communicable diseases, emphasizing maternal and child healthcare family planning etc. **Objectives** Evaluate the impact of domiciliary healthcare on individual families, community health, student learning, and the overall functioning of the Medical College Hospital.

1. To measure the level of communication between medical students and adopted families by at end of one year of completing the domiciliary healthcare program.
2. To quantify the level of health education content among adopted families through post-program assessments conducted after the program's conclusion.
3. To ensure a sustained increase in the utilization of services at Motiwala National Homeopathic Medical College and Hospital by adopted families, as measured through monthly data reviews for six months post-program.
4. To measure a statistically significant shift in behavior towards health promotion and disease prevention, in healthy practices within adopted families, assessed post-program.

5. To demonstrate improvement in the nutritional status and residential environment of adopted families, as assessed through follow-up surveys conducted post-program.

6. To obtain a satisfaction rate among family members, as measured through post-program surveys assessing their subjective grading of the domiciliary healthcare system within one year of program completion. **Method** The research was designed as a Longitudinal Observational Study, spanning one year with regular interval follow-ups with health education for interventions. Data collection involved a longitudinal survey conducted throughout the study period. At the conclusion, comprehensive feedback was obtained from each adopted family. The researcher focused on assessing healthy modifications, utilizing structured questionnaires to gather feedback from the adopted families. The evaluation of this feedback played a pivotal role in determining the impact of the program.

Result The qualitative analysis, drawing insights from a robust dataset of feedback, provided a nuanced understanding of the program's overall perception and its profound impact on the neighboring community. This encompassed both qualitative and quantitative feedback. As the study concluded, a thoughtfully introduced set of questions enabled a systematic quantitative analysis. The amalgamation of qualitative richness and precise quantitative data culminated in compelling research results, affirming the program's success in positively influencing the community.

Conclusion: The survey results demonstrate a substantial positive impact of the program across student, community, and institute levels, with impressive scores of 91.85%, 89.34%, and 78.36% in the excellent category, respectively. The program's effectiveness is further validated by qualitative feedback, highlighting increased community awareness and proactive health measures. Overall, the program has significantly advanced health awareness and disease prevention within the medical college's immediate community and beyond.

Keywords: Domiciliary Health care, System, Family adoption programme ,structured questioner, qualitative and quantitative and qualitative analysis

INTRODUCTION

This study unfolds a multifaceted research procedure employing a longitudinal observational design. Quantitative data, acquired through weekly surveys and clinical referrals, will be statistically analyzed to discern patterns and changes. Concurrently, qualitative data gleaned from in-depth interviews and focus group discussions with families and students will provide rich insights into the subjective experiences and learning dynamics. Ethical considerations, including informed consent and confidentiality, underscore the ethical integrity of the study.

The anticipated outcomes aim to unravel the transformative effects of domiciliary healthcare at both the individual family and community levels, shedding light on its implications for student education and the broader healthcare institution. By merging scientific rigor with community engagement, this research endeavors to contribute not only to the academic discourse but also to the ongoing enhancement of healthcare practices, thereby fostering a symbiotic relationship between the medical community and the served populace.

The cohort will be selected from one population with similar socioeconomic strata.

The data will be analyzed from periodic visit and post programme analysis.

The Ethical Considerations: - has been considered by taking Informed consent from participating families. Confidentiality and anonymity maintained in data reporting. Implementation Timeline:-Initiation:

The programme has been executed by conducting weekly domiciliary visits and data collection for one Year. Qualitative and quantitative study will be carried from the collected data and post evaluation

Thematic analysis will be done for qualitative data while structured questioner will give quantitative data

Limitations: Potential bias in self-reported data. Generalizability may be limited to the specific context.

This research procedure aims to comprehensively assess the impact of domiciliary healthcare services, providing valuable insights into community health, student learning, and hospital dynamics.

METHOD

A study is a type of research design that involves the repeated observation or measurement of the same individuals or groups over an extended period of time. This studies allow researchers to track changes and developments within the study population over the course of the study's duration.

DATA COLLETION

In-depth interviews with families to capture their perception and understanding of healthcare in given population we will be using structured survey questionnaires for families as a Data Collection Tools.

Qualitative Data:-In-depth interviews with families to capture their perception and understanding of healthcare in given population we will be using structured survey questionnaires for families as a Data Collection Tools. The independent variable is implementation of Domiciliary Health Care service with

Dependent Variables i.e. Changes in community health, student learning, and hospital dynamics.

RESULT

Our comprehensive research endeavor, we systematically evaluated the outcomes by diligently monitoring and measuring predefined objectives. The overarching perspective was discerned through a longitudinal study, while specific objectives were gauged using meticulously crafted structured questionnaires. Qualitative analysis, derived from a rich dataset of feedback, elucidated the overall perception of the program, emphasizing its impact on the neighboring community. Additionally, towards the culmination of the study, a strategically introduced set of questions facilitated quantitative analysis, revealing compelling evidence of the program's resounding success. This nuanced approach to assessment provides a robust foundation for understanding the multifaceted impact of our initiative.

ST Impact of DHCS programme on the student

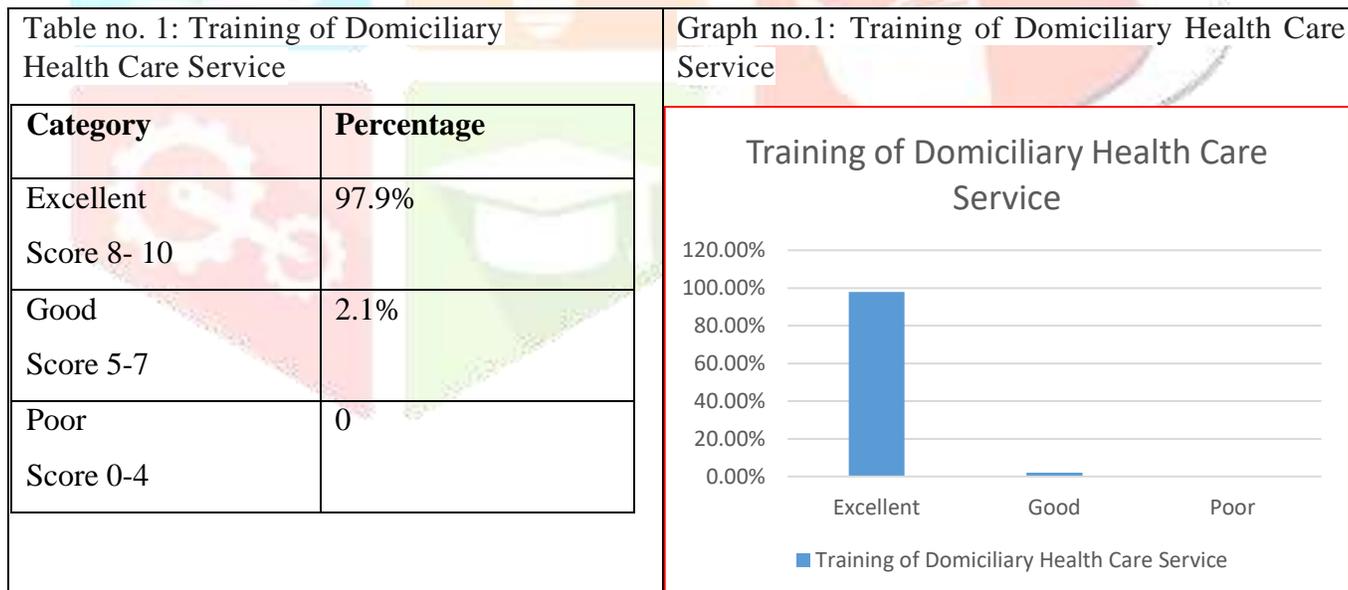


Table no. 2: Understanding of record book-Survey

Category	Percentage
Excellent Score 8- 10	93%
Good Score 5-7	7%
Poor Score 0-4	0

Graph no. 2: Understanding of record book-Survey

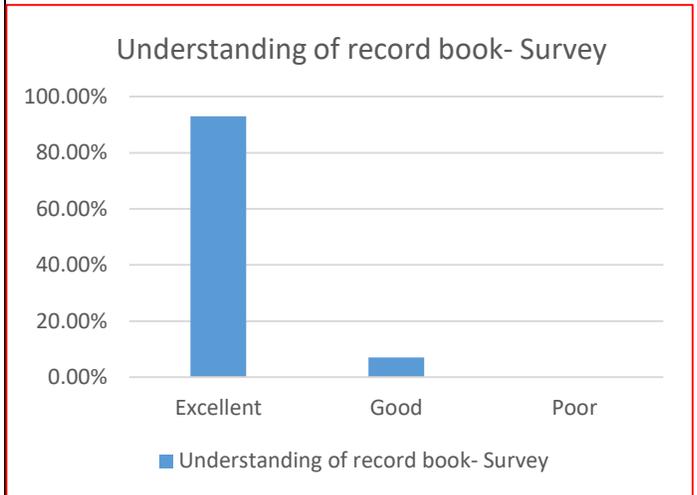


Table no. 3: The family approach and consent

Category	Percentage
Excellent Score 8- 10	95.8%
Good Score 5-7	4.2%
Poor Score 0-4	0

Graph no. 3: The family approach and consent

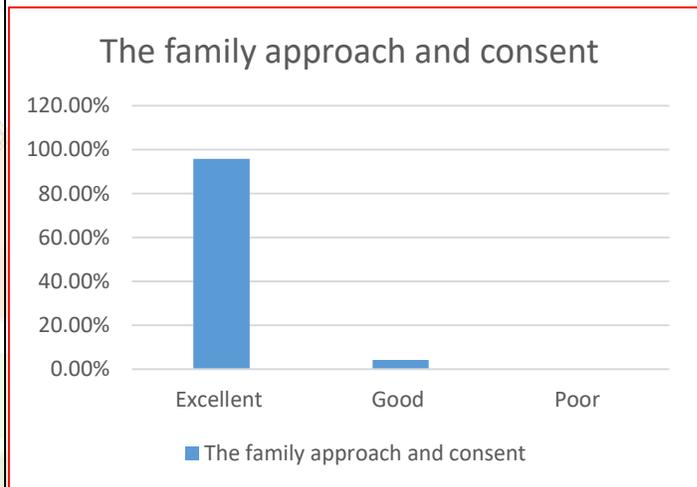


Table no. 4: The level of communication with the families

Category	Percentage
Excellent Score 8- 10	93.5%
Good Score 5-7	6.5 %
Poor Score 0-4	0

Graph no. 4: The level of communication with the families

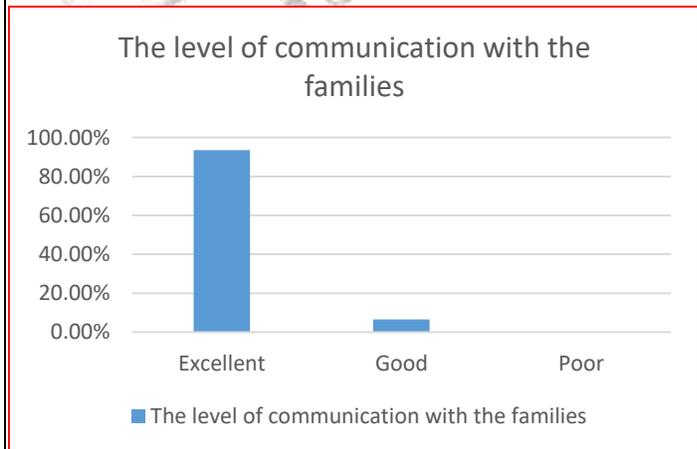


Table no. 5: The grade given by adopted families for the health services

Category	Percentage
Excellent Score 8- 10	89.7 %
Good Score 5-7	10.3 %
Poor Score 0-4	0

Graph no.5: The grade given by adopted families for the health services

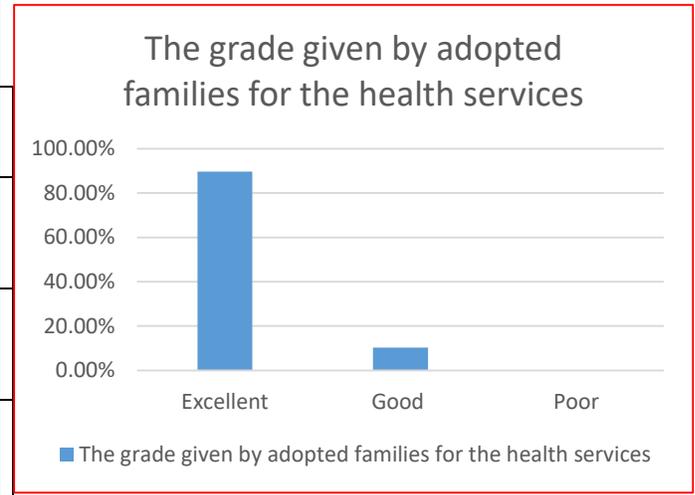


Table no.6 : Learning experience

Category	Percentage
Excellent Score 8- 10	81.33%
Good Score 5-7	18.67%
Poor Score 0-4	0

Graph no. 6: Learning experience



Impact of DHCS programme on the adopted family

Table no. 1: The level of health education imparted to the families

Category	Percentage
Excellent Score 8- 10	94.9%
Good Score 5-7	5.1%
Poor Score 0-4	0

Graph no.1: The level of health education imparted to the families

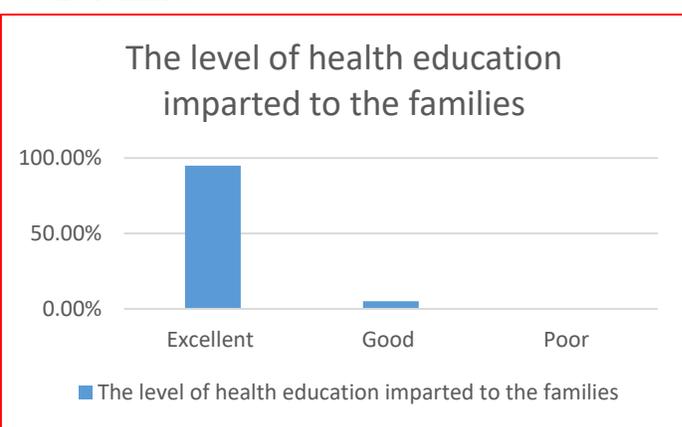


Table no. 2: The level of behavioral changes to promote health and prevent communicable and non- communicable disease

Category	Percentage
Excellent Score 8- 10	90.9%
Good Score 5-7	9.1%
Poor Score 0-4	0

Graph no. 2: The level of behavioral changes to promote health and prevent communicable and non- communicable disease

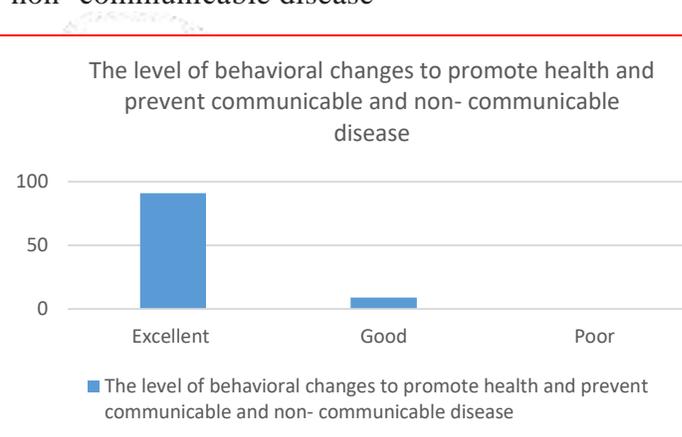


Table no. 3: The level of improvement at nutritional status and residential environment

Category	Percentage
Excellent Score 8- 10	89.9 %
Good Score 5-7	10.1%
Poor Score 0-4	0

Graph no. 3: The level of improvement at nutritional status and residential environment

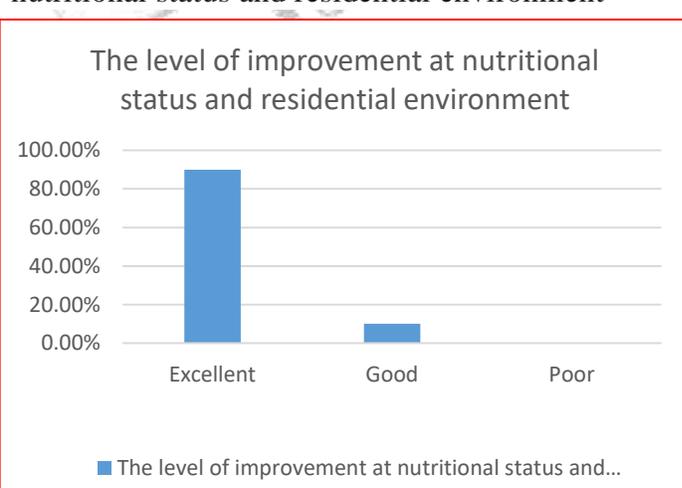


Table no. 4: The grade given by adopted families for the health services

Category	Percentage
Excellent Score 8- 10	89.7%
Good Score 5-7	10.3%
Poor Score 0-4	0

Graph no.4: The grade given by adopted families for the health services

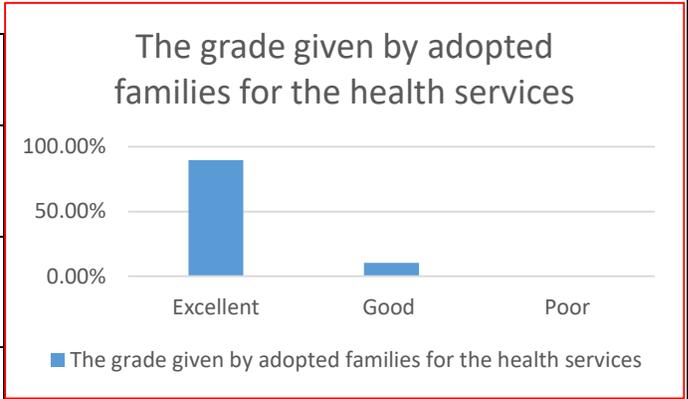
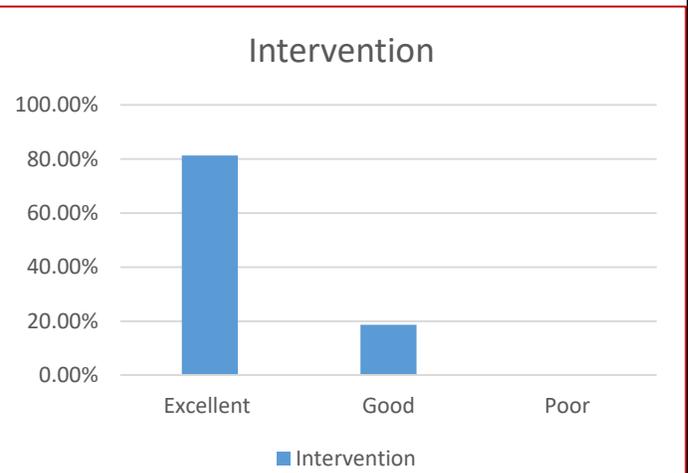


Table no . 5: Intervention

Category	Percentage
Excellent Score 8- 10	81.33%
Good Score 5-7	18.67%
Poor Score 0-4	0

Graph no.5: Intervention

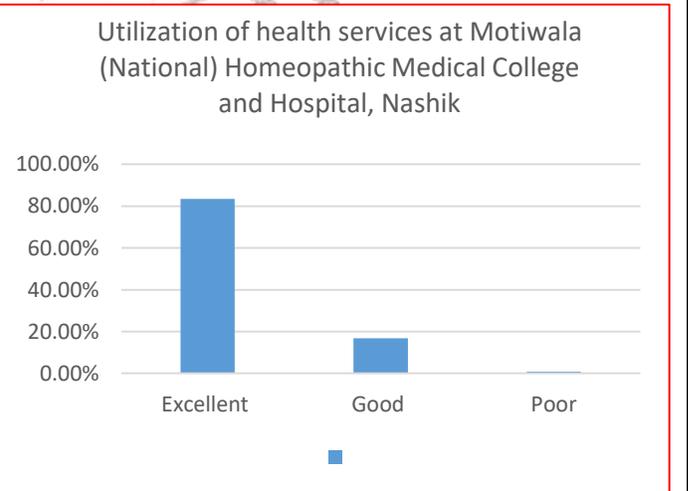


Impact of DHCS programme for institute

Table no.1: Utilization of health services at Motiwala (National) Homeopathic

Category	Percentage
Excellent Score 8- 10	83.4%
Good Score 5-7	16.8%
Poor Score 0-4	0.8%

Graph no.1: Utilization of health services at Motiwala (National) Homeopathic Hospital,Nashik



Hospital,Nashik

Table no. 2: Feedback statistics		Graph no. 2: Feedback statistics
Category	Percentage	
Excellent Score 8- 10	73.33%	
Good Score 5-7	26.67%	
Poor Score 0-4	0	

CONCLUSION:

The survey conducted meticulously assesses the impact of the program across three crucial levels: student, community, and institute. The results unequivocally demonstrate a positive influence across all fronts. Quantitatively, the summation of indicators for student impact reveals an impressive 91.85% in the excellent category, indicating a robust endorsement of the program's efficacy. Similarly, at the family level, the substantial 89.34% in the excellent category underscores the program's commendable reach and effectiveness. Institute-level analysis also portrays a significant positive impact, with 78.36% falling within the excellent bracket. Qualitatively, these numbers are further substantiated by the program's ability to evoke agitation within the community, specifically regarding health and disease prevention. This dual reflection, incorporating both quantitative metrics and qualitative feedback, underscores the comprehensive success of the program. It is evident that the family's adopted program at the medical college level has not only made significant strides in their immediate community but has also ignited broader discussions and actions towards health awareness and disease prevention.

Acknowledgement:

With profound gratitude, we extend our heartfelt appreciation to all those who have played a pivotal role in the success of our domiciliary healthcare system program.

To the gracious family who opened their doors and hearts, we offer our deepest thanks. Your willingness to participate in our initiative has not only enriched our understanding but has also left an indelible mark on the communities we serve. Your generosity and commitment to promoting health and well-being exemplify the true spirit of compassion.

We also extend our sincerest gratitude to the student participants whose unwavering dedication and selflessness have been the driving force behind our program's impact. Your passion for service and determination to make a difference have been an inspiration to us all. Together, you have exemplified the power of collective action in addressing healthcare disparities and improving access to quality care.

Our heartfelt appreciation also goes to Motiwala National Medical College and Hospital, Nashik, for their steadfast support and unwavering commitment to excellence. Your partnership has been instrumental in providing the resources and infrastructure necessary for the success of our program.

Lastly, we express our deepest gratitude to our esteemed principal, Dr. FF Motiwala, whose visionary leadership and unwavering support have been the cornerstone of our endeavor. Your guidance, encouragement, and dedication to advancing healthcare initiatives have been instrumental in driving positive change in our community.

Together, your collective contributions have made a lasting impact, and we are immensely grateful for the opportunity to collaborate and serve our community.

Students: Excellent: 91.85%, Good: 12.34%, Poor: 0

Family: Excellent: 89.34%, Good: 10.65%, Poor: 0

Institute: Excellent: 78.36%, Good: 21.73%, Poor : 0.4%

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