Distance Education Unit

Capacity building Human Resources for Health Care

Christian Medical College
Vellore

PART I

AWARD APPLIED BY:

PRIVATE SECTOR ORGANIZATION

PART II

INTRODUCTORY INFORMATION

PROJECT NAME: Distance Education Unit – Capacity building Human Resources for Health Care

INSTITUTE: Christian Medical College, Vellore

AWARD CATEGORY APPLIED FOR: SKOCH SMART GOVERNANCE AWARD - Health

ADDRESS:

Christian Medical College,

Ida Scudder Road,

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PROJECT COMMENCEMENT DATE: September 2004

PROJECT COMPLETION DATE: Ongoing

DETAILS OF RESPONDENT:

Dr. Sunil Chandy,

Director,

Christian Medical College,

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India

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DISTANCE EDUCATION UNIT:

CAPACITY BUILDING HUMAN RESOURCES FOR HEALTH CARE

1. Brief Overview of the Project:

1.1. The Problems perceived

India's 1.2 billion strong population has huge health needs: Even as 74% of the graduate doctors in India live in urban areas, serving only 31% of the national population, India continues to struggle with avoidable deaths due to infectious diseases, perinatal complications and malnutrition.

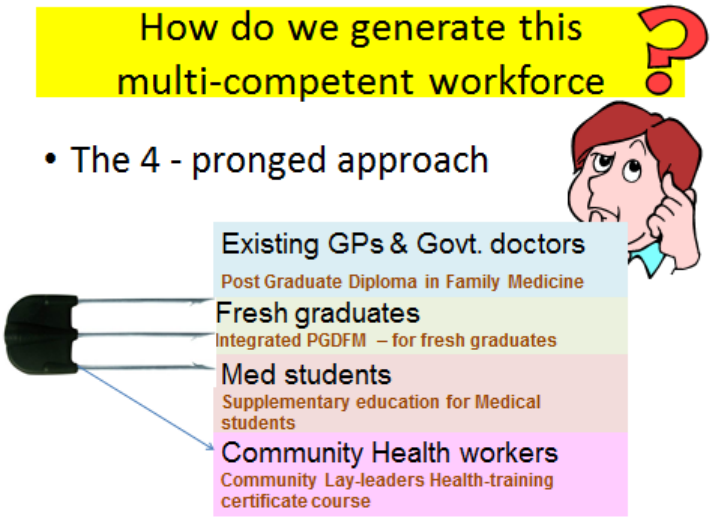
The main reasons for a mismatch between health needs and health care delivery are lack of standardized training, lack of periodic updating of knowledge on the part of health professionals, escalating health costs, failure of medical education to inculcate social responsibility in health care personnel, and the rise of unethical practices.

1.2. The Innovative Solution to bridge this gap

The Distance education department was started in September 2004, in response to these acute needs in the health sector, to bridge these identified gaps in training of Human Resources for Health care (HRH).

Distance medical education using all the andragogic methods such as problem-based self-learning modules, video-lectures, video-conferencing, face-to-face contact programs, workplace-based training and harnessing technological advances may be the **best way to train large number of individuals without displacing them from their work-places** and thereby build capacity with special focus on meeting the Millennium Development Goals.

The program uses the following four-pronged approach:



2. Challenges faced before deployment of the project

The Reach: The challenge was in designing courses which ordinarily need hands-on training, in distance mode. This was overcome by devising the courses in a **Blended-Learning Format.** CMC's great link with a network **of secondary-level rural Mission Hospitals** was harnessed and these hospitals were capacity-built to function as **regional centres.**

Quality Assurance: How do we ensure quality in distance mode? Robust quality assurance systems were evolved with time which is discussed later in this document.

Manpower: How can we provide the required manpower for training? Innovatively establishing regional centres in existing hospitals and developing the existing staff there as faculty has greatly reduced manpower requirements to train large numbers.

Challenges from the Medical Fraternity: Moving from traditional/conventional classroom teaching to a blended learning environment was (and continues to be) a difficult proposition for the medical fraternity. It was difficult to convince them that knowledge, attitude and the cognitive part of the skills can be taught off-campus if you have a standardized way of teaching and assessing with checklists, peer scoring sheets etc

Red tape from Accrediting Bodies: Accrediting bodies habitually refuse to see the actual service delivery part of the health systems but tend to stick to strict academic compartments. Especially in Health Professions education, where the end product should result in good service delivery, accrediting bodies need to think out-of-the-box to make this happen by accrediting need-based courses relevant to local needs. Often we encountered accrediting bodies blindly stating that Distance courses are sub-standard and won't work. (Our experience at the end of Year 10 of the project has been diametrically the opposite – a well-constructed distance course with a robust blended learning component and standardized assessment blue-prints, can actually be better that a poorly planned residential course and what is more can be at par in many aspects to any conventional residential course.)

Internet Savviness & Access: As most of our students tended to be middle-aged or above, they were not comfortable with online learning. Internet connectivity is also poor in many remote locations. This led us to go with a paper-based course for the last few years and now we are in the process of transitioning to online-learning.

Motivating doctors and other HRH for life-long learning. : As doctors and others in this country have gotten so used to not updating, it was a challenge to get them to be motivated to read again!

3. The objectives of the project

3.1. Vision:

The focus of the Distance Education Unit is to capacity-build HRH (Human Resources for Health) at all levels of healthcare, with a goal to strengthen healthcare delivery systems in India and other developing countries and with a special objective to facilitate healthcare access to the poor and marginalized.

3.2. Mission:

This vision is accomplished by imparting medical education through distance mode by conducting various courses, training programs and workshops for doctors, nurses, community workers, medical students, allied-health professions, medical educators etc.

4. Description of the Implemented Project

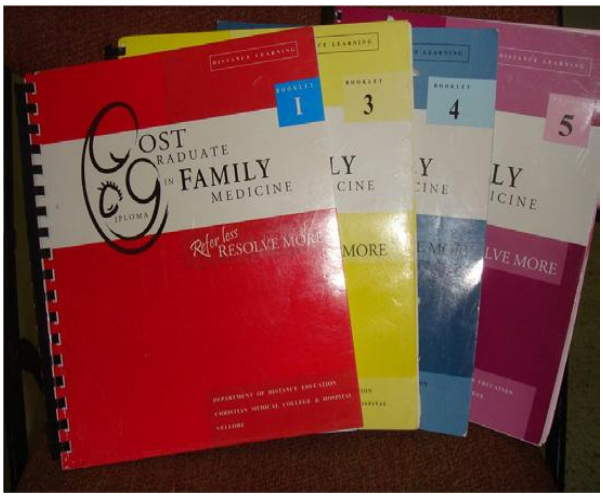
4. 1. Project Focus

The Department's primary focus is to train Doctors, Nurses, all levels of Health Care Workers, Lay Leaders and undergraduate medical students in order to build capacity for the nation's health care sector. Under this purview, offering distance education for improving primary health care has targeted training large number of manpower in distant sectors and remote areas of the country using a blended learning methodology. Courses are covered by Study Modules, Clinical Vignette Videos, and Video-Conferencing and E-learning.

The project focuses on these areas:

4.2. Project Delivery:

Program Components



SELF-LEARNING MODULES

HANDS-ON IN CONTACT PROGRAMS

PRE-RECORDED VIDEO-LECTURES

VIRTUAL CLASSROOM

4.3. Addressing different target groups:

The department runs need-based courses for different target groups:

4.3.1. Training & Capacity-Building Family Physicians:

This was launched in response to the acute need for multi-competent specialists to meet the huge demand in the health sector. This began as a **"Refer Less, Resolve More"** initiative in the form of a 2 year **Post Graduate Diploma in Family Medicine (PGDFM).** Fifteen secondary level hospitals across the country functioning as contact centers under the supervision of national and international Family Medicine faculty form the pillars of this program. This program has been upgraded to the **Master in Medicine (M.Med.) in Family Medicine affiliated to the Tamil Nadu Dr.MGR Medical University,** since 2013. There are also Diploma level & Masters level courses in Family Medicine.

4.3.2. Training General Doctors in Integrated Diabetes Management.

The escalating burden of Diabetes Mellitus in the country, demands that Internal Medicine and Family Medicine physicians be trained to give a single window holistic integrated care, which led to the starting of a one-year distance course in collaboration with the Department of Endocrinology, Diabetes and Metabolism.

4.3.3 Training Community Lay Leaders in Basic Primary Healthcare

80% of the health problems can be easily prevented by simple measures at the village level itself and do not need a specialist doctor to treat them. Also, in India many diseases are caused/made worse by wrong beliefs and practices and imparting the right health awareness can set many of these things right. It has been long advocated that the Community should be made responsible for its own health. This would be the most sustainable and cost-effective means to ensure a healthy society in the long run. Thus was born the Community Lay-leaders Health Training Certificate Course (CLHTC) in the year 2011 as a one-year distance learning course designed and run by the Distance Education Department of the Christian Medical College, Vellore, to ensure the imparting of **quality medical information** in a **cost effective manner** to a **large number** of motivated people. This is a nurse led "Be a change agent" initiative, to provide basic health training covering knowledge, skill and attitude components, to lay people, through the distance mode based on the andragogical principles and the problem based method.

CLHTC contact centres and trainees are based in 12 states which include 8 states of the 9 backward states namely Bihar, Jharkhand, Uttar Pradesh, Uttarakhand, Madhya Pradesh, Chhattisgarh, Orissa and Rajasthan and Assam which account for about 48 per cent of the total population, 59 per cent of total births, 70 per cent of Infant Deaths, 75 per cent of Under-5 Deaths and 62 per cent of Maternal Deaths in the country.

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5. Description of the governance practice

5.1. Fool proof monitoring systems

5.2. Periodic Faculty Development

The department focuses on building both national and international faculty and thereby tries to decentralize training initiatives so that replication can be done on mass level with good quality assurance.

- Workshops conducted to facilitate National Faculty Development at contact centers
- Faculty Development workshops thrice a year & Revalidation program annually held at CMC held
- Orientation Workshops for International Faculty on Family Medicine conducted thrice a year
- International Symposium on E-learning to bring together medical fraternity to create awareness on the role of E-Learning in globalization of medical education
- Hand-holding African facilitators during our contact programs

5.3. Robust selection criteria

1. The selection screens for the required qualifications.
2. Based in the remote villages of India
3. Checks to ensure integrity and motivation to serve the underprivileged
4. Women are given priority

5.4. Scholarship: Subsidized course fees with scholarships available for those who cannot afford it.

5.5. Dedicated Student Support:

Being run in the Distance mode, in order to reduce the feeling of isolation, **support for both trainers and trainees** is given a lot of importance. Possible change of centres and a two-year grace period for completion of the training gives greater flexibility and helps to reduce student attrition.

- Student Support Cell functioning since 2009 for implementation of various carefully planned support activities like motivational phone calls, replying calls/emails within 24 hours, reminder calls/emails for assignment and project submission/examinations, formation of geographical and online student groups, organizing time management workshops, CMEs etc. This ongoing support has been transformative and helped achieved us achieve high completion rates.
- ASSP – Advanced Student Support Project initiated in 2013 for intensive support
- Academic support by 'E-Talks' & Video-conferencing

Before Training	During Training	After training
Course Orientation	**Academic Support**	**Follow up activities**
Orientation was given to the Doctors and nurse trainers of each centre before starting the Course	Mentoring of trainers is done by the Master trainers from CMC. Ongoing support via video conferencing, field visits, e-mails and telephonic calls	Refresher courses Assignments Newsletters
The administrators of the parent organization are sensitized to the need, thus ensuring the support and co-operation of the organization too.	Trainees are supported by their nurse trainers, the Master trainers and the doctors from the mission hospitals who are contacted for referral purposes and advice	Providing health promotion materials in the form of flash cards, Health videos etc.
Student orientation	**Administrative Support**	**Ensuring safe practice**
The course expectations and learning objectives are clearly spelt out in the booklets and the Student handbook.	Administrative support is offered by Admin. staff of CMC who deal with queries regarding contact program dates, receipt of course materials etc.	They are encouraged to maintain registers outlining treatments given. Mission hospital doctors are contacted for referral and advice

5.6. Impact evaluation study in place

5.7. Advisory Committee, Selection Steering Committee, Endowment Committee & Research Committee in place

5.8. International faculty involved in all courses

5.9. Quality Assurance for Academic Programs:

Periodic Curriculum analysis and course revisions

The academic programs are quality assured through an Academic and Administrative Quality Assurance programs. The latter is facilitated by a Student Support Service Cell (SSSC). Periodic Course Reviews are done with the support of International Expert Faculty where modules are reanalyzed for content in line with the current clinical practice for quality assurance.

E-Governance: The Department has a vision to move in line with the development of technologies to provide paperless governance. At present training is offered through conventional printed manuals, audiovisual aids and through contact classes. It is envisioned that through adapting mobile technology, collection of data for primary care research can be done through technology enabled mobile phone devices, and the data can be simultaneously transferred to a central server.

E-learning: The venture into E-learning platform which will reduce the need for paper printed modules for self-learning of the students. E-learning may also provide a Virtual Library repository contributed from various clinical departments on case studies, which will enhance the quality of learning clinical details by the Family Physicians, which in turn will influence the quality of health care delivered.

6. Details of the coverage of the targeted population

6.1. Project Reach

Courses Offered	Target Group	Seats / Year	Contact centres	Students Enrolled So far	Enrollment 2013-2014	Program Focus
Family Medicine Two Year Diploma Program	For GPs	250	11	**1739**	232	Equipping General Practitioners in the country
Post Graduate Diploma in Family Medicine (PGDFM) Two Year Program for govt.doctors	For Govt. Doctors and Franchises	Allotted Seats 20/State for 7 EAG States	4	**217 + 30**	55	Building capacity of Government doctors from eight northern EAG states sponsored by the NRHM& Doctors in North East India at CIHSR, Dimapur
Distance Fellowship in Diabetes	For MD Gen Med and	75	1	**446**	72	Launched in partnership with the Department of

Management (DFID)	Family Physicians					Endocrinology, Diabetes and Metabolism
Supplementary Education for Medical Students (SEMS) One Year Certificate Course	For Medical Students	100	4	**22**	No candidates were enrolled this year, as enrollment postponed to next year	Targeting medical students in their clinical years across the country to introduce them to PBL, supplemented by one weekend-a-month hands-on at the nearest Mission Hospital. Medical students exposed to low-cost high-quality ethical medical care during visits to Mission hospitals.
Community Lay Leader's Health Training Certificate (CLHTC) Program	NGO Workers based in very remote areas of the country	200	16	**570**	193	The target group being the 10,000 strong Christian NGO workers based in very remote areas of the country to equip them to give basic primary healthcare in partnership with RUHSA. If this group is trained well and they take care of 10 villages each, 100,000 villages can be covered across the country.
TOTAL				**3024**	**552**	

6.2. Networking and Collaboration:

International
• **British Council of India**, Knowledge Economy Partnership, with University of Edinburgh for setting up an E-Learning platform for Distance Medical Education
• **The University of Edinburgh**, Scotland and International Christian Medical and Dental Association (**ICMDA**)- final MOU and website ready for the launch of a Master's course in Family Medicine
• Collaboration with UK-based **GP Update and PCEI** (Primary Care Education International) for ongoing updates for the e-format of the Family Medicine course modules.
• Preliminary talks on collaboration with **WHO (World Health Organisation)** with the **Government of Timor-Leste** for training doctors in Family Medicine
• Liaising with the **WONCA, PRIME – UK/Australia, CMF-UK, ICMDA** and other relevant bodies to help with the various aspects of the courses we run.

National
• **CIHSR**(Christian Institute of Health Sciences and Research), Dimapur, Nagaland
• **NRHM (**National Rural Health Mission) to train Govt. doctors in Family Medicine in action-empowered states with poor health indices
• **AFPI** (Association of Family Physicians of India) , **IMA CGP**
• **TCB** (The Centre for Bioethics)
University
• **Tamil NaduDr MGR Medical University** - To run the M.MED Family Medicine course
Institutional
• **Dept. of Endocrinology, Diabetes & Metabolism:** for running the DFID course
• **RUHSA :** For running the course for Community Lay-leaders
• Groundwork done for the launch **of Dental, Bio-Ethics &Geratrics courses.**
Secondary Level Hospitals/Mission Hospitals
• 16 Mission Hospitals for the community lay-leaders Program
• 13 Indian Mission Hospitals for Family Medicine Program
• 3 Mission Hospitals in Africa - Uganda, Cairo & Nigeria

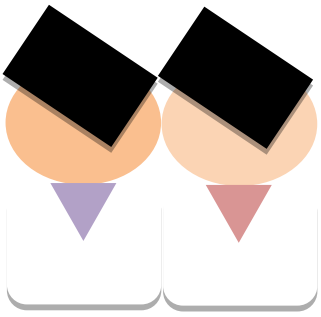
7.1 Comparison of the pre-deployment scenario and the post deployment scenario - how the solution helped

Impact post-deployment has been in the areas of training & capacity-building, transformation in Healthcare delivery & Ethics, Research & Advocacy.

7.1. Training & Capacity Building

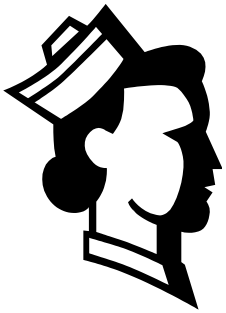
The capacity to train large numbers through innovative Distance Learning methodologies has enabled the department to capacity-build large numbers in many different target groups.

Doctors



- Capacity building doctors to become good, caring, rational and ethical Physicians
- Capacity building them in the much-needed areas of Family Medicine, Diabetes, Geriatrics, Bioethics etc. with special focus doctors in rural areas, Mission hospitals, Government services and other developing countries.
- Capacity-building doctors to take forward the 'Team Concept'
- Faculty development of doctors across the country to become innovative and confident and socially responsible teachers who can then contribute to the 'ripples effect'.

Nurses



- Capacity-building nurses to become Primary Healthcare trainers

- Capacity-building nurses to become efficient teachers
- Capacity-building nurses to bring about community-level health transformation

Allied Health Professionals

- Capacity-building AHPs to become active members and anchors of the health team.
- To promote inter-professional exchanges and education

Allied Health Professionals

- Community lay-leaders to become 'Agents of Change' and transform the healthcare scenario in their areas of influence.

7.2. Research

The Department focuses on 3 thematic areas of research:

On-going Research Projects:

1. **Study of usage of medicines in some communities around CMC's (Christian Medical College) secondary hospital network areas in North and North-East India.**
2. **A study on the demographic profile of doctors applying for the Distance Course in Family Medicine to Christian Medical College, Vellore, India**
3. **Clinical Research**: PG Diploma in Diabetes Management course students projects on diabetic care

Other Research Projects:

Training Related (Educational Research)	Family Medicine & Primary-care related	Community related
Course evaluation – impact of PGDFM course over the period of 6 years since 2005. (Dr.Jachin, Dr.Beulah & MEU)	**Facilitation charges** by GPs – a nation-wide study (Dr.Beulah, Dr.Jachin)	Multi-centric field testing to find out the **prevalence of diabetes** in rural community. (Dr.Jachin, Dr.Anbarasi, Mrs. Sheela, Mrs.Latha)
Interactive videos – impact evaluation (Dr.Beulah, Dr.Jachin)	**Use of inhalers** by GPs – a nation-wide study (Dr. Immanuel, Dr. Jachin)	**IND-MEDUSE Medication usage and cost** in the community (Dr.Jachin, Dr.Nathan, Mrs. Sheela)
Student support cell - Impact evaluation (Dr.Jachin)	**Prescribing practices of GPs –** a nation-wide study (Dr.Jachin, Dr.Beulah, Dr.Anbarasi, Dr.William Wong)	**Rural Health in India through the eyes of laymen – the real scenario–** multi-centric study (Dr. Anbarasi, Dr. Jachin, Research help-desk , Mrs.Susheela)
E-learning pilot evaluation (Dr.Anbarasi, Dr.Jachin, Mrs.Sheela,Mr. Davidson, University of Edinburgh)	**Use of ORS** by GPs – a nation-wide study (Dr. Anbarasi, Dr. Jachin, Research help-desk)	
Curriculum evaluation (Dr. Jachin, Dr.Immanuel, Mrs.Susheela,)		
DE-STU PROFILE Demography of doctors in India opting for Distance Courses (Dr.Jachin, Dr.Beulah, FAIMER)		
Advanced Student Support Project Evaluation (ASSPE) (Dr. Jachin, Mr. Davidson & MEU)		

New Knowledge Created out of the Research Work

- The results of Demography of the Students seeking Family Medicine Course are in progress. This study will inform us of the need based assessment of candidates based on their course seeking pattern
- The Indian Medicine Usage study data entry is also ongoing and the end of this pioneering study in India, will reveal whether medication usage in the communities within the country is appropriate or inappropriate

7.3. Advocacy

For

a. Family Medicine & Primary Care:

- Capacity Building of Family Medicine program in the country by involving the NRHM and private practitioners, with a special focus on mission hospital doctors, based on the motto of "Refer Less, Resolve More"
- Advocacy on policy-related issues in Family Medicine

b. E-Learning:

- Advocacy to the institutional staff, University, Government and professional bodies like AFPI, through multiple activities including an e-learning workshop which served as an advocacy for 'Technology-Assisted Higher Education' as the way forward for cost-effective Higher Education delivery to meet the huge training needs in the health sector.

To

c. Government:

- Through research (IND-MEDUSE STUDY, Demography study), articles, evaluations and write-ups, advocacy to the Government of India, through the Health Secretary & Ministry of Health and Family Welfare to place Family Physicians in PHC and CHC
- Advocacy to facilitate starting of Family Medicine Programs in several medical colleges in the country

d. University

- Advocacy to the University Expert Committee for Family Medicine using the Distance program in Family Medicine offered as a two year Master in Medicine program which is provisionally affiliated to the TamilnaduDr.MGR Medical University.

e. WHO / British Council

- Advocacy to WHO for Family Medicine and Community Lay-leaders training as effective ways of Primary care delivery in other developing countries – Africa & Timor Leste based on the WHO Model of developing Family Medicine program in these countries

7.4. Educational Activities or Initiatives:

New Educational Tools Developed

- The Department has trained staff to develop E-learning tools exclusively for the distance courses. This was initiated through a Grant from the Knowledge Economy Partnership (KEP) awarded by the British Council of India and through collaboration with the Center for Population Health Sciences, University of Edinburgh (UoE).
- E-talks for academic learner support
- Elective skills postings to enhance procedural skills
- Online admission process setup

Publications: List of Publications by the Faculty

2012	The 'Refer less resolve more initiative' - a five year experience from CMC Vellore, India - published in the Journal of Family Medicine and Primary Care (JFMPC)	***JFMPC***
2012	Study on 'Evaluation of Effects of student support activities on Student Retention' – accepted for IJOL Indian Journal of Open Learning last year but delay in publication because of internal problems in DEC.	***IJOL***
2012	Training faculty to develop a distance learning module in Lifestyle Medicine Samuel George Hansdak, Jachin Velavan, Vinod Shah - sent for 'Medical Teacher'	***Submitted to Medical Teacher***
2012	International partnership in a family medicine training programme in India; a six year experience. Jachin Velavan, Owen Lewis, - sent for 'International Journal of Rural and Remote Health'	***International Journal of Rural and Remote Health'***
2013	Abstract on **"Training Family Practice Nurses for Indian Health System"**	***Abstract accepted for JFMPC***
2013	Abstract on **"Can Credit Systems Help in Family Medicine Training in Developing Countries? – An Innovative Concept"**	***accepted for JFMPC***
2013	Abstract on **"Training multi-competent Family Medicine Specialists for Indian Health Systems (for Government doctors working in PHCs/CHCs/District hospitals)"**	***Abstract accepted for JFMPC***
2014	**"Training Family Practice Nurses for Indian Health System"**	***Submitted to Asia Pacific Journal of Family Medicine***
2014	**Diverse Training needs among Family Physicians in India**	***Submitted to Medical Teacher***
2014	**A Nurse-led Distance Medical Course for Laymen - an Indian Experience**	***Submitted to Medical Teacher***

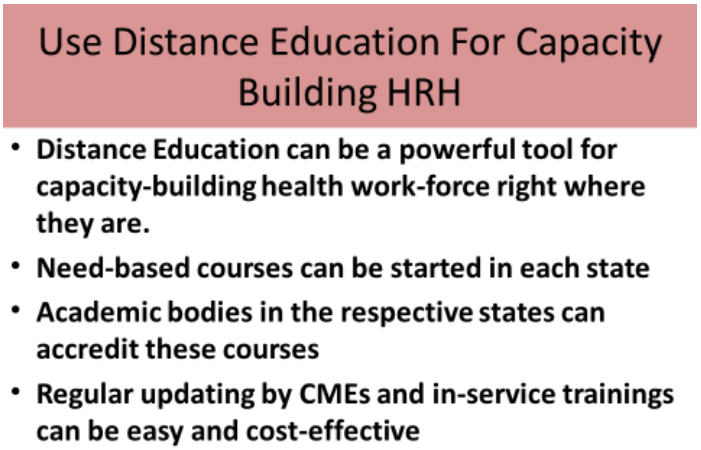
Other Programs Assisted:

No.	Program	In collaboration with	No.of teaching hours
1.	Chhattisgarh Rural Medical Assistants Training Program	RUHSA, CMC Vellore	14 hours/month x 5 months=70 hours
2.	Introduction to Distance Learning for Nursing students orientation	College of Nursing, CMC,Vellore	2 Hours
3.	CIPS – 5 medical colleges Integration of Medical Education project	Dept.of Medicine Unit 1	3 Hours x 2 days=6 Hours

8. Cost effectiveness of the project

- Able to train large numbers right at their workplace.
- Takes away the cost of prolonged in-house training
- Negates the need for prolonged absence from workplace in already manpower-compromised settings
- Able to train in local settings
- Using existing resource people (doctors, nurses etc.) in partner hospitals to help with training (after robust faculty development)
- Vision-motivated rather than incentive-motivated
- Harnesses technological advances like virtual classroom to overcome the loneliness of a distance learner

9. Key learning from the project



Our experience, as stated elsewhere in this document, at the end of Year 10 of the project has been that – a well-constructed distance course with a robust blended learning component and standardized assessment blue-prints, can actually be better that a poorly planned residential course and what is more can be at par in many aspects to any conventional residential course. This, along with properly harnessed technology, can be used to capacity-build large numbers of HRH right at their workplaces.

10. Short CV(s) of the producers

10.1. The Team

The Department staff consists of a multi-disciplinary team to complement the requirements of the programs. The following teams function to facilitate these programs:

ACADEMIC TEAM	
DOCTORS	
Dr. Jachin Velavan, MBBS, DNB, MRCGP(Int), PGDipDE (PGDipDistEdu)	Coordinator & Overall In-charge of the Department In-charge – Curriculum development & Partnerships
Dr. Sahaya Anbarasi, MBBS, DNB, DCH,PGDDE	Teaching faculty &In-charge – Self-learning modules development & E-learning
Dr. Beulah RajiMD, PGDFM, PGDDE	Teaching faculty &In-Charge – Research & Quality Assurance
Dr. Immanuel, MBBS, DCH,DNB	Teaching faculty &In- Charge – Audio-visuals & Examinations
Dr. Fredrick KellermanMBChB, FAFP(SA), MFamMed(MEDUNSA), MCFP(SA), DipPHC(Ed)	Visiting Faculty
NURSE TRAINERS	
Mrs.Elizabeth John, MSc.(Nsg.)	Overall In-charge – CLHTC Program & Nurses section
Mrs.Susheela, BSc.(Nsg.), PGDDE	Teaching faculty &In-Charge – Curriculum
Mrs.Latha, R.N.R.M. (Nsg.), M.Div., DAFE, DNE	Teaching faculty &In-Charge – Assessments
Mrs.Sheela, BSc.(Nsg), PGDDE	Teaching faculty &In-Charge – E-learning & Research
ADMINISTRATIVE TEAM	
Mr.B.S.Velavan, B.Com, PGDHM, MBA, PGDDE	Overall In-charge – Administrative Section
Mr.Ben Ebenezer, BSc.(Agri.)	Project Administrator, CLHTC In-charge Collaborations
Mr.C.BrengleSebastin, MBA	Training Officer – PGDFM In-charge University Matters
Mr.DavidsonDevashish, B.Tech , CAPM, ASQ CQIA	Project Officer – E-learning In-charge Administrative research
RESEARCH TEAM	
Dr. SangeethaBalaji	External Consultant & In-Charge Research Desk
Dr. Evangeline	Epidemiologist & External Consultant Research Desk
AUDIOVISUAL SECTION	
Mr.DavidRajan, A.M.I.E. (Comp.Science)	
OFFICE TEAM	
Mrs.Komala	Clerk-Typist
Mr.Murthy	Office Attendant
Mrs.Swapna	Student Support

10.2. Short CV

Jachin Velavan

Coordinator & In-Charge, Department of Distance Education, CMC, Vellore, India

Jachin presently heads the Department of Distance Education at CMC, Vellore. She is a Family Physician who has also specialized in Distance Education and has vast experience in working with rural Mission Hospitals in remote parts of India and in running Family Medicine and other courses for students in India and other developing countries. Her passion is to strengthen Primary Healthcare Delivery in Rural India and is a recipient of the 'Best Doctor' Award from the University. Her other career-interests are Training & Capacity building HRH (Human Resources for Health) in India & other developing countries, Distance Medical Education & Innovations in HPE (Health Professions Education), Family Medicine & Primary-care Research.

Sahaya Anbarasi

Family Physician &Paediatrician& Distance Education Faculty, CMC, Vellore, India

Anbarasi is a Family Physician and Paediatrician who has also specialized in Distance Education and has vast experience in working with rural Mission Hospitals in India, training students in distance mode and in instructional delivery using multimedia. She is also involved in curriculum development and writing self-learning modules for students enrolled for distance courses with CMC Vellore and is a recipient of the 'Best Doctor' Award from the University. Her heart is in Primary Healthcare delivery in Rural North India, where there are tremendous health needs.

Beulah Joseph

Family Physician & Microbiologist & Distance Education Faculty, CMC, Vellore, India

Beulah is a Family Physician, Microbiologist and has specialized in Distance Education and is well-versed with Distance Education pedagogy. She is a CMC Vellore faculty and is also in-charge of the Primary-care research desk.

Immanuel Rajamani

Family Physician &Paediatrician& Distance Education Faculty, CMC, Vellore, India

Immanuel has specialised in both Family Medicine and Paediatrics and has many years of experience working in resource-poor settings in India, both in clinical and administrative capacities. He is now involved in teaching Family Medicine students enrolled for distance courses with CMC Vellore.

11. Future road map of the project

- Starting new need-based courses- Hospital dentistry, Geriatrics, Bio-ethics, Primary care Research etc.
- Strengthening Regional Centres
- Setting up multi-centric skills labs
- Starting Newsletters and E-forums for faculty & Alumni
- Establishing an exclusive software section in the Unit
- E-learning starting with Family Medicine & then extending to other courses
- Strengthening partnerships with other developing countries – Africa & Timor Leste
- Advanced training for Government doctors by blended learning system as per Government request
- Continue working on new research projects
- Strengthening HR - This is an evolving project and the potential and reach is great. It is important to have a robust HR development plan to build an able and committed team who would carry this pioneering work forward.
- Further plans made for Collaboration with **WHO (World Health Organization)** and the **Government of Timor-Leste** for training doctors in Family Medicine
- Collaboration with UK-based **GP Update and PCEI** (Primary Care Education International) for ongoing updates for the e-format of the Family Medicine course modules.
- Develop an Institute of Distance Education which can run cost-effective need-based courses for the nation and other developing nations.

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