



CHRISTIAN MEDICAL COLLEGE DEPARTMENT OF DISTANCE EDUCATION

Postgraduate Diploma in Family Medicine (PGDFM) (THE INTEGRATED COURSE FOR CMC CANDIDATES) *towards expertise in secondary level care*

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INTRODUCTION

A unique and distinguishing feature of the Christian Medical College Vellore (CMC) is its linkage with the large and widespread network of mission hospitals located mainly in semi-urban and rural areas and aiming to serve disadvantaged communities. With inpatient strength of between 20 and 200 beds, these hospitals deliver broad based clinical services to their local communities. The majority of students in CMC are sponsored by these hospitals and have undertaken to serve in them for two years immediately after graduation. CMC recognises that its raw medical graduates face arduous challenges and difficulties during this service period but also that this can be an unusual learning experience for them. The Integrated PGDFM course for CMC candidates is CMC's response to the challenge of equipping them for competent and satisfying engagement with secondary level health care while also availing of its educational opportunities.

At the professional level, the graduates need to become proficient in broad based multicompetent secondary level care including much outpatient work and the handling of demanding emergencies. They need to be skillful in a variety of medical and surgical procedures in the diverse fields of medicine. At the same time they also need the distinctive orientation characteristic of Family Medicine. The graduates also face a variety of other

problems such as academic and social isolation, lack of opportunity for learning, difficulty in translating learning from a tertiary care level to secondary level, lack of procedural skill competence and administrative problems.

The Fellowship in Secondary Hospital Medicine (FSHM) was a distance course started by CMC in 2007 to address these concerns. It succeeded in this to a great extent and was highly rated by course students. But being a CMC specific supplement to the MBBS course, the FSHM course was not fully comprehensive and could not reach the levels of multicompetency in knowledge and skills required of a secondary hospital doctor. The new Integrated PG Diploma in Family Medicine which is specially tailored for CMC candidates addresses these deficiencies as also the lack of certification.

In the new integrated course the basic structure of the PGDFM will be combined with the distinctive components of the original FSHM as follows such that together they will address all the issues mentioned above:

- The duration (18 months) and the timing of the integrated course will fit the calendar of the service obligation students.
- Each student will be mentored by a project guide from the CMC faculty.
- Students will return to CMC for two contact courses, thus ensuring linkage with faculty, student support and networking.
- A further contact session in designated secondary hospitals that are part of CMC's secondary hospital training network, will ensure development of procedural skills.
- The project cycle will follow the guidelines of the erstwhile FSHM course.
- The more comprehensive distance education modules of the PGDFM will be utilised, and supplemented by training materials from the FSHM that emphasise hospital based care.
- The course recognises the time constraints of the working doctor and will be sufficiently flexible to meet the learning needs of the individual students.
- The examinations will focus on attainment of desired levels of competence.

OBJECTIVES

- A. To enable the student to do the following at the level of secondary care:
 - Develop a broad-based comprehensive ***problem based approach*** to acute and chronic health problems, affecting all age groups.
 - Understand basic science and etio-pathogenesis of common clinical problems and diseases presenting at primary and secondary care settings.
 - Practice focused clinical history-taking and physical examination of common problems presenting at secondary care level.
 - Use a syndromic and algorithmic approach to investigation and management of health problems at secondary level of care.
 - Develop competence in basic procedural skills (medical, surgical, obstetric, paediatric etc.) as relevant to a secondary hospital.
 - Incorporate the role of cost-effective holistic management.
 - Develop a compassionate approach and to be able to make decisions ethically for patients under their care.
- B. To enable the student to translate the theoretical knowledge into practice in the local settings.
- C. To provide academic and social support the student during the period of service obligation and to facilitate networking between students, fellow classmates, faculty and CMC.
- D. To help the student to integrate into the hospital where he/she is serving. To develop skills in conducting a service improvement project and thereby address a local health issue.

ELIGIBILITY CRITERIA

1. All graduates completing MBBS at CMC (including internship period)
2. MBBS graduates of other medical colleges but completing internship in CMC.

Selection Preference will be given to the following:

1. Those completing both MBBS and internship at CMC and have a service obligation to their sponsoring bodies.
2. Those completing both MBBS and internship at CMC but do not have a service obligation but have a commitment to work for a minimum of 1 year in
 - A. Mission hospitals B. Government sector C. Private hospitals (in that order of preference)
3. Those who completed MBBS elsewhere but completing internship at CMC and have a commitment to work for a minimum of 1 year in
 - B. Mission hospitals B. Government sector C. Private hospitals (in that order of preference)

Applicants should not be currently doing a PG course and should not be planning to do a PG course in the next one year.

THE COURSE FORMAT AND CONTENT

Duration: The Integrated PGDFM is designed for 18 months. Candidates have to complete the course within three years from the date of enrolment.

Commencement: The course will commence as from April 1, 2010.

THE CURRICULUM OF DISTANCE EDUCATION:

1. Design

This course is designed in the form of six semesters. Each semester consists of two booklets, which can be completed in three months. After sending in the assignments, the candidate moves on to the next two booklets for the next three months and so on till all the 12 booklets are completed. An average of six hours per week will be needed to complete the booklets in the above time period.

2. Organization of booklets. The learning material is presented in a symptom-based approach. The topic of each chapter in the booklets is a symptom or a medical problem, six topics being covered in each booklet. The detailed contents of all the booklets are given in Appendix I. MBBS graduates have sufficient background knowledge to use the problem-solving approach employed in his course, starting with the presentation of the patient. The modules challenge the student to give answers, think of options, and to apply the material just learnt. The teaching module is followed by answers to the questions posed during the module. This instant feedback helps the student to go back over the material if he/she has doubts. At the end of each module, an assignment or project has to be submitted as a form of continuous formative assessment.

Suitable additions will be made to the above curriculum appropriate to the secondary level care.

The student should periodically and promptly submit assignments at the end of each semester. These are graded and are part of the assessment.

CONTACT PROGRAMS

During the 18 months there will be three contact programs:

Contact Program	Content	No. of days	Dates	Venue
Contact Program 1	Procedural skills (Caesarean section/D&C/ Spinal anaesthesia / common surgical skills)	4 - 7	Between May and September	Accredited mission hospitals
Contact Program 2 (1 st Theory & Practical exam)	Discussions on Approach to clinical problems / Case discussions / teaching to transfer skills such as ECG, X-ray interpretation/ discussions on ethics, / transfer of procedural skills. Tailored- to- needs Program	8 2	5 th – 15 th February 2011	CMC
Contact Program 3 (2 nd Theory & Practical exam)	- Do -	8 + 2	10 th – 20 th September 2011	CMC

Contact Program 1 will be held in the accredited mission hospitals. The dates will be flexible, preferably between May and September 2010. The student will visit and spend 4 – 7 days in that hospital and get hands-on training in various procedural skills. See:

1. List of skills (***Appendix II***)
2. List of accredited hospitals(***Appendix III***)

Contact program timings: The scheduled timing for each day of the contact program is 8 am to 6 pm with a one hour break for lunch. Saturdays 8 am to 1pm and Sunday holidays.

The purpose of the contact programs

1. To see a wide range of clinical cases,
2. Learn some specified skills (both procedural and clinical skills),
3. Imbibe attitudes which will improve professional conduct
4. To augment theory knowledge base
5. Clarification of doubts
6. To present project work and meet with project guide
7. Student networking and meeting with faculty

The students observe local consultants in out-patient departments, discuss inpatients, and also have structured teaching to transfer skills such as ECG, X-ray interpretation and procedural skills etc.. Group discussions and role plays will be arranged to present concepts pertaining to ethics, communication skills and other aspects of professionalism.

Video-lectures

In addition there will be two pre-recorded lectures per day. A total of 40 video lectures will be viewed during the entire course. Another 20 can be either video-streamed or DVD given to the candidates to view in their mission hospitals. The faculty member will be facilitate discussion following the lecture, answer questions and clarify doubts. A list of pre-recorded lectures used in the contact sessions is given in **Appendix IV**.

Skipping Contact sessions

A candidate may be allowed to skip a contact session if he / she has a genuine problem/unavoidable circumstance that prevents him/her from attending the session. Such candidates should make up for the lost attendance by attending contact programs which are scheduled for private candidates within the 2 years course period.

ASSIGNMENTS

Candidates will be required to complete the assignments which are based on the MCQs for each module of course within the stipulated dates. Consultants appointed by the DDE will evaluate the assignments for the purpose of awarding the Diploma.

LOGBOOKS

Logbooks are issued to the candidates during each Contact Programme and instructions will be given as to how to write the logbook. There are two types of logbooks to be maintained:

- (a) Logbook (skills)
- (b) Logbook (contact programs)

The log books will be evaluated at the end each contact programme and returned to the candidates.

PROJECT WORK

Project work shall form an integral form of the education program of all candidates registered for the PGDFM course. For details of the project work, see **Appendix V**

EXAMINATIONS

1st Examination

This will be conducted during Contact Program 2 at CMC (February 2011).

Based on subjects covered in booklets 1 to 6 (see Appendix I) and video-lectures shown

- a) Theory MCQ: 100 marks
- b) OSCE: 10 stations: 100 marks

The following would be the content of the OSCE stations: X-rays/ ECG, pictorial material (either hard copy or on computer), patient management problems, instruments, communication skills, history -taking stations.

2nd Examination

This will be conducted during Contact Program 3 at CMC (September 2011).

Based on booklets 7-12 (see Appendix I) and video-lectures shown

- a) Theory: MCQ: 100 marks
- b) OSCE: 10 stations: 100 marks

The student will be permitted to take the respective examinations only after completion of following:

- 1) Attendance of 75% at contact sessions
- 2) Submission of all assignments, and obtaining a satisfactory grade. (50%)

The student will also make a presentation of their project report at the time of the third contact program that will be formally evaluated.

AWARD OF DIPLOMA

The Diploma will be awarded to candidates who fulfill the following criteria:

- A score of not less than 50% in theory and practicals separately.
- A minimum of 75% attendance in contact programs and completion of requirements
- Satisfactory completion of Project work
- Satisfactory completion of the assignments and log books

PAYMENT OF FEES

The total fee for the entire course is **Rs.10, 000/= payable in two equal installments.**

1st installment of Rs.5000 is to be paid on admission to the course the last date being **26th March 2010**, but can be extended on request.

2nd installment of Rs.5000 is to be paid during the month of Oct/Nov 2010 the last date being 30th November 2011. This draft is to be sent by post.

Course fee, and any other payments, must be paid either by Banker's Cheque or Demand Draft drawn on a Vellore Bank in favour of '**Christian Medical College Vellore Association**'.

ADMISSION PROCEDURE

No. of seats - Maximum seats available: **40**.

Application

The application form can be downloaded from the CMC website or can be collected in person from the Curriculum Office, ASHA Building or the Department of Distance Education, 2nd Floor, Main Building. **The selection process will greatly depend on the written application. Hence the candidates are advised to fill in the application carefully.**

The last date for submission of completed application is **10th March 2010**

Announcement of Selections and subsequent formalities

The list of selected candidates will be published on the CMC website on **15th March 2010**
Selected candidates will be called for a one day orientation program available the **20th or the 26th of March 2010, according to the candidate's preference.** On admission, the candidates will be allotted a **unique admission number**. This number will be used as a unique ID of the candidate for all purposes related to the course. The candidates must quote their admission number in all their correspondence with Department of Distance Education (DDE).

After joining their respective hospitals of work, the candidate should send in the Needs Assessment form and the Project Work Form within 6 weeks. The last date for submission of these forms is **15th May 2010.**

CONTACT DETAILS

Mode of communication

E-mails are not only faster but also cheaper than surface mail for communications. Candidates are therefore requested to resort to this mode of communication as far as possible. – Use courier or postal service only for sending assignments and making payments.

Email ID: dedu@cmcvellore.ac.in Phone Nos. 0416-2283451 0416-2283433

Mailing address: The Coordinator
Department of Distance Education,
2nd Floor, Main Block, CMC Hospital,
Ida Scudder Road, Vellore – 632 004.

Change in address

Any change in your address or phone no. or email ID should be intimated to us immediately by email or post.

SIGNIFICANT DATES

Activity	Dates
Last date for submission of filled in application	10 th March 2010
Publishing of the list of selected candidates on the CMC website	15 th March 2010
Orientation 1	20 th March 2010
Orientation 2	26 th March 2010
Last date for payment of fees (1 st installment)	26 th March 2010
Submission of Needs assessment form and the project work form	15 th May 2010.

Appendix I**Contents of Distance Education booklets**

<p style="text-align: center;"><u>Booklet I</u></p> <ol style="list-style-type: none"> 1. Diarrhoea in Children 2. Dyspepsia 3. Incessant cry 4. Nausea and vomiting 5. Hypertension 6. Diarrhoea in Adults 	<p style="text-align: center;"><u>Booklet II</u></p> <ol style="list-style-type: none"> 1. Fever –I 2. Seizures-I 3. Seizures-II 4. Dizziness & Vertigo 5. Headache 6. Lower GI bleeding 	<p style="text-align: center;"><u>Booklet III</u></p> <ol style="list-style-type: none"> 1. Seizures in children 2. Common Psychiatric disorders & MUPS: Medically unexplained physical symptoms 3. Constipation 4. Fever – II 5. Diabetes Mellitus - I 6. Asthma
<p style="text-align: center;"><u>Booklet IV</u></p> <ol style="list-style-type: none"> 1. Groin Swellings 2. Fever-III 3. Leg Ulcer 4. Erectile Dysfunction 5. Hemetemesis & Malena 6. Ear pain/Discharge 	<p style="text-align: center;"><u>Booklet V</u></p> <ol style="list-style-type: none"> 2. Diabetes Mellitus – II 3. Haematuria 4. Edema – I 5. Fever with Rash 6. Neck Swellings 7. Acute Abdominal Pain 	<p style="text-align: center;"><u>Booklet VI</u></p> <ol style="list-style-type: none"> 1. Chest Pain - I 2. Edema – II 3. Immunization 4. Head injury 5. Low back ache 6. Weight Loss
<p style="text-align: center;"><u>Booklet VII</u></p> <ol style="list-style-type: none"> 1. Bio-Ethics 2. Antenatal Care 3. Bites & Stings 4. Dyspnoea - I 5. Burns 6. Violence Management 	<p style="text-align: center;"><u>Booklet VIII</u></p> <ol style="list-style-type: none"> 1. Anemia 2. Rational Prescribing 3. Newborn care 4. Diminished Vision 5. Palliative Care - I 6. Palliative Care – II 	<p style="text-align: center;"><u>Booklet IX</u></p> <ol style="list-style-type: none"> 1. Contraception 2. Sterilization 3. STI 4. Red Eye 5. Dyspnoea - II 6. Movement Disorder
<p style="text-align: center;"><u>Booklet X</u></p> <ol style="list-style-type: none"> 1. Bleeding disorder 2. Jaundice 3. Vaginal discharge 4. Acute Poisoning 5. Hemiplegia & Hemiparesis 6. Dyspnoea – III 7. Women & Children 	<p style="text-align: center;"><u>Booklet XI</u></p> <ol style="list-style-type: none"> 1. Foot problems 2. Joint pain 3. Skin Infections 4. Menstrual Irregularities I 5. HIV – Basic Science 6. Sleep disorders 	<p style="text-align: center;"><u>Booklet XII</u></p> <ol style="list-style-type: none"> 1. Geriatric Module 2. HIV – Opportunistic Infection 3. Obesity 4. Shock 5. Menstrual Irregularities II 6. Hansen’s Disease

Appendix II**List of required skills**

SURGERY	MEDICAL
Suturing skills	Central venous access
I & D	Pleural aspiration
Hydrocoelectomy	Intercostal drainage
Injection Hemorrhoids	Paracentesis abdomen
Lymphnode biopsy	Bone marrow aspiration
Excision subcutaneous swellings	Basics of handling a ventilator
Circumcision	Taking an ECG
FNAC	ANESTHESIA
POP	
Basic fracture and dislocation management	
OBGYN	Spinal and regional Anesthesia
Suction Evacuation	Airway maintenance and endotracheal intubation
Manual removal of placenta	Basic and advanced life support
Forceps application	Acute trauma care
Episiotomy & suturing	PEDIATRICS
D & C	
Pap smear & Cervical biopsy	
Tubectomy	Neonatal assessment & resuscitation
LSCS	LP for meningitis
IUCD insertion	Intraosseous fluid therapy

Appendix III**Tentative List of approved hospitals**

No	Place	Point Person	Hospital contact details
1	Meghalaya	Dr. David Tariang 0364-2548053; 2546699 No email address	Gordon Roberts Hospital, Shillong, Meghalaya, - 793002
2	Uttar Pradesh	Phone: 05444-222165(O), 224497(O), robertsganj@eha-health.org ; ionewills@eha-health.org ; uttam@eha-health.org	Jiwan Jyoti Christian Hospital Robertsganj, Sonbhadra District – 231 216, Uttar Pradesh
3	Uttaranchal	Dr.Rajkumar Daniel 09927005502 herbertpur@eha-health.org ;	Herbertpur Christian Hospital Herbertpur District Dehradun Uttaranchal 248142 Phone: 01360-250260 (O), 250887 (R), 09412952779
4	Madhya Pradesh	Dr. Shalini shalini.ninan@gmail.com 9981165825	Christian Hospital, Chhatarpur Mahoba Road, Chhatarpur - 471 001, Madhya Pradesh chhatarpur@eha-health.org anil_tinacherian@hotmail.com
5	Chhattisgarh		Christian Fellowship Hospital. Rajnandaon, Chhattisgarh-491 441
6	Tamil Nadu	Dr.Vineeth 09487417804 cfhospital@eth.net cfh@sancharnet.in	Christian Fellowship Hospital Oddanchatram, Dindigul Dist Tamil Nadu 624619 Phone: 04553 240983, 240226, 241226 , 241379 Fax: 04553-41181
7	Bihar	Dr.Sunil Gokavi sunil@eha-health.org 09835844499	Duncan Hospital East Champaran District Bihar 845305 duncan@eha-health.org Phone: 06255 – 220653, 223715 (O), 223684, 09835276386
8	Orissa	Dr. Johnny Oomen jamoommen@gmail.com ; chb@dte.vsnl.net.in	Christian Hospital, Bissamcuttack P O Bissamcuttack Rayagada Dist Orissa 765 019
9	Orissa	Dr. Vinod Oomen ashakiran.orissa@gmail.com ;	Asha Kiran Hospital PO Lamtaput District Koraput Orissa – 764 081
10	Assam	Dr. Deepak deepak@eha-health.org	Baptist Christian <i>Hospital Mission</i> Chariali. Tezpur, Sonitpur Dist., Assam - 784 001.

11	Assam	Dr. Gnanraj ignanaraj@eha-health.org	Burrows Memorial Christian Hospital Post. Banskhandi, Dist. Cachar, Alipur, Assam – 788101
12	Assam	Dr. Vijaya Anand Ismavel, makunda@eha-health.org	EHA Hospital, P.O. Bazaricherra, Karimganj District – 788 727, Assam Phone No.03843-287811
13	Karnataka	Dr. Solomon Chellaiah csolly@gmail.com 09844027058	Basel Mission CSI Hospital Betgeri - Gadag Karnataka- 582102 Phone: 08372-45368
14	Himachal Pradesh	Dr. Jacob Jayakar jacobjayakar@gmail.com	Lady Willingdon Hospital Manali P O Box - 2 Kulu Dist Himachal Pradesh 175131 philalex1@gmail.com
15	Madhya Pradesh	Dr. Madhurita Singh 09425610617 padharhospital@gmail.com	Padhar Hospital P O Padhar Betul Dist Madhya Pradesh 460005

Appendix IV

List of pre-recorded lectures

1. An approach to jaundice	8. Treatment of UMS in primary care
2. Palliative care	9. Erectile dysfunction
3. Palliative medicine for GP's	10. Swellings in the neck
4. Vaginal discharge	11. Diagnosis and classification of diabetes
5. Weight loss in adults	12. Approach to paraplegia and quadriplegia
6. An approach to lung disease	13. HIV for GP's
7. Hepatitis B	14. Hypothyroidism: twists and turns
15. Stroke localization	38. Vomiting in the newborn
16. Functional bowel disease	39. Developmental delay
17. Delirium in the elderly	40. Abdominal ultrasound in family practice
18. Chronic diarrhea	41. Benign prostate hyperplasia
19. Approach to back pain	42. Management of pulmonary edema
20. Superficial fungal infections	43. Drugs and psychiatry in family medicine
21. Introduction to family medicine	44. Management of traumatic laceration
22. Consultation skills in family medicine	45. Stitch craft

23. Approach to fever	46. Wound management
24. Infertility	47. Immunization
25. Practical management of a dizzy patient	48. Osteoporosis
26. Diabetes mellitus I (Etio-pathology and types)	49. Using psychotropic drugs in FM
27. Diabetes mellitus II (Drugs)	50. Approach to red eye
28. Management of asthma	51. Diet – Renal, hypertension, DM
29. Renal disease in children	52. Physiotherapy in general practice
30. Earache	53. Approach to anemia
31. Seizures in children	54. Antenatal care
32. Hypertension	55. Headache
33. Drugs in hypertension	56. Amenorrhea
34. Cirrhosis	57. Syncope
35. COPD	58. Approach to dyspnoea
36. Medical checkup	59. Approach to \arthritis
37. Sexually transmitted infections	60. Chronic renal disease

Appendix V

PROJECT CYCLE

Project work is an important part of the course. The student may conduct a service improvement project or a research project.

The aims of project work are:

1. To develop skills in conducting project work
2. To address a local need and study a local health project
3. To identify with the hospital and improve the quality of some selected clinical service(s).
 - a. **Steps Orientation session:** Students will be oriented to project work as part of the course
 - b. **Needs assessment and project outline:** - Students will conduct a needs assessment and prepare a project outline. This will have to be approved by the administrative in charge. Students may suggest a guide from CMC faculty based on their interest area. This should be sent to DDE office by **May 1, 2010**.
 - c. **Preparation of full project plan:** The student will complete a full project plan according to guidelines and submit it to the DDE office and their project guides by **July 7, 2010**. This will be formally approved by the faculty guide.
 - d. **Presentation of interim report:** Students will present their interim project report during contact session II (**Feb, 2011**) to their faculty guides.
 - e. **Final project report and presentation:** Students will submit their final project report by **August 15, 2010**. The final project report will be presented during the contact session III. Students should meet minimum requirements for project work for course completion.