

CHRISTIAN MEDICAL COLLEGE

VELLORE, INDIA

DEPARTMENT OF DISTANCE EDUCATION



Distance
learning
in **FAMILY**
MEDICINE

PROSPECTUS 2019
Post Graduate Diploma in Family Medicine
(PGDFM)

**Post Graduate Diploma in Family Medicine
(PGDFM)**

(2 YEAR DISTANCE EDUCATION COURSE for MBBS & Post Graduate Doctors)



ADMISSION TO THIS COURSE IS SUBJECT TO APPLICABLE REGULATIONS BY CMC ADMINISTRATION.

Admission to CMC, Vellore is through the process described in the prospectus. No fee or donation or any other payments are accepted in lieu of admission, other than what has been prescribed in the prospectus.

The General Public are cautioned therefore not to be lured by any person / persons offering admission to any of the courses conducted by CMC. Should any prospective candidate be approached by any person / persons, this may immediately be reported to the law enforcement agencies for suitable action and also brought to the notice of the College at the following address:

**CHRISTIAN MEDICAL COLLEGE,
3/1 Arni Road, Above Shalom clinic, first floor,
Vellore 632 001
Phone +91 416 2285601, +91 9385285893,
Email: info@cmcdistedu.org
Website: courses.cmcdistedu.org**

IMPORTANT INFORMATION

The purpose of this course is to impart knowledge and provide skills upgradation for general practitioners in Family medicine at the primary care level. This is not equivalent to any post graduate residential courses in Family Medicine such as DNB / MD. Currently, this course is not affiliated to any university nor recognized by the MCI.

Note: We do not admit students through agents or agencies. College will not be responsible for any candidates or parents dealing with such person /persons.

1. PREAMBLE

The large GP network is the mainstay of healthcare delivery in India. There are close to 2,50,000 General Practitioners (GPs) in India who have no access to postgraduate education. There is no mandated continuous education for physicians and most of the GPs do not have many opportunities to remain up-to-date with the developments in the medical education. The lack of continuous updating of knowledge and skills by the GP's has led to a situation where there are excessive referrals because of lack of confidence in handling cases even with the slightest complication. Many patients, therefore, end up visiting multi-specialty hospitals where the health care costs are very high. If there are opportunities at their doorstep for the busy GPs to update themselves and to hone their skills, it would bridge these gaps.

This two year Distance Learning Program which uses andragogic methods aided by technology and delivers through problem-based self-learning modules, video-lectures, video-conferencing, face-to-face contact programs and innovative teaching-learning methods, aims to equip large numbers of General Practitioners (GPs) and Primary healthcare physicians to become competent to *'Refer less & Resolve more'*, right from where they are! The course also has a strong component of ethics, values and social responsibility. Aspirants from both private and public sectors in India and international students from other developing countries can apply.

2. COURSE OBJECTIVES

The overall objective of the PGDFM programme is to build the capacity of GP's and enable them to manage more cases so that referral becomes less necessary – hence the motto:

'Refer less Resolve more'

A graduate of the course should be able to perform the following functions, with a high level of integrity, commitment and competency:

- Develop a strong base in the core Family Medicine principles like patient centeredness, comprehensiveness, whole person care, etc.
- Diagnose and treat effectively the common diseases occurring in all age groups, across a wide spectrum of disciplines including Medicine, Surgery, Paediatrics, Obstetrics and Gynecology, Orthopedics, Dermatology, ENT and Ophthalmology.
- Detect at an early stage, life, limb and vision-threatening potential emergencies, so that urgent treatment and prompt referral to the tertiary care hospital is made.
- Promptly treat common emergencies that present to a general outpatient set up and refer patient after initial stabilization.

- Develop a broad-based comprehensive approach to health problems affecting all age groups.
- Discuss the relevant and up-to-date basic science, etio-pathogenesis of diseases in the context of diseases presenting in undifferentiated forms or in the background of chronic diseases.
- Use a syndromic and algorithmic approach to the management of health problems without the use of sophisticated investigations.
- Incorporate the role of cost-effective wholistic management
- Develop an ethical and compassionate approach to patients under their care.
- Practice focused clinical history-taking and physical examination in specific clinical settings
- Network with the specialists such that they can continue the care of patients undergoing sophisticated tertiary level care, between appointments.
- Implement recognized protocols for health promotion in all age groups.
- Organize and promote rehabilitation for the disabled.
- Participate in community health programs, especially those which are components of national health policies.
- Be motivated to improvise and problem-solve in resource-poor settings.
- Generate enthusiasm in the health team, so that they can provide high quality, appropriate, ethical and comprehensive care.
- Ensure a therapeutic environment for patients and relatives, to enhance confidence in the health system and the health care professionals.
- Competent in medical record-keeping and data management.
- Develop as teachers who can communicate and train team members, community members and other medical fraternity

3. NO OF SEATS: 200 (maximum)

4. COURSE DURATION: 2 Years

This is a 2-year Blended learning course 'comprising of both distance learning as well as hands-on component.

5. ELIGIBILITY CRITERIA

This course is open to both Indian citizens and foreign nationals

- All candidates must possess a valid MBBS or equivalent degree
- All candidates must possess a valid MCI/State Medical Council registration.
- This course is open to Indian citizens and foreign nationals. Foreign candidates should be registered with appropriate accrediting bodies in their own countries

There is no Entrance Test for this course.

6. SELECTION PROCESS

Weightage in selection will be given to

1. Those who have served or are serving in **Areas of need***
2. Work experience in rural areas for more than 10 years.
3. Women candidates

Areas of need*

- Christian Mission hospitals
- Rural hospitals
- Govt. hospitals - PHC's, CHCs, District Hospitals, Govt. Medical Colleges
- Quasi Govt. hospitals – eg. Armed forces
- Registered NGO' Hospitals- includes NGOs working with need-based health spheres such as HIV, Home care, Palliative care, Geriatrics, Disabilities etc. or involved in tribal /rural work /work in slums.

7. COURSE COMPONENTS

1. 100 Self-Learning Modules – for updating knowledge base
2. Video-lectures – for updating knowledge base
3. 33 days of Contact Programs– for developing Core Clinical Skills
4. 100 Assignments to be worked-through and submitted
5. Project Work to be completed during the course.

7.1 Self-Learning modules

The knowledge component of the course is designed in the form of 15 booklets, which comprises of about 100 self-learning modules. Each booklet contains 6 to 8 modules. An average of 2 hours per day will be needed to complete the booklets.

The modules are problem-based and are designed to challenge the candidates to give answers to problems posed, think of options, and to apply the material learned in daily practice. The problems are chosen and designed such that the practicing physician is familiar with them, and are therefore motivated to respond based on individual's prior experience. The modules are written in a self-learning format; making them interesting and easy to read.

The table below indicates how the topics are organized in the various booklets.

Table 1: List of Self Learning modules

HAND-BOOK	MODULE	TOPICS – YEAR 1
1. BASICS OF FAMILY MEDICINE	1.1	Principles of family medicine
	1.2	Health promotion and disease prevention in family medicine
	1.3	Communication and consultation in family medicine
	1.4	Medical documentation
	1.5	Referrals in family practise
	1.6	Family practise management
2 MEDICINE - PART I NEUROLOGICAL PROBLEMS & MENTAL HEALTH	2.1	Headache
	2.1	Seizures
	2.2	Stroke
	2.3	Movement disorders
	2.4	Sleep disorders
	2.5	Mental health problems
3. WOMEN'S HEALTH - PART I	2.6	Substance abuse
	3.1	Antenatal care
	3.2	Antepartum problems
	3.3	Medical diseases in pregnancy
	3.4	Intrapartum problems & care
	3.5	Postnatal care
	3.6	Contraception
4. CHILD HEALTH - PART I	3.7	Violence against women
	4.1	Screening for high-risk neonates
	4.2	Neonatal Resuscitation
	4.3	Normal newborn
	4.4	Common neonatal problems
	4.5	Breastfeeding and weaning
	4.6	Immunisation
5. SURGICAL TOPICS FOR A FAMILY PHYSICIAN - PART I	4.7	Developmental Delay
	5.1	Neck swellings
	5.2	Leg ulcers
	5.3	Acute abdomen
	5.4	Gastrointestinal bleeding
	5.5	Common ENT Problems
	5.6	BLS,ACLS, shifting of a critically ill patient
6. MEDICINE – PART II CARDIOVASCULAR PROBLEMS	5.7	Orthopedic problems – Part I
	6.1	Chest pain
	6.2	Dyspnoea –Part I
	6.3	Palpitations
	6.4	Syncope
	6.5	Oedema Part I
	6.6	Hypertension

	6.7	Shock
7. MEDICINE – PART III RESPIRATORY/ GASTROINTESTINAL PROBLEMS	7.1	Dyspnea part II
	7.2	Approach to cough
	7.3	Nausea and vomiting
	7.4	Dyspepsia
	7.5	Loose Stools
	7.6	Constipation
	7.7	Approach to Jaundice
HANDBOOK	MODULE	TOPIC – YEAR 2
8. BECOMING A FAMILY PHYSICIAN – ROLES, RESPONSIBILITIES AND ATTITUDES	8.1	Roles and Responsibilities of a family physician
	8.2	Chronic diseases follow up
	8.3	National health programs
	8.4	Health advocacy
	8.5	Biomedical ethics
	8.6	Team concept and leadership
	8.7	Family physician and community health
	8.8	Medico legal aspects
	8.9	Health informatics
9. MEDICINE - PART IV INFECTIONS AND GENITO URINARY PROBLEMS	9.1	Fever part I
	9.2	Fever Part II
	9.3	Sexually transmitted diseases
	9.4	HIV
	9.5	Haematuria
	9.6	Lower urinary tract symptoms
	9.7	Oedema Part II
10. WOMEN’S HEALTH – PART II	10.1	Menstrual irregularities – Part I
	10.2	Menstrual irregularities – Part II
	10.3	Vaginal discharge
	10.4	Breast problems
	10.5	Infertility
	10.6	Menopause
11 (A & B). CHILD HEALTH – PART II	11.1	Growth Monitoring and malnutrition
	11.2	Common paediatric problems part I
	11.3	Common paediatric problems part II
	11.4	Common paediatric problems part III
	11.5	Common paediatric problems part IV
	11.6	Common paediatric emergencies
	11.7	Child abuse
12. SURGICAL TOPICS FOR A FAMILY PHYSICIAN - PART II	12.1	Groin swelling
	12.2	Head injury
	12.3	Oral health
	12.4	Red eye
	12.5	Diminished vision
	12.6	Anesthesia for family physician

	12.7	Orthopedic problems part II
13 MEDICINE - PART V MUSCULOSKELETAL PROBLEMS AND LIFESTYLE MEDICINE	13.1	Joint pains
	13.2	Aches and pains
	13.3	Weight loss
	13.4	Obesity
	13.5	Diabetes
	13.6	Lifestyle modifications
14. SKIN/BLOOD PROBLEMS AND EMERGENCIES	14.1	Common infectious skin conditions
	14.2	Common non-infectious skin conditions
	14.3	Anemia
	14.4	Bleeding disorders
	14.5	Emergencies for a family physician part I
	14.6	Emergencies for a family physician part I
15. OCCUPATIONAL HEALTH AND AGE SPECIFIC PROBLEMS	15.1	Occupational health
	15.2	Adolescent health problems
	15.3	Men's health
	15.4	Geriatric problems
	15.5	Palliative care – Part I
	15.6	Palliative care – Part II

7.2 Video-Lectures

There are some pre-recorded video-lectures, which are part of the course curriculum. These are provided as the end-of-day assignments during contact programs as preparation for the next day's class. Rest of the videos shall be assigned to be watched at home. Details of the video lectures shall be provided separately.

7.3 Contact Programs

The contact programs forms a very important part of the course components. Candidates will be required to attend 3 Contact Programs of 11 days each (11+11+11 = 33 days), during the course period of 2 years. These are intensive sessions of 33 X 8 = 264 hours duration (approx).

- Contact session (CP 1) : February 2020
- Contact Session (CP 2) : October 2020
- Contact Session (CP 3) : June 2021

List of contact centres

- MOSC Medical College, Kolenchery, Kerala
- Bangalore Baptist Hospital, Bangalore, Karnataka
- St. Theresa's Hospital, Hyderabad, Andhra Pradesh
- Railway Hospital, Perambur, Chennai, Tamil Nadu
- Mission of Mercy Hospital, Kolkata, West Bengal
- Padhar Hospital, Padhar, Madhya Pradesh
- Herbertpur Christian Hospital, Herbertpur, Uttar Pradesh
- Baptist Christian Hospital, Tezpur, Assam
- Pune Adventist Hospital, Pune

The qualified candidates shall be allocated a Contact Centre nearest to their place of work, subject to availability of seats. Candidates with earlier date of submission of application will be given preference during centre allocation.

7.4 Assignments

There are about 100 modules in 15 volumes of the books. Each module comes with an assignment which is MCQ based. These assignments are to be submitted periodically as per the due dates, as partial fulfillment of the course requirements.

7.5 Project Work

The candidates are also required to complete a project work. Project work requires some fact finding, applied learning and basic research methodology and paper writing skills. Details about the project will be intimated after enrolment.

8. ASSESSMENTS

The course assessment is done in two parts: formative assessment and summative assessment. The formative assessments have equal weightage as the summative assessments.

Summative Assessments:

- First Year Exam – will be conducted at the contact centers during the CP 2.
- Second year Exam – will be conducted at the contact centers during the CP 3.

The first year and second year examination will include both theory paper as well as a practical examination.

Formative Assessments:

1. **Log Books** containing sections to:

- Record daily reflections on the day's learning and how this will impact one's future clinical practice
- Clinical skills taught and practiced at each Contact Session.

2. **Review Test** conducted during contact programs

3. **Assignments** To be completed and submitted at the end of each Module. These are carefully designed in a range of styles to assess the candidate's ability to integrate skills, attitudes and values with theoretical knowledge.

4. Project-Work

9. CRITERIA FOR THE AWARD OF DEGREE:

A candidate should complete the following criteria for the successful completion of the course

50% Marks in Summative Assessment	50% Marks in Formative Assessment	Minimum 30 days of contact program attendance
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10. COURSE FEE

10.1 Fees break up for Indian citizens residing and working in India:

NO	Description	Rate
1	Printed Material Cost	32,200/-
2	Contact Programs & online study material	25,000/-
3	Course Administration cost	31,400/-
4.	Examination Cost	1,400/-
	Total fees (Indian Rupees)	90,000/-

Payment of fees in instalments

There is an option to pay the course fees in two instalments if a candidate is unable to pay the entire amount in a single instalment

Installment	Fees per instalment
1 st Installment	Rs. 60,000/-
II instalment	Rs. 30,000/-

10.2 SAARC Nationals (Except India) → Residing and working in SAARC countries

Course Fee: US\$1900

- The entire fee has to be paid in a single instalment.
- The currency exchange rate shall be the market rate on the date of payment

10.3 Foreign Nationals and Non Resident Indians

Course Fee: US\$2500

- The entire fee has to be paid in a single instalment.
- The currency exchange rate shall be the market rate on the date of payment

Application fee and course fee once paid will not be refunded for any reason.

10.4 Scholarships

Scholarships are available for candidates (upon request in writing), who are working or willing to work in the Mission Hospitals. The candidates requesting for scholarship are required to undertake to work for a period of at least 1 year in a mission hospital. This one year period of service should be carried out during the course period i.e. between August 2019 to July 2021

Mission Hospitals : -

- Hospitals under Sponsoring bodies and churches of CMC Vellore Council (See Annexure I)
- Hospitals under Christian Organisations/institutions not mentioned in Annexure I
- Hospitals under Catholic Organisations/institutions

The request for scholarship must be supported by a letter from the head of the Hospital/institution as per the format given below

The scholarship shall be awarded based on the recommendation of the scholarship committee. Decision of the Scholarship committee is final.

Further information can be obtained by sending an email to info@cmcdistedu.org

11. SUBMISSION OF APPLICATION

The applications for the PGDFM 2019 should be submitted online and can be accessed using the link: courses.cmcdistedu.org

KEEP THE FOLLOWING ITEMS READY

1. SOFT COPY OF PHOTOGRAPH

- Your recent photograph must be in colour and **must be taken in a professional studio**. Photograph taken using a mobile phone and other self-composed portraits are NOT acceptable.
- Photograph must be taken with a white or very light-coloured background
- Ask your photo studio to provide the image in JPEG format with specifications - width 150 x Height 150 pixels. ONLY JPEG format will be accepted.
- Ensure that the Photograph size is between 5KB and 80KB

2. SOFT COPY OF CERTIFICATES

Scanned copy of the certificates that are to be uploaded for PGDFM 2018 course application include the following:

- For Indian Nationals & NRIs
 - (a) MBBS degree certificate
 - (b) MCI or State Medical Council Registration Certificate
 - (c) MCI Screening test certificate (if the candidate has completed MBBS abroad)
 - For Foreign Nationals
 - (a) MBBS degree certificate (or equivalent degree certificate)
 - (b) Registration Certificate (with appropriate accrediting bodies in their own countries)
 - (c) Photocopy of their passport or other documentary proof of citizenship
- Scan the certificates using scanner at 200 pixels per inch (dpi).
 - Ensure that the PDF file size is between 50 KB and 500 KB.
 - Only PDF files will be accepted.

The last date to submit the online application is 5th August 2019.

ANNEXURE I

List of sponsoring bodies and churches of the CMC Vellore Council

1. Andhra Evangelical Lutheran Church
2. Arcot Lutheran Church
3. Assemblies of God in North India
4. Baptist Church of Mizoram
5. Chaldean Syrian Church of the East
6. Christian Assemblies in India
7. Christian Service Society of the Bengal-Orissa - Bihar Baptist Convention
8. Church of North India, Nagpur Diocese
9. Church of North India Synod - The Synodical Board of Health services
10. C.S.I. Coimbatore Diocese
11. C.S.I. Diocese of Dornakal
12. C.S.I. Kanyakumari Diocese
13. C.S.I. Karimnagar Diocese
14. C.S.I. Karnataka Diocese Inter Diocesan Medical Board
15. C.S.I. Krishna - Godavari Diocese
16. C.S.I. Madras Diocese
17. C.S.I. Madhya Kerala Diocese
18. C.S.I. Madurai-Ramnad Diocese
19. C.S.I. Medak Diocese
20. C.S.I. North Kerala Diocese
21. C.S.I. Rayalaseema Diocese
22. C.S.I. South Kerala Diocese
23. C.S.I. Tiruchy-Tanjore Diocese
24. C.S.I. Tirunelveli Diocese
25. C.S.I. Vellore Diocese
26. Council of Baptist Churches in North East India
27. Council of Christian Hospitals
28. Eastern Regional Board of Health Services
29. Emmanuel Hospital Association
30. Evangelical Lutheran Church in Madhya Pradesh
31. Gossner Evangelical Lutheran Church
32. India Evangelical Lutheran Church
33. Inter Ashram Fellowship
34. Jeypore Evangelical Lutheran Church
35. Khasi Jaintia Presbyterian Church Synod
36. Kolhapur Church Council
37. Malankara Jacobite Syrian Orthodox Church
38. Malankara Orthodox Syrian Church Catholicate of the East
39. Marathi Mission
40. Mar Thoma Syrian Church of Malabar
41. Mennonite Medical Board of the Mennonite Church in India.
42. Methodist Church in India
43. Mizoram Presbyterian Church Synod
44. North Bank Baptist Christian Association
45. Poona Christian Medical Association
46. Salvation Army South Eastern India Territory
47. Salvation Army South Western India Territory
48. Salvation Army Western India Territory
49. Samavesam of Telugu Baptist Churches
50. Southern Asia Division of Seventh Day Adventists
51. Tamil Evangelical Lutheran Church
52. U.P. Regional Board of Health Services
53. The Leprosy Mission
54. Christoffel Blinden Mission
55. C.S.I. Jaffna Diocese
56. International Mission Board, Southern Baptist Convention
57. South East Asia Union Mission of SDA Singapore
58. United Mission to Nepal
59. Christian Medical College, Vellore
60. College of Nursing, CMC
61. Undergraduate College Sponsorship for Christians

Annexure II

This is to certify that (Name of Candidate), CMC Application No:____, son/daughter of __ has undertaken to work in our hospital for a minimum period of one year during the period from 1st August 2019 to 31st July 2021 . The hospital management takes the responsibility to intimate CMC Vellore regarding the completion of the same as well as any breach in the completion of this service obligation.

FEEDBACK FROM OUR ALUMNI...

I was blessed in many ways to be born and brought up in the small border State of Nagaland in the far flung Northeast India...I say many' because Nagaland has one of the most beautiful landscapes...where you find amazing mountains amid the lush green valleys and where the most exotic wild flowers and orchids bloom in the dense virgin forests.

We are a small group of people, comprising of 16 tribes. Here the development is at a snail's pace and there are no medical or dental colleges.

After graduation in 2005, I felt I was ready to be of help with what I learnt then and so felt post graduation could wait. After a year in HCH, Herbertpur I joined Dimapur District Hospital as M.O in-charge of the Anti-Retroviral Unit. It was then that I realized that I needed to be more equipped if I wanted to offer my patients my best as I had to deal with all sorts of ailments –OBG/Paeds/ Med/Skin/STDs. At times I had to refer them to the specialists which many would find unacceptable as they would have to wait the next day or sometimes the stigma would drive them away.

This was what made me to apply for the PGDFM course as it touched so many varied topics – everything I had in mind and more were being covered in the content of the 12 modules. The flexibility of the course was a big attraction. I could go to work, attend to my kids, manage my home and also at the same time, I was learning every day and getting more and more confident in my practice. The referrals indeed became minimal, all thanks to the course. At the same time, I was also aware of when to refer my patients. The Contact sessions were of great help, especially the video-conferencing. I would also like to thank the board for opening new centers in the North East and yes, even here in Dimapur. Thank you for not forgetting us- the minority!

Today, having completing my PGDFM, I feel so honored and count myself privileged to be a part of the convocation here in CMC Vellore. I will indeed remain indebted for all the knowledge imparted to me through this course. Thank you.Sungiggü shwen!

Dr.Victoria Seb Khing, Dimapur, Nagaland

I count myself fortunate to be an alumnus of this esteemed seat of learning. It is difficult to express in words how amazing this journey of learning has been for me.

I wish to congratulate the visionary who conceived this course. The excellence with which the course material was prepared made it apt, interesting, thought provoking and highly informative which is highly commendable. The problem based approach makes it very practical and the knowledge gained can be easily applied. The pace of the course is well organized and periodical assessments keep the student focused. The contact classes were very useful, well organized and practical. The facilitators were very warm and resourceful. The course is unique as it covers topics like consultation skills, ethical issues, breaking bad news and palliative care which are new grounds to many.

The fairly tough exams, the continuous assessment in the form of questions in each booklet, the log books, weightage to attendance, and the dissertation ensured that the assessment was thoroughly comprehensive. Last but definitely not the least, the office of the Distance Education Department was very cooperative and always courteous and ready to go the extra mile for us.

I am really privileged to have taken this course which not only made us better physicians and gave us a Diploma but also gave us a new vision—the vision to see the need and minister unto the needy with passion & empathy. It has opened our eyes to realize our role and given us confidence to make a difference in healing the world. **Dr.Moses Jayachander Kantipudi, Awali, Bahrain**

It is through NRHM that I enrolled in the PGDFM course with CMC Vellore. Learning at this old age has been a fascinating experience for us. Previously in our hospital there used to be 30-35 referrals per month for post partum haemorrhage. The tertiary care centre is about 50 kms from our place and half of the referred cases used to die on the way. After this course the referral has come down drastically to 2-3 cases per month and we have been able to save lives. I am in a much better position to diagnose cardiac cases like MI, silent angina earlier and give the patients the appropriate treatment at the right time. This course has also been very helpful in managing road traffic accidents and I feel proud to state that I have been able to save a few lives through proper management. Now we are able to manage our cases more efficiently. This has brought down the treatment cost, and referrals to a great extent. This course has proved to be a boon for a poor state like Bihar and it may to some extent help the economy of the state. In my opinion this is a perfect course to attain the motto of refer less resolve more. My personal recommendation is that every doctor after completing MBBS especially, those of the backward states should go through this course. In the end I would like to thank CMC Vellore especially Dr. Vinod Shah without whom this speech would become irrelevant and whose dedication and wisdom designed this course. It has helped us to serve the suffering mankind better and more efficiently. I would also like to thank the doctors, staff and the management of Duncan Hospital, Raxaul for making the contact program interesting and interactive and also taking utmost care of our accommodation during our stay there.

To conclude I would like to adhere to the motto of CMC -- NOT TO BE MINISTERED UNTO BUT TO MINISTER. Long live CMC !

Dr.Sanjay Jhun Jhun Walla, Samastipur, Bihar

We are extremely to have this opportunity to express our gratitude to CMC Vellore for the Distance Education Program in family Medicine. No words can express the benefits and support we obtained through this course in our day to day practice.

We are proud to say that after completing this course we have a lot more confidence and courage in managing each and every case presented to us.

Thanks and adoration flow deep from our hearts to each one of you who took so much pain and effort in preparing the notes and classes of this program. This is the finest example of the selfless and dedicated efforts of a devoted group of people – the outcome being this ever growing yearly batch of fine family medicine Physicians.

Dr. Sara Susan Maveli, Sharjah, UAE

At a time when acquiring post-graduate education is a hard-task and most often an unfulfilled dream, this Post-graduate diploma in Family Medicine came as a blessing to a budding physician like me.

I have not only gained knowledge and skill but also more importantly confidence in being able to provide a full spectrum of care to patients encompassing almost all ages, sexes, organ systems and disease entities.

Holistic and continuing care for an entire family was one of the key learning points I obtained from this course. As we all might be familiar, many patients face the trouble of running from doctor to doctor/specialist to specialist for their various health issues. In this context, I feel that we the family physicians are the solution to this problem.

I would like to thank CMC and all the wonderful people involved in this course for making us all-round physicians. Thank you!

Dr. Saira Nooreen K, Chennai

For someone who worked for over 6 years in the Health Insurance sector abroad, I found myself like a fish out of water' when I wanted to get back to clinical medicine. This course was like a stick stretched out to a sinking man'. The books etch out the vision of a team, committed to making a difference to the health care of this nation. The vision is now an integral part of us & will be as long as we practice.

The on field' application of all the chapters was a great stand out in the entire course. It was not just about learning topics, but getting equipped to do things on our own and taking up greater responsibilities.

A chance to be taught by Dr. Alka Ganesh and the senior teachers, meeting the pioneer – Dr. Vinod Shah, was a landmark for us and something we will always remember. For those of us who had graduated some years back, the first contact program was as if we were back to the MBBS days, with the bonding and the fun times.

Most of us have God-given visions, but just a handful are able to make them a reality, so here's a big THANK YOU to the CMC Distance Learning team, for taking a dream and making it into reality.

I believe that one drop at a time, will eventually make an ocean of responsible and committed doctors, in service to this nation.

Dr. Maria S Denzil, Bangalore

I feel this course is really good and helpful especially to those doctors who have totally lost touch with clinics. This course enriches our clinical knowledge and enables us to see and treat the patients more confidently. The course has widely covered almost all aspects of medicine in concise form. For this I really thank CMC Vellore for giving us the opportunity to go through this course. I hope this course will really help the future batches.

Dr. Rinku Ghosh, Bangalore

I am working in a health centre in Kerala. This course helped me to improve my consultation skills. It made me more confident in the management of non-communicable diseases such as hypertension & diabetes. The practical sessions of otoscopy & fundoscopy helped in improving my clinical skills. My ECG READING skills also improved after this course.

Dr. Preetha S.R, Trivandrum

When I started my medical practice as a general practitioner after a gap of 15 years the PGDFM course came as a boon to refresh my knowledge and practice of medicine.

The problem approach which the modules contained stimulated my reading and helped me to approach the vital aspects of diagnosis and management.

The contact programs have greatly enhanced my learning with facilitators from CMC and locally based consultants. The facilitators from overseas who are family medicine practitioners made the subject clearer and corrected some of the obsolete management of medical problems.

The aspects of bioethics, palliative medicine, reproductive medicine and all the 75 modules were presented in pleasing colours with good quality pictures.

I am glad that I had this unique opportunity of doing PGDFM from CMC which has been passionately enabling Indian doctors to serve the people.

Dr. Devavaram Prathipaty, Guntur, Andhra Pradesh

CONTACT DETAILS:

The Coordinator
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