

CHRISTIAN MEDICAL COLLEGE
VELLORE, INDIA

DEPARTMENT OF
DISTANCE EDUCATION



Post Graduate Diploma in
Rehabilitation Medicine
(PGDRM)



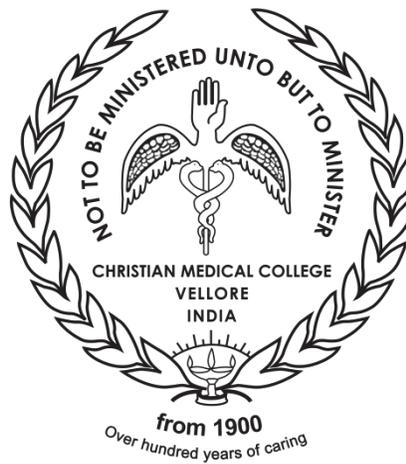
Post Graduate Diploma in
Rehabilitation Medicine



PROSPECTUS 2021

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2021



**Post Graduate Diploma in Rehabilitation Medicine
(PGDRM)**

**(ONE YEAR BLENDED LEARNING COURSE
for MBBS/PG Doctors)**

**ADMISSION TO THIS COURSE IS SUBJECT TO APPLICABLE REGULATIONS BY
THE 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.

Therefore, the General Public is cautioned 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:

Please note: We do not admit students through agents or agencies. The college will not be responsible for any dealings with such a person/persons.

**Department of Distance Education,
3/1, Arni Road,
1st Floor, above Shalom Clinic,
Christian Medical College, Vellore-
632001
Phone +91 - 416 - 2285610
Email: info@cmcdistedu.org
Website: <http://courses.cmcdistedu.org/>**

IMPORTANT INFORMATION

The purpose of this course is to impart knowledge and provide skills up-gradation for general practitioners in rehabilitation medicine at the primary care level. This is not equivalent to any postgraduate residential courses in PMR Physical Medicine and Rehabilitation such as DPMR/MD/DNB. Currently, this course is not affiliated to any university nor recognized by the MCI.

1. PREAMBLE

In India, around 26.8 million people are disabled as per the 2011 census. This number is estimated to be around 65 million in 2018. Around 70% (18.7 million) people with disabilities are living in the rural areas. Locomotor disability and multiple disabilities are more in rural and remote areas than urban regions. The percentage of disabled to total population in India has also increased considerably compared to the previous decade. Only 36.3% of the disabled population is employed primarily because they were not properly rehabilitated and motivated. According to a study, persons with disabilities are more likely to be victims of violence or rape, less likely to obtain access to healthcare facilities, social justice, legal protection and preventive care. After cost, the lack of services in the local area is the second most frequent reason for people with disabilities not using health facilities.

In order to target the poor people with disabilities in remote and rural areas, it is quite crucial to train various levels of health care providers in rehabilitation care. This will further enable creating and strengthening the mini rehab setups. Practicing general physicians with an MBBS degree are primarily to be upgraded in rehabilitation skills so that scientific, evidence-based medicine can be appropriately administered to this section of vulnerable people.

This one-year program uses many teaching-learning techniques to make adult learning both stimulating and interesting – contact classes include interactive lectures, clinics, skills development, group activities, and assessments. Assessments will be both formative and summative in nature. Formative assessments will include online assignments and quizzes as part of the interactive online modules, participation in online discussion forums, assessments during the contact programs as well as successful completion of a project. Summative assessments include both theory and practical examination at the end of the course. The course also has a strong component of ethics, values, and social responsibility. All this enables the doctor at the periphery to recognize the patients with disabilities early and provide care for them, as much as possible, at the grass-root level.

2. ELIGIBILITY CRITERIA

This course is open only to Indian citizens residing and working in India.

- All candidates must possess a valid MBBS degree certificate or equivalent. (Provisional MBBS certificates shall not be considered/accepted). Candidates possessing higher degrees, diplomas, or fellowships can also apply.
- All candidates must possess a valid MCI/ State Medical Council registration.
- All candidates must bring along a non-MBBS graduate in any field who has an interest in medical/rehabilitation work. Any graduate degree holder is eligible (but must possess a valid degree certificate and should be comfortable in written and spoken English).

Applicants, please note that the above criteria are mandatory for admission to the course.

The Doctor is the primary applicant for the course.

3. MAXIMUM INTAKE OF STUDENTS ANNUALLY

No. of seats: 30 pairs (MBBS graduate along with Rehabilitation Assistant).

4. COURSE DURATION: One Year

This is a one-year 'blended learning course' involving both self-learning, as well as a hands-on component in the form of two contact programs.

5. COURSE OBJECTIVES

Knowledge and skills to be acquired by the student on completion of the course

A. Doctor

- a. *To be able to do a comprehensive assessment of a person with disability.*
- b. *To be able to do a thorough examination, especially neurological and musculoskeletal on the patient with disability.*
- c. *To be able to recognize and address the common problems persons with disability (PWD) face.*
- d. *To be able to do minor procedures in the ward and in the outpatient setup.*
- e. *To be able to prescribe drugs rationally and give a comprehensive care plan to the PWD and their relatives.*
- f. *To be able to plan a rehabilitation program for the patient.*
- g. *To be able to plan out preventive strategies for problems faced by PWD in the community along with a rehabilitation assistant (RA).*

B. Rehabilitation assistant (RA)

- a. *To be able to do a therapy assessment on the patient and list out medical, cognitive, psychological, social, and financial problems.*
- b. *To assess and administer the physio, occupational, speech, and swallowing therapy under supervision.*
- c. *To be able to recognize and address the common emergencies among PWD.*
- d. *To be able to plan a rehabilitation program for the patient along with the doctor and the rest of the medical team.*
- e. *To be able to plan out preventive strategies for problems faced by the PWD in the community along with the doctor and other team members.*

C. Establishment of a primary care rehabilitation team

One of the core objectives of this course is to bring rehabilitation care to remote places. It is for this reason that every doctor has been asked to enroll along with another graduate. To achieve the goal of creating rehabilitation teams, the course has been specifically designed to foster team building. Course materials have been appropriately designed to meet the learning needs of both the doctors and the rehabilitation assistants.

Non-pharmacological strategies, which are time-consuming, are very important in the management of various problems of patients with disabilities. Many of these can be effectively administered by appropriately trained non-doctor graduates as well. Therefore, an integrated management plan that involves a doctor and a rehabilitation assistant will greatly benefit patients in low resource settings where specialist care is scarce or unavailable.

6. SELECTION PROCESS

- Up to 40% of the seats in the course will be reserved for women
- Up to 50% of the seats will be reserved for sponsored candidates

(See Annexure-I)

Weightage in selection will be given to those

- In practice for over 5 years
- In Christian Mission Hospitals, rural practice and those working in areas of need
(See Annexure-II)
- Who are currently working/associated with organizations providing care for people with disabilities
- With a passion for setting up rehabilitation services in their work areas
- Persons with disabilities (substantiated by a disability certificate by the Government)

*Candidates from Mission hospitals and Areas of need must furnish a letter from the head of the Hospital/Institution as per the format given in **Annexure-III**.*

There is no Entrance Test. The selection process is based on the above guidelines.

Note: The final selection of all qualified candidates is at the discretion of the Selection Committee. Any attempt by the candidate or their relatives to influence the admission process can lead to disqualification of the candidate.

7. COURSE COMPONENTS

1. Self-learning interactive online modules
2. Two contact programs of six days each (one at CMC Vellore and one at a mission hospital) for developing the core clinical skills in rehabilitation care.
3. Online assignments.
4. Project Work.
5. Online discussion forums.
6. Webinars for certain topics.

7.1. Self-learning modules

The knowledge component of the course is designed exclusively in the form of interactive online modules. The study material has been designed to inculcate the practice of self-studying and practical application of this theoretical knowledge. Several case vignettes based on common clinical scenarios have been designed to enable this learning.

Self-learning modules will cover the following:

- Introduction to Rehabilitation Care and the principles of rehabilitation
- Spinal cord injury rehabilitation
- Brain Injury Rehabilitation
- Stroke Rehabilitation
- Cerebral palsy and other learning disabilities
- Appliances
 - ◆ Amputation and Prosthetic devices
 - Upper limb Prosthetics
 - Lower limb Prosthetics
 - ◆ Orthotics
 - Upper limb Orthotics
 - Lower limb Orthotics
 - Ambulation appliances
 - Diabetic orthotics
 - ◆ Wheelchair
- Therapy in Rehabilitation Medicine
 - ◆ Therapeutic exercise

- ◆ Occupational Therapy
 - Hand functions
 - Functional activities (ADLs and IADLs)
 - Hand splints
 - Environmental modifications
- Swallowing and speech and therapy in Rehabilitation Medicine
 - ◆ Swallowing disorders
 - ◆ Speech, language, and communication dysfunctions
- Community-Based Rehabilitation
 - ◆ PWD Act
 - ◆ Disability certificate
 - ◆ NGO movements
 - ◆ Opportunities in education and vocation
 - ◆ Disability and Sports
- ELECTIVE MODULES
- (The team shall choose any 1 of these and these will not be assessed in the final summative assessment)
 - ◆ Rehabilitation of Chronic Neurological conditions (Specific conditions of Neuropathies, MNDs, Myopathies, and Neuromuscular disorders)
 - ◆ Low vision rehabilitation
 - ◆ Hearing impairment and hearing aids
 - ◆ Geriatric Rehabilitation
 - ◆ Cancer Rehabilitation
 - ◆ Rheumatologic Rehabilitation

7.2. Contact Programs

The contact programs (CP) form a very important part of the course. Candidates will be required to attend both the contact programs during the course period. These are intensive sessions of 12 x 8= 96 hours duration.

Contact program-1 (Hybrid contact program with an online component as well as an onsite component at CMC Vellore)	6 days	Contact program-2 (Hybrid contact program with an online component as well as an onsite component at peripheral network hospital)*	6 days
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*The second contact program centre will be in one of the peripheral network

hospitals of CMC, Vellore. Details will be intimated later.

Note: 100% attendance in the contact programs is mandatory for course completion

The objectives of the contact program are to: -

1. Impart a vision to practice ethical, rational, and evidence-based medicine
2. Obtain a strong overview of the principles of rehabilitation care
3. Motivate the practice of wholistic rehabilitation care in the primary care setting
4. Augment relevant theoretical knowledge and hone clinical skills
5. Discuss broad clinical approaches in rehabilitation care
6. Provide formative assessment through face to face interactions, review tests, and reflective logbooks

The contact programs focus on participatory learning involving a wide range of teaching methods employed by the facilitators. These focus on exploring the skills and attitudes required to practice high-quality rehabilitation care through demonstrations, interactive lectures, small group discussions, role-plays, debates as well as individual and group presentations. The students will observe consultants in both hospital outpatient and community-based settings, discuss patient scenarios, and also have a structured teaching program to transfer skills. Group discussions and role plays will be arranged to present concepts pertaining to ethics, inclusiveness of the persons with disabilities, communication skills and other aspects of professionalism.

The contact programs are of hybrid nature: both online and onsite face-to-face sessions will be conducted. The onsite (face to face) session will be held, subject to the relaxation of travel and other corona pandemic-related regulations stipulated by the government and our institute (CMC) periodically.

7.3 List of Skills

Skills for the doctors:

- I. History taking, musculoskeletal, neurological examination
- II. Assessment and management of spasticity, pressure sores, neurogenic bladder, and bowel
- III. Prevention of complications – pressure sores, contractures, neurogenic bladder, and bowel complications
- IV. Nonsurgical management of pressure sores- dressings and debridement.
- V. Home visits and Long term follow up strategies
- VI. Making Rehabilitation problem list and making a management plan
- VII. 3 stage assessment approach in rehabilitation care
- VIII. Psychological aspects of disability (Breaking bad news/ Discussion of the implications of severe disabilities, Grief processing, etc)

- IX. Diagnosing the neurological level of spinal cord injury
- X. Consultation skills- Child with cerebral palsy
- XI. Consultation skills- Stroke
- XII. Consultation skills- Amputation
- XIII. Consultation skills- Disorders of consciousness (Vegetative state, MCS, and EMCS)
- XIV. Consultation skills- Common neurologic conditions
- XV. Consultation skills- Common chronic musculoskeletal conditions
- XVI. Patient education/group counseling skills/ caring for the caregiver
- XVII. Teamwork in rehabilitation - especially in a community context

Skills for rehabilitation assistants:

- I. Assessing the needs of the people with common disabilities (PWD), their families, and working at the community level, under supervision.
- II. Nurturing the team spirit while working with other professionals
- III. Implementing the generic practical applications in rehabilitation
- IV. Communication skills
- V. The following skills under supervision
 - a. Physiotherapy
 - i. Stretching exercises for all the limb and trunk muscles with all the needed precautions.
 - ii. Progressive strengthening exercises/ assisted AROM exercises with all the needed precautions.
 - iii. Helping in mobility training of various neurological and musculoskeletal conditions.
 - iv. Pulmonary rehabilitation: Breathing exercises, manual (assisted cough), and postural drainage with needed precautions
 - v. Promoting non-harming physiotherapy
 - vi. Educating the caretakers on the basic principles of physiotherapy to ease the transfer of physio care to home.
 - b. Occupational Therapy
 - i. *Hand functions:*
Assessment and training in hand functions for various disabilities related to neuro and muscular disorders with all the needed precautions.
 - ii. *Activities of Daily living:*
Assessment of ADL participation and training as per the felt needs of the patient and the family with all needed precautions.
 - iii. *Wheelchair skills:*
Training basic and advanced wheelchair skills to the patient
 - iv. *Transfers:*
Various methods of transfers for enhancing the mobility of the person with a disability with all needed precautions.
 - v. *Cognitive assessments:*

Using various scales and tools and training accordingly as per the instructions.

- vi. Assessments of architectural barriers for accessibility
- vii. Educating the caretakers on the basic principles of physiotherapy to ease the transfer of physio care to home.
- c. Swallowing, Speech and Language therapy
 - i. Basic assessment of swallowing functions and safe progressive implementation of compensatory strategies, rehabilitation approaches, and maneuvers as per the instructions.
 - ii. Speech and language assessment and respective orofacial exercises and compensatory techniques.
- d. Prosthetic and Orthotic services
 - i. Helping the patients with maintenance and adjustments of orthotic and prosthetic devices
 - ii. Assisting in taking measurements for common orthoses and walking aids eg. ankle foot orthosis(AFO), knee ankle foot orthosis (KAFO), elbow crutches, walker, etc.
 - iii. Assisting in taking measurements for wheelchair and basic maintenance and making CMC wheelchair cushion.
- VI. Vocational counseling and training for PWD; Safe sports and recreational aspects of people with disability
- VII. Community-Based Rehabilitation(CBR): Rehabilitative home visit, liaise with the CBR team; Early identification of disability conditions that needs further referral to a nearby rehab center
- VIII. Educating and counseling the persons with disability on relevant legislation and PWD Act

8.ASSESSMENTS

The assessments are both formative and summative. These assessments are essential for course completion. Both doctor and rehabilitation assistant would be required to complete these assessments.

8.1. Formative Assessments:

1. **Assignments:** Every online module will be followed by an assignment. All assignments will have to be submitted online. These assignments are to be submitted periodically prior to the due dates, as partial fulfillment of the course.
2. **Project-work** that requires some fact-finding and applied learning. The team of the doctor and rehabilitation assistant are also required to complete a project together in order to be eligible to graduate. Details about the project will be intimated separately in due course.
3. **Participation in discussion forums** - The participation of the candidate and his/ her contribution to the online discussions will be assessed. There will be an online discussion forum with different components such as clinical vignettes and pertinent questions regarding a specific topic. Participation in these discussion forums is an integral part of the formative assessment.
4. **Daily Review Tests** during the Contact Programs.

8.2. Summative Assessments:

- This includes both a theoretical and practical component and will be conducted at the end of the 2nd Contact Program.

9. Criteria for the award of Degree:

A candidate should fulfill the following criteria for the successful completion of the course. Both doctor and rehabilitation assistant would have to pass in order for the pair to complete the course successfully. The pass scores in each component are as follows:

50% IN SUMMATIVE ASSESSMENT	50% IN FORMATIVE ASSESSMENT (excluding project)	50% IN PROJECT WORK	100% ATTENDANCE DURING CP
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Both doctor and non MBBS graduates should pass in order for the degree to be awarded. The doctor will be awarded PGDRM, and the non MBBS graduate will be awarded a certificate as a Rehabilitation Assistant.

10. Total COURSE FEE*

Fees for Indian citizens residing and working in India:

- Application Fee: INR 1,000 (One thousand Rupees)
- Course Fee: INR 80,000 (Eighty thousand rupees only)

*INR is Indian National Rupee

Course Fees breakup

NO	Description	Indian (INR)
1	Study Material Cost (online material creation and delivery, Contact program materials)	35,000
2	Tuition fees	30,000
3	Administrative cost	15000
	Total Course fees	80,000

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

Note: - This is a total fee for the course inclusive of both Doctor & Rehabilitation assistant.

Scholarships: - Limited scholarships are available for those who might need financial assistance. Further information can be obtained by sending an email to info@cmcdistedu.org

11. SUBMISSION OF APPLICATION

ONLINE APPLICATION PROCESS

Applications for the PGDRM course are available online on the College Admissions webpage. **The doctor is the primary applicant for this course, hence the application form needs to be filled by the doctor only. The details of the rehab assistant shall be filled by the doctor in the application form.**

The application has to be submitted with a **non- refundable application fee.**

To apply, click on the link <http://courses.cmcdistedu.org> and ensure that all fields are filled completely.

The following are required to be uploaded along with the application form:

1. SOFT COPY OF PHOTOGRAPH

- The photograph must be in color and plain background is recommended.
- The photograph must be taken in a white or a very light background
- Image should be in jpg, jpeg or png format with specifications - width 3.5 x 4.5 cm and less than 250 KB.

2. SOFT COPY OF SIGNATURE

- Image should be in jpg, jpeg or png format with specifications - width 3.5 x 4.5 cm and less than 250 KB.

3. SOFT COPY OF CERTIFICATES

Scanned copy of the certificates that are to be uploaded include the following:

- (a) MBBS degree certificate
 - (b) MCI or State Medical Council Registration Certificate.
 - (c) MCI Screening test certificate (if the candidate has completed MBBS abroad)
 - (d) Additional qualification certificates (if the candidate has additional certificates)
 - (e) Distance education course certificate (if the candidate has completed any course from Distance Education CMC Vellore).
 - (f) Letter declaring the place of work.
 - (g) Valid disability certificate if applicable.
- Scan the certificates using a 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.**

Mode of Payment

Online payment: Use a credit card / debit card / net banking/ UPI / Gpay

When using an Online payment, if the transaction is not successful, but the amount is debited from your account, please wait for two working days. The transaction is likely to be completed during this period. **If the transaction is not complete within this period, please contact us at forms@cmcdistedu.org. Also please avoid errors of dual deductions while doing online transactions or card payments, in order to avoid administrative hitches.**

FOR ANY CLARIFICATIONS, PLEASE CONTACT THE DISTANCE EDUCATION DEPT OFFICE.

Email: info@cmcdistedu.org

OR

Phone : +91 (416) 2285610

N.B: THE INFORMATION PROVIDED ON THE APPLICATION FORM WILL BE TAKEN AS FINAL. NO CHANGES WILL BE PERMITTED

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

ANNEXURE II

I Definition of Mission Hospitals:

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

II Definition of “Areas of need”:

Category Sub-type	Description of the area of need
1 A	Doctors presently working/have worked in these specified states: Arunachal Pradesh, Assam, Meghalaya, Manipur, Mizoram, Nagaland, Sikkim, Tripura, Odisha, Andaman & Nicobar Islands, Uttar Pradesh, Uttarakhand, Madhya Pradesh, Chhattisgarh, Bihar, Jharkhand, Jammu & Kashmir, Himachal Pradesh, Rajasthan, Lakshadweep
1 B	Doctors presently working/have worked in Government /Quasi Government (including Armed Forces etc.)
1 C	Doctors presently working/have worked 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)

ANNEXURE - III

Letter from head of Hospital to be provided as per format given below:

II. Format of Certification to be filled by the Head of the Hospital / Institution for work in Mission Hospital / Areas of need (to be issued on the Hospital / Institution letterhead)

This is to certify that _____

, son/daughter of__ has worked/is working in this hospital/ institution from _____

to. _____

One paragraph about the hospital, its vision, mission, infrastructure, and details of the type of work done by the hospital to be included.



Anything given in the Master's hand multiplies

