

A CMC Vellore,  
Loma Linda  
University &  
ICMDA  
Partnership  
Initiative

*INTERNATIONAL  
POST-  
GRADUATE  
DIPLOMA IN  
FAMILY  
MEDICINE  
(I-PGDFM).*

Take the  
education to  
them rather than  
have healthcare  
professionals  
leave their  
service area

With CMC's experience from facilitating family medicine education across diverse contexts, ICMDA's reach across 85 countries and LLU's experience in running academic programs across the world, we plan to extend the reach to international doctors serving in low and middle - income countries.

TO TRAIN AND CERTIFY DOCTORS WITH POST-GRADUATE TRAINING IN FAMILY MEDICINE IN THE DEVELOPING WORLD AND EQUIP THEM PROFESSIONALLY AND SPIRITUALLY TO SERVE THEIR COUNTRY AND THE POOR

The AIM

DESIGNED TO HONE DISTINCT FAMILY PHYSICIAN ATTITUDES, SKILLS AND KNOWLEDGE THAT QUALIFY THE PHYSICIAN TO PROVIDE CONTINUING, COMPREHENSIVE MEDICAL AND PREVENTIVE CARE TO PATIENTS, FAMILIES AND THEIR COMMUNITIES.

THE '*REFER LESS, RESOLVE MORE*' MOTTO OF THE COURSE, SHARING HISTORICAL ROOTS TO FAMILY PRACTICE IS A STEP TOWARDS A COST EFFECTIVE, PATIENT CENTERED, PROBLEM ORIENTED, EVIDENCE BASED, GLOBAL HEALTH CARE DELIVERY SYSTEM.

Two year blended learning curriculum

# THE CONTENT AND METHODOLOGY

Some aspects of the blended  
learning methodology

**2-YEAR COURSE WITH  
A BLENDED LEARNING  
APPROACH**

Selflearning  
modules

Tailored skills  
training

Faceto-face  
contact  
sessions

Video-  
conferencing

Pre-recorded  
video-lectures

## COURSE CONTENT:

100 self-Learning modules – for updating knowledge base

Video-lectures – for updating knowledge base

Two contact programs – for developing core clinical skills

100 assignments to be completed and submitted through the training period

Project work that is comprehensive & relevant

Elective Residency Program (ERP) for tailored skills training

# Self Learning Modules

- Interactive
- Stand alone
- Self-paced and personalized

## Features

- Voice - over
- Visual cues
- Defined roadmap
- Trigger questions
- Immediate feedback
- Testing for learning objectives
- Customized / branching
- “Take a break” - scenario based
- Staged repetition





# Distance Learning Family Medicine

Refer less  
RESOLVED

Neurological &  
Mental Health



Department of Distance  
Education  
Christian Medical College  
Vellore, India

BOOKLET

2

## 2.1 HEADACHE

### INTRODUCTION

We all know, as general practitioners, headache is the most common encounter in our practice. It can be of little medical significance or a serious underlying disease. So, though a very common symptom and financial problems if recurrent. For patients who get severe, thought of getting another headache can itself cause a constant...

### IMPORTANCE IN PRIMARY CARE

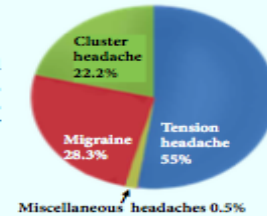
Do you know that 50% of people with headache are estimated to be referred to a specialist and go "Nobody dies of a headache" - put a paracetamol and we hear about headache, right? The problems related to headache treated properly or the patients with headache end up seeing many whom looks at the problem through the window of their own speciality. A General Practitioner who knows the patient in the background of his family history is a suitable person to provide a comprehensive care for...

### INDIAN SCENARIO



India is located to the north of the equator and other triggering factors contribute to more frequent headache. Shankar et al. analysed the pattern of primary headache at a tertiary referral centre in India.

In his study, Dr. Ravi Shankar found out of 1000 people presented with headache 86% had classifiable primary headaches. In that study, approximately 55% had tension-type headache, 28.3% had migraine, 22.2% had cluster headache and 0.5% had miscellaneous primary headaches.



As with any other disease in India, financial constraints and lack of information brings the patients late to the health care facility. In case of illnesses like tuberculous meningitis and viral meningitis, which present with headache, this delay can kill the patient or leave him with a crippling aftermath.

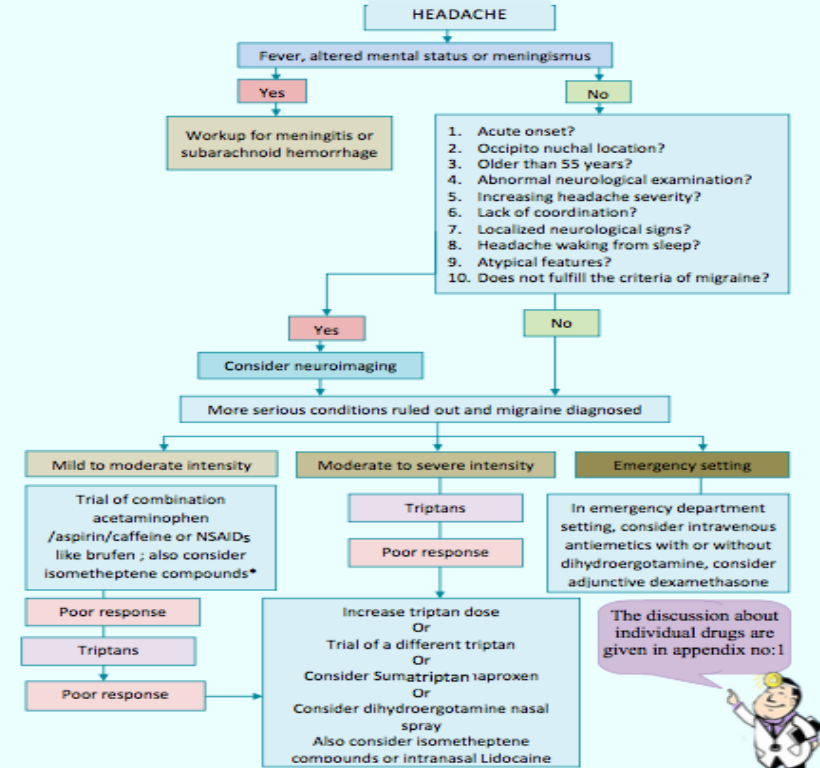
Before proceeding into the module, let us see the patient studies given in the next page.

Booklet 2

Module 2.1

Headache

## ALGORITHM FOR THE MANAGEMENT OF HEADACHE



Booklet 2

Module 2.1

Headache



#### Menu

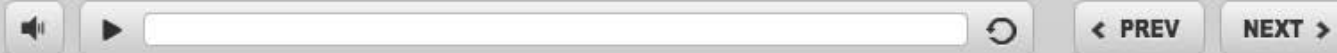
- ▼ 1. Delirium
  - 1.1. Delirium
  - 1.2. Road Map**
  - 1.3. Objectives
  - 1.4. Trigger Questions
  - 1.5. Introduction
  - 1.6. Published data
  - 1.7. The Indian Scenario
  - 1.8. Definition
  - 1.9. DSM V criteria for delirium
  - 1.10. Etiology of delirium
  - 1.11. Pathogenesis
  - 1.12. Underlying etiology of ...
  - ▼ 1.13. Drugs causing Delirium
    - 1.13.1. Drugs causing Delir...
  - 1.14. Elderly patients
  - 1.15. Diagnosis
  - 1.16. CAM Score
  - 1.17. Prevention of Delirium
  - 1.18. Differential diagnoses
  - 1.19. Required Investigations
  - 1.20. Types of Delirium
  - 1.21. Take a Break-I
  - 1.22. Prevention and therapy

## Delirium

# Road Map



PGDG-DEL-1.2



Defined Roadmap



## Trigger Questions

Menu

▶ 1. Dementia

The single most important risk factor for dementia is:

**✘ Answer Key**

No, this is incorrect. There is some evidence to show that women are at greater risk to develop dementia but this is not well studied and remains

Continue

Not only provides answer but feedback!

PGDG-DEM-010



SUBMIT

Feedback = More learning



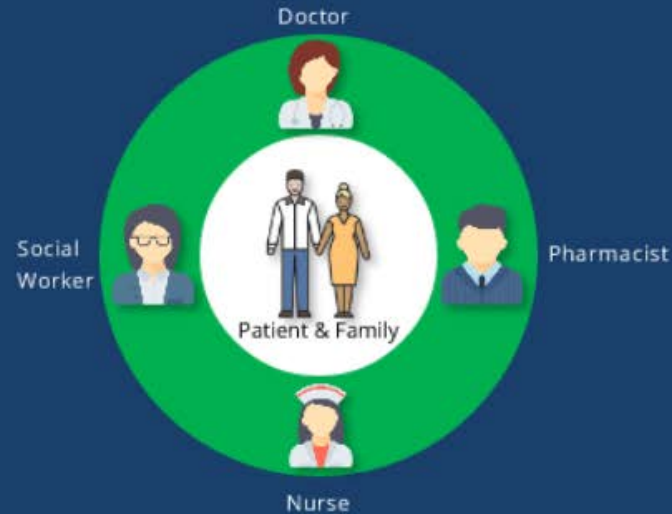
### Menu

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  - 1.12. Diagnostic Tests
  - 1.13. The SLUMS Screening tool
  - 1.14. Types of Dementia
  - 1.15. Alzheimer's Dementia
  - 1.16. Non-Alzheimer's Dementi...
  - 1.17. Management of Dementia
  - 1.18. Management of Dementia
  - 1.19. Key Points
  - 1.20. Special situations
  - 1.21. Special situations
  - 1.22. Important
  - 1.23. Summary

## Management of Dementia

The management of a patient diagnosed with dementia is a complex process and involves a multidisciplinary team approach.

The key members involved in the care of the patient is illustrated here



In advanced centers, the team comprises of several other members including the neuropsychologist, case manager, nutritionist and speech and hearing therapist. However, in India, the concept of a multidisciplinary team is fairly new and several centers do not have trained staff to provide the care that a patient with dementia, especially in the advanced stages requires.

PGDG-DEM-027



# PLATFORM FOR CHANGE



Ethical Group Discussions



Rational Prescribing Exercises



Consultation Skills Role-plays



Family Medicine Principles application



Inputs on Global FM scenario through International faculty



Professional and Personal growth and development

# CONTACT PROGRAMS – TWO 10 DAY PROGRAMS PER YEAR



ONE LOCAL FACULTY AND ONE INTERNATIONAL FACULTY

YEAR 1 – EGYPT; NIGERIA; UGANDA; CAMBODIA; INDIA(+/-) ▲



YEAR 2 DREAMS - NIGER/CHAD; (FRANCOPHONE) PAKISTAN; ANGOLA (PORTUGUESE); INDONESIA ▲

# ROLES



ICMDA – All  
course  
coordination

Registration/  
payment of fees  
Contact center  
planning



CMC – Course  
development, delivery &  
Faculty development



LLU – Accreditation



WHAT CAN YOU  
DO?

Pray

Help facilitate in the program

Promote with any contacts you  
have

Share this with others

THANK YOU!