

ICMDA Webinar
11 May 2023



Promoting Family Medicine worldwide



**Promoting
Family Physician Training
worldwide**

1. Why?
2. How?
3. IPGDFM



**Promoting
Family Physician Training
worldwide**

WHY *family physician training, worldwide?!*

1. The Principles of true Family Medicine show the HEART OF GOD!
2. Unique ministry to the WHOLE PERSON, the WHOLE FAMILY, and the whole community.
3. There is a GLOBAL VOID...
4. There is a GLOBAL CALL!
5. The ECOLOGY of medicine...
6. The LORD IS LEADING in this direction!



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A Family Physician seeks to promote
whole person health
whole family health &
whole community health,
including that of himself & his family!





Family

Care

Whole

Person

Prayer

Competence

Love

The of God



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A photograph of a woman lying in a hospital bed. A nurse in a white uniform stands by the bedside, holding a tray with a vase of flowers. A man in a dark suit is kneeling by the bed, looking at the patient. The scene is set in a hospital room with a framed picture on the wall.

THE OF GOD!

The character of God

Person
Family
Whole
Care
Prayer
Competence
Love
Harmony

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Clinical Review

Family medicine around the world: overview by region

The Besrouer Papers: a series on the state of family medicine in the world

Neil Arya MD CCFP FCFP DLitt Christine Gibson MD FCFP MMedEd DTM&H David Ponka MD CM CCFP(EM) FCFP MSc
Cynthia Haq MD Stephanie Hansel MSc Bruce Dahlman MD MSHPE FAFAP Katherine Rouleau MD CM CCFP MHSc

Canadian Family Physician. Vol 63: June 2017

FM around the world

53:June 2017



**The
VOID!**

Sub-Saharan Africa

- FM training started in South Africa – 1968
- Nigeria started in 1980s
- **74% of countries do NOT have FP training!** (40/54)
- *Lack of trained FP teachers...*
- **People-to-physician ratio 50 000:1**

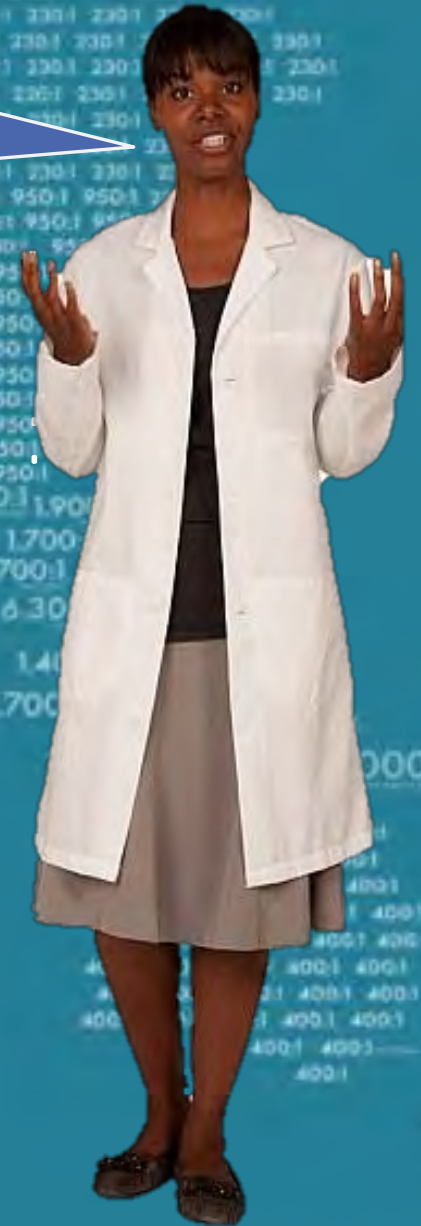
**We need many more
doctors & more FPs!**

400 : 1

2000 :

50 000 : 1

900 : 1



In South Africa

- ❖ While there have been beautiful initiatives + FM educational outreaches to other African countries,
- ❖ In 2018: **Only 1000 registered Family Physicians!**
– after 50 years of training...
- ❖ <30% are in the public sector
- ❖ In 2019: **Only 0.16 FPs/10 000 population**
- ❖ From all 8 medical schools, a total of **only 27 new FPs qualify every year!!!** – **3 FPs/medical college**

FM around the world – Canadian FP. Vol63:June 2017

North America/W-Europe/Oceania:

- FM training started in Canada + UK in 1960s
- Started in US in 1969

Latin America started 1970s and 1980s

- **Brazil have 40 000 family health teams (1990s),
but <15% led by trained FPs!!!!**

FM around the world – Canadian FP. Vol63:June 2017

Middle-East/North Africa

- PG FM training since 1980s and 1990s
- In 2011: **31 FM programs,**
graduating only 182 FPs/year!!!
- 6 FPs/program

FM around the world – Canadian FP. Vol63:June 2017

Russia/ Central Asia/Eastern Europe

- Still struggle to accept

Asia

- PG started in 1970s (Singapore), 1983 (India)
- China (2010) – **only 5% of >2.3 million doctors are FPs or FP assistants!!!**

In India

- FM recognised in early 1980s (40 years ago).
- In India = **Only 0.008%** (5/600) of medical colleges have a FM department!
- In 2020: The MCI new 890-page MBBS curriculum does not mention the words “General Practice” or “Family Medicine” or “Family Physicians”...
- **Over last 15 years >4000 doctors were trained in Family Medicine through CMC Vellore...**

Doctors in India...

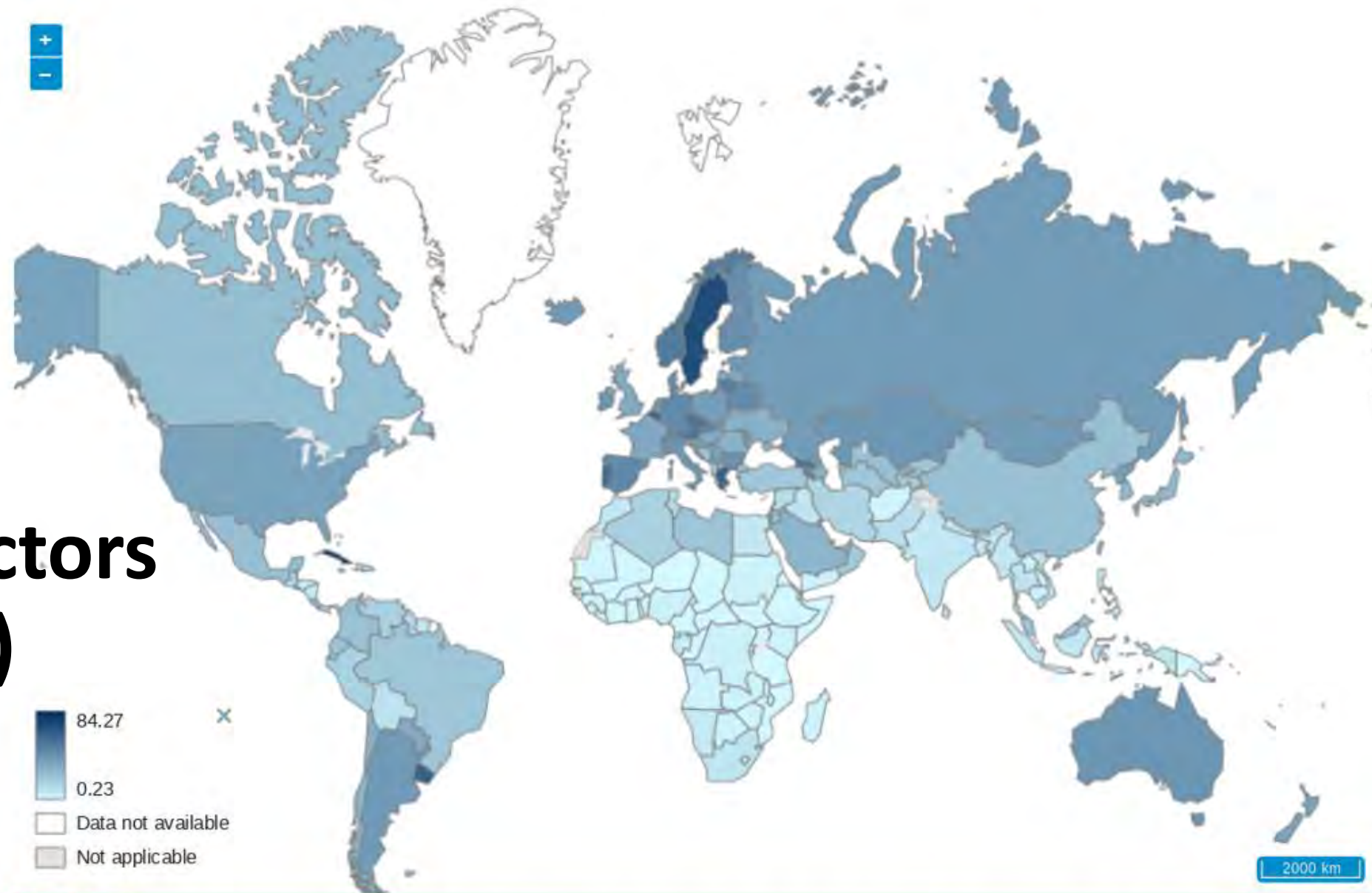


**Family
Medicine
Trained**



- Non-FM trained
- Family Medicine trained

Medical doctors (per 10 000)



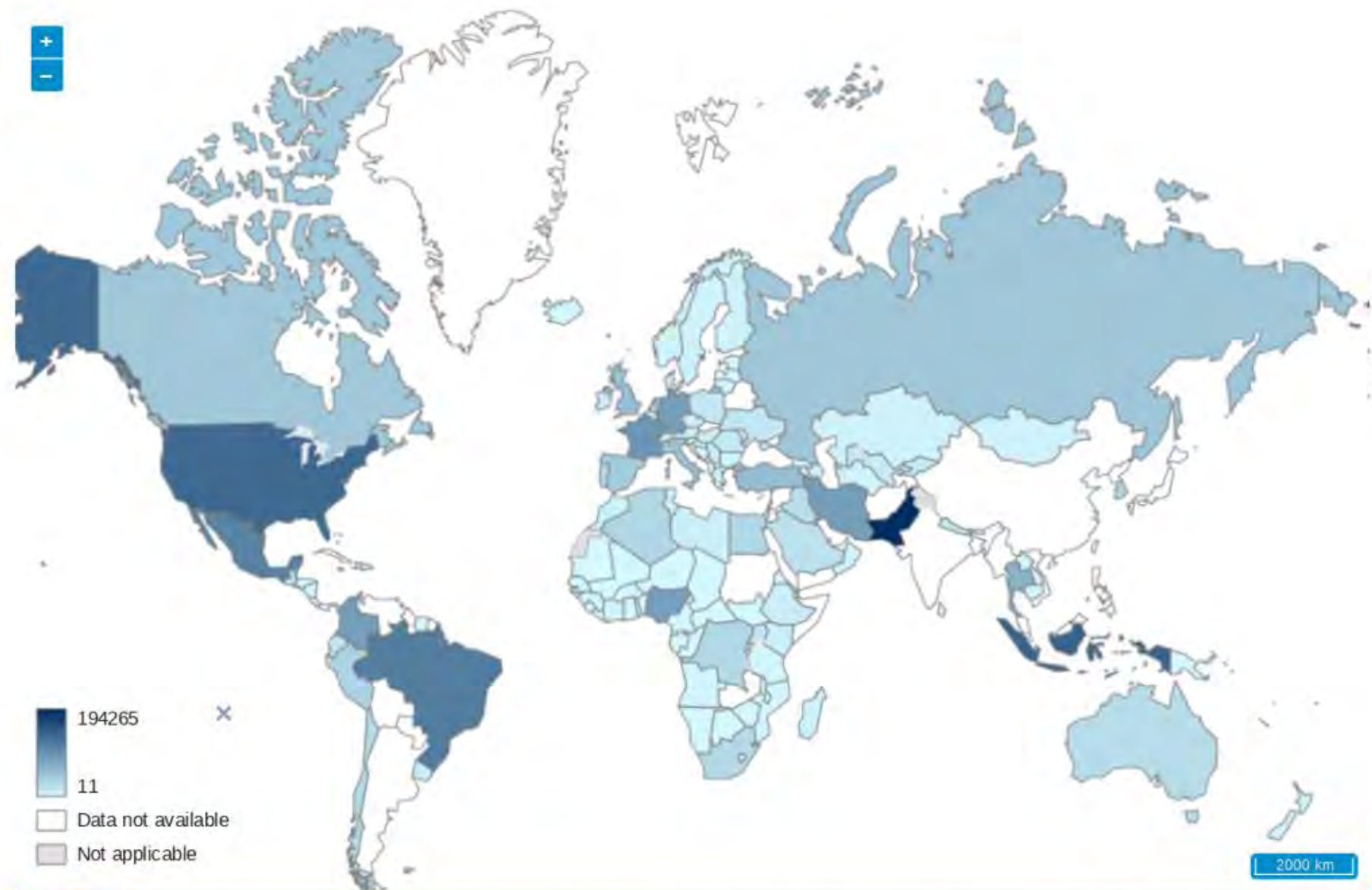
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Generalist medical practitioners (numbers)



Disclaimer

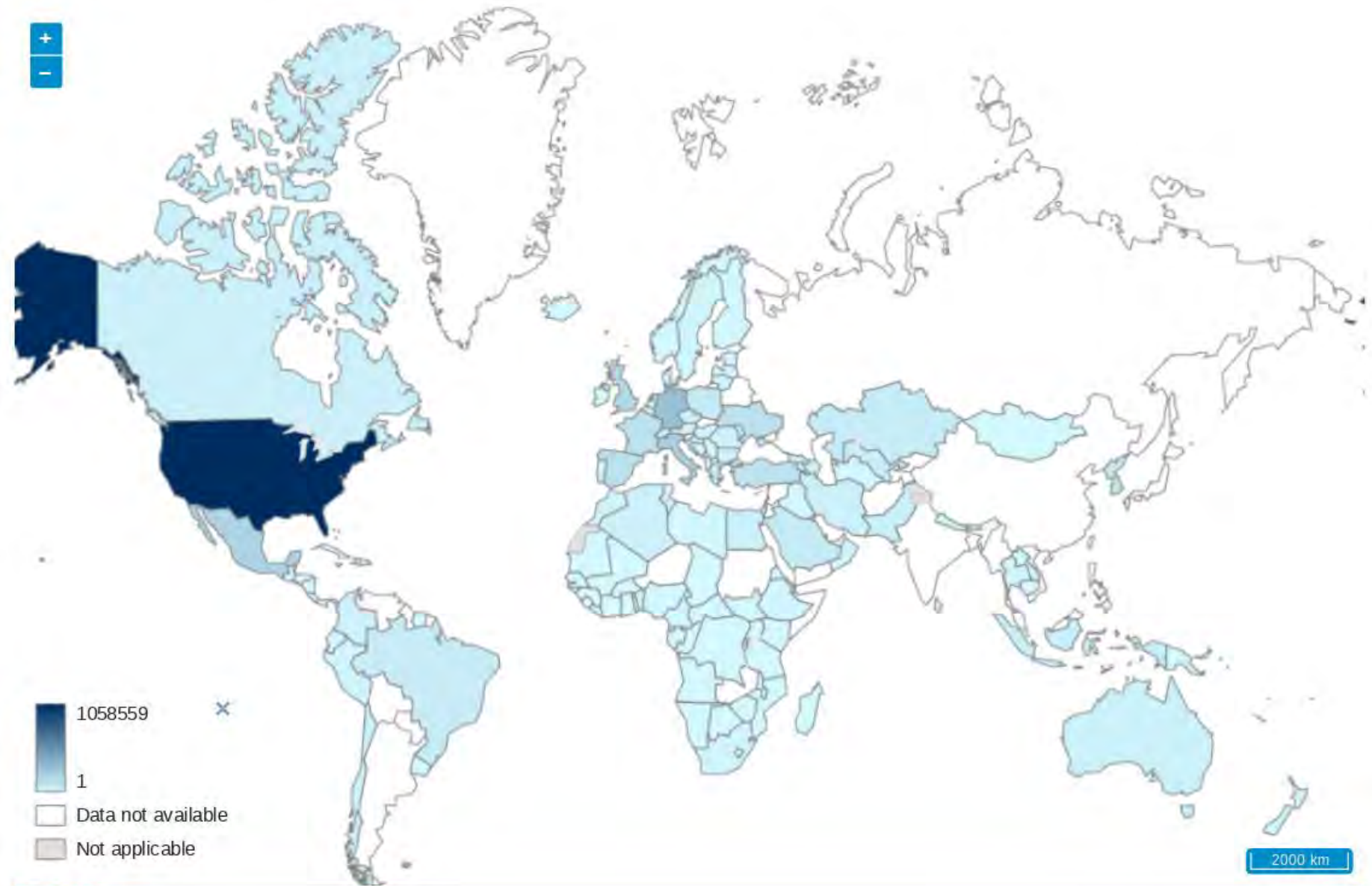
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World Health Organization

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Specialist medical practitioners (numbers)



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**>40% of countries
do NOT have FM training!!!**

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THE “WHO” CALL:

World Health Report (2008),

‘Primary health care: Now more than ever!’

- ✓ Move away from hospital-centeredness
- ✓ Focus on comprehensive health care services at the **local and district levels**.
- ✓ Practice **people-centered care**
- ✓ Practice **COPC**
- ✓ **TRAIN & RETAIN ADEQUATE NUMBERS** **OF** ...PHCNs, midwives, allied health professionals and **FAMILY PHYSICIANS**, able to work in a multi-disciplinary context.

The World Health Report 2008



Primary Health Care

**Now
More
Than
Ever**



GOD IS CALLING

more doctors to practice

FAMILY MEDICINE!



GOD IS CALLING

more doctors to practice

Christ-centred

FAMILY MEDICINE!

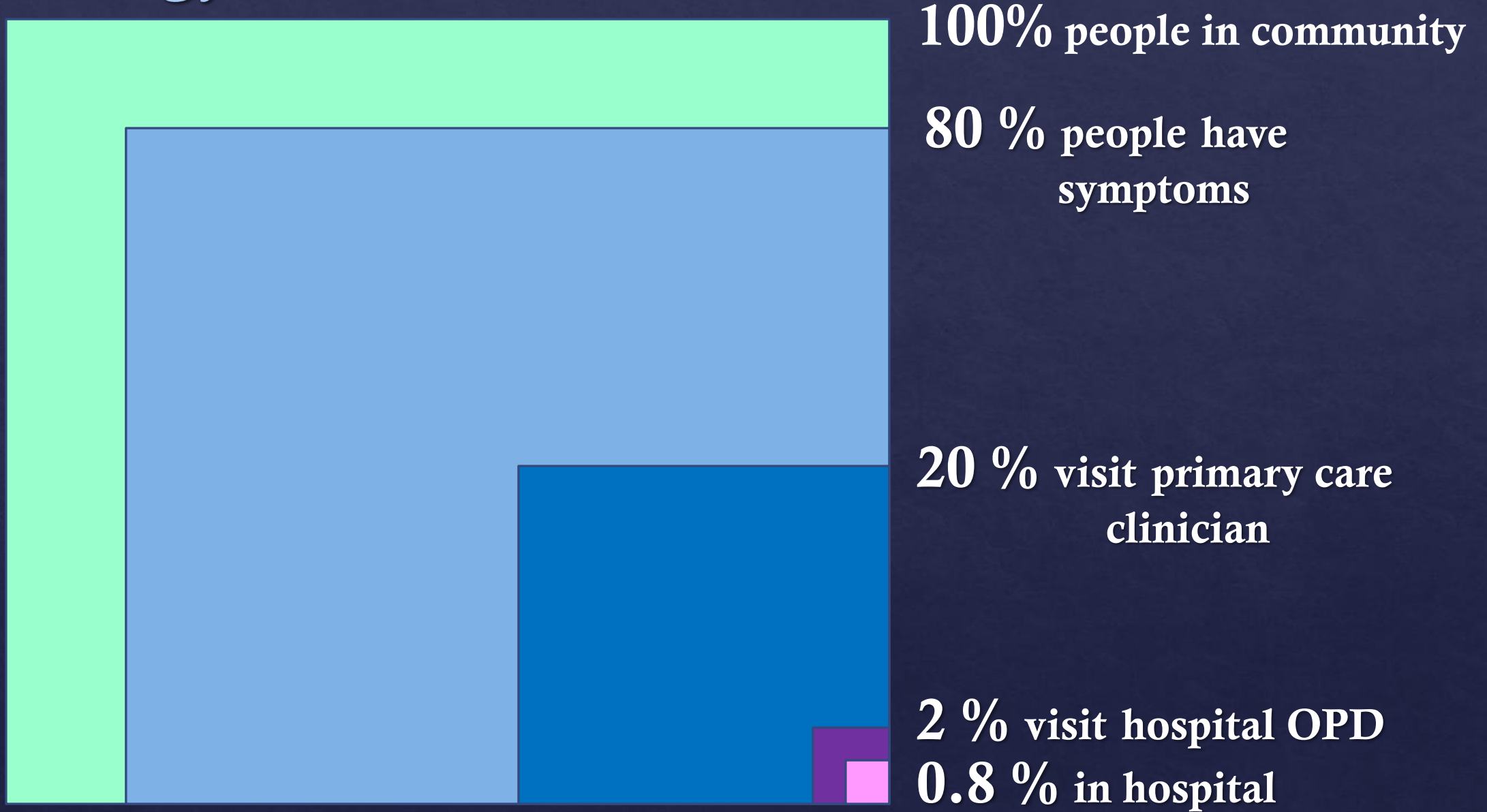


WHY *family physician training, worldwide?!*

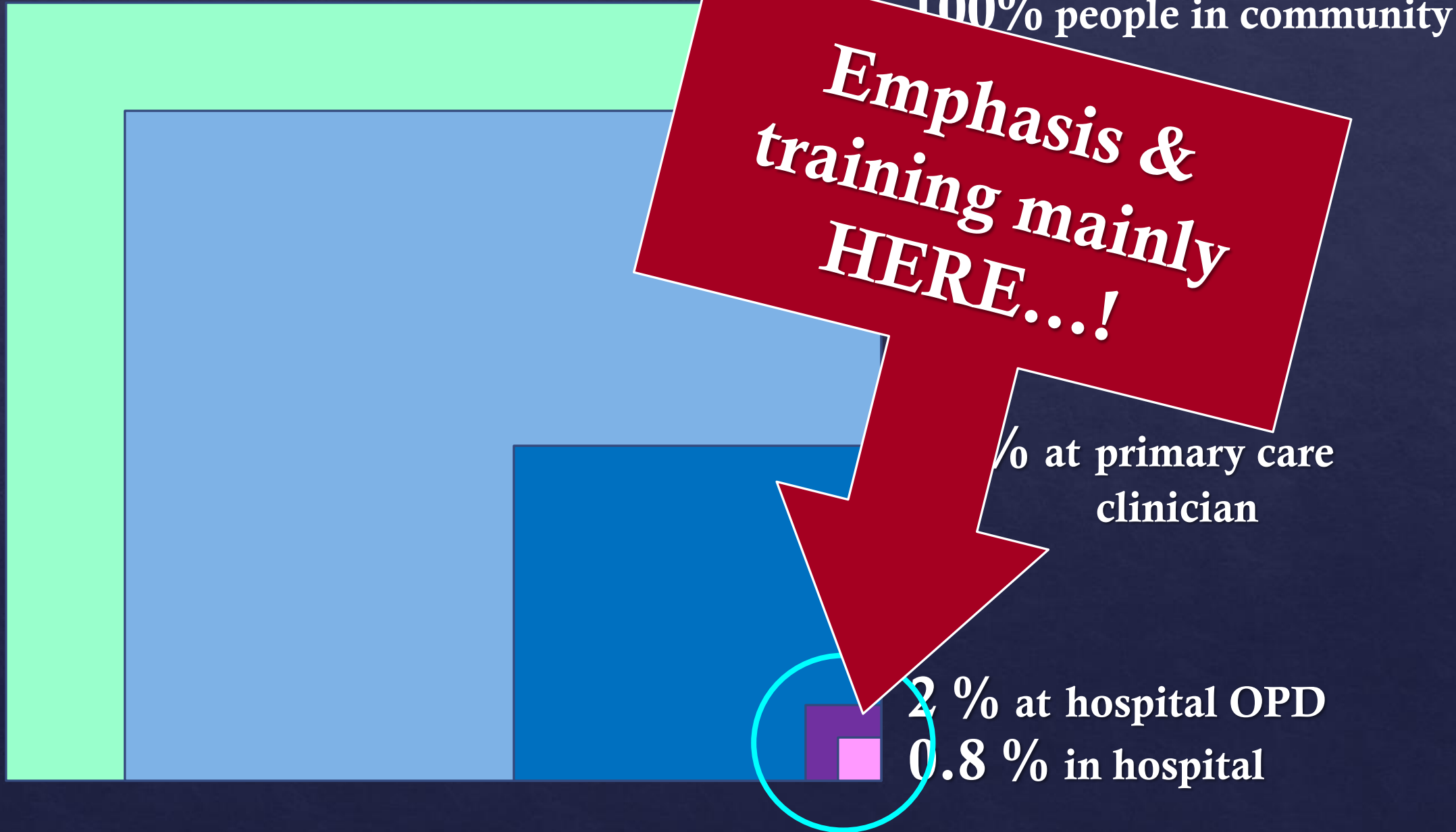
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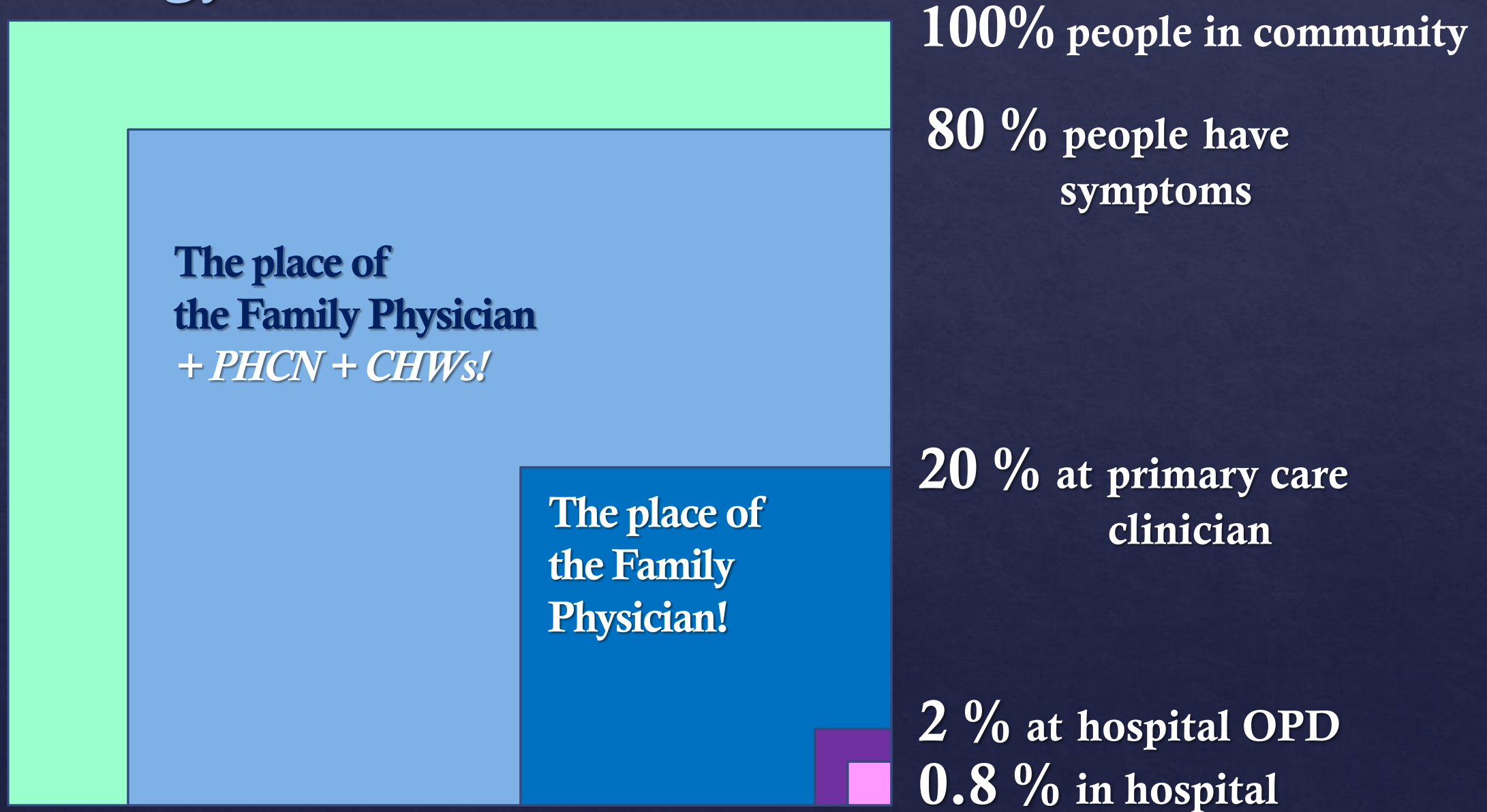
The Ecology of Medicine *Green et al. 2001 (USA)*



The Ecology of Medicine Green et al. 2001 (USA)



The Ecology of Medicine *Green et al. 2001 (USA)*



**There is a great need for
family physicians!!!**

**The place of
the Family Physician
+ *PHCN* + *CHWs*!**

**The place of
the Family
Physician!**



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LEADING of the LORD...

- ➔ Family Medicine revival & development
- ➔ Family Physician training ↑
- ➔ Christian FP educators, *especially in India, South Africa, Central Africa, East-Asia, Central Asia, UK, USA, etc.*
- ➔ **CMC + ICMDA + LLU were led by the Lord to expand the training internationally...**

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LEADING of the LORD...



To promote Family
Medicine worldwide

The question is – **HOW?!**



To promote Family
Medicine worldwide

Promoting Family Medicine Worldwide



The HOW...!

Dr Jachin Velavan



CHRISTIAN MEDICAL COLLEGE
VELLORE – 632 004, TAMIL NADU, INDIA
DEPARTMENT OF DISTANCE EDUCATION

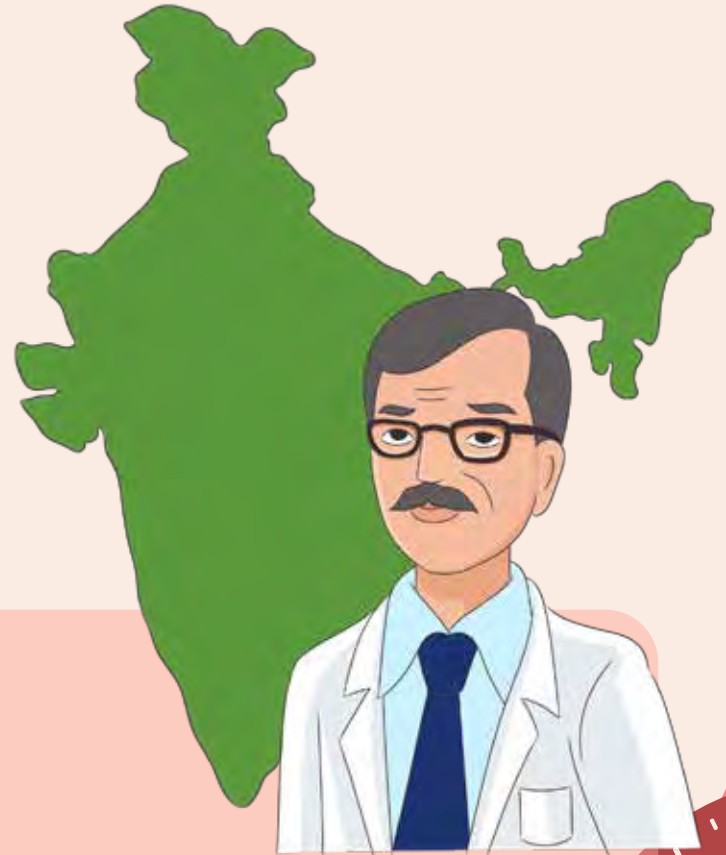
**So, How do
we create
these FPs?**



- ★ Examples - living!
- ★ Courses - UG & PG (certificates; diplomas, degrees)... Residential/ Blended learning...
- ★ Publications - books, articles, apps
- ★ Organizations - FP (WONCA; AFPI, etc.) & ICMDA, etc.
- ★ IT - Online modules; webinars; Apps!!!

How?

The Indian Experience



1. Example!



2. Courses



- DNB Family Medicine – by NBE since 1988 – 3 year Residential

[chrome-](#)

[extension://efaidnbmnnnibpcajpcgicfindmkaj/https://nbe.edu.in/mainpdf/curriculum/old240821/Family-Medicine.pdf](https://efaidnbmnnnibpcajpcgicfindmkaj/https://nbe.edu.in/mainpdf/curriculum/old240821/Family-Medicine.pdf)

- Diploma Family Medicine – by NBE since 2021 – 2 year Residential

[chrome-](#)

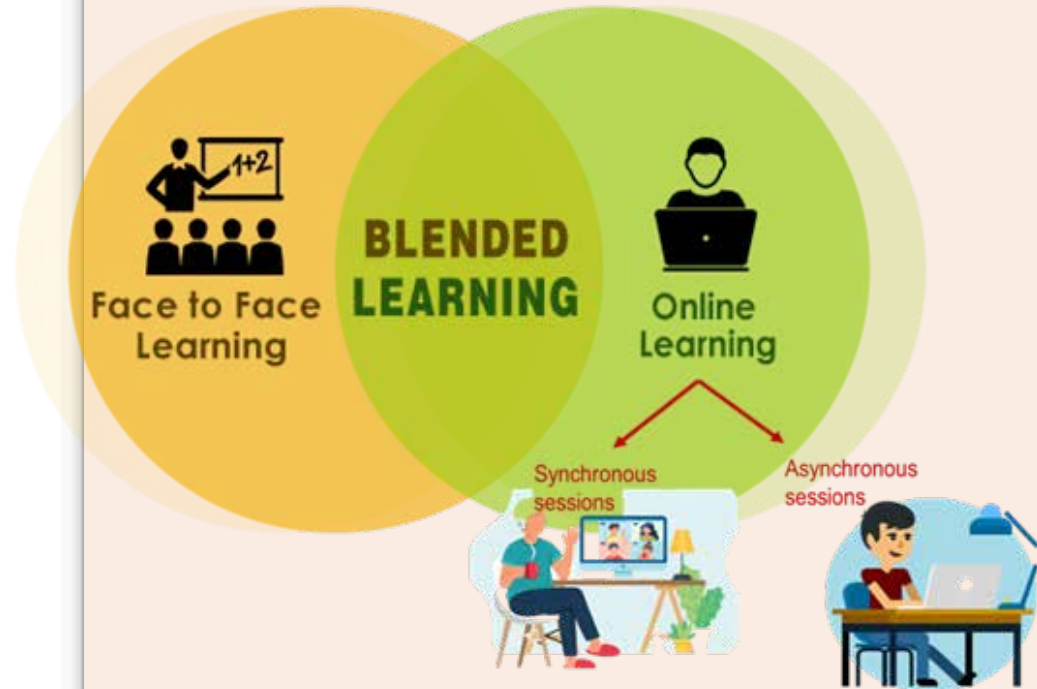
[extension://efaidnbmnnnibpcajpcgicfindmkaj/https://nbe.edu.in/mainpdf/curriculum/diploma/Diploma%20-%20Family%20Medicine%202021.pdf](https://efaidnbmnnnibpcajpcgicfindmkaj/https://nbe.edu.in/mainpdf/curriculum/diploma/Diploma%20-%20Family%20Medicine%202021.pdf)

[Pati S, Sharma A, Pati S, Zodpey S. Family medicine education in India: A panoramic view. J Family Med Prim Care. 2015 Oct-Dec;4\(4\):495-500. doi: 10.4103/2249-4863.174264. PMID: 26985405; PMCID: PMC4776598.](#)

- PGDFM PG Diploma in Family Medicine – by CMC Vellore – 2 year Blended Learning
- Since 2006 – Take the education to them rather than have the already-lean healthcare workforce leave their service area

[Velavan J. "The Refer Less Resolve More" Initiative: A Five-year Experience from CMC Vellore, India. J Family Med Prim Care. 2012 Jan;1\(1\):3-6. doi: 10.4103/2249-4863.94439. PMID: 24478992; PMCID: PMC3893956.](#)

Blended Learning Approach



Blended Learning Approach

- Self-learning modules
- Tailored skills training
- Face-to-face contact sessions
- Video-conferencing
- Pre-recorded video-lectures

Current National Regional centres being used for training by CMC



1. RUPSA , CMC, Vellore, Tamil Nadu
2. SMH, Raipur, Tamil Nadu
3. CEM, Oldambathur, Tamil Nadu
4. Railway Hospital, Chennai, Tamil Nadu
5. St. Martha's Hospital, Bangalore, Karnataka
6. Baptist Hospital, Bangalore, Karnataka
7. MASC Medical College, Kozhikode, Kerala
8. Vijay Marie Hospital, Bhubaneswar, Andhra
9. Umeri Christian Hospital, Maharashtra
10. Chitwan Hospital, Maharashtra
11. Padkar Hospital, Madhya Pradesh
12. Evangelical Hospital, Tilda, Chhattisgarh
13. Duncan Hospital, Ranchi, Bihar
14. GEMS Hospital, Dabri-on-sone, Bihar
15. Premji Hospital, Barharwa, Jharkhand
16. Kachhwa Mission Hospital, Uttar Pradesh
17. Jivan Jyoti Hospital, Baheriganj, Uttar Pradesh
18. Bonabell Hospital, Patlipur, Uttar Pradesh
19. Landauer Hospital, Mussorie, Uttarakhand
20. ICH, Herbertpur, Uttarakhand
21. St. Stephen Hospital, Delhi
22. Mission of Merry Hospital, Kolkata, West Bengal
23. The Leprosy Mission Hospital, Kolkata, West Bengal
24. Siliguri, West Bengal
25. CIMK, Dimaapur, Nagaland
26. Burrows Memorial Hospital, Aizpur, Assam
27. Baptist Hospital, Tezpur, Assam
28. Asha Kiran Hospital, Orissa
29. Graham Staines Hospital, Belpada, Orissa
30. Berhampur Christian Hospital, Orissa
31. Fort Blair, Andaman

■ PGDFM

Decentralised Approach

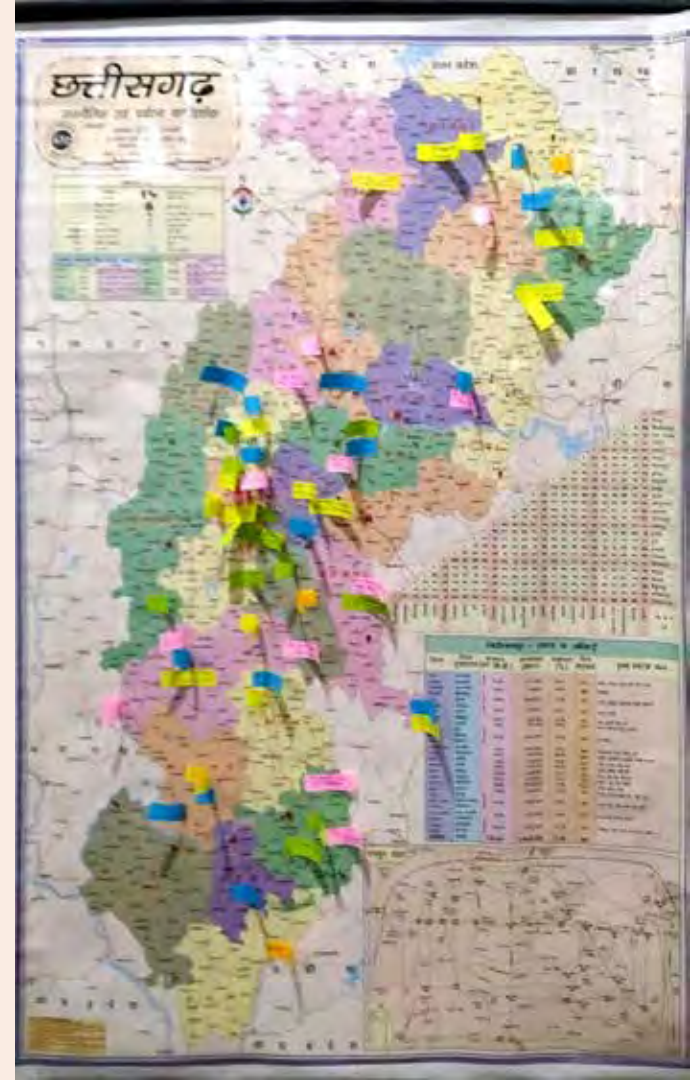
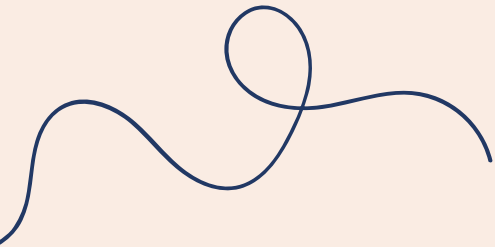


■ IPGDFM

WORKING WITH THE GOVERNMENT:

- PGDFM - PG Diploma in Family Medicine – FOR GOVT DOCTORS
 - Bihar
 - Uttarakhand
 - Chhattisgarh
 - Meghalaya

State of Chhattisgarh – 150 doctors / batch



Onsite Contact Program



Practicing Consultation Skills



3 stage Assessment during Ward Rounds





ISS – Angry Patient
Roleplay

Seizures
Roleplay-
JSS
GTCS



Gentle Physical Examination



REDMI NOTE 9 PRO
AI QUAD CAMERA

Back Examination



Life Saving Skills - NNR Practice



Caring for Antenatal mothers



ANC - JSS



● ○ REDMI NOTE 9 PRO
∞ AI QUAD CAMERA

Home visits



Impact



Govt doctors feedback - Dr Prasannakumar



the patient is ...

* I would surely open a group of volunteers in every village and teach them basic hygiene & how to manage the minor ailments and need not always depend on health care workers.

* I would in due course handle all health conditions manage efficiently, as being a family physician without referring the patient thinking about the cost, time, the hurdles faced by them.

* In due course I would build a perfect confidence among the public about the health care facility made available round the clock & a change in hygiene which definitely improve.

* This would ultimately reflect in the health seeking behaviour and would definitely bring the private providers at the forefront.

Good
Excellent

10/10

- I would in due course handle all conditions, manage efficiently as being a family physician without referring the patient thinking about the cost, time and hurdles faced by them.

Govt doctors feedback - Dr Jeyalaxmi



→ Before attending this class, even though we
 have ECG in our PHC & know how to take ECG for
 fear of wrong interpretation, I refused to take ECG. Now
 it is very useful
 → I will teach ECG staff also to take ECG and
 inspect for those who come to DM, HT clinic
 every Monday in our PHC

- Before attending this class, even though we have ECG in our PHC and know how to take ECG, for fear of wrong interpretation I refused to take ECG.
- Now it is very useful; I will take ECG for all those who come to the DM/HT clinic on Monday in our PHC

Govt doctors feedback – Dr. Prawin



Relevance to clinical practice:

- ① I really want to keep in mind the great need in rural India and the poorest of the poor. This is my focus.
- ② Since I'm now in a Primary Health Centre, I will try my best to be a competent family physician.
- ③ Have decided to invest my time & knowledge with my 4 staff nurses, 2 ANM and 6 Village Health Nurses, teaching them what I've learned here & other basic primary care management.

- I really want to keep in mind the great need of rural India.....
- Since I am now in a PHC ,I will try to be a competent Family Physician.
- Have decided to invest my time and knowledge with my 4 staff nurses, 2 ANMs & 6 VHNs , teaching them primary care management.

3. Publications



J Family Med Prim Care, 2012 Jan-Jun; 1(1): 3-6.
doi: [10.4103/2249-4863.94439](https://doi.org/10.4103/2249-4863.94439)

"The Refer Less Resolve More" Initiative: A Five-year Experience from CMC Vellore, India

Jachin Velavan

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This article has been cited by other articles in PMC.

Abstract

India's one billion plus strong population presents huge health care needs. Present 250,000 general practitioners and 30,000 Government doctors are a part of the workforce, but 80% of them are based in urban India. Problems which plague the workforce and attributed to physician practice may be enumerated as - physicians (1) lack updating, (2) prescribe irrationally (pressures from pharmaceutical companies), (3) practice unethically, (4) refer excessively to specialists and other clinical colleagues, (5) investigate for diseases without justification. A multi-competent Family Physician should provide a single-window, ethical, and holistic healthcare to patients and family members. Therefore, training, equipping, and empowering these 250,000 doctors

Can Credit Systems Help in Family Medicine Training in Developing Countries? An Innovative Concept - PMC (nih.gov)

J Family Med Prim Care, 2014 Jul-Sep; 3(3): 183-187.
doi: [10.4103/2249-4863.141596](https://doi.org/10.4103/2249-4863.141596)

Can Credit Systems Help in Family Medicine Training in Developing Countries? An Innovative Concept

J. Beulah Raji, Jachin Velavan, Sahaya Anbarasi, and Liz Grant¹

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See commentary "[Why Genetically Modified Food Need Reconsideration Before Consumption?](#)" on page 188.
See commentary "[Food for Thought!](#)" on page 191.

Abstract

Go to: ▶

There is irrefutable evidence that health systems perform best when supported by a Family Physician network. Training a critical mass of highly skilled Family Physicians can help developing countries to reach their Millennium Development Goals and deliver comprehensive patient-centered health care to their population. The challenge in developing countries is the need to rapidly train these Family Physicians in large numbers, while also ensuring the quality of the learning, and assuring the quality of training. The experience of Christian Medical College (CMC), Vellore, India and other global examples confirm the fact that training large numbers is possible through well-devised blended learning programs. The question then arises as to how these programs can be

"The Refer Less Resolve More" Initiative: A Five-year Experience from CMC Vellore, India - PMC (nih.gov)



medical education

Really Good Stuff

Full Access

Demographic profiling of students: an advocacy tool for family medicine

Jachin Velavan, Sahaya Anbarasi, Shital Bhandary, Rashmi Vyas

First published: 28 April 2015 | <https://doi.org/10.1111/medu.12710>



TOOLS



What problems were addressed?

Every year, India witnesses 56 000 maternal deaths and 1.83 million deaths in children aged under 5 years, most of which are caused by infections, and struggles with supporting 64 million people with diabetes. Large numbers of well-trained, multi-competent family physicians are needed to address this dual burden of disease in India. However, training opportunities are limited and there is no mandated system of revalidation for the 250 000 private practitioners and 30 000 government doctors who function as primary care physicians to the country's 1.2 billion-strong population.

There have been very few takers for residential courses in family medicine offered since 1990. The government struggles to release the already lean health workforce for 3 years of training. A 2-year postgraduate diploma in family medicine¹ was started as a blended learning programme (distance learning and hands-on components) in 2006 by the Christian



GLOBAL HEALTH

ABOUT

CURRENT

ARCHIVES

SUBMISSIONS

CALLS FOR PAPERS

HOME ARCHIVES VOL 3 NO 2 (2016) EDUCATING FOR HEALTH GLOBALLY AND THE FORMATIVE YEARS
Original Articles

Evaluation of community health worker training course effectiveness in India

Nicole Butcher

The Nazari Institute for Global Health

Adeline Sittler

Christian Medical College, Vellore

Jachin Velavan

Christian Medical College, Vellore

Elizabeth John

Christian Medical College, Vellore

Mary Chandra Thomas

Christian Medical College, Vellore

Nathan Grills

The Nazari Institute for Global Health, University of Melbourne



PDF

HTML

PUBLISHED

2015-11-08

A multicentric cross-sectional study to characterize the scale and impact of polypharmacy in rural Indian communities, conducted as part of health workers training

Sangeetha Balaji¹, Monsurul Hoq², Jachin Velavan¹, Beulah Raji¹, Eva Grace¹, Sara Bhattacharji¹, Nathan Grills³

Affiliations + expand

PMID: 31463236 PMCID: PMC6691404 DOI: 10.4103/jfmpc.jfmpc_410_19

Free PMC article

Abstract

Context: Polypharmacy and inappropriate medication usage is one of the world's most important public health issues. Yet in rural India, where medications are readily available, little is known about polypharmacy.

Aim: This study explores factors related to polypharmacy in rural India to inform the response.

Settings and design: A household survey was conducted by community health trainees, across 515 Indian villages collecting medication prescription and usage information for single illness in the past month.

Methods and material: Polypharmacy was defined as the concurrent usage of four or more medications for single illness. Data from 515 rural India villages were collected on medication usage for their last illness. Respondents who consulted one healthcare provider for this illness were included for analysis.

Statistical analysis used: Bivariate logistic regression and multivariate generalized estimating equation analysis were used to explore associations with polypharmacy.

<https://pubmed.ncbi.nlm.nih.gov/31463236/>

<https://onlinelibrary.wiley.com/doi/full/10.1111/medu.13846>



medical education

Really Good Stuff: Lessons learned through innovation in medical education Full Access

Cost-effective primary health care training using a blended learning model

Jachin Velavan Sahaya Anbarasi, Adeline Sittther, Sheela Arun

First published: 11 March 2019 | <https://doi.org/10.1111/medu.13846>

PDF TOOLS SHARE

What problems were addressed?

The health indices of India's 1.2 billion-strong population are dismal and the sustainable development goals (SDGs) seem unattainable with poor access to health care, which itself is specialist oriented and expensive. Annually, India loses about 45 000 mothers to pregnancy-related problems and about 800 000 children aged under 5 to pneumonia, diarrhoea and neonatal sepsis, which are often preventable. One-third of the world's malnourished children and an increasing number of diabetics live in India! However, 80% of the health problems do not need doctors but are prevented and treated by very simple interventions. Government-trained ASHA (accredited social health activist) workers, although effective in the areas, often lack motivation. What is needed now is a large committed, well-trained and visionary workforce that can be generated at an affordable cost.

What was tried?

In response to this need, the Community Lay-leaders Health Training Certificate Course¹ was started in 2011 by the Distance Education Department of the Christian Medical College

4. Organisations

The image shows a Zoom meeting interface. The main window displays a grid of 20 video thumbnails of participants. The top bar indicates the meeting is recorded. On the right side, a 'Participants (24)' panel lists the names of the attendees, including Dr. Jayashankar Prasad, Dr. C. S. Srinivasan, and others. Below the participant list is a 'Meeting Chat' window showing messages such as 'Thank you sir & team' and 'Thank you sir, Mam and for whole program'. The bottom of the screen shows the Zoom control bar with icons for mute, video, chat, and other functions. The Windows taskbar is visible at the very bottom, showing the time as 10:05:26 on 10/05/2023.

WONCA World Conference 2023

26 Oct - 29 Oct, 2023

Dates: 26 - 29 October 2023, with WONCA meetings being held from 18 October 2023

Venue: International Convention Centre (ICC), Sydney, Australia

Host: Royal Australian College of General Practitioners (RACGP)

Website: www.wonca2023.com.au


The Royal Australian College of General Practitioners (RACGP) is excited to be the official host of the Wonca World Conference 2023. Celebrate the 50th anniversary of the inauguration of Wonca, where it all began... in Australia.



Latest Newsletter
April 2023



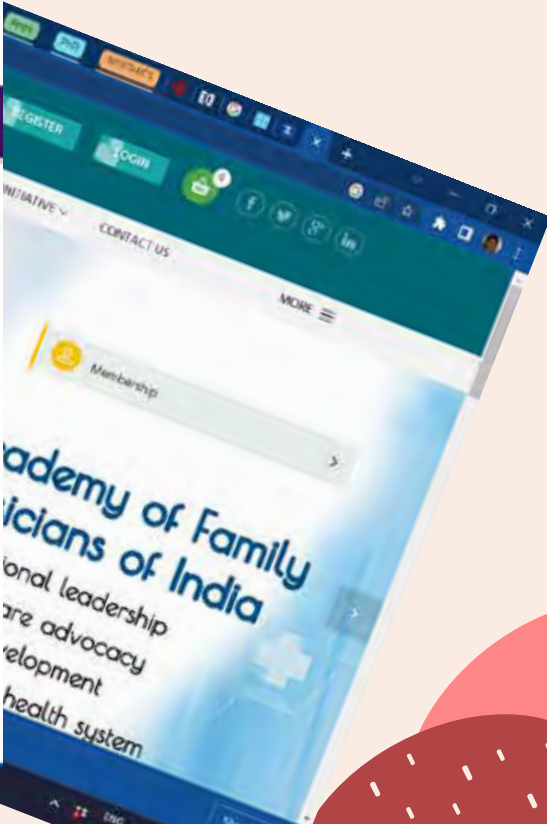
WONCA Membership
Individuals & organizations



Young Doctors' Movements



The WONCA Shop
corporate gifts



5. IT


The image displays a Zoom meeting interface. The main window shows a grid of 20 video thumbnails, each representing a participant. The thumbnails are arranged in a 4x5 grid. The top-left thumbnail is highlighted with a green border, indicating the current speaker. The bottom of the screen shows the Zoom control bar with icons for Mute, Video, Security, Participants, Chat, Share Screen, Recording, Screen Capture, Reaction, App, and More. The Windows taskbar is visible at the very bottom, showing the search bar and several application icons.

On the right side, there is a 'Participants (24)' panel. It lists 24 participants with their names and status icons (mute, video, etc.). Below the list is a 'Meeting Chat' section. The chat contains several messages, including 'Thank you sir & mam', 'Thank you sir Mam', and 'Thank you sir and mam and for hole program'. There is also a 'Direct Message' button at the bottom of the chat.

1.1 Principles of Family Medicine

1.1 Principles of Family Medicine

RESUME MODULE ROAD MAP



Learning Objectives

23°C Cloudy

chocbo.web.app/modules

Menu

- Home
- Modules
- Schedule
- Notes
- Profile
- Resources
- Forms
- Logout

Your Role - MT

Modules

Week 1

- TEW1 Thought for the Week
- FRY1 Week 1 Pre Assessment
- W1 1 Welcome to W1 Week
- FG1 The Wellness Champion
- W1 1 Wellness and Stress
- W1 2 Wellness of a Family
- W1 3 Wellness of a Family
- W1 4 Wellness of a Community
- FL1 1 Principles of Adult Learning
- M1 1 Get/Share/Member/Supporting/Consulting
- M2 1 Active Listening
- FRY1 1 Week 1 Post Assessment
- Open Feedback

14:42 09-04-2022

9:27

Login

CHO Training & Mentoring App



Email

sheela.arun@cmcdistedu.org

Password

SIGN IN

9:28

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Modules

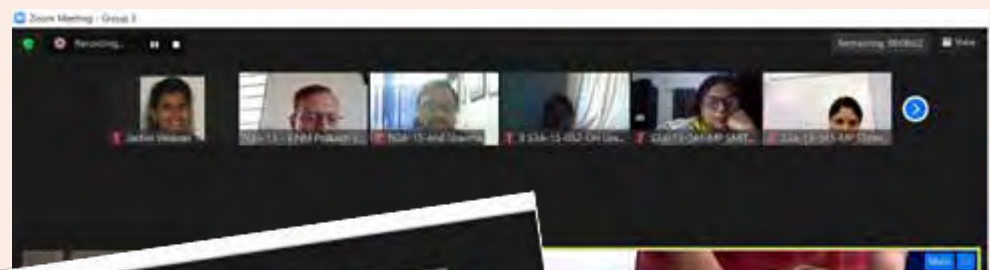
Show All

Week 1

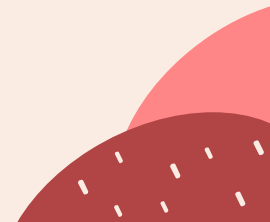
- PRE1.1 Week 1 Pre Assessment
- W0.1 Welcome to Wellness
- W0.2 The Wellness Champion
- W1.1 Wellness and Illness
- W1.2 Wellness of a Person
- W1.3 Wellness of a Family
- W1.4 Wellness of a Community
- TL1.1 Principles of Adult Learning
- M1.1 Definitions: Mentoring, Coaching, Counselling
- M2.1 Active Listening
- SP1.1 Skills Package
- POST1.1 Week 1 Post Assessment

Week 2

- W1.5 Wellness of a Nation



PREPARING PATIENT
You, as the CHD plan to examine Diego.
Can _____ give demonstrate how you will prepare Diego for examination. She is currently at 32 weeks.
Choose four volunteers to demonstrate.
Patient
Assistant



Thank You!

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THE IPGDFM Experience

Dr Rebekah



The I-PGDFM Story



LOMA LINDA
UNIVERSITY



The International Post Graduate Diploma in Family Medicine

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



ROLES



ICMDA – All
course
coordination

Registration/
payment of fees
Contact center
planning



CMC – Course development,
delivery & Faculty
development



ILLU – Accreditation

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

Vital for the training be relevant.
Not just with regards to the course material
but making it relevant to the health system
in the region.

Global Contextualization

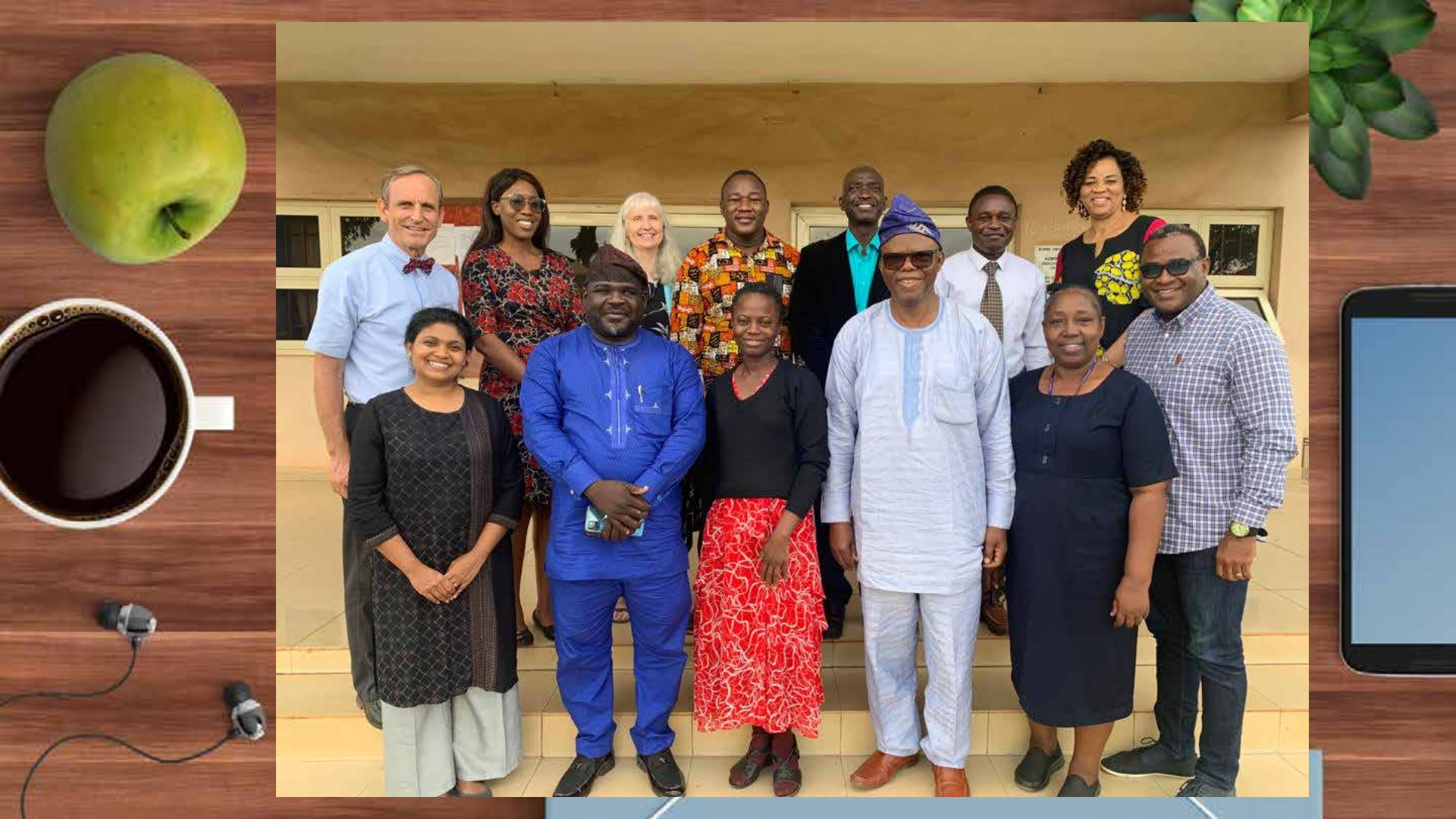
YEAR 1– EGYPT; NIGERIA; UGANDA; CAMBODIA; INDIA; PAKISTAN



NEXT PHASES - NIGER/ CHAD, (FRANCOPHONE); ANGOLA (PORTUGUESE);
INDONESIA; HONDURAS













CURRENT BATCHES

2021

- > 36 student doctors
- > 20 countries

2022

- > 48 student doctors
- > 28 countries

CHRISTIAN MEDICAL COLLEGE VELLORE
LOMA LINDA UNIVERSITY
INTERNATIONAL CHRISTIAN MEDICAL AND DENTAL ASSOCIATION

I-PGDFM ONLINE CONVOCATION 2023



LOMA LINDA
UNIVERSITY



OUR FIRST
BATCH OF
GRADUATES!!

25 GRADUATES
13 COUNTRIES



How can you be involved?

Pray

Help facilitate in the program

Promote training in your region

Share this with others

arusha2023.icmda.net



A Faculty Development Workshop

The practice of Christ-centered Family Medicine is the need of the hour in delivering Christ-centered healthcare all across the world. Health professionals are looking for those skills that will help them see their patients, families and communities as a whole and offer care that is beyond just a clinical assessment.

This workshop is designed to equip Family Medicine trainers to become global facilitators for training across the world through the ICMDA platform, which offers an [International Family Medicine Course](#) in collaboration with Christian Medical College, Vellore, India and Loma Linda University, USA.

The workshop offers a glimpse into the DNA of Family Medicine practice and teaching, the three-stage assessment process and comprehensive consultation processes and facilitation skills in the practice of Family Medicine. There will be opportunities for those interested in facilitating in the program, to learn more about the course and be involved on a global platform.

If you are passionate about whole-person healthcare and whole-person education, this faculty development workshop for Global Family Medicine Training is for you!

Moderator:



**Dr Rebekah
Zechariah**

Distance Education



Thanks!

Any questions?

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