

**Title:** Critical appraisal of distance learning program in geriatric medicine

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**Introduction:** Opportunities for a medical graduate to update in India are minimal. Campus based institutions are unable to meet the demand and then there are very few Distance Learning Programs in medicine. PGDGM is one of a very few distance learning programs in medicine, there too the joining and completion rate is low. Thus a need was felt to have fresh look at the program.

**Aims & Objectives:** Main objective of the study was to make the Distance Learning Program in Geriatric Medicine more attractive, to determine the perceptions of stake holders and there from identify strengths and weaknesses, reasons of poor enrollment and drop outs of the learners of the program.

**Material and methods:** A questionnaire was designed and distributed amongst the learners, a structured interview was designed and conducted with the faculty and a focus group was conducted with the faculty. Responses of the survey and the interview were analyzed to be shared with the university and faculty and suggest recommendations to make the program more attractive.

**Observations:** Of the 172 learners only 48 (27.9%) with an average age of 44.3 years (range 30-77 years) participated in the survey,. A vast majority 41(85.4%) of learners were males. Most of the learners were in the profession for more than 10 years. More than half of the learners got to know about the program from the press. Over whelming majority 47 (98%) stated that their decision to join the program was serious.

A vast number of respondents (90 %) felt the administrative procedure was easy, 83 % stated that the program was affordable. Less than half (49%) experienced good logistic support.. An overwhelming number of respondents (96%) stated that course material was easy to understand and helped to learn. Majority of learners (83 %) agreed that material was relevant to practical skills whereas only 45% of respondents reported that course material had to be supplemented.

An overwhelming number of respondents (98%) agreed that they gained useful knowledge. 75 % of learners stated that teachers were easily accessible where as 67 % stated that they received individual attention from teachers. A vast majority (93%) learned useful new clinical skills whereas only 52 % of learners agreed that program included active participation in patient care.

Most of the learners agreed that the easy admission, course material, Practical spell & faculty in PSC, flexibility and affordability of the program were the main strengths of the program .Non-recognition by MCI was the main weakness of the program according to most of the learners, however other areas which needed

improvement were duration of contact sessions, participation in patient care, logistic support & training at SDC.

Majority of faculty agreed that the main strengths of the program were its affordability, course material, training of skills at PSC, flexibility and availability of opportunity to update while pursuing work where as the main weaknesses of the program were limited interaction with learners, short contact session, learners finding it difficult to adjust to Medical College working and program not recognized by MCI.

Only 5 learners who had dropped could be contacted, 3 dropped out as the program was not recognized by MCI, one of them also got an option of her choice, remaining 2 did not give any reasons, just did not want to comment. Majority (64.5%) of GPs were not aware of program and of the 45 only 14 (32%) showed willingness to join the program and the reasons stated were improvement of qualification by 14 (32%), interest in Geriatrics by 11 (24.4%) and improvement of their clinical practice by 9 (20%).

More than half (51 %) of GPs did not want to join the program and the main reasons given were that program was not recognized by MCI 18(78.2%), were satisfied with their present job 07(30.4%), however no specific reason was given by 05(21.7%).

**Conclusions & Recommendations:** PGDGM program is a one of very few DLP program to update in Geriatric Medicine. The main strengths of program are easy admission, course material, practical spell & faculty in PSC, flexibility and affordability of the program. In spite all the strengths the joining and completion rate is low and this could be attributed to one of the main weaknesses of the program i.e. its non recognition by MCI. Also the program is not well known to the doctors. Program needs to be widely publicized with emphasis on all its strong points and efforts need to be put to improve duration of contact session, participation in patient care, training at SDC, logistic support and finally request MCI for evaluation and consideration for recognition, thus make the program attractive for the doctors.

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