

# Child India

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Monthly e-Newsletter of Indian Academy of Pediatrics



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## Editor's Note

Dear friends,

July 1st was celebrated as Doctor's Day and our beneficiaries, the children we care for and their families who understand the true worth and value of the profession, were effusive in their appreciation and thankfulness for our services. Elder's of the medical fraternity were honoured on the day.



"ORS DAY & ORS WEEK" is being celebrated during the last week of July and ORS day is on July 29th every year. The theme for this year is 'The Amruth in Dehydration'. Numerous programs are being conducted by the IAP members all over India to reinforce the importance of ORS in the management of acute gastroenteritis in children. Please send in your ORS Week/Day celebration reports to IAP CO.

July 28th is World Hepatitis Day - Act Now, Protect Yourself - getting vaccinated against Hepatitis B; safe blood transfusion, awareness about needle stick injuries, safe sexual practices, hand hygiene, and safe food and drinking water may be propagated.

The World Breastfeeding Week is celebrated every year from 1 to 7 August to encourage breastfeeding and improve the health of babies around the world. The World Alliance for Breastfeeding Action (WABA) theme is 'Empower Parents and Enable Breastfeeding, now and for the future'. The IAP theme for 2019 is "Breast milk: The \*ELIXIR\* of life"

\*E- Empower\* parents, \_enable\_ breastfeeding ( \_Educate\_ about the benefits, \_Ensure\_ parent friendly workplace)

\*L- Learn\* to \_"Latch"\_ the baby in proper position

\*I- Inform\* all antenatal women the technique and \_importance\_ of breast feeding.

\*X- X'pressed breast milk\* for working mothers (method of expression and storage), \_X'press\_ need of workplace feeding rooms

\*I- Integrate\* efforts of pediatricians, gynaecologists, nurses and paramedical staff to \_implement\_ universal breastfeeding

\*R- Reach\* to every corner of society with the power of Media (print, broadcast and social) to \_raise\_ awareness.

This important week is round the corner and calls for action.

Wishing you all the very best,

Regards

**Dr Jeelson C Unni**  
**Editor-in-Chief**

## President's Message

Dear IAP Members,

Indeed it is pleasure for me to communicate with you through Child India - our monthly E-bulletin.

Monsoon has established in most of the parts of India and we all have many patients suffering from various monsoon related illnesses. But excess workload in the office has not at all affected IAP activities.

Under leadership of Dr. Tejinder Singh and Dr Piyush Gupta We had first ever meeting of Task Force on competency based Under Graduate curriculum where 22 experts from different medical colleges participated and shortly we shall prepare draft of same. I am sure.

We also launched the IAP Task Force on NCD prevention on 7th July 2019 under able leadership of Dr. Rekha Harish. We had participation of government of India, Rotary international and WHO in it. On same day we had launch of IAP Pain and Palliative Care Chapter - a new initiative of IAP for children suffering from life threatening chronic illnesses. Congratulations to Dr Rakesh Sharma and team.

In view to get official accreditation of IAP fellowship courses, i had meeting with MCI PO Dr V K Paul at his Chamber in Delhi and we had very fruitful discussions on it. Similarly i had meeting with Commissioner of Health, Government of Gujarat, Dr. Jayanti Ravi for partnership of IAP with Government of Gujarat for NRP training as well as module on First 1000 days.

To pay tribute to great teacher and human being Late Dr Anand Shandilya from this year IAP declared 21st July as "IAP CPR Day" and we had overwhelming response from all corners of the counties. Hundreds of people were trained about CPR ranging from School students to Medical Students and Parents to Policemen.

Like every year we celebrated ORS day as well as World Breast Feeding Week with full enthusiasm and force. My compliments to all our IAPians and state as well as district/ city level office bearers.

The festive season is about to commence and my best wishes to all IAP members and their families.

with regards,

In the service of academy

**Dr. Digant D Shastri** MD(Ped), FIAP, PGDHHM  
President, Indian Academy of Paediatrics  
Managing Editor, Asia Pacific Journal of Pediatrics and Child Health  
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## Secretary's Message

My dear Friends,

July 2019 has seen Central IAP reaching a landmark milestone with its membership crossing 30,000. With this enormous back up, we are sure to be heard better in policy decisions on child welfare at the Central Govt level. We have already been assured of around 340 workshop projects from the Central TB division, Govt of India. This can be disseminated across all the district branches of our Academy and the involvement of practitioners in private sector in TB eradication can be assured.



The Action Plan programs are also catching up in a big way with almost all the branches bustling with CIAP workshops at least once in a month.

And with the ORS and Breastfeeding weeks celebrations being pushed through in a mega manner, IAP visibility in the community has almost peaked in the last one months.

Congratulate President Dr Digant Shastri for leading from the front and keeping the IAP vibrancy at a peak all through the year.

Request all branch OB to report their activities to CHIDINDIA by e mailing to [childindianewsletter@gmail.com](mailto:childindianewsletter@gmail.com).

Congratulations and best wishes to Dr Jeelson C Unni and the Editorial Team of CHIDINDIA for keeping the publication live and visible.

With regards,

**Remesh Kumar R.**

Hon. Secretary General 2018 & 2019

## President's Engagements



Ellora Sammit Aurangabad



Meeting Dr. V K Paul, Chairman MCI  
and member Niti Ayog



Inaugurating ORS and Breast Feeding Week  
Celebration stall at Govt Medical college Surat



MEMS program at Surat  
( 90 school principals attended)

## President's Engagements



Leader's Forum for vaccine confidence building organized by Child Health Foundation



Meeting with Commissioner of Health, Government of Gujarat for partnership



Participated as guest speaker at WHO NPSP workshop on Measles elimination



IAP UG Task Force meeting Delhi 06/07/2019



## President's Engagements



IAP TF on NCD prevention launch program 07/07/2019 at Delhi



Launch of IAP pain and palliative care chapter 07/07/2019 at Delhi



## IAP ALS MAP (IAP Advance Life Support Mass Awareness Program)

**Project to reach every pediatrician to provide advance life support**

**Proposed Action Plan of the Indian Academy of Pediatrics**

**To be launched in year 2019**

### Background and Introduction

Identification and appropriate initial stabilization of a sick child to prevent death is always a challenge for a busy pediatrician in an office practice. The life threatening situation of a child is not only a cause of concern to the patient and his family, but the treating pediatrician may also be overwhelmed in a stressful situation. Unless a pediatrician is trained to act in an organized manner to deal with such a situation, there may be undesirable consequences to both – the patient and the treating doctor. Every pediatrician should be trained to deal with such a situation following a standard steps through a structured module.

### Why this project?

- Whenever a child with the life threatening situation is brought to a health care facility, he should be stabilized as per the resources of the center – primary / secondary / tertiary level. Many times this is not done.
- The reasons for not handling a serious child is the erroneous belief that all serious children should be referred to a PICU. Since, the advance life support is usually confused with the critical care, many pediatricians think it beyond their scope to manage the serious patients.
- The IAP ALS group has been training the doctors and nurses over last 24 years as how to manage such patients through the ALS provider courses. However, the trends of the attendees have changed during last one decade – now these courses are taken mainly by the P.G. students or residents, that too if their senior faculty is willing. The senior pediatricians usually keep themselves away from these courses.
- The stringent criteria to get a certificate after two day course with evaluation is deterrent for a practicing pediatrician to join the regular IAP ALS course.
- While we can not dilute our existing courses, we should sensitize all the pediatricians through a different one day module, where in our colleagues can be empowered in dealing with the life threatening situations in a uniform manner.
- We already have a BLS provider course, with it's less stringent version of BLS mass awareness program. On the same lines, we propose to have a mass awareness program for the ALS (IAP ALS MAP). This will be a shorter version of the certificate course, completed in one day and not to be followed by any evaluation or certification. Those, who get inspired after going through this program may undertake the certification course.
- Reaching the pediatricians in all corners of the country is a huge task and needs special efforts. Therefore, the IAP ALS MAP is being supported through the 'Presidential action plan'.



## Our resources

The IAP ALS - BLS group has developed its own resource material in the form of IAP ALS Handbook as well as IAP BLS Manual for imparting these trainings during workshop exercises. We have our own website that collates the activity of our group. All our instructors and candidates are required to register on the website that keeps a track of activity of all members.

Our course curriculum may be tracked on:

[https://www.iapalsbls.org/public/assets/uploads/course\\_attachments/COURSE91665466/For%20ALS%20Candidates.pdf](https://www.iapalsbls.org/public/assets/uploads/course_attachments/COURSE91665466/For%20ALS%20Candidates.pdf)

## Aims and Objectives

- To bring in the uniformity and structured EII (Evaluate – Interpret – Intervene) approach in dealing with the life threatening situations
- To make a pediatrician confident that instead of straight away referring a serious child, he should stabilize the patient and manage according to his level of care (primary / secondary/ tertiary), then only a patient should be shifted (if required), for which the guidelines of “Transferring a patient” should be followed.
- Intact survival of a child through integrated approach
- Prevention and reduction of the child mortality
- If confronted with the collapse victim, adhere to the standard protocol
- To enhance the cognitive and psychomotor capabilities of the pediatricians by providing pre-course material and hands on training in a group.
- Developing the leadership qualities & learning to work as a team
- To discuss as how to cope with an unfortunate

scenario of death, which is never a part of our undergraduate or PG teaching.

- To develop our own resources to contribute this “make in India” initiative by writing our own manuals, procuring equipment, making our own modules and videos, creating our own instructors and developing our own dynamic website.
- We also dream to spread such project and provider modules in the other developing countries, once we gain adequate experience at home.

## The Program

Program will be known as “IAP ALS MAP”

(IAP Advance Life Support Mass Awareness Program)

### The Format:

This is a curriculum based training programme for the benefit of all the paediatricians & may be extended to all those doctors, who want to get themselves trained but shy away of the two days rigorous ALS provider course, followed by the evaluation to get a certificate.

1. The IAP ALS BLS group will deliver the program with the help of local IAP branches.
2. A course coordinator will carry out the project in his/ her area.
3. The aims of the course will be advertised to sensitize all the pediatricians. The emphasis would be on learning, without scaring them by evaluation at the end of the program.
4. Those, who want to get involved deeper in to the modules, will be encouraged to go for the regular ALS – BLS provider courses; which will also generate the future instructors.
5. All the registrations and the record keeping will be done through the group’s website.

6. A candidate will be provided a manual to have prior knowledge about the contents. This will be improved up on small group discussion sessions using simulation based exercises.
7. We intend to have an ongoing impact assessment of the project on the practices of the delegates, who will undergo the training.
- 2- Target audience: - medical officers, nurses and paramedics engaged in child care in that district on regular basis ( limited funding will be provided to those district units who agree to submit the full accounts of the activity )
- 3- They will collaborate with the IAP ALS – BLS accredited centers and the teaching institutions of the area.

The project will have two tier training system. It is proposed that in the 1st phase there will be 5 zonal ToT to train total 200 IAP members (preferably the instructors of the group) from different states through one day training. This activity will be carried out between 1st May to 31st August ,2019. As a 2nd phase city/district level training sessions will be conducted by the persons who are trained at the ToT. These training sessions will be carried out with the help of local network of IAP branches & the IAP ALS-BLS group. This project will be ongoing project of the Indian Academy of Pediatrics. Through the continuous feed back of various people involved, we'll evolve our contents over the years.

### **Activities and role of trained IAP members**

These designated trained IAP members will be then responsible for the following:

- 1- They will conduct “ training sessions” for pediatricians, may be called the course coordinators.
- 4- They will participate in the post program impact assessment process.

### **Proposed 'Action Plan'**

1. Formation of core group
2. Formation of the training curriculum
3. Estimation of number of beneficiaries & number of interactive workshops.
4. Estimation of provisional budget.
5. Management of financial resource.
6. Preparation of comprehensive training & reference manual.
7. Preparation of power point presentations based on the module.
8. Organization of five zonal TOTs to train 40 paediatricians ( IAP members)
9. Organization of training sessions by IAP branches with the help of trained facilitators( trainers).
10. Assessment of project at the end of 1st year of the project.

## **Details of 5 modules launched under IAP Action Plan 2019-20**

### **1. IAP LEID- Lab Evidence of Infectious Diseases: ( Duration: 340 minutes )**

Concept : Infectious disease treatment is still presumptive even though investigational facilities are being more and more available. AB prescribed for viral infections increasing the cost of treatment & also resistance to most of the antimicrobials. Rational investigations will save money and also halt the impending disaster of polymicrobial

Thematic: Discussion on 8 topics of basic concepts of ID followed by case based discussions and workstations.

### **2. TRAC - Test Reports And Clues: ( Duration: 260 )**

Concept : A module designed with aim to give insight about how to interpret some of the commonly advised investigations. A comprehensive interpretation

Thematic: Discussion on 5 common investigations through case based discussions, followed by Practical hands on training of reading the reports and X-ray through 4 workstations each of 35 minutes.

### **3. IAP SPARS - Standardization of Paediatric practice in Restricted resource Settings ( Duration: 310 minutes )**

Concept : Due to paucity of availability of public health care in rural and semi urban areas, majority of people turn to the local private health sector as their first choice of care which is bit expensive, often unregulated and variable in quality. Key challenges in the resource poor settings include low quality of care, lack of uniformity in private practice, poor accountability, lack of awareness, and limited access to facilities. IAP SPARS can establish standard evidence based protocols & to sensitize pediatricians to follow them with meticulous discipline

Thematic: Discussion of 6 topics of basic of clinical skills followed by case based discussions on common 7 clinical conditions encountered in day to day practice.

#### **4 . PICNIC : . Infection Control in Hospitals, nursing homes and clinics ( Duration: 340 minutes )**

Concept : Every year, lives are lost because of the spread of infections in hospitals. Controlling the spread of disease and minimizing the number of healthcare-associated infections are primary concerns for any healthcare facility. There are elements in the environment of a healthcare facility that could actually facilitate the development and spread of infectious disease. Health care workers can take steps to prevent the spread of infectious diseases. These steps are part of infection control.

Thematic: Discussion of 9 topics of infection control protocols followed by three work stations.

#### **5. MEMS-Child Safety - Medical Emergency management Module for Child Safety in Schools**

Concept : To orient school authorities with common emergencies that could arise in school children and train their willing staff to handle and provide first aid for such an event.

Thematic: Discussion of 5 common emergencies and their management at school level. BLS training to school teachers, parents and teachers.

# AMRUT BULLETIN

ORS DAY & ORS Week Celebration 2019  
July 25<sup>th</sup> to July 31<sup>st</sup> 2019  
ORS: AMRUT OF DEHYDRATION

**Compiled By:**

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## **ROTA VIRUS VACCINE**

- A rotavirus vaccine protects children from rotaviruses, which are the leading cause of severe diarrhea among infants and young children
- More than 600,000 young children die and approximately 2.4 million hospitalize annually from rotavirus disease.
- Because of the tremendous global burden of rotavirus, WHO has prioritized vaccine development and introduction to control this disease
- In 2006, two oral rotavirus vaccines were licensed and introduced in the USA following large scale safety and efficacy studies in Europe and North and Latin America and later in Asia.
- Introduction of rotavirus vaccines in national vaccine policy along with other childhood vaccines may result in significant reduction in mortality in children in poor socioeconomic countries
- In April 2009, WHO provided a recommendation for global introduction of vaccines in national immunization programs of developing countries worldwide.
- **Human-Bovine Rotavirus Re assortment Vaccine** It is pentavalent human-bovine reassortant live attenuated, oral vaccine. This vaccine contains five live reassortant rotaviruses. *Schedule:* is administered in three oral doses at 1- to 2-month intervals beginning at 6 to 12 weeks of age.
- **Human Rotavirus Vaccine** : It is a live-attenuated human rotavirus vaccine (strain 89- 12). It is a monovalent vaccine. *Schedule:* is administered at 2 and 4 months of age.
- An Indian made rotavirus vaccine, Rotovac, is now also available

**A**= Availability and Universal Prescription of ORS & Zn

**M** = involve Masses & Media

**R**= Rational Diarrhoea Treatment  
(Avoid antibiotics, Anti motility and food taboos)

**U**= Utilization of Homemade liquids for rehydration

**T**= Teach Train and Retrain all



Endorsed by CIAP President Dr Digant Shastri

## Kaleidoscope LAP ORS WEEK 2019



ORS week Awareness at various places by LAP members

## Kaleidoscope LAP ORS WEEK 2019



ORS week Awareness at various places by LAP members

## IAP Odisha

CME ON “BONE MARROW TRANSPLANTATION IN PEDIATRICS” at, IMA House, Bhubaneswar on 14th July 2019. Org. by: IAP, Odisha State Branch In association with Aster CMI Hospital, Bangalore The inaugural session was conducted by Dr Palash Das, Organising Secretary in the presence of Dr Saroj Kumar Tiady, President, IAP Odisha Dr. Prasanna Kumar Sahoo. President-Elect, IAP Odisha, Dr. Prasant Kumar Saboth, Secretary, IAP Odisha all faculties i.e. Dr Fulvio Porta Consultant Pediatric Hematology -Oncology and BMT, Brescia, Italy, Dr Saroj Kumar Panda, Pediatric Oncologist, IMS & SUM Hospital, Bhubaneswar, Dr CP Raghuram, Pediatric Hemato-Oncologist & BMT Physician Aster Hospital Bangalore, Dr Sagar Bhattad Consultant Pediatric Rheumatologist and Immunologist Aster Hospital Bangalore & Dr Chetan Gingeri, HOD Pediatrics Pediatric Intensivist Aster CMI Hospital Bangalore. More than 70 participants participate in this CME



NRP - BNCRP Provider course - Part I - at: IMS & SUM Hospital, Bhubaneswar, On, 28th July 2019. IAP & NNF, Odisha State Branch were jointly organized “Basic Neonatal Resuscitation Programme First Golden Minute” training Programme in association with Dept. of Neonatology & Paediatrics, SUM Hospital, Bhubaneswar, on 28th July 2019, Sunday. The inauguration session was conducted by Dr. Jagdish Prasad Sahoo, course coordinator in the presence of Dr. Prasant Kumar Saboth, State Academy Coordinator NRP, all faculties i.e. Dr Lingaraj Pradhan, Dr. Asutosh Mahapatra, Dr. Debashis Nanda & Medical superintendent, Additional Dean and faculty members of IMS & SUM Hospital, Bhubaneswar. 34 Participants participate in this training programme.





## IAP Allahabad

The IAP Allahabad Branch jointly with the Department of Pediatrics, Moti Lal Nehru Medical College, Allahabad organized a day long CME on Pediatric Nephrology on 28th of July, Sunday, at Hotel Placid, Allahabad, in the loving memory of late Prof. V. K. Agarwal. The CME began with the inaugural function, felicitating the Chief Guest, Prof Rajiv Sharan and the Guest of Honor, Prof. A. K. Srivastava. Patron and Principal Moti Lal Nehru Medical College, Allahabad, Dr. S. P. Singh graced the occasion with his presence and addressed the august gathering. This was followed by lighting of the lamp by the dignitaries. The faculty comprised of speakers of national and international repute. Dr OP Mishra, Professor and Ex HOD-Incharge, Division of Pediatric Nephrology, Department of Pediatrics, IMS BHU Varanasi, spoke on "An approach to proteinuria" and "Complicated Nephrotic syndrome". Dr Pankaj Hari, Professor, Unit of Pediatric Nephrology, AIIMS, New Delhi gave an elaborate talk on "Acute and rapidly progressive glomerulonephritis" and "UTI : consensus and controversies". Dr Ruchi Rai, Professor, Department of Neonatology – MRH, Super speciality Pediatric Hospital & Post Graduate Teaching Institute highlighted on "Diagnostics in kidney diseases". Dr Aditi Sinha, Associate Professor, Department of Pediatrics, AIIMS, New Delhi addressed the learned audience on "Acute kidney injury : Evaluation & management" and "Antenatal Hydronephrosis". Dr Ranjeet Thergaonkar, Surgeon Captain, Senior Advisor Pediatrics and Pediatric Nephrologist INHS, Kalyani, Vishakhapatnam delivered lectures on "Voiding disorders and enuresis" and "Approach to Renal tubular disorders ". Dr Swati Bhardwaj Consultant, Division of Pediatric Nephrology, B. L. Kapoor Hospital, New Delhi apprised the delegates on "Evaluation of hematuria" and "Common electrolyte imbalances". Dr. Anubha Srivastava, Ass. Professor, Department of Pediatrics, MLNMC threw light on "Evaluation and management of hypertension". The CME was divided into four sessions / symposiums, covering the topics on Pediatric Nephrology exhaustively. Each session was followed by a vibrant interactive discussion. 80 pediatricians of the city had registered for the CME. The U.P Medical Council awarded four (4) credit hours to the delegates.



## IAP Patna ORS week celebrations



## REPORT OF IAP CPR DAY - 21ST JULY 2019 AT SRMS IMS BAREILLY



## IAP Jalandhar

IAP CPR Day at PIMS Jalandhar : To commemorate the birth anniversary of Dr Anand Shandilya , IAP CPR day was celebrated at PIMS Jalandhar on July 21st, 2019. BLS mass awareness course was conducted to train hospital employees (ward attendants and house keeping staff) in the skills of CPR, both infant and adult and foreign body ingestion. Dr Anuradha Bansal, Assistant Professor, department of Pediatrics was the course director, Dr Paras Khullar and Dr Saloni Bansal, Paediatricians from Jalandhar were instructors. 32 candidates were registered, 29 appeared for the course. The course was well received by the participants.



## IAP Telangana



Breastfeeding week celebrations

## IAP Allahabad



CME on Pediatric Nephrology on 28th of July

## IAP Noida

BLS program in association with IMA Noida on 23rd June : The program was a huge success and was attended by more than 50 residents of the society. The course was conducted under the leadership of Dr Arvind Garg (President IMA Noida) and the other facilitators who made the course successful were Dr Ruchira Gupta (Executive Member CIAP), Dr Vivek Goswami ( Secretary AOP Noida), Dr Ajit Saxena (Vice President AOP Noida), Dr Richa Thukral and Dr Naman Sharma. All the participants were given hands on training for the Basic Life Support and the program was highly appreciated by all the attendees.



## MKU Workshop for Paediatricians



## IAP West Bengal



The Pediatric Gastroenterology Update and the Midterm Conference of ISPGHAN was held on 14 July to packed halls. The Intensive Care Chapter CME was held on 27 and 28 July, one of the first CMEs where registrations were overbooked and had to be refused. An ALS Mass Awareness TOT was held for the East Zone on 7 July. The PG Teaching Session of WBAP was held on 6 July by Prof Mrinal Das on Updates in ITP. The Clinical Meeting of WBAP was held on 25 July at RGKarmCH to packed halls.

## IAP Trissur



July 9th : Educational Motivation Program



On July 11th, A CME was conducted at Kunnankulam. Dr.Kalyani Pillai, Prof.of Pediatrics AIMS Thrissur spoke on Pre and Probiotics in children.

## IAP Bangalore



ATM workshop  
inauguration



Pre conference workshop on  
Neonatal ventilation



Basic Neonatal Ventilation  
Workshop



Dignitaries lighting the lamp  
at Bangalore Pedicon



Felicitations of CIAP President  
Dr Digant Shastri



Dr Nisarga being conferred  
Shishu Vaidya Ratna award



Free health camp at  
RR Nagar site



Protest against  
Assault on Doctors

## Early Detection of Learning Disability-EDLD- Report Training of Metric Elementary School Teachers to identify Children with Learning Disability in Cuddalore District

### Abstract

Learning problem in children is increasingly recognized among the community in India. Early identification of Learning disability is absolutely vital as early remediation and intervention, has the best chance of, favorable outcome. Learning disability affects 5 – 15 % of school children. That amounts to, huge numbers and it is estimated that today, this involves over 2.8 million school children. The human and financial implications of, poor academic performance, in children, to the society, is staggering. In addition, the distress it causes to child, the parents and the school is considerable. Scholastic backwardness has a lifelong impact on the child, as it affects the child's self esteem, higher education, employment opportunities, interpersonal relationships, marriage and almost every other sphere of his/her life.

Estimates from surveys in the schools, show that 20% of school children, are underachievers and of the 50% of those having an underlying neuro-developmental cause, a large percent have the invisible disability called Specific Learning Disability, for which we could offer remediation and medications, in selected cases, to ensure their mainstreaming, so that they become, useful citizens of our society.

Dyslexia is a disorder in children, who despite conventional class room experience, fails to attain the language skills, of reading, writing & spelling, commensurate with their intellectual abilities. Dyslexia is a disorder manifested by, difficulty in learning to read, despite conventional instructions & socio cultural opportunity. These Children, will have lot of grammar mistake, Lot of spelling mistake, slow reading, reversal tendency in reading and writing. (Read "was" as "saw") .These children, can be identified, at the age of 7 years. Their IQ is normal or above normal. Government is giving, lot of Concessions to these children. Remedial Teaching is the main mode of management of these Children. When we identify, them early and give remedial measures and get the government concessions, they will be able to perform well in studies and pass 12th Standard and may become post graduates and Professionals .If we fail to identify them early they get lot of problems like Repeated failure, Rejection, Poor self esteem, Anxiety, Disturbed, Insecure, Joker of the class, Delinquency, School drop outs, Become social misfits.

As we don't have enough people to identify of all these children in the community, by this project we want to establish a comprehensive child development centre – where we want to start



training teachers to identify these children from the community and give them proper training under one roof.

## Aims and Objectives

1. To train teachers, for detection of LD
2. To identify the prevalence of learning disability in cuddalore district.
3. To identify the causes of learning disability in cuddalore district,.
4. To Screen the Children in Medical college to arrive at a Final Diagnosis

## Background work done so far

1. Trained 500 pediatricians all over Tamilnadu on learning disability.
2. Trained 2000 Teachers in Tamil Nadu for identifying learning disability.

## Why we need to identify dyslexic children:

1. Burden of learning disability is very high – 10% of students
2. Its only tip of the iceberg
3. Identifying at the age 7 will be ideal for better results
4. In spite of good IQ (100 to 140), they are failing in the class
5. Remedial teaching works well
6. Children's are suffering internally due to pressure from parents & schools
7. LD children are hurt by teachers, parents, friends in spite of the fact they are not at fault
8. Hidden tragedy
9. Unable to cope up with the educational pressure, parental pressure lead to many psychological problems

10. Comprehensive treatment with multi-disciplinary approach can be done under one roof

ICMR study done at Bangalore identified, 20% of children having learning disability. Prevalence Dyslexia will be around 5 to 50%. The number of school going children in cuddalore is district 1.7 lakhs. Ten percent of this student population is approximately 17,000 children will be having dyslexia. These many children will be become a school drop outs if proper identification and intervention was not done.

Though the confirmation of diagnosis of dyslexia can be done at 7 years. We can pick up children by early warning signs as early as 3 years and we can follow up these children till 7 years to confirm the diagnosis of dyslexia.

Early pointers for learning disability

1. Speech Delay
2. Missing of the crawling stage
3. Difficulty in buttoning the shirt
4. Difficulty in tying the shoe lace
5. Difficulty with rhymes
6. Difficulty with puzzle

Though we are not confirming diagnosis of dyslexia, early intervention can be started at 3 years by phonics method of teaching from 3 years onwards, so that, we can reduce the severity of dyslexia.

## Program details

All Metric Elementary schools from cuddalore District were invited to attend the Training Program We got permission from State Authority, Director of Metric Education Tamilnadu State ,and also from the Government of Tamilnadu from Principal Secretary ,Department of School Education Government of Tamilnadu. Chief Educational Officer helpd to execute the



Training Program ,One Teacher was selected from one Elementary School by the Principal of the respective Schools .We have addressed the Metric School Principals durinf the CEO”s Official Meeting on 5th July 2019 by PPT presentation and created clear knowledge on Dyslexia and importance of EDLD. Hence the selected a suitable Teacher from their Schools and sent for Training. So we got one Teacher from each Metric school .

The Training was conducted for 4 hrs 10am to 2 pm with a tea break on 9th July, in the Auditorium of the Krishnaswamy Metric School Semmandalam ,Cuddalore ,EDLD Teachers Module was given as Study material, Performa ,Teachers Check list Scribing pad were separately given and to the participating Teachers. , Principal of Krishnaswamy Metric School welcomed the Gatherings. Sub- collector Thiru.PA..ArumugamM.Sc.M.Phill M.Ed, Chief Educational Officer Inaugurated the Training program by Lighting the Kuthuvilaku and requested the Teachers to Learn the technique of identifying the Dyslexic Children through this Training Program and help the Government to know the burden of the problem and to provide remedial Measures to these Children.

Dr.K.Rajendran Chairman of the the Krishna-swamy Educational Trust and aleading Surgeon of Cuddalore District was the Chief Guest gave the Inaugural and conveyed his greeting to the initiative taken by the central IAP as EDLD ,and told this model to be executed in our entire Nation so that crores of Dyslexic Children will be benefited, EDLD Module was released by the CEO snf received bh the Chief guest and Senior Pediatricians..Senior Pediatricians Past President of IAP Cuddalore District Dr.V.Namachivayam and Dr.P.S.Krishnamurthy and Pediatric Surgeon Dr.Ilanthirayan felicitate the program

Developmental Pediatrician and Project coordinator Dr V.Sivaprakasam was the Trainer thanked the CEO and Chief guest and other

Dignitaries and told about the clinical Features of a Child with Dyslexia and the importance of Early Identificatio and early Remedial measures to get maximum results ,

The Programme ended by Vote of thanks.

The Training stated at 10 am . 100 teachers from 100 Metric Elementary School came for the Training. They were divided it to 4 Groups A B C D as A, Dyslexia Group, B Dysgraphiya Group ,C .Discalculiya Group and D, Spelling Group . They need to participate in the Workshop and act like Dyslexic child, Dysgraphic child ,Dyscaculaiya child and a child with lot of Spelling mistake . Finally each group will be given a case scenario and they need to tell the Diagnosis.Depending on their Performance Revolving cup will be given for the winners.

The Training began with a case scenario, fallowed by detailed clinical features, 18 Questionnaire to screen the children , Government concessions , Role of Teachers and importance of Early Identification . The Teachers from each group acted as Dyslexic child and finally solved the case scenario . A team got the First Prize and D team got the 2nd Prize. Pricipal and Dr. Ilanthiriyam Gave the Cups . Two participants gave their feed back,

We conducted a pre Test to know the Knowledge of the participating Teachers .

The Training ended smoothly with final thanks to all those helped for the Progeame and to the President Dr.Digant D Shastri and other OB members for all the guidance and help.

After the Training the Teachers were able to pick up the Children with Learning Disability and send the list and filled Check list .for further Screening by Pediatricians. .

Dr.V.sivaprakasam MD DCH PGDN PG-AP FIAP  
**President IAP TN 2012**

National EB Member of IAP 2104,2015,2017  
Project Coordinator

## Activities of Jalandhar Academy of Pediatrics



JAP celebrated ORS Day on 29 July. It was celebrated by all pediatricians. ORS Sachets were distributed amongst diarrhoea patients.



JAP celebrated BLS Day and CPR Day on 21.7.2019 at PIMS. The program was conducted by Dr. Anuradha and Dr. Jatinder Singh (President - JAP). Dr. Paras and Dr. Saloni was the faculty. Attended by more than 30 paramedical staff and interns.



JAP conducted AMS workshop under IAP Action Plan on 28.7.2019 in which more than 55 pediatricians participated. Dr. A.J. Chitkara, Dr. Shyam Kukreja, Dr. Anil Sud were the faculty members and discussed about the rational use of antibiotics in our day to day practice. Dr. Lalit Tandon, President of SAP welcome the audience and Dr. Jatinder, President of JAP delivered vote of thanks.



Jalandhar Academy of Pediatrics celebrated intensified Diarrhoea control fortnight from 8-23 July. More than 40 pediatricians participated in this fortnight actively and distributed Banners, Pamphlets, ORS Sachets and Zinc Tablets to more than 1000 needy patients. Dr. Jatinder, President and Dr. Surjeet explained the role of ORS to the mothers.