## PRESIDENTIAL ADDRESS

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#### T U SUKUMARAN

National IAP President, 2011 and Professor, Department of Pediatrics, ICH Kottayam, Pushpagiri Institute of Medical Sciences, Thiruvalla, Kerala, India. tusukumaran@gmail.com

#### Dear Academicians and Friends:

It gives me great pleasure and joy to be here in Jaipur - the pink city of India, to participate in the inaugural function of Pedicon 2011 and to take over as the national president IAP 2011. Let me, at the outset, congratulate all the members of the organizing committee especially Dr Usha Acharya, the chief convener, Dr BS Sharma, the organizing chairman, and Dr Tarun Patni, the dynamic organizing secretary, for organizing such a wonderful conference here. I also thank all the fellow pediatricians who are assembled here, for electing me as President for the year 2011. I assure you that I will uphold the ideals of this prestigious organization at all levels. Most importantly I request your help and guidance to implement IAP action plan for 2011 and make this year a memorable one. I would also like to congratulate our immediate past president Dr Deepak Ugra, secretary general Dr Tanmay Amlady and treasurer Dr Sailesh Gupta, for their inspiring activities during the last year and I wish Dr Deepak all the best. I would also like to extend my hearty congratulations to Dr Rohit Agarwal, the president elect 2011 and wish him success.

#### IAP ACTION PLAN 2011

#### 1. Training Programs for Pediatric Education

Having worked as a teacher in pediatrics for 32 years now, it is my observation that we should focus our efforts towards improving pediatric education at the undergraduate and postgraduate levels.

Faculty training program

With the increasing number of new medical colleges

coming up across the country, there is a shortage of teaching staff, especially at the middle cadre level. It falls to us to take the responsibility of imparting training to these teachers. Hence we are planning to have 5 workshops on faculty training through each zone of IAP.

Art and science of paper writing

Research in pediatrics is lacking at the medical college level as well as among the practitioners. So we are planning a two day workshop on the art and science of paper writing in each zone of IAP, to be conducted by *Indian Pediatrics*.

Revision of undergraduate teaching slides

Compact discs containing undergraduate teaching slides were prepared by Dr Chandrashekharan (Chennai) under the leadership of Dr Nitin Shah. We are revising these based on the new undergraduate curriculum and will be including new chapters on pediatric clinical examination, objective structured clinical examination (OSCE), pediatric radiology, common drugs and common pediatric procedures.

Intensive clinical training programs for DNB and MD students

Currently DNB examination results are not up to the expectations, so to improve these results, we are planning to conduct a five day program on clinical training and OSCE throughout the country. The first program will be inaugurated at Calicut on 22nd February 2011.

#### 2. Workshops

*Neonatal resuscitation program (NRP)* 

Neonatal resuscitation program and NSSK (Navjat

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Shishu Suraksha Karyakram) is one of the promising aspects of IAP in the government and private sectors, to reduce the infant mortality in India. The third regional trainers TOT has been conducted at Jaipur on 18<sup>th</sup> and 19th January, 2011.

IAP launched the NRP First Golden Minute (FGM) project in 2009 to address the issue of high neonatal mortality in India. As a result of which the government of India launched the basic newborn care and resuscitation program under NSSK to reduce the neonatal mortality. IAP has adopted the NSSK training manual for use in private sector with the permission of MoHFW, Government of India. IAP plans to roll out basic newborn care and resuscitation programs in the private sector to train 2,00,000 health care providers in the country in coming three years, under an academic grant from Johnson and Johnson India. NRP FGM is not a project but a mission for IAP and this TOT has been conducted by distinguished teams of instructors from AAP, LDSC, USA and Indian faculty under the guidance of Dr. William Keenan popularly known as "Father of NRP" in USA.

#### Rational antibiotic therapy

To avoid the misuse of antibiotics in pediatric practice, we will be launching a program on rational antibiotic therapy

#### Asthma training module

This popular training module was started in 2002 while I was chairperson of the respiratory chapter of IAP. Currently we are planning to modify this module and conduct 35 workshops throughout the country. Furthermore we will be conducting other popular workshops of IAP like Respiratory tract infection Group education module (RTI Gem), Art and Science of Vaccinology (ASOV), ASK IAP program and Comprehensive diarrhea management.

#### 3. Community Oriented Programs

#### Anti tobacco campaign

Smoking and substance abuse is increasing among the adolescents. So we are coming forward with a program on anti tobacco campaign for school children and parents, along with the guidelines of IPA. Child friendly school initiative program (CFSI)

In the light of the numerous problems being faced by children in schools, we are initiating this program consisting of five steps and the certification of these schools as CFSI should they satisfy these criteria.

- I. No physical punishment in school: Physical punishment may actually do harm (e.g.: school phobia). The child instead may be punished by other non-physical methods.
- II. No excess baggage: Excessive baggage and weight lead to backache, neck pain etc (School bag syndrome). The school bag with contents should weigh less than 10% of the child's body weight. Up to the 5<sup>th</sup> or 6<sup>th</sup> standard, there may be some provision for keeping the books in the school. For different terms we can use different notebooks. We can also attempt to have separate textbooks for each term. File system is another alternative method.
- III. Adequate number of toilets: There should be one urinal for 60 students and one latrine for 100 students, with provision for separate latrines and toilets for boys and girls.
- IV. Safe and proper transportation to school: There should be provision for safe travel to and from school. Travel in two- or three-wheelers ought to be discouraged. Nor should there be an excess of children in the school vehicle.
- V. Adequate class rooms and play grounds: The maximum number of students in a classroom should be 40. The class room should have enough space (10 sq. feet/student or 400 sq.feet/classroom. The furniture should have a proper back rest and facilities for desk work. The Nursery and primary school should be in a single storied building. There should be verandas for all school buildings. There should be a minimum of 4 hours for sports and cultural activities. The school should have an adequate playground (10 acres of land for a high school and 5 acres for a primary school).

#### 4. Publications

Work on the 5th edition of the popular book; IAP Text book of Pediatrics is proceeding under the

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leadership of the editor in chief Dr. A. Parthasarthy, editors Dr. PSN Menon, Dr MKC Nair and Dr Piyush Gupta and this edition will be published soon.

The textbook of clinical pediatrics, one of the action plans of Dr Deepak Ugra and specialty book series prepared by Dr Nitin Shah under his action plan, will be revised this year. We are also planning to publish a textbook of pediatric radiology, a textbook of childhood disability, and a series of compact discs on pediatric clinical examination.

### 5. Protocol Training

Allergic rhinitis is a common allergic disorder in children with a prevalence of 40 percent. A module on allergic rhinitis and co-morbidities is ready and had a successful TOT at Jaipur. Furthermore, we are planning to conduct 35 programs on ARCM this year.

TOTs on poor scholastic performance in children and neonatal hearing screening programs have already been held and we will be continuing with such workshops.

Modules on growth monitoring, developmental assessment and autism have been prepared by the growth and development chapter of IAP and we are planning to conduct 5 workshops in each zone of IAP.

#### 6. Conferences

We are planning an international CME on recent advances in neonatology, pediatrics and adolescence on 4th and 5th June at Kochi.

#### 7. Overseas Program

We are planning to rejuvenate the Dubai chapter of IAP and will have an international CME at Dubai by April 2011. Dr. Sunny Kurian the president of AKMG, Dubai has accepted the proposal and will be co-ordinating the CME.

#### 8. Adolescent Counseling Training Program

Adolescents have various physical, mental and

behavioral problems and they need proper counseling. The TOT and Adolescent counseling training program is over and these trainers will be continuing the program throughout the country. It makes me glad that these counseling training programs were conducted by Dr Paul Russel and Dr Priya Mammen, child psychiatrist from CMC Vellore and Dr MKC Nair.

#### 9. Family Benefit Scheme (FBS)

This is a dream project benefitting family members of pediatricians in India. FBS is successfully being conducted by IMA, Ophthalmology Society of India and Radiology Society of India. We expect a minimum of 3500 members, such that each member can receive fraternity benefit of at least 10 lac Rupees. Therefore, I request all of you to join this program and make it a grand success.

#### 10. Nutritional Education Program

This program mainly focuses on preparing guidelines on management of micronutrient deficiencies in children. We are planning to conduct 25 workshops throughout the country for pediatricians followed by nutritional education to mothers through medical camps.

Before I conclude my acceptance speech, permit me to honor one of the past presidents of IAP, a legendary personality, Editor of IAP text book of Pediatrics, and my guru, Dr A Parthasarathy for guiding me throughout my career. Lastly, I thank all my colleagues in the Department of Pediatrics, ICH Kottayam, Pushpagiri Institute of Medical Sciences Thiruvalla and all IAPians of Kottayam for their support and guidance. I thank my parents, my wife Dr PK Rajakumary, Dr Sankar Das my son-in-law, my daughters Dr Asha, Reshmi and Anju for their support. I thank the almighty for showering all blessings on us. Working together works, now let us join our hands together as one, to improve the health of Indian children.

Jai IAP. Jai Hind.