
Letters to the Editor

The Making of a Pediatrician

The recent 'Viewpoint' by Dr. Saroj Mehta on this topic was instructive, reflecting upon her vast experience and understanding of the issue(1). The comments regarding "Recognition of Impending Emergency" were appropriate. Her recommendations, if followed will help in preparing the Pediatricians to handle the emergencies efficiently. As all the trained Pediatricians are not likely to be absorbed in the Medical College Hospitals or other well equipped hospitals; they need to be trained for community level practice also.

Under the "Early Detection of Disease" Dr. Mehta has recommended as point number 3 "An optional time can be given to the resident during which he (she) can expose himself (herself) to a governmental or private set up to avail the opportunity of having first contact with the patient in early phase of illness". A government or private hospital set up is similar to that of a Medical College hospital. The difference is whether it provides or does not provide certain facilities or the tertiary level care?

Management at OPD is almost similar. I would like to suggest that these residents should be given a chance to work with practicing pediatricians, where the management of a patient is slightly different. The residents will learn how to handle the minor ailments which are rarely seen in the Medical College hospitals. They can also observe how a practicing doctor arrives at a diagnosis without or with minimum investigations. The only tools available to many doctors are a stethoscope, a torch, an otoscope, weighing machines, inch tape and BP instrument. The practicing pediatricians who are willing to devote some time for the discussion with the residents can be short listed for this purpose. The interaction may benefit both the residents and the practicing doctors.

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REFERENCE

1. Mehta S. The making of a pediatrician. *Indian Pediatr* 1997; 34: 713-717.

Reply

A mention of "Private set-up", in my article referred to the setting of a private practitioner who manages illnesses in infants and children with basic clinical tools and minimum investigations. Generally, the private practising pediatricians are too

busy or may not have an inclination to discuss and share their experience with the residents. In that light I appreciate the suggestion of Dr. Yash Paul that willing pediatricians be involved in this kind of training programme.

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