



DPT

DEVELOPMENTAL PEDIATRICS TODAY



June 2018

Monthly e-Newsletter of IAP Chapter of Neurodevelopmental Pediatrics

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Catching them young

Newborn screening is one of the most powerful tools in mitigating if not eliminating developmental disabilities.



It must be pure happenstance that the article on newborn hearing screening by Dr Abraham Paul is appearing in our DPT in the same week that his home state Kerala is launching its extended New Born Screening Programme.

It is app/android based with linkages to curative or other services. Metabolic disorders, Congenital Heart Disease, ROP are being looked into apart from Hearing Screening.

Its time we moved to such services nation wide and we Paediatricians have a seminal role to play in advocacy.

Dr. Santhosh Rajagopal

Chief Editor



Chairperson's Message



Dear Colleagues,

The NDD Zonal ToTs (IAP Action Plan 2018) are being rolled out and last month we had the South Zone ToT was conducted successfully. This month we have the East Zone and Central Zone ToTs. We hope to complete the ToTs by August and start working of the local workshops. We hope the increased awareness regarding the IAP Guidelines on LD, ASD, ADHD and Newborn Hearing Screening will go a long way in getting more and more pediatricians actively involved in the care of differently abled children of our country.

The IAP Fellowship on Neurodevelopmental and Behavioural Disorders is going to enroll its 2nd batch of Fellows for training this year. 2 new Institutes were accredited for conduct of the Fellowship and that makes it 9 centres in toto. The details of Institutes, eligibility criteria, application forms, etc have been made available on our website www.iapndp.org.

We hope DPT has been successful in connecting with pediatricians all over India and that thought provoking articles have kindled interest in the field.

Wishing you all a wonderful month and requesting each and every active member to contribute articles, thoughts, activities etc to made this e bulletin of the IAP Neurodevelopment Chapter as participatory as possible.

Warm regards,

Jai IAP

Dr. Jeesson C. Unni

Chairperson

IAP Chapter of Neurodevelopmental Pediatrics



Snippets from the Secretary

Early identification of sensory losses would be second nature to Health professionals working with children. Seems plausible doesn't it?

Did you know that international studies quote the average age of detection of significant hearing loss used to be ~ 2.5 years. Since the implementation of Universal newborn hearing screening programs it improved to a mean of ~14 months [Task force on Newborn and Infant hearing AAP 1999]. Recent studies report the average age is decreased to just 2-3 months of age (Harrison et al)



The other end of the spectrum a study from rural India in 2010 by Rout et al says that the mean average age of parents contacting a specialist was around 2.4 years of age. As many of 21% of doctors on the first visit reassured the parents not to worry. [Eastern Journal of Medicine 15 (2010) 97-102]

Most of us know about the critical periods in development and yet what tempts us to wait and watch....?

The senses are the most obligatory contributors to normal development. Without the reception of the eyes and ears optimal cognitive development is almost not possible. So supplementing or stimulating deficits as early as possible should be the rule not exception.

The joy of a parent in seeing the child's response to sound or his name being called or enjoying his first sound of music after auditory rehab or hearing him say his first ma-ma or pa-pa meaningfully is unmatched...and the fulfilment as a professional to be able to contribute to that joy is immeasurable in itself.

Auditory rehabilitation has moved ahead in leaps and bounds with hearing aids and even cochlear implants and post CI rehab being relatively easily accessible to children and their families.

Visual rehabilitation and stimulation especially for cortical visual impairments are not yet so structured and well practised and so most critical periods in that domain are lost. The road ahead in that field needs to be defined better.....

Always be curious.....Never stop learning...

Dr Leena Srivastava

National Secretary

IAP Chapter of Neurodevelopmental Pediatrics

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Newborn Hearing Screening Programme

Newborn Hearing Screening Crosses 1.5 Lakhs.

317 Newborn confirmed to have Hearing loss at birth.

WHO plans to replicate

“Ernakulam District Model of Newborn Hearing Screening”

in South East Asia Countries

Dr. Abraham K. Paul, MD, DCH, FIAP, FNNF

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Convenor, Newborn Hearing Screening Programme of IAP Kerala State

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Hearing loss has considerable negative impact on the overall development of a child especially speech and language development, development of cognition and development of social and emotional competence. If there is hearing loss, it should be detected at birth and remediated before 6 months of age as per the recommendations of American Academy of Pediatrics and Joint Committee on Infant Hearing Screening. This is in existence in all developed countries.

An attempt was made to implement the above International Guideline in Cochin by Indian Academy of Pediatrics (IAP) Cochin Branch way back in January 2002, As the initial step, a small hearing screening equipment weighting 450 gms (Otoport Lite) was imported from U.K. and a personal trained to conduct the test. Being a unfamiliar programme, only two hospitals participated in the programme. After a long wait of 5-6 months, we could detect a baby with hearing loss at birth. This was a boost to the programme, more and more hospitals fell in line and the programme subsequently got expanded to all 32 hospitals in the city of Cochin with the help of 5 screening personal.

The concept of a “Centralized Newborn Hearing Screening Programme” was floated here, which does not warrant each hospital investing money in buying the equipment. With 1 machine 4-5 hospitals get the benefit. Such a concept was introduced for the first time in our country. Seeing the success of the ‘Cochin City Model’ the District Collector, Sri. Rajamanickam IAS in 2013 enquired whether we could expand this project to the whole of Ernakulam District with 91 hospitals. In the district, 78 had to be covered (13 had their own in house testing facility). We had to purchase 3 more machines and more personal had to be included, we took up the challenge. The team with an audiologist and 8 screening personal cover not only the hospitals in our district, but also some hospitals of Kottayam and Thrissur. The number of visit to each hospital depends on the number of deliveries every



Newborn Hearing Screening Programme

Dr. Abraham K. Paul

The Team Members



day if number of deliveries is very large or alternate day daily visit and if once a week or once in 2 weeks. We also cover some Government hospitals, ESI hospitals and also Medical Colleges.

Since the inception of the programme in 2003, we have so far screened 1,56,727 babies and we could confirm hearing loss in 3174 newborns and they are on remedial treatment. We have the support of the National Health Mission, Directorate of Health and District Administration for our mission.

If we detect hearing loss at birth and remediate before the cut off age of 6 months, majority of babies will develop near normal speech and language with hearing aids alone. They may not require expensive cochlear implant surgery.

The “Cochin Model” / “Ernakulam District Model” of Newborn Hearing Screening is now accepted as a replicable model and is being implemented in some districts of Kerala and Maharashtra. Newborn Hearing Screening is now considered a routine in majority of hospitals in Kerala!!.



Newborn Hearing Screening Programme

Dr. Abraham K. Paul

The Ernakulam District Model was accepted by WHO as a replicable model which is in the process of implementing it in South East Asian countries and Dr. Abraham .K. Paul is made Lead Expert to work out a modality for the same.

We had been to training pediatricians across the state / country in Newborn Hearing Screening and as a part of that, we had conducted over 60 workshops and training programmes in Kerala and outside. About 50 papers were presented in various state and national conferences. Stressing the importance of this model.

We, members of IAP Cochin are deeply overwhelmed by the recognition and appreciation and we received both at National and International level for our project.

Newborn Hearing Screening Programme: Over 1.5 lakh infants screened so far

GOPIKA IS @ Kochi

THE Newborn Hearing Screening Programme hailed as a path breaking health initiative has enabled the screening of over 1.5 lakh infants in the state so far since taking off over 15 years ago. Of these, hearing defect was detected in 317 kids.

"If we detect hearing loss at birth and begin the treatment, majority of the kids will be able to develop near normal speech and language skills with the help of hearing aids alone. The expensive surgeries and the learning disability can be avoided in such cases," said Dr Abraham K Paul, convener, Newborn Hearing Screening in



The screening personnel

Kerala. In the beginning, only two hospitals were associated with the programme. Not only this, there was a lone screening equipment available, with just one trained person around to conduct the test.

Over the next six months, the first case of possible hearing loss was detected which gave

the programme a boost. Soon, it was extended to 32 city-based hospitals with the addition of five screening personnel and five machines. The concept of centralised hearing detection was floated here and is referred to as 'Ernakulam district model'. It was implemented across the district a few years ago on

the advice of the then District Collector M G Rajamanickam. Now, 78 of the total 91 hospitals in the district are associated with the project. Among them, 13 have their own hearing screening equipment. An audiologist and eight screening personnel are now part of the programme in the district.

The programme's highlight is not all hospitals have to invest in the rather expensive machine. The 'Ernakulam district model' has been lauded by WHO and moves are afoot to implement the scheme in other parts of the country and South East Asia. From its humble beginnings in 2003, the programme picked up steam in 2013.

**Our best wishes to
Dr Abraham K. Paul**

**as he has the honour of being invited as the keynote speaker
at the International conference of ENT
on September 10-12 in Paris France.**



Journal Scan

Dr Shambhavi Seth

Developmental pediatrician
shambhaviseth@gmail.com

1. Links between traits associated with the broad autism phenotype and empathy and young adults' ability to decode speaker intentionality. *Journal Research in Autism Spectrum Disorders, Vol 50, June 2018, Pg11-21; Lorna S.Jakobson, Pauline M.Pearson, ZofiaKozub, ColleenHare, Sarah N.Rigby*

Expressions of social, but not non-social, traits associated with the broad autism phenotype (BAP) have been linked with social difficulties in parents of children with a formal diagnosis of autism spectrum disorder (ASD). How subclinical expression of BAP traits are related to social communication abilities in individuals in the general population is less well understood.

This study explored relationships between social and non-social BAP traits and the ability to use multimodal, nonverbal cues to infer a speaker's intended meaning in a general sample of university students (N = 70).

After controlling for verbal IQ, accuracy in labelling speakers' intentions was positively associated with the non-social BAP trait of rigidity (an effect that past research suggests may be mediated by superior face processing ability), and with one's drive to empathize with the thoughts and feelings of a fictional character. This study suggests that being both imaginative and motivated to engage with others may have been key to participants' success on the task. It was also observed that the participants who found sarcasm, jocular, and white lies particularly rude were those who tended to engage in more emotional suppression – a self-regulatory strategy that negatively biases the processing and expression of affect.

There are personality factors that influence social communication skills, and may inform future research into the role that particular symptom clusters play in the expression of ASD.



Journal Scan

2. Genetic and Environmental Influences on the Developmental Course of Attention-Deficit/Hyperactivity Disorder Symptoms From Childhood to Adolescence. *JAMA Psychiatry.* 2015;72(7):651-658. doi:10.1001/jamapsychiatry.2015.0469; Jean-Baptiste Pingault et al

Objective of this study was to assess the proportional impact of genes and the environment on inter individual differences in the developmental course of ADHD symptom domains of hyperactivity/impulsivity and inattention between ages 8 and 16 years.

A prospective sample of 8395 twin pairs from the Twins Early Development Study, recruited from population records of births in England and Wales between January 1, 1994, and December 31, 1996. Both DSM-IV ADHD symptom subscales were rated 4 times by participants' mothers.

Results Two sets of genetic models were considered, an ACE model (A indicates additive genetic influence; C, common or shared environment; and E, non shared environment) and an ADE model (D indicates non additive or dominant genetic influence, which reflects effects of interactions between alleles at the same or different loci).

Estimates from latent growth curve models indicated that the developmental course of hyperactivity/impulsivity symptoms followed a sharp linear decrease (mean score of 6.0 at age 8 years to 2.9 at age 16 years). Inter individual differences in the linear change in hyperactivity/impulsivity were under strong additive genetic influences (81%; 95% CI, 73%-88%). More than half of the genetic variation was specific to the developmental course and not shared with the baseline level of hyperactivity/impulsivity. The linear decrease in inattention symptoms was less pronounced (mean score of 5.8 at age 8 years to 4.9 at age 16 years). Non additive genetic influences accounted for a substantial amount of variation in the developmental course of inattention symptoms.

Conclusions and Relevance The large genetic influences on the developmental course of ADHD symptoms are mostly specific and independent of those that account for variation in the baseline level of symptoms. Different sets of genes may be associated with the developmental course vs the baseline level of ADHD symptoms and explain why some children remit from ADHD, whereas others persist



The International Scene

INSAR Annual Meeting 2018 - May 9-12 - Rotterdam, The Netherlands

Reported by Dr. Nandini Mundkur & The CCDD Team

We are pleased to announce that the CCDD Research Cell got the opportunity to present two papers recently at the International Society for Autism Research Annual Meeting 2018, held from May 9-12 at Rotterdam, The Netherlands. This is our second consecutive year of scientific presentation at this prestigious international conference on autism spectrum disorders (ASD). This year, the first paper was on Educating parents of children with autism spectrum disorder on direct and interactive teaching techniques – EDITT program. CCDD in association with Totsguide has developed an online parent-based program called SCoPE (Social Communication Play and Emotional) that provides development appropriate activities for children with developmental delays including ASD. In addition, we have developed EDITT (Educating parents on Direct and Interactive Teaching Techniques), a novel hands-on training program to empower parents with home-based parent-delivered developmental intervention using SCoPE. The second paper was on Evaluating depression and quality of life in mothers of children with autism spectrum disorders. In this study, we evaluated the primary care-giver depression and quality of life to assess the level of depression and the quality of life (QoL) of mothers of children with ASD that are enrolled in our center for intervention programs.

Both these studies were very much in line with one of the main themes of the INSAR Annual Meeting this year, which focused on empowering parents/caregivers and also emphasized on the mental health and well-being of parent/caregivers of children with ASD.

In addition to these priority areas, sessions highlighted school based intervention modules, emotional landscape of children with ASD, joint attention, theory of mind, executive functioning, and current and future trends in ASD research with practical applications in a clinical setting. We are planning to incorporate some of the relevant models, which we learnt about at the conference, into CCDD and Sangamitra to improve our therapeutic strategies.

Some of the conference insights:

(1) Memory in ASD:

a. Free recall, prospective memory- time based, relational memory, memory for personally experienced past and their relation to future thinking are impaired in ASD.

However cued recall memory, prospective event based memory remain good.

b. Due to ageing, memory decreases in neurotypicals; however, in ASD individuals, over time memory improves. Even time based prospective memory improves.

(2) Early detection of ASD:

a. Atypical ERP (P1, N290, P400) at 3-6 months for face stimuli vs. objects observed in ASD children.

b. Functional MRI shows low synchronous activity in Rt fusiform, left and rt insula, left anterior and posterior cingulate gyrus, Rt posterior cingulate gyrus as early as 2 weeks PNA in high risk siblings.



The International Scene

c. EEG based atypicalities for social stimuli can be observed from 6-10 months of age. ASD children has reverse EEG pattern with high delta, theta, gamma waves power, and low alpha and beta wave power (reversal of normal pattern). With therapy alpha and beta power increases, theta power slightly decreases. Beta power increase correlates better with improvement in therapy

d. Parent-child interactive behavior coding (PInTci, CIB- Feldman, Manchester coding, IPCI-2): Mutual gazing and infant attentiveness/maternal sensitive responsiveness- till 6 months there are no clear behavior markers (infant attentiveness and mutual gazing being normal in high risk siblings might be due to disengagement deficits in them and this disengagement deficit leads to lack of fear in ASD toddlers, but higher anxiety level in later preschool age).

10 months, 14 months- behavior markers become prominent for high risk.

Dyadic reciprocity, initiating behaviors, exploring objects are less at 10 months and eye gaze noticing parent manipulating objects more

than eye gaze noticing parent alone/ objects alone, parallel attention, and imitation of toy actions less at 14 months.

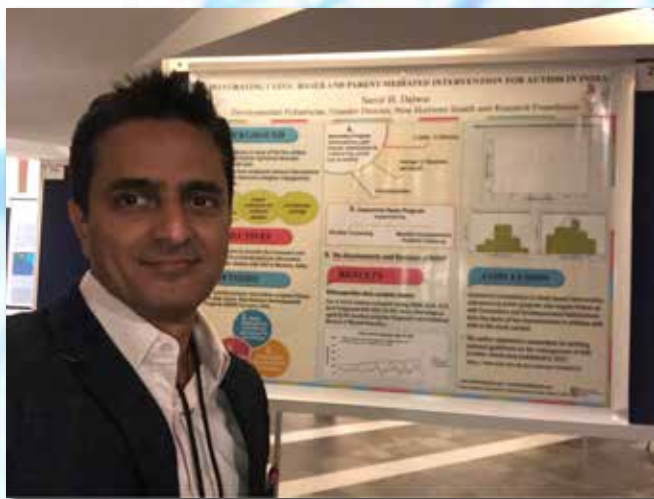
(3) Executive functions in ASD - inhibitory control, set making/cognitive flexibility, and emotional control correlated with social functioning for both neurotypical and ASD individuals. However, organizing and planning, working memory contributing to social connectedness observed in ASD children alone.

In elementary school, social skills training comprising cognitive behavior techniques (for responding to instructions, social behaviors in classroom and during transition) along with executive function training resulted in better results in ASD children

(4) Peer interaction in ASD

Classified as unengaged, parallel engaged, parallel and aware, joint engaged.

Predictors for successful peer interaction for > 19 months - expressive language, good functional play skills.



Dr Samir Dalwai presented his work on Autism with his team New Horizons at the Rotterdam Autism Conference in the Netherlands.



South Zone ToT

The south zone Training of Trainers (TOT) for Neurodevelopmental disorders was held on 27th May 2018. The module covers all aspects of neurodevelopmental disorders like Autism spectrum disorder, ADHD, Learning disability and Newborn hearing screening. The scientific sessions were very well received. The audience was interactive and the discussions made for a great academic feast. Videos to illustrate early identification signs and hands on administration of tools were well appreciated and it was termed useful and interesting by delegates. Under the experienced guidance of Dr Gunasingh Vice President (South zone) IAP and senior member Past President IAP Dr SS Kamath the TOT was well conducted by the faculty Dr Jeelson Unni, Dr Abraham Paul, Dr Samir Dalwai and Dr Leena Srivastava. Smoothly implemented by IAP Kochi the event had academic support by Micro Labs Ltd.





East Zone ToT

The Training of trainers (TOT) for the Neurodevelopmental Disorders for the East Zone was conducted at Kolkata on 10th June 2018 at the Golden Jubilee Pedicon Hall. It was attended by around 40 participants from various states in the East zone. The highlight of the TOT was the active participation of the delegates especially senior members from all parts of the Zone which made this TOT highly successful. The TOT was very well organised by the local IAP team under the watchful eye and meticulous planning of Dr Arup Roy, IAP Vice President and the East Zone coordinator. The faculty were Dr Shabina Ahmed, Dr Jeeson Unni, Dr Samir Dalwai, Dr Leena Deshpande, Dr Anjan Bhattacharya, Dr Jyoti Bhatia and the academic support was from Micro Labs Ltd.





Possible Innovations in Developmental Pediatrics

Mobile App For Autism Screening Yields Useful Data

Pilot study finds app easy to use, liked by parents

BY KARL LEIF BATES @DUKERESEARCH

DURHAM, N.C. -- A Duke study of an iPhone app to screen young children for signs of autism has found that the app is easy to use, welcomed by caregivers and good at producing reliable scientific data.

The study, described June 1 in an open access journal *npj Digital Medicine*, points the way to broader, easier access to screening for autism and other neurodevelopmental disorders.

The app first administers caregiver consent forms and survey questions and then uses the phone's 'selfie' camera to collect videos of young children's reactions while they watch movies designed to elicit autism risk behaviors, such as patterns of emotion and attention, on the device's screen.

The videos of the child's reactions are sent to the study's servers, where automatic behavioral coding software tracks the

movement of video landmarks on the child's face and quantifies the child's emotions and attention. For example, in response to a short movie of bubbles floating across the screen, the video coding algorithm looks for movements of the face that would indicate joy.

In this study, children whose parents rated their child as having a high number of autism symptoms showed less frequent expressions of joy in response to the bubbles.

Autism screening in young children is presently done in clinical settings, rather than the child's natural environment, and highly trained people are needed to both administer the test and analyze the results. "That's not scalable," said New York University's Helen Egger, M.D., one of the co-leaders of the study.

This study, from informed consent to data collection and preliminary analysis, was conducted with an app available for free from



Mobile App For Autism Screening Yields Useful Data

Apple Store and based on Apple's ResearchKit open source development platform. (Video - <https://www.apple.com/researchkit/>)

In one year, there were more than 10,000 downloads of the app, and 1,756 families with children aged one to six years participated in the study. Parents completed 5,618 surveys and uploaded 4,441 videos. Usable data were collected on 88 percent of the uploaded videos, demonstrating for the first time the feasibility of this type of tool for observing and coding behavior in natural environments.

"This demonstrates the feasibility of this approach," said Geraldine Dawson, Ph.D., Director of the Duke Center for Autism and Brain Development and co-leader of the study. "Many caregivers were willing to participate, the data were high quality and the video analysis algorithms produced results consistent with the scoring we produce in our autism program here at Duke."

An app-based approach can reach into underserved areas better and make it much easier to track an individual child's changes over time, said Guillermo Sapiro, Edmund T. Pratt, Jr. School Professor of Electrical and Computer Engineering at Duke and a co-leader of the study.

"This technology has the potential to transform how we screen and monitor children's development," Sapiro said.

The reported project was a 12-month study. The entire test took about 20 minutes to complete, with only a few minutes involving the child.

The app also included a widely used questionnaire that screens for autism. Based on the questionnaire, participating families received some feedback from the app about what the child's apparent risk for autism might

be. If parents reported a high level of autism symptoms on the questionnaire, they were encouraged to seek further consultation with their health care providers.

Co-Principal Investigators of the study included Helen Egger, now at New York University and adjunct member of the Duke faculty; Geraldine Dawson and Guillermo Sapiro of Duke; and Ricky Bloomfield, now at Apple, Inc. The team included Kimberly Carpenter, Jordan Hashemi, Steven Espinosa, high-school students, undergraduate students, graduate students, post-docs and software developers.

Creation of the app and the research project were supported by the Duke Institute for Health Information, the Information Initiative at Duke, the Duke Endowment, the Coulter Foundation, the Psychiatry Research Incentive and Development Grant Program, the Duke Education and Human Development Incubator, the Duke University School of Medicine Primary Care Leadership Track, Bass Connections, Duke Office of the Vice Provost for Research, National Science Foundation, Department of Defense and the Office of the Assistant Secretary of Defense for Research and Engineering and NIH.

Grant funding includes NSF-CCF-13-18168, NGA HM0177-13-1-0007 and HM04761610001, NICHD 1P50HD093074-01, ONR N000141210839, and ARO W911NF-16-1-0088.

CITATION: "Automatic Emotion and Attention Analysis of Young Children at Home: A ResearchKit Autism Feasibility Study," Helen L. Egger, Geraldine Dawson, Jordan Hashemi, Kimberly L. H. Carpenter, Steven Espinosa, Kathleen Campbell, Samuel Brotkin, Jana Shaich-Borg, Qiang Qiu, Mariano Tepper, Jeffrey P. Baker, Ricky Bloomfield and Guillermo Sapiro. *npj Digital Medicine*, June 1, 2018. DOI: 10.1038/s41746-018-0024-6



Branch Activities

IAP Thrissur

Disability Assessment Training Program for pediatricians.

Inaugurated by Dr. Harikumar, Commissioner.

Presided by Prof M.A. Andrews Principal GMC Thrissur





Branch Activities

IAP Kozhikode

IAP Kozhikode conducted **51 classes on Learning Disorder** by Dr Beena Johnson, Dr Krishna Mohan, Dr Ranjith P, Dr Sumangala, Dr Sheena



Workshop on Sensory Integration

Workshop on Sensory Integration was held at Sancheti Hospital Pune on 6.5.18 for Therapists. DBP Fellows Dr Vrushabh Gawli and Dr Nirali Thakker were invited to give a talk followed by an interactive session on case discussions on Sensory Processing Dysfunction- etiology and mimics. The talk was well appreciated.





DETAILS OF APPLYING FOR THE IAP FELLOWSHIP IN DEVELOPMENTAL AND BEHAVIOURAL PEDIATRICS 2018-19



IAP CHAPTER OF NEURO DEVELOPMENTAL PEDIATRICS

IAP Fellowship in Developmental and Behavioral Pediatrics 2018-19 Under the aegis of Indian Academy of Pediatrics

The IAP Chapter of Neuro developmental Pediatrics shares the List of IAP Accredited Institutes 2018-19 conducting the IAP Fellowship in Developmental and Behavioral Pediatrics. We are thankful to National President CIAP Dr. Santosh Soans and Hon' National Secretary CIAP Dr. Remesh for their support and blessings. Interested candidates (qualified pediatricians) who wish to attain competency and proficiency in skills required for Assessing Developmental and Behavioral Disorders, Early Identification and Early Interventions, Diagnostic Procedures, Remedial Interventions, Multidisciplinary Rehabilitation, Pharmacotherapy, Educational Recommendations, Community Rehabilitation and Parent Training Programs etc can apply. This is a one year full time course for Pediatricians.

List of Child Development Centers / Institutes in India Accredited for the IAP Fellowship Program 2018-19

S. No	Name of the Institute	Course Coordinator	E-Mail	Number of Seats Available
1.	Child Development Centre Medical College Campus Trivandrum - 695011	Dr Babu George Director, 0471-2553540, Fax :- 0471-2447061	dir@cdckerala.org cdckerala@rediffmail.com	2
2.	New Horizons Child Development Centre, Saira Mansion, Pahadi School, Road No. 2, Aarey Road, Goregaon (East) Mumbai - 400063	Dr Samir Dalwai Founder - Director 9820026503	samyrdalwai@gmail.com	1
3.	New Horizons Child Development Centre, 1st Floor, Jeevak	Dr Samir Dalwai Founder -	samyrdalwai@gmail.com	1



	Nursing Home, Sai Kung, MMSG Marg Dadar (East), Mumbai - 400014	Director 9820026503		
4.	Centre for Child Development & Disabilities, No. 6, Chitrapur Bhavan, 8th Main, 15th Cross, Malleshwaram, Bangalore - 560003	Dr Nandini Mundkur 9845347740	ccddnandini@gmail.com nandinimundkur@gmail.com	1
5.	Dept. of Pediatrics Bharati Vidyapeeth Medical College & Hospital Katraj, Pune - 411043	Dr Leena Shrivastava 020- 24375541, 9822792826	bharatiped@rediffmail.com leena.sri2012@gmail.com	1
6.	Ummeed Child Development Centre 1-B, 1/62, Ground Floor, Mantri Pride N.M. Joshi Marg, Lower Parel Mumbai, Maharashtra	Dr Roopa Srinivasan 9930495210	roopa.srinivasan@ummeed.org	1
7.	Developmental Pediatrics Unit, Christian Medical College, Vellore, Tamil Nadu-PIN 632004	Dr Samuel Philip Oommen 9442039476	devpaed@cmcvellore.ac.in	2
8.	Sethu Centre for Child Development & Family Guidance, 640/2, Bhutkivaddo, Sucorro Porvorim, Bardez, Goa - 403501 Ph: (0832) 6513749	Dr Nandita D Souza Ph: (0832) 6513749 9422634356	nandita@sethu.in reachus@sethu.in	1
9.	Karthikeyan Child Development Unit,	Dr Udayakumar	dmuday@gmail.com	1



	Department of Pediatrics, Shri Ramachandra Medical College, No. 1, Ramachandra Nagar, Porur, Chennai, Tamil Nadu, - 600116	9840113030	ramachandran_dr@rediffmail.com	
10.	Child Development Centre, Sir Ganga Ram Hospital, Rajinder Nagar, New Delhi - 110060	Dr Praveen Suman 9811244200	praveensuman@gmail.com	1
11.	Child Development Centre, Pushpagiri Medical College, MC Road, Thiruvalla, Kerala- 689101	Dr Manju Geroge 9961137357 +91 4692700755 Fax +91 4692701044	mysticmanju@rediffmail.com info@pushpagiri.in	2

Last Date to Apply at the Individual IAP Accredited Institute – 25th June 2018

GOVERNING COUNCIL TEAM IAP FELLOWSHIP IN DEV & BEH PEDIATRICS

DR SS KAMATH – CHAIRPERSON ADVISORY COMMITTEE

DR ABRAHAM PAUL – CHAIRPERSON ACCREDITATION & INSPECTION COMMITTEE

DR JEESON UNNI – CO CHAIRPERSON ACCREDITATION & INSPECTION COMMITTEE

DR SAMIR DALWAI – CHAIRPERSON ACADEMIC COMMITTEE

MEMBERS OF THE COMMITTEE

DR CHHAYA PRASAD – NATIONAL COORDINATOR, IAP FELLOWSHIP IN DEV & BEH PEDIATRICS

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Further details available on www.iapndp.org
IAP Chapter of Neuro Developmental Pediatrics
Indian Academy of Pediatrics



ELIGIBILITY



Indian Academy of Pediatrics IAP Chapter of Neuro Developmental Pediatrics IAP Fellowship in Developmental and Behavioral Pediatrics 2018

A) Eligibility Criteria for Applying Candidates:

1. Any student of Indian nationality who has completed the M.D / DCH / DNB course in Pediatrics from a Medical Council of India or State Medical Council recognized University in India is eligible for this fellowship program. Any foreign student or a non-resident Indian student who wishes to apply should be a degree holder in Pediatrics post-graduate training and would have to produce a bonafide certificate from the Head of Department of Pediatrics of his / her institution where he / she has completed the post graduate training in Pediatrics, along with photocopies of the certificate of post graduate degree from the university concerned. The undergraduate and postgraduate degrees should be recognized by the Medical Council of India.
2. The course tenure would be one year.
3. All candidates must be life members of Central IAP and should become life member of IAP Chapter of Neuro Developmental Pediatrics within a month of joining the fellowship. Failing which his/her admission will be cancelled and the fees will not be refunded. All trainees joining the IAP Fellowship program shall work as "Full Time Senior Residents" during the period of training.
4. At the time of application the candidate would have to produce the following documents:

Certificates / Documents List:

- A) A bonafide certificate from the Head of Department of Pediatrics of his / her institution where he / she has completed the post graduate training in Pediatrics.
- B) Photocopies of the certificate of the graduate / post graduate degree from the concerned recognized University.
- C) Certificate of Registration with the appropriate State Medical Council or Medical Council of India
- D) Curriculum vitae
- E) Letter of reference from two Senior Honorary Fellows / Advisors of the IAP Chapter of Neuro Developmental Pediatrics (Childhood Disability Group) / IAP Executive Board Members from respective State / State IAP President / State IAP Secretary (current or past).

The last date of receiving completed application forms along with required documents is



25th June 2018. Please refer to the website www.iapndp.org for list of IAP Accredited Institute further information.

Interested Candidates can kindly contact the following for more information and guidance:

Dr. Jeeson Unni

Chairperson, IAP NDP

Co- Chairperson Accreditation Committee, Governing Council, IAP Fellowship in Dev & Beh Pediatrics

04842315718, 9847245207

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Dr. Samir Dalwai

Past Chairperson IAP NDP

Chairperson Academic Committee, Governing Council, IAP Fellowship in Dev & Beh Pediatrics

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Dr. Leena Shrivastava

Secretary, IAP NDP

9822792826

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Dr. Chhaya Prasad

National Coordinator, IAP Fellowship in Dev & Beh Pediatrics

9356108559, 8146558559

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GOVERNING COUNCIL TEAM IAP FELLOWSHIP IN DEV & BEH PEDIATRICS

DR SS KAMATH – CHAIRPERSON ADVISORY COMMITTEE

DR ABRAHAM PAUL – CHAIRPERSON ACCREDITATION & INSPECTION COMMITTEE

DR JEESON UNNI – CO CHAIRPERSON ACCREDITATION & INSPECTION COMMITTEE

DR SAMIR DALWAI – CHAIRPERSON ACADEMIC COMMITTEE

DR CHHAYA PRASAD – NATIONAL COORDINATOR, IAP FELLOWSHIP IN DEV & BEH PEDIATRICS



APPLICATION FORM



INDIAN ACADEMY OF PEDIATRICS CHAPTER OF NEURO DEVELOPMENTAL PEDIATRICS

IAP FELLOWSHIP IN DEVELOPMENTAL AND BEHAVIORAL PEDIATRICS 2018-19

Application Form for Students Applying for the IAP Fellowship Program in Developmental and Behavioral Pediatrics Academic Year 2018 - 19

1. First Name _____
2. Middle Name _____
3. Last Name _____
4. Age _____ D.O.B _____
5. Marital Status – Married / Unmarried _____
6. Fathers / Mother / Husband's Name _____
7. Permanent Residential Address _____

8. Current Residential Address _____

9. Central IAP Membership Number _____
10. IAP Chapter of Neuro Developmental Pediatrics Membership Number _____

11. Qualifications

NAME OF COURSE / DEGREE	COLLEGE / UNIVERSITY	YEAR OF PASSING

12. Email Id _____
13. Phone Number(Mobile) _____ Landline Number _____
14. Work Experience _____

15. Reference: Please provide contact details of your last Employer / Head of Dept of the last Institute _____



16. Demand draft for Application Fee- Amount 2500/- – (Drawn in favor of “Name of Institute Applying at”). Please contact the Course Coordinator for the same. Contact details available on the website www.iapndp.org

For Office Use Only

Particulars of the receipt: Cheque / D.D No.....Bank.....

Amount.....Date.....

DECLARATION

I declare, that the above information is correct to the best of my knowledge. If found false at any given time, I understand that my admission may be cancelled without prior intimation and there will be no re funding of my admission fee.

1. The Application fee of Rs 2500/- should be paid by Demand Draft in Favor of (“Name of Institute Applying at”). This is Non – Refundable.
2. Only those applications which are submitted with application fees will be acceptable.
3. The filled application form along with the DD is to be sent to the address of the respective Course Coordinator at the Accredited Institute of choice, (Listed on the website www.iapndp.org).
4. Last date for application form to reach respective institutes with DD of application fee is 25th **June 2018.**
5. The Shortlisted / selected candidates will be informed through email about their selection after interviews. Kindly provide appropriate and valid email id and phone number. The list will also feature on the website www.iapndp.org
6. Please refer to the website www.iapndp.org for further information.

Kindly attach Xerox copies of the following mentioned Certificates / Documents with the Application form and DD and send to the respective address of the Accredited Institute (List available on the website):

1. Copy of the MBBS and MD / DCH /DNB degree.
2. A bonafide student certificate from the Head of Department of Pediatrics from parent Institute from where post graduate training in Pediatrics obtained.
3. Photocopies of the certificate of the graduate and post graduate degree from the University concerned
4. Certificate of registration with the appropriate State Medical Council or Medical council of India
5. Curriculum vitae
6. Letter of reference from any two Senior Honorary Fellows / Advisors of the IAP Chapter of Neuro Developmental Pediatrics (Childhood Disability Group) / IAP Executive Board Members from respective State / State IAP President / State IAP Secretary (current or past).



For Further Queries Please Contact:

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IAP CHAPTER OF NEURO DEVELOPMENTAL PEDIATRICS