



FELLOWSHIP

IN

### CHILDHOOD

### DISABILITY

æ

# EARLY

# INTERVENTION

### (FCDEI)

On behalf of

IAP CHAPTER OF NEURODEVELOPMENTAL PEDIATRICS

Of

INDIAN ACADEMY OF PEDIATRICS [IAP]

### Honorary Fellowship in Childhood Disability & Early Intervention

#### AIM:

To recognize and honour doctors who have been rendering services for improving the health and well being of children and their families by supporting interdisciplinary professionals to advance the field of developmental and behavioural paediatrics. The ultimate vision of these doctors is to ensure optimal development and behavioural health for all children with special needs and their families. The Honorary Fellowship is being conferred upon them in recognition of their outstanding contribution to the field of Childhood Disability and Rehabilitation. "Every child born should attain his / her maximum potential in areas of motor, social, cognitive, adaptive and conceptual skills to be able to accomplish elementary education and for Inclusion in society" has been their mission statement.

#### **MISSION:**

- 1. Prevention of Childhood Disability through Early Identification and Early Intervention by effectively coordinating with a multidisciplinary team (Physiotherapists, Occupational Therapists, Speech Therapists, Clinical Psychologists, and Multiprofessional Workers).
- 2. To enhance awareness amongst paediatricians regarding approach to and management of developmental disorders and to develop skills in developmental assessment, planning and implementation for early intervention for infants and toddlers at risk / developmental delays.
- 3. To facilitate and aid other rehabilitation professionals to develop competencies in organizing the early interventional services.
- As a specialist in the science of childhood disability to deliver high quality clinical outcome in every single case through awareness, advocacy and promotion of implementation of governmental policies
- 5. Helping doctors to develop skills and proficiency in documentation and reporting of infants and children at risk or with special needs.
- 6. Assisting infants and children with special needs to prepare for elementary education and helping to attain his or her maximum potential in areas of motor, social, cognitive, adaptive and conceptual skills for inclusion in the society.
- 7. Enhancing Parents participation and helping parents and society to develop a 'Right Attitude' towards a Child and or an Adolescent with Special Needs and empowering them with the right knowledge and techniques for interventions in home environment.
- 8. To participate in Advocacy matters involving the various Ministries, viz Ministry of Health and Family Welfare, Human Resources Ministry, Education Ministry of the Centre, Department of Disability Affairs and the State Governments, National Trust Body and all the School Boards.

9. As doctor with Special Interest and Specialist Role to help avoid professional role confusion and

Integrating all work aligned with the Government's Practices and Policies (SNCUs, RBSK)

#### BACKGROUND:

Disability, both visible (Cerebral Palsy, Duchenne Muscular Dystrophy, Down's syndrome, Global Developmental Delay etc.) and invisible (Autism, ADHD, L.D, Educational Under - achievements etc.) affect 1 in 4 to 1 in 5 children throughout the world<sup>1</sup>. With advent of SNCUs (Special Neonatal Care Units) India is poised to drastically reduce its NMR (Neonatal Mortality Rates)<sup>2</sup>. Burden of Disability is higher in NICU Graduates<sup>3</sup>. Disability is commoner in resource limited nations like India and China<sup>4</sup>. Early Detection and Expert Early Intervention have been shown to be the best policy to ameliorate such problems<sup>5</sup>. Most Adult Psychiatric Disorders have their roots in early childhood and they present mostly as Behavioural and Developmental consequences of inappropriate care in High Risk Newborns in early childhood which is highly preventable through Early Detection and Expert Early Intervention<sup>7</sup>.

In absence of Early Identification and Intervention due to lack of expert Training and Methodology, there is (a) Worsening of impairment, (b) Downward spiral of (c) School and Social problems, (d) Poor employment opportunities and eventual (e) Poverty. Prevention of such downward cascade saves, what is termed as, Social Capital<sup>8</sup>. 50% of all Paediatric Office visits are with problems of childhood developmental and behavioural disorders and disability, visible and invisible, wherein 75% such children present initially to their primary physician where <20% primary care physicians have some level of training in detecting these problems<sup>9</sup>. This fact is also extremely well captured by item number 20 of Paediatric Symptom Checklist, which says "visits the doctor, doctor finding nothing wrong" as one of the stratified screening symptoms/features of childhood disability<sup>10</sup> with consequence of delayed diagnosis.

Paediatricians are strategically positioned and act as the *Gatekeepers*. Therefore, they play a vital role in Early Identification to enable Expert Early Intervention compared to any other professional groups traditionally expected to pick up<sup>11</sup>. **However, there is a genuine dearth of opportunities for formal academic training of the Paediatricians in Childhood Disability and the subject of Early Intervention.** 

In light of the above, it was resolved at the Annual General Body Meeting of the Childhood Disability Group of Indian Academy of Paediatrics on 2<sup>nd</sup> November, 2014 at Bhopal (now the IAP Chapter of Neurodevelopmental Pediatrics), to start an IAP Fellowship Program under the IAP's and the Group's Academic Activity Program. Large number of parents tend to reach out late for appropriate services for their children due to multiple reasons such as lack of proper guidance, non availability of services, reluctance from family members, misconceptions that a child will become normal as he grows and /or societal stigma. Early Identification and Expert Early Intervention can limit the extent of Physical Handicap to provide a better life and curbs risk of developing co-morbid medical conditions like seizure disorders, neuro – developmental disorders and behavioural disorders. It also assists parents and caretakers to develop a right attitude towards children with special needs and empowers them with the right knowledge and skills to create a learning environment at home and in community.

This subsequent Fellowship program designed is intended to give the Fellows basic and complete knowledge and competence on the subject so that they can effectively perform as Early Interventionists by picking early 'At Risk' infants and toddlers and coordinate efficiently with multi disciplinary therapists and parents and plan effective strategies and interventions to prevent disabling conditions.

The Fellows who are sufficiently trained have scope of working in Child Development Centres, Institutes of Rehabilitation, Paediatric units of hospitals, Neuro-developmental Follow Up Clinics, Early Intervention Centres, Child Guidance Clinics, Rural Primary Health Centres, District Health Centres etc. Fellows can also provide their expertise to various elementary schools, pre –school and nursery programs, special schools and Anganwadi centers.

Currently, the fellowship is being awarded to doctors identified by the IAP Neurodevelopmental chapter, who have fulfilled the following criteria:

#### Essential Criteria

- 1. Life Member of Childhood Disability Group of the Indian Academy of Paediatrics
- 2. Clinical Experience of Seven Years of exclusively and effectively coordinating multidisciplinary services for disability prevention.

#### Desirable Criteria

- 1. Pioneer or Shiromoni Award of IAP or any other state level award or higher
- 2. Publications in Peer Reviewed Journal
- 3. Organizing Secretary of National or State Level Academic Conference or Pre-conference Workshop on topic pertinent to disability
- 4. Official post bearer of State/National level IAP posts/CDG IAP.
- 5. Exceptional acknowledgements/contributions in the field

#### REFERENCE

- 1. Nelsons Textbook of Paediatrics. 19th Edition for Indian Subcontinent. P-39
- Sick Newborn Care Units (SNCU) An initiative to provide quality facility based newborn healthcare to sick newborns – UNDP Report 2010-11

- Neurologic and Developmental Disability at Six Years of Age after Extremely Preterm Birth. Neil Marlow, D.M., Dieter Wolke, Ph.D., Melanie A. Bracewell, M.D., and Muthanna Samara, M.Sc. for the EPICure Study Group N Engl J Med 2005; 352:9-19January 6, 2005DOI: 10.1056/NEJMoa041367
- 4. Gladstone M. Ann Trop. A review of the incidence and prevalence, types and aetiology of childhood cerebral palsy in resource-poor settings. Department of Community Child Health, Alder Hey Children's NHS Foundation Trust, Liverpool, UK.*Pediatr*.2010;30(3):181-96.
- 5. Nelsons Textbook of Paediatrics. 19th Edition for Indian Subcontinent. P-40
- 6. Rushton FE Jr: American Academy of Paediatrics Committee on Community Health Services: The paediatricians' role in community paediatrics. Pediatrics 2005:115: 1092[PMID:15805396]
- Costello EJ, Foley DL, Angold A: 10 year research update review: The epidemiology of child and adolescent psychiatric disorders: II. Developmental epidemiology. J Am Acad Child Adolesc Psychiatry 2006 Jan; 45(1): 8-25 [PMID: 16327577].
- 8. Hall D, Elliman D. Health for All. 2004. Ministry of Health. UK
- Costello EJ, Egger H, Angold A: 10 -year research update review: The epidemiology of child and adolescent psychiatric disorders: I. Methods and public health burden. J Am Acad Child Adolesc Psychiatry 2005;44: 972 – 986 [PMID: 16175102]
- 10. Nelsons Textbook of Pediatrics.19<sup>th</sup> Edition for Indian Subcontinent. P-59
- 11. Strafford B. Child & Adolescent Psychiatric Disorders & Psychosocial Aspects of Pediatrics. Chapter 6. Textbook of Current & Diagnostic Pediatrics. McGraw Hills Publications. 2012. 171-9