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CLINICIAN'S CORNER

Academic Pediatrics and practicing pediatricians in India

GARG P

Academic Pediatrics is in danger alarms says Dr Weaver in his manuscript [1]. Dr Bhutta discusses vividly the caveats in practicing just medicine in an unjust world, and the unique problems faced by academicians of time constraints, poor remunerations and, resource-poor settings in which they work [2]. This holds true for India also. The focus of Post-graduate training course in Pediatrics (Doctor of Medicine/National Board of Examinations) in India is to train Pediatricians for the community with focus on research methodology and epidemiology [3]. The focus of diploma courses on the other hand is to prepare effective community based pediatricians. Even though there is an acute shortage of teachers in most medical colleges in India, few pediatric postgraduates go for the academic positions available in the university teaching hospitals and research organizations [4]. Thus, most pediatricians start their clinical practice either individually or in a non-teaching set up. The question, which arises, is whether these pediatricians can contribute to academic pediatrics. Moreover, if yes, how can they do this? I (a practicing pediatrician in a non-teaching set up) share my experiences in contributing to academic pediatrics.

After my postgraduate training, significant years were spent in the scattered private hospitals with, poor networking and integration of services in three different geographic areas of northern India. This exposed me to the epidemiology of common pediatric problems. I gathered my observations in daily practice and converted them in observational studies [5],[6],[7],[8],[9],[10],[11]. Records of data collected were maintained electronically. A conscious effort was made to search literature and follow clinical evidence guidelines endorsed by professional bodies like

Indian Academy of Pediatrics, National Neonatology Forum (NNF), Royal college of Pediatrics and Child Health (RCPCH, UK) and American Academy of Pediatrics (USA). Practical difficulties in following these guidelines in daily practice were critically analyzed. This resulted in a desire for medical writing. I thus, indulged myself in medical writing and drafted manuscripts taking help of relevant people, statisticians, and academicians whenever possible [5],[7],[8]. Even though about half of manuscripts were rejected (mostly due to lacunae in methodology or unclear messages), rejections made me more perseverant. The reviewer's comments were critically constructive and helped me in improving some of my manuscripts resulting in acceptance [10]. Literature navigation of electronic databases and clinical evidence aroused my interest to make efforts for overseas exposure in pediatrics and resulted in an opportunity to work full-time in neonatal medicine at the Royal hospital for women, Australia. These were part of continuing professional development (CDP) plan as has been endorsed by the RCPCH (UK), as a professional obligation for all health care providers in child health.

Some colleagues in the private health sector had similar experiences and their efforts to contribute to academic Pediatrics even led to the establishment of this online journal [12]. This was to promote the ideas and acknowledge the contributions of doctors working in the field and postgraduates trained in the private sector of India [12].

Continuous endeavor with academic pediatrics, following evidence based guidelines in daily practice, maintaining data on interesting clinical scenarios, planning observational studies, using internet-based databases for scientific advances and associations with academicians were feasible in my practice.

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Looking back, I wonder that academic pediatrics is the only key for promoting child health in India, and an essential ingredient for personal progress in the professional career. I can thus conclude with reasonable certainty that practicing pediatricians in India, working alone in nursing homes or in unaccredited community hospitals in the largely unorganized private health sector of India can contribute significantly to academic pediatrics.

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