

Comment on Aisha Mehnaz (*J Pak Med Assoc.* 2023; 73: 231-232)

Paediatric Residents Training in Pakistan: Time for a Paradigm Shift

Muhammad Tawab Khalil, Sana Arshad, Farooq Azam Rathore

Dear Editor, We have read the editorial titled "Paediatric Residents Training in Pakistan: Time for a Paradigm Shift" by Mehnaz A. with interest.¹ The author has correctly highlighted the lack of competency based curriculum for training in paediatrics in Pakistan. It is estimated that 34% of population of Pakistan is below the age of 14 years.¹ Nationwide data regarding childhood disability in Pakistan is scarce and mostly limited to hospital based surveys only.² According to some estimates, the prevalence of disability is 5.5 out of 1000 children under 2 years of age in rural areas of Sindh.² As Physical Medicine and Rehabilitation (PMR) physicians and resident we are formally, trained in the functional assessment, management of children with disability, and prevention of anticipated complications, we would like to share some perspectives which can facilitate the rehabilitation of children with disability, enhance their Quality of life and improve mobility and community reintegration. A Multidisciplinary comprehensive PMR physician lead rehabilitation services are available at very few places in major cities in Pakistan. As a result, most physicians in Pakistan are not aware of the role multidisciplinary rehabilitation in the management of children with disability and timely referrals of this patient population to PMR Physicians is limited in our experience. We are working at the only tertiary care Rehabilitation Facility of Islamabad Capital Territory and Punjab, with a dedicated clinic for children with paediatric disabilities. This is a multidisciplinary Paediatric Rehabilitation clinic in which children with disability are assessed and managed by rehabilitation team including PMR specialist as team leader and rehabilitation team members including occupational therapist, physical therapist, psychologist, orthotist / prosthetist and nutritionist. Besides detailed functional and systemic assessment and management,

patients who are candidate for admission are provided comprehensive indoor rehabilitation services. The current paediatric fellowship training programme of CPSP allows for optional rotation of Rehabilitation Medicine which is not opted by paediatric residents most of the times because of lack of awareness regarding Paediatric Rehabilitation Services and limited supervisors throughout Pakistan. Rotation of Paediatric Residents to Paediatric Rehabilitation Services is imperative to equip them with essential skills to diagnose and manage children with disabilities and identification of appropriate time for their referral to Rehabilitation Physician for further management. Early referral and rehabilitation based intervention under the care of PMR Physician trained in paediatric rehabilitation results in better outcomes for children with Cerebral Palsy.³ It not only results in reduced medical care related cost in managing this patient population but also helps in better functional and rehabilitation outcomes and prevention of complications.⁴

Disclaimer: None.

Conflict of interest: None.

Funding disclosure: None.

DOI: <https://doi.org/>

References

1. Mehnaz A. Paediatric Residents Training in Pakistan: Time for a Paradigm Shift. *J Pak Med Assoc* 2023; 73: 231-2.
2. Ibrahim SH, Bhutta ZA. Prevalence of early childhood disability in a rural district of Sind, Pakistan. *Dev Med Child Neurol.* 2013;55:357-63. doi: 10.1111/dmcn.12103. 2013; 55: 357.
3. Morgan C, Fetters L, Adde L, Badawi N, Bancalé A, Boyd RN et al. Early Intervention for Children Aged 0 to 2 Years With or at High Risk of Cerebral Palsy: International Clinical Practice Guideline Based on Systematic Reviews. *JAMA Pediatr.* 2021; 175: 846-858. doi: 10.1001/jamapediatrics.2021.0878.
4. Casey PH, Lyle RE, Bird TM, Robbins JM, Kuo DZ, Brown C, Lal A, Tanios A, Burns K. Effect of hospital-based comprehensive care clinic on health costs for Medicaid-insured medically complex children. *Arch Pediatr Adolesc Med.* 2011y; 165: 392-8. doi: 10.1001/archpediatrics.2011.5.

Armed Forces Institute of Rehabilitation Medicine (AFIRM), Convoy Road, Rawalpindi

Correspondence: Muhammad Tawab Khalil. e-mail: tawabkhalil2013@gmail.com