

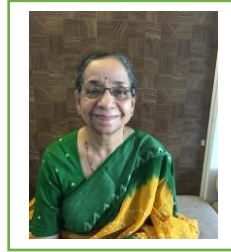


Indian Speech and Hearing Association (ISHA)

Regd. Under the Kamataka Societies Registration Act. Karnataka Act No. 17 Registration No. 25/67-68

PRESIDENTIAL ADDRESS

Presented by



PROF. GEETHA GORE

2010, BANGALORE

Honorable dignitaries, respected seniors, fellow members, friends, ladies and gentleman, I am fully aware, that i am humbly standing before you as the President of this august body, only due to love and affection reposed in me by you all. Kindly accept my sincere thanks for the same. It is indeed a great honor. I extend my heartiest greetings for the New Year! May this year overflow with fulfilling experiences for each and every one of us. I am thinking aloud what everybody is feeling regarding the future developmental plan of this specialty for our country.

The discipline is now well established with constant and enlightened efforts marked by our predecessors and extending over many generations. Professionals in our field have proved themselves as able clinicians, educators, researchers, and administrators nationally and internationally. Also, ISHA has been trying its best to improvise its functioning and bring in desirable changes for the past several years. And we are definitely on a positive spiral.

Here, I wish to make reference to Dr. Rathna's remarks from 'Reflections on ISHA at 40', wherein he states that it is now high time that we paused and took up a performance and impact audit. What I take from his words is that along with documenting our accomplishments and sharing it, we need to ponder on what happens to the clients who do not crowd our list of achievements. Today, I want to share few thoughts, which I requested you to consider for improving our performance.



Indian Speech and Hearing Association (ISHA)

Regd. Under the Karnataka Societies Registration Act. Karnataka Act No. 17 Registration No. 25/67-68

I CHANGE IN THE EDUCATIONAL MODEL

“Each soul is potentially divine, the goal is to manifest this divinity within, by controlling nature external and internal” – Swami Vivekananda.

The UNESCO has realized that education is not just learning ‘to do’ but is for learning ‘to be’ i.e. meaningfully applying and sharing the knowledge.

I was impressed by the new model for citizenship training described by V Srinivas (Aug 2009), which bears relevance to our training programs. According to him the current educational model emphasizes on “knowing”. Education is therefore seen as a framework to enable individuals to acquire, comprehend, and apply, if possible a vast body of knowledge. The change should be from ‘knowing’ to ‘becoming’ (from an intellectual activity of knowing to an ideal of becoming).

Secondly he has described that in the current educational model, life is a race and the fastest, swiftest, and ablest shall win. The change should be to shift the emphasis from measuring one human being against others ‘enabling each human being to benchmark himself as an incentive to progress steadily in the pathway of becoming’. Many of you will agree with me that as a teacher we have seen students who were poor academically but excellent clinicians and vice versa. The former will prosper in clinical practice but it is the responsibility of a teacher to guide the latter into area of their aptitude. Can we take up these changes of educational model in our training? The onus will lie on teachers to recognize the potentiality of individual students and mentor them accordingly, to ensure creation of apt future representatives in our field for the society.

I MENTORING AND DYNAMIC KNOWLEDGE

The concept of mentoring has been followed in our country from time immemorial. In Ramayana, sage Viswamitra is said to have performed the role of mentor for Rama and Lakshmana, to shape them mould them, and build their personalities and Lord Krishna performed the role of mentor to Arjuna, in the Baghavat Gita.



Indian Speech and Hearing Association (ISHA)

Regd. Under the Karnataka Societies Registration Act, Karnataka Act No. 17 Registration No. 25/67-68

Mentoring can be learned through experience. It can be as simple as taking 5 minutes a day to help a novice clinician problem-solve about complex patients. I have been privileged to mentor many students in our field. During all these years, I have also learned something special from each of them. The very people we are mentoring begin to mentor us i.e, reverse mentoring. Students bring to us new information from the internet and technology. Therefore the traditional view that teachers are wholly in charge of knowledge should change and a dynamic interaction between the mentor and mentees needs to be encouraged. Mentoring is aptly defined as a relationship between an experienced and a less experienced person. Thus we see that mentoring has little to do with age and number of years in profession. To raise the level of practice, what is required is the ability to lead by example and show others what can be accomplished clinically and professionally from each other. I think our greatest personal legacies will be the provision of tomorrow's leaders. Therefore creation of master training program will help to give direction to upcoming professionals.

II ENSURING BEST PRACTICES IN THE DELIVERY OF PROFESSIONAL DEVELOPMENT COURSES

Courses offered traditionally to satisfy graduate degree requirements do, in fact, assist individuals in their development as clinicians. But it does not train individuals to be administrators, educators and at times even after completion of post graduation, professionals may not be fully confident to venture into an independent clinical set up.

Thus another vital request that I wish to put in at this juncture is creation of training centers for freshly graduate and postgraduate professionals in the country. These centres should provide short training courses on giving insight into administrative and management skills, teaching, learning and clinical supervising. The final aim should be to foster long term career development of the professional. A related course is being conducted for medical teachers known as "Medical Teacher's training program". It was initially conducted at JIPMER and PGI in Puducherry and Chandigarh respectively. But now more and more Universities and medical institutions are conducting the same in their campus. So institutions in our field probably can take a lead and conduct such programs. ISHA can work on the details of such endeavours provided institutions come forward. Apart from experts from other



specialties, the senior and experienced ISHA members should be treated as 'Wisdom-bank' for conducting such courses in their respective area of expertise.

Next I wish to put across is the important issue of quality of service delivery.

III QUALITY OF SERVICE DELIVERY

The evaluation of quality of service delivery in the field will throw light on our performance. In general one encounters remarks regarding the decline of standards in the profession. Keeping aside the potential of an individual, there are other specific areas related to this decline; such as lack of training standards, mushrooming of new training institutes which are not yet fully equipped to impart quality education, insufficient supervision. In academic settings frequent rotations among the students/professionals creates an environment in which clients receive information that is spotty and incomplete, with resultant lacunae in quality care. This in turn hampers the quality education and service. The difference between training and education is fundamental when dealing with issues of quality. W.F. Enneking quotes "the concept of training is one of repetitive practice until a skill mastered, while an educational experience embraces the observational outcome of applying rational principles based on scientific concepts".

Another important issue indirectly affecting the quality is Lack of Manpower – On one hand we all know that in India there are 3.1 million hearing impaired and 2.8 million speech impaired individuals but only around 1200 Audiologists and Speech Pathologists evidently leading to poor client clinician ration. Over and above this brain drain renders about 49% of fresh pass out who leave the country every year. "Paucity in the land of plenty", this axiom aptly describes our specialty. Immediate solutions probably are to increase the numbers of seats at graduate and undergraduate level. And to encourage professional and student exchange programs in the country.



IV RESEARCH AND TECHNOLOGY

Lastly, I wish to add that we need to work towards improving clinical and applied research, probably starting with epidemiological studies to better understand the extent and nature of speech and hearing disorders in the country. Student thesis is a rich source of new tests, checklists and surveys pertaining to Indian scenario. They should be followed up on by the student and / or the Institute and more importantly be made available through publication to all for reference and clinical utility. Networking and cooperation between the institutions in the country should be promoted for more effective sharing and exchange of expertise and lessons learnt in the services and programs. There is no scarcity of technology in our country to limit this from happening.

ISHA can bring a common platform for uniformity in terms of academic clinical and research work. But we need to strengthen ISHA. We look up to retired and experienced professionals even more, to spend time to bring in desired change. It is time now that we look beyond personal boundaries and build political and public image of ISHA.

“Strength does not come from physical capacity. It comes from an indomitable will” – Mahatma Gandhi

Let us all work towards that ‘indomitable will’ to make ISHA a strong organization.

I congratulate the organizing committee of Bangaluru brand of ISHA for its efforts to make this convention a grand success. The venue that they have chosen is excellent in terms of ambience. Additionally the environment here is surfeit with vibrations of academic, clinical and research activities, which will add to the charging of this convention. I am very sure that this will be an enriching experience for all the delegates. I sincerely thank each and every one of you who have toiled day in and day out in making this event a grand success.

In closing, I believe that every attendee sitting in this room tonight is, in one way or another, a leader in this profession. You, as an individual, can make an even more significant impact on the



Indian Speech and Hearing Association (ISHA)

Regd. Under the Kamataka Societies Registration Act. Karnataka Act No. 17 Registration No. 25/67-68

profession you love, your community, or the world. My challenge to you is to continue doing your part in supporting and shaping ISHA leadership. Be a participant in the leadership process. Continue to make a meaningful difference. Leave your legacy.

Thank you.