



Indian Speech and Hearing Association (ISHA)

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

PRESIDENTIAL ADDRESS

Presented by



DR. MADHURI GORE

2017, KOLKATA

Distinguished Chief Guest Joint Secretary, MSJE -Dr., our guest of Honour -Dr., Chairperson, Organising Committee, Mr. Babul Basu, President, Indian Speech and Hearing Association, West Bengal, and all the members of the Organising Committee, Office Bearers of ISHA, our guest speakers, our invited guests and delegates, warm greetings for 2017 and a warm welcome to ASHA members. I am honoured to take over as President just as our association enters the golden jubilee year. I take this opportunity to thank my teachers, my mentors for PhD- Dr. M.N. Nagaraja and Dr. N. Shivashankar and Prof R. Rangasayee who thought I was worthy of contesting. I stand on the shoulders of giants and I sincerely hope to do my bit for the association.

ISHA is a small but vibrant organisation. We have grown in numbers from a handful to over 3000 today. From piggybacking on Association of Otolaryngology of India, we have become an independent organisation. The growth in membership was limited in the early years as there were only a small number of graduates passing out. With greater participation from the private sector in training programmes since the 1990's the number has increased considerably as has the visibility of our profession. ISHA now has 7 branches and 5 chapters all of which are active and have no doubt contributed to creating awareness about our profession.

In 2014, ISHA thought it necessary to ask its members for suggestions regarding the direction that their parent body should take and also list out the key areas in which they felt that ISHA/the profession needed to develop. It sent out an online questionnaire to members. Analysis of responses



Indian Speech and Hearing Association (ISHA)

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

revealed that increasing awareness continues to be an important agenda. Respondents also wanted more consistency in assessment and reports. They also wanted our services to reach across the country, and they wanted training in special areas as well as research. I believe that ISHA should take these up in the current year. The rest of my speech will focus on how ISHA intends to address these concerns.

The growth of a field is defined by the knowledge and skills of its members, the ability to provide the required services and the profession's ability to work in harmony with related disciplines.

Knowledge and skills: The field of speech language pathology and audiology is vast. Most of us acquire knowledge and skills in one or more areas over a lifetime of hard work. But a beginner is also expected to possess these in abundance and that can be daunting. ISHA has begun the development of this knowledge and skill base through expert participation and consensus. Standard protocols that make assessment and reporting uniform are being developed. A beginning has been made in the area of hearing aid dispensing, an area of vast concern. The process for the same began in MISHA 2 years ago and has gone through the process of consensus. The SOP for hearing aid dispensing/prescription, to be put up on the website of ISHA will increase public education and help clients look for quality in hearing aid dispensing. This is a radical departure from "clinching the deal" philosophy that hearing aid sellers have. More SOPs in different areas of our profession as well as guidelines from experts in the area need to be developed. No longer is the ASLP immune from legal issues of negligence and malpractice. And in the light of the current bill on rights of the persons with disability, we need these as legal documents.

Uniformity in training was a concern in the feedback ISHA received from its members. Training clinical supervisors and teaching faculty to deal with students is very important and ISHA should be a part of this too. Those who take up the post of supervisors are usually recent graduates and can hardly be expected to have the skills to handle supervision. To ensure that students acquire clinical independence, we may have to take inputs of teachers from not only our field, but also from other disciplines. And in this regard I can think of inputs from the medical and other allied health fields which deal with a larger number of students. These protocols can ensure that teaching faculty and clinicians are on the same page and also point out when and where alternate methods may be used.



Indian Speech and Hearing Association (ISHA)

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

The concern among professionals for being “on top of the game” by equipping themselves with the latest in the field is understandable and it is a great sign that the profession is on the right track. The recent success with webinars is heartening. Participants now have easier access to experts in addition to the journal, newsletter, monographs and other educative material published by ISHA and special interest groups. Exchanges and discussions can be brought back into our practice and good practices, experiences shared rapidly. In the coming year, you may expect a large number of net based programs. It is time we increase exponentially the use of the internet to improve our profession and practice.

Total number of disabled persons Rural/Urban	Age-group	Total number of disabled persons	In Hearing 24.1% children	In Speech 21.2% children	Mental Retardation 21.1% children	Mental Illness 8.2% children	Multiple Disability 22% children
Total	Total	2,68,14,994	50,72,914	19,98,692	15,05,964	7,22,880	21,16,698
Total	0-4	12,91,637	3,15,625	32,465	49,384	8,353	78,662
Total	5-9	19,55,926	4,06,449	2,12,848	1,35,736	26,242	1,87,492
Rural	Total	1,86,36,358	33,93,728	13,03,940	10,25,900	4,95,880	15,84,504
Rural	0-4	9,07,887	2,15,884	22,968	33,581	5,690	59,152
Rural	5-9	14,18,969	2,86,488	1,54,946	98,909	19,166	1,40,541
Urban	Total	81,78,636	16,79,186	6,94,752	4,80,064	2,27,000	5,32,194
Urban	0-4	3,83,750	99,741	9,497	15,803	2,663	19,510
Urban	5-9	5,36,957	1,19,961	57,902	36,827	7,076	46,951

Ability to provide the required services. Since the inception of the field, we have barely met the needs in the cities, let alone rural areas. The challenge of providing services is huge. Data from the Census of India 2011 shows that we are nowhere near the desired numbers. Numbers in rural areas form 69.5% and children below 9 years 20.9%. Across all disabilities, the percentage of children affected is about the same except in the case of mental illness. Camps and public awareness campaigns increase awareness, but the formation of a think tank to have a better reach is urgently required considering the acute shortage of professionals.

One of the reasons for this acute shortage of manpower is the requirement in terms of implementation and infrastructure for our training courses. We need to urgently address this issue by evolving our own methods to suit our needs. Dr. Karanth in her presidential address 3 years ago had talked about “make in India” and that is what we need to do. We have before us new challenges and we need to gear up to meet them. The rights of persons with disabilities bill 2016 was passed recently and a sharp increase in referrals for services may be expected.



Indian Speech and Hearing Association (ISHA)

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

Apart from the shortage in numbers, there is also the issue of quality of services to be delivered. Guidelines for assessment that are especially relevant in the light of the Rights of Disabled Bill 2016 recently passed in the parliament are yet to be laid down. ISHA has braced itself to take on this onerous task. We have the expertise and need only to have consensus to develop these guidelines and this will be our priority. Across states, appropriate methods of assessment to work out the degree of disability in the areas listed, such as autism, motor speech disorders, specific learning disabilities, and ASD will be charted out.

Profession's ability to work in harmony with related disciplines: Interaction promotes understanding and broadens horizons. There is today a greater interaction of our profession with other disciplines such as medical, allied health and education. The role of each in the care of a person with communication disorders is better defined and more respected now. This greater and improved interaction is especially evident in areas such as Aphasia, motor speech disorders, autism spectrum disorders, laryngectomy, dysphagia, cleft palate, cochlear implants and vestibular assessment. The trend of medical colleges conducting courses in allied medical sciences such as ours is set to grow. Our seniors and young pioneers have ensured that these training programmes provide the necessary skills and have even modified or fine tuned the training programmes periodically to meet the challenges. Some of these programmes began as specialised ones but are no longer restricted and have expanded the scope of practice. But we must bear in mind that this increased interaction also places a greater responsibility in terms of diagnosis and re/habilitation.

I have so far focused on our plans for 2017 but let me also congratulate the members for their involvement. It was heartening to see members actively participating in answering queries and offering suggestions. Within the organization, there has been greater activity through the formation of several chapters and branches which bodes well for the growth of the profession. We are on the right track and continued unity will take us further and eventually realize our vision. I would also like to add here that Practitioners in the field and Allied professionals employ clinicians that have two qualities in addition to knowledge and skills - strong commitment and honesty. These "soft skills" are imbibed from teachers. In our field, I believe there is no shortage of these essential attributes. Over the years, many parents have told me that their wards have improved in their understanding and behaviour after joining our course. I strongly believe that this field does that for us-- makes us better human beings.



Indian Speech and Hearing Association (ISHA)

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

Today we stand at the beginning of a new era- at the confluence of east and west in the historic city of Kolkata. ISHA meets the oldest association in the world, ASHA. This meeting of two bodies will mark a new trend in sharing perspectives in the disorders of communication and a greater interaction across the globe. This has occurred primarily due to the efforts of Dr. Kalyani Mandke who straddles both the worlds with equal ease and grace. I look forward to a greater interaction between two august bodies.-ISHA and ASHA.

Thank you