



Fellow's Corner

My stint as a Pediatric Endocrine Trainee: Choices and Aspirations...

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My interest in pediatric endocrinology was first evoked while managing a challenging situation of an infant with diabetes mellitus, during my second year of pediatric residency. With this fledgling interest, I began my search for avenues to explore this career path. The following year I happened to attend the biennial conference of the Indian Society for Pediatric and Adolescent Endocrinology (ISPAE) at Kolkata, and it was there that I learned about the various pediatric endocrinology training programs being offered in India.

My enrollment in one such fellowship program at Regency CDER, Kanpur, under the lead of Dr. Anurag Bajpai, came as an immense blessing. An Asian proverb says, "The frog in the well knows nothing of the sea." Under Dr. Bajpai's guidance, I transformed from knowing only the "well" to get glimpses of the "sea" of pediatric endocrinology. My training of 2½ years at Kanpur was replete with the joys of intense learning and intellectual enrichment. In addition to clinical experience, there was didactic teaching and guided research. Attending conferences and presenting research at various forums are processes of learning on their own. Conferences helped in getting in touch with my fellow pediatric endocrinology trainees. They provided an opportunity to meet the experts in different subfields of this specialty and get answers to burning questions that cannot be found in any textbooks, but only in the vast clinical experience of these individuals. Finally, it was a chance to explore different parts of India and the world and experience the local culture and cuisine.

There are distinct phases that every one of us as trainees will pass through during our training. The initial year will get us oriented to the basics of the subject, understanding, and building on finer details during the second year, and at the start of the third year, capabilities to self-analyze arise.

On completion of my fellowship, I joined DM (Pediatric Endocrinology) at the postgraduate institute of medical education and research (PGIMER), Chandigarh, in January 2023. The quantity and variety of pediatric endocrinology cases at PGIMER are enormous. This is a tertiary-level government setup with a multi-state catchment area drawing complex pediatric endocrine referrals. Subsidies put in place by the state ensure that the etiological workup of these children happens smoothly, irrespective of the financial status of the family. This is in contrast to a private setup where the affordability of the family dictates the extent of the laboratory evaluation and management.

Over the past few years, momentous changes in the field of training future pediatric endocrinologists have been envisioned by our ISPAE executive council. This has led to the commencement of ISPAE-recognized fellowship courses in January 2022. These courses will lay the foundation for pediatric endocrinology to be recognized as DNB (SS) program soon. To train the pediatric endocrine trainees further, ISPAE-Academic and Clinical Education

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Series (ISPAE-ACES) was born. This periodic e-learning program encouraged fellows to participate in clinical case presentations and exposed them to the light and wisdom of stalwarts in the field.

Clinical endocrinology can flourish only with a standardized and well-equipped laboratory backing it. Therefore, along with programs and workshops targeting core clinical endocrine issues, I would propose to ISPAE to kindly support the trainees, through a structured workshop/course specifically developed to teach the basics and advances of laboratory endocrinology. As India strives to become “*Atmanirbhar*,” funding for research and technology is still a dream for most Indians with research interests. This has led to the death of ideas even before they see the light of day. I would very humbly request the ISPAE governing board to consider funding a few research proposals every year, which potentially could be “practice changing.”

With increasing awareness, along with the traditional referral-based system from pediatricians, the stage is set for a “bottom-up” approach. As with adult subspecialties, days are not far when parents of children with endocrine disorders themselves seek a pediatric endocrine opinion. We also noticed recently that the state’s efforts aimed to increase postgraduate seats significantly. Hence, it is only a matter

of time before the trickle effect leads to more DM/DNB programs for every pediatric subspecialty. This could give a future subspecialist ample scope in the private and public healthcare sectors in the coming years.

Finally, I would like to end with a small dream. I dream of seeing a “Department/Division of Pediatric Endocrinology” at every major academic institution nationwide shortly. It is my ardent belief that this is possible, and I hope that we all join hands and work toward this common goal.

Declaration of patient consent

Patient’s consent not required as there are no patients in this study.

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Conflicts of interest

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