

ISPAD ALLAN-DRASH FELLOWSHIP REPORT

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Host Centre: Addenbrooke's Children's Hospital, Cambridge, UK.

Mentor: Dr Ajay Thankamony

Original Mentor: Dr Carlo Acerini

Period: Oct-Nov 2022.

I was awarded ISPAD's Allan Drash fellowship for 2019 with the help of an extremely generous recommendation by Dr Carlo Acerini who was a consultant at Addenbrooke's hospital at the time. While sharing the happy news of my selection with the host institute, I was made aware of the unfortunate event that Dr Carlo passed away prematurely. While it was devastating, my host centre made sure that it would not affect my fellowship and immediately reassigned Dr Ajay Thankamony as my mentor. With his help and guidance, I made final preparations to travel to Cambridge in March 2020, when the pandemic hit. Just as millions of plans around the world were thwarted, my fellowship was indefinitely postponed. It had been a long wait since then. Many back-and-forth communications later, thanks to Dr Thankamony who went above and beyond to facilitate my visit, I was able to start my fellowship in October 2022.

"Good things come to those who wait". How true it proved to be! My six weeks at Cambridge were replete with learning new things, fine-tuning the things I learned, getting exposed to new avenues of clinical care and research, and experiencing new cultures and centuries old history.

On the first day, Dr Thankamony introduced me to the team and went over my plans for the next few weeks. It was decided that I will be attending all the diabetes clinics, most of the paediatric endocrinology clinics, and shadowing the ward rounds. Over the course of the next few days, I had the opportunity to meet with all the other consultants - Drs Loradena Marcovecchio, Ken Ong, Sandra WaltonBetancourth, Emile Hendricks, and Rachel Williams.

Out-patient diabetes care: While all consultants take care of paediatric endocrinology and diabetes, each has their own niche areas of interest and expertise. I was fortunate to observe how diabetes in different age groups is taken care of in different clinics, enabling the HCP to focus on the important and unique aspects of each age and deliver appropriate and directed care. While under 13 years clinics mostly engaged in discussion with parents, in the adolescent/teenage (13-16 years) and transition (16-19 years) clinics the young person with diabetes was the primary communicator, the

way it should be. I was reminded of the contrast in this aspect of practice back home caused by cultural differences. I learned a lot from the transition clinics: the fact that the discussions of transition should start early and involve combined clinics with both pediatric and adult diabetes team members participating in the beginning. Then slowly the PwD was eased into adult care as they become grown-ups. The special clinic on diabetes annual review made sure that the children were on track with the early screening protocols for long-term complications. Dr Thankamony also has a clinic for complex follow-ups allocating a good 60 minutes per patient to explore the difficulties in management.

In-patient diabetes care and counselling a newly diagnosed: I had the opportunity to get acquainted with the pediatric endocrine specialist registrars Drs Abirami namasivayam and Ben Fisher, who were extremely helpful in facilitating my learning. I could follow them during the in-patient rounds along with the consultant on-call and the diabetes educator while they counselled the newly diagnosed PwD. I was fortunate to follow a newly diagnosed child and her family from the first day of diagnosis in the hospital over the course of the next 4 weeks of diabetes education. Pediatric diabetes nurse educators, Clidhna, Lisa, Jen, and Eilidh were very generous in letting me sit through all of their sessions while they counselled this family on different aspects of diabetes. I could see how the most essential aspects of home care involving insulin administration, glucose checking, and emergency hypoglycemia management were taught clearly by the time of discharge, while the other aspects like ISF, ICR, carb counting, and bolus calculation were explained over the course of next few out-patient sessions. I was especially impressed by Clidhna's clear and methodical teaching of carb counting. I did learn a lot from her and the team.


Paediatric endocrinology clinics: I was fortunate to have the opportunity to attend a few of these clinics as well, especially the MDT clinic on DSD, CEW (Complications related to Excess Weight – including Type 2 diabetes) clinic by Dr Sandra, and the general endocrine clinic. The endocrine specialist nurses Betty, Samantha, Karis, and Susan were very congenial and I could refresh my knowledge on endocrine testing, stress advice, etc. by shadowing them. Receptionists Rayna and Anil were ever so prompt and considerate of any of my queries or needs.

Academics and research: In addition to the clinical experience gained, I could attend the departmental weekly educational activities and actually present some of my data in one of the sessions. As I communicated my interest in clinical research very early on, Drs Thankamony and Loredana graciously facilitated my involvement in an ongoing project on CGM metrics. I sincerely hope to analyse and present this data during ISPAD 2023.

Last but not the least, I had the once-in-a-lifetime opportunity to experience the historical and picture-perfect city of Cambridge. A walk through the colleges, cobble-stoned pavements, various museums, and the magical punting through the river Cam watching all the places where umpteen number of Nobel laureates studied and taught, came up with groundbreaking discoveries and innovations, takes you back through centuries and leaves you with awe.

I ended my fellowship with a nice, thoughtful, and sumptuous dinner organised by the team. I left Cambridge with lots of learning, new ideas to implement in my practice back home, new projects to work on, and wonderful memories.

I sincerely thank ISPAD, Dr Carlo Acerini, and Dr Ajay Thankamony for making this possible.

A handwritten signature in black ink, appearing to read "S. S. S. S." with a horizontal line underneath the last two characters.