

## 2022 ISPAD “Allan Drash” Clinical Fellowship Report

**Recipient:** Eren Er, MD- Turkey

**Duration of the program:** August 15th to September 16th, 2022

**Host center:** The Hospital of Halland, Kungsbacka and Halmstad, Sweden

**Host coordinator:** Peter Adolfsson, MD, PhD

**Personal note:** Although my rotation at Region Halland was predominantly clinical, I had the opportunity to gain research experience. The main recommendation of this program is to achieve optimal clinical expertise in a particular area of pediatric diabetes. My first goal of the program was to observe the patient approach of this center, which is one of the regions with the best glycemic control in Europe, and the differences between this center and the center where I work. My second goal was to closely observe and apply the technologies they use while providing such good glycemic control for type 1 diabetes. As a result, I had the opportunity to participate in both clinical and research experiences in about five weeks. Therefore, I see this fellowship program as a great opportunity in terms of clinical experience and I am more familiar with diabetes technologies thanks to the experience I gained at this centre.

**Activities:** I followed the schedule that Dr. Adolfsson prepared for me during the five weeks of my rotation, which included activities at two different clinics: two weeks in the Hospital of Halland, Halmstad and three weeks in the Hospital of Halland, Kungsbacka. Both hospitals were in Region Halland. On my first day in Halmstad, I had the opportunity to become familiar with the hospital and its surroundings. During the 3 days following my arrival, I had the opportunity to see newly diagnosed type 1 diabetes patients in the wards and to attend diabetes education. During the two weeks I spent in Halmstad, I attended patient interviews both in the diabetes reception and on the ward. I had the chance to follow the work on newly diagnosed and returning individuals at the reception and experience on using of connected insulin pens, insulin pumps, CGMs, downloads and analyzes. After Dr Adolfsson came back from his meeting in Australia, we had the opportunity to evaluate the learning objectives and possible projects. On my last day in Halmstad, I had the opportunity to present the diabetes experiences of the centers I worked at in Turkey. In the third week I attended two insulin pump courses that were partly led by Dr. Adolfsson in Gothenburg and Stockholm. The course in

Stockholm was mostly about advanced diabetes technology. The course in Gothenburg was mostly an organization where insulin pump systems and glucose sensors were explained practically. In both courses, I met with respected mentors and had the opportunity to share experiences with diabetologists working in other hospitals in Sweden. I had the chance to follow the work on newly diagnosed and returning individuals at the reception and experience on using of connected insulin pens, insulin pumps, CGMs, downloads and analyzes. During the last two weeks of my fellowship, I attended several diabetes patient interview with Adolffson at the reception at Kungsbacka hospital. Last week, we discussed with Adolffson in detail about take-home messages, the future thoughts and possible research projects.

**Research experience:** During my stay, we have started the preparation of a questionnaire that will reveal the reasons that cause diabetes patients to be above and below the glycemic target ranges. After setting the survey, we planned to apply it in both Turkey and Sweden to reveal the differences between countries. We discussed that the use of smart insulin pens can make a difference, since the rate of use of insulin pens in type 1 diabetes management is approximately 90% in Turkey. For this reason, we planned the negotiations to enable the use of these technologies in Turkey.

**Highlights:** I was very surprised that patient interviews in Sweden were approximately 45 minutes, which unfortunately is less than 10 minutes in Turkey. Only about 20 minutes of these interviews are about diabetes data. This prevents diabetes from being at the center of life. It is a great chance for patients that the costs of insulin pump systems and glucose sensors are covered by insurance. Also the data is very well protected and analysed. All these situations provide glycemic control that is envied by other centers. Smart insulin pen technology is a tremendous tool for obtaining data from patients using multiple doses of insulin. This technology can make a difference in diabetes management in places like Turkey where insulin pens are widely used.

**What I learned from the fellowship:** Although the use of diabetes technology is not covered by insurance in Turkey, patients and/or their relatives try to reach this technology within their means. In the light of the experiences I gained during this internship, I will try to offer them the most appropriate management.

**Acknowledgments:** I am very thankful to have met Dr. Adolfsson and her colleagues, the medical staff from the Hospital of Halland, Halmstad – Dr Elsa Ogionwo Lange for her kindness and organizing lovely dinner in Tylösand. A special acknowledgment to the diabetes nurse Anette Ryden for all her willingness to be with me during diabetes visits. Also thank to ISPAD Committee and KIT who made real the opportunity to work as a fellow in this important diabetes training program.

**Personal note for Dr. Adolfsson:** Dr. Adolfsson had prepared a very detailed ve and well-organized fellowship program for me. He made. During this period, he enabled me to attend two national diabetes technology courses. He made life in Sweden easier in every way. He diligently translated the patient interviews and course sessions into English so that I could understand them. In all the environments I was in, he both spoke English and also encouraged people to be spoken in English. I hope we will always stay in touch and we will be able to meet again as soon as possible.

İzmir, October 17th, 2022

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