

2021 Allan Drash Fellowship Awardee

Name of fellow: Regina M. DUPERVAL

Date: July – August 2022

Host Center: DECCP (Diabetes Endocrinology Care Clinique Pédiatrique), Centre Hospitalier de Luxembourg, Luxembourg

Fellowship supervisor: Dr Carine De Beaufort

Report:

I was delighted to have spent the 6 weeks of my Allan Drash Fellowship at the Diabetes Endocrinology Care Pediatric Center in Luxembourg, during summer 2022. This experience was life changing and enhanced my passion for diabetes care and endocrinology. I was so inspired at the staff's commitment and professionalism towards their patients that this motivated me to apply for a fellowship in pediatric endocrinology right after having completed my Allan Drash fellowship. I am proud to announce that starting next July, I will be a pediatric endocrinology fellow at the Montreal Children's Hospital. I cannot thank ISPAD enough for this life changing opportunity for my career and my country where there is currently no pediatric endocrinologist at all for a population of 11.45 million inhabitants.

I also want to extend my gratitude to the amazing staff at the pediatric endocrinology department of CHL, from the nurses to the physicians, the nutritionists, social worker, who have helped me learn so much and made my time there extremely valuable. They went above and beyond to help me take fully advantage of my learning time there, and even organized some time for me to shadow in the adult endocrinology clinic, where the patient population resembles more what I encounter in Haiti in terms of complications, as well as at the diabetic foot clinic.

Summary of activities:

A. Outpatient Clinic with nurses and endocrinologists

I really liked the outpatient clinic setup. When the patient comes, he/she is first seen by the nurse who takes the vitals, talks to him/her about his/her daily life and diabetes management, downloads the data from the pump and gets an A1C. After that, the patient either goes home if it was only a nurse visit or sees one of the pediatric endocrinologists of the team. Again, the physician talks about school, life, and teams up with the patient to **first** congratulate on progress, and then identify together areas that they can improve for the next visit.

I found this approach amazing because back home, there is a tendency of accusing the patient, making him / her feel guilty for not achieving desired results, which can be detrimental in the long run. I was also impressed at the length of the visits. They never seemed rushed, and the team always made sure to attend to the patient's needs, answering every question and

making sure the patient and his/her family felt empowered upon leaving. Additional resources would also be offered, if needed, such as a visit to the psychologist or the nutritionist.

B- Weekly multidisciplinary team case discussions

I was impressed at the fact that, despite their extremely busy schedules, the team made a commitment to meet every Tuesday morning to discuss challenging cases and have everyone's input. Social worker, psychologist, nutritionists, nurses, endocrinologists: everyone could bring a case for discussion, and everyone could give advice, inputs, etc. Then joint decisions would be made with an action plan for the patients discussed.

C. Diabetes Education: Nutrition Counseling and physical activities

It was eye-opening to see that nutrition counseling started as soon as the patient was diagnosed, Free resources such as books were given and the nutritionist would take a fair amount of time to teach the patient and his/her family about carbs counting, different meal options, etc. I really learned about carbs counting and it helped me a lot, as back home we used a different approach that proved to be ineffective from the start.

Another thing that caught my attention was how much the patients were encouraged to have a healthy weight and practice a regular physical activity.

D.Diabetes Technology

It was impressive to see that basically all patients were on CGM devices. It was an opportunity for me to get more familiar with those devices that we unfortunately do not have at home. I was able to appreciate how diabetes technology was extremely helpful and key to optimizing diabetes management and control.

During my time at CHL, I was able to witness how diabetes technology even made telemedicine easier. The patient can give access to his data and the provider can analyze those data and discuss them with the patient over a phone consultation.

In the end, I can honestly tell that this was a great experience for me. I even found opportunities like the authorization to translate diabetes resources in Haitian Creole, and 20 copies of this book were printed and offered to our clinic by the Centre Hospitalier de Luxembourg. These books are already being used by the patients who love it and use it often. I learned many things, along with our head nurse, that we are already implementing at the clinic, and we are already seeing some improvements in outcomes. I am thankful for this great opportunity, and I am grateful to ISPAD and the amazing DECCP team!