

ISPAD Allan Drash Fellowship Report

Recipient: Berna Eroğlu Filibeli, MD- Turkey

Host Center: Stanford University, Department of Pediatric Endocrinology and Diabetes

Mentors: Professor David Maahs, Associate Professor Priya Prahalad

Duration: 6 weeks (May 1st to June 13th), 2023

Background: I am a consultant of pediatric endocrinology at Tepecik Training and Research Hospital, Turkey. Our center has been following up with about 400 children and adolescents with type 1 diabetes. ISPAD fellowship is a milestone in my life. It is an excellent opportunity to observe qualified and well-known diabetes center protocols and research.

Activities

During my stay, I went to the outpatient clinic 3-4 times a week, as most doctors only have 2-3 outpatient clinic days. They spend the rest of their time doing research and attending meetings. So they can manage the clinic and research at the same time. I think this work schedule is excellent for research and patient care. In addition to the Stanford University campus, I also had the opportunity to visit the university's outpatient clinics in Sunnyvale and Capitola. They were still actively conducting online (tele-health) patient interviews that the university had set up to prevent service disruptions during the Covid 19 pandemic.

There was excellent teamwork in the clinics. When a child with diabetes visits the clinic, they are guaranteed to see other team members on the same day, such as doctors, diabetes educators, dieticians and social workers, who will see the child and family as needed. After the child and family meeting, each team member shared information with the others, demonstrating that good diabetes management is possible when multidisciplinary teams work together. I was able to attend each team member's visit, discuss learning points and review the multidisciplinary approach to diabetes. During my stay, I had the opportunity to observe the education process of a patient newly diagnosed with type 1 diabetes, post-discharge interviews, the insertion of a continuous glucose monitor (CGM) and then the transition to an insulin pump. This gave me the opportunity to see the Tandem-Control IQ hybrid closed-loop system, which is not available in my country, up close and learn how it works. Conversely, I thought that the families of the children who had the opportunity to benefit from diabetes technology were from a high socio-

economic level because of the health insurance system in the United States. However, I was surprised to see that their clinics served many patients from very different cultures and socio-economic backgrounds. The university team's 4T project has a huge benefit and resource in helping many children who would not benefit from diabetes technology.

During this work process, the team held weekly clinical meetings where the status of the inpatients in their clinics and the patients they wanted to consult were presented. At the end of these meetings, one of the team members would also give an educational case presentation and update on the subject, which I can say was very educational for me. There was a lot of research going on in the departments, and weekly research meetings were held to discuss the latest status of these studies and the division of labour. In addition, I listened to experts in their field, both their approach to specific patients and their work experience, in online meetings called the 'Endocrine Grand Tour', which were held with the participation of different centres. I was able to attend all of these meetings thanks to Professor David Maahs and Associate Professor Priya Prahald. At the end of the fellowship, I gave a presentation about my own centre's practices, the diabetes technologies available in Turkey, and the experience I gained thanks to this opportunity.

What I learned from the fellowship: The majority of patients followed at this centre were using CGMs and insulin pumps as a result of health insurance coverage of diabetes technologies in the US. A minimal number of people did not use them because of personal preference. Although glucose variability and diabetes control were quite good with the diabetes technologies, some patients had poor metabolic control. This highlights the importance of adolescent and family factors in diabetes control. Multidisciplinary work is the most important factor in supporting adolescents and families, and optimal results can be achieved with the rational use of diabetes technologies. Although diabetes technologies are not fully covered by the health insurance system in Turkey at present, the number of patients using these technologies through their own families' financial resources and with assistance is increasing. These technologies will become more widespread in my country in the future. It was valuable for me to broaden my experience in this field through this scholarship.

Acknowledgments

First of all, I would like to thank ISPAD for this great opportunity to spend 6 weeks at Stanford University. I appreciate Professor David Maahs, Priya Prahald and all the team members. Throughout my visit, all the team members treated me very kindly, helpful and friendly. I hope we can keep in touch and meet

again as soon as possible. I would like to thank the patients and their families for their kind cooperation.
Being awarded the Allan Drash Fellowship was an honor and a privilege.

Kind Regards,

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