

Clinical Internship Report for the Allan Drash Fellowship 2020

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Site : *Centre Hospitalier de Luxembourg /Kannerklinik/ Diabetology and Endocrinology (DECCP)*

4, rue Nicolas Ernest Barblé L 1210 Luxembourg

Period: *July 6 to 29, 2022.*

Internship Supervisors: **Dr. Carine de Beaufort and Cindy De Melo, Diabetology Nurse .**

Report:

It was an honor for me to receive the 2020 Allan Drash Scholarship as Nurse in Charge at the Kay Mackenson Clinic / Haiti as part of the improvement of services provided to young people living with diabetes.

Kannerklinik is one of the centres of excellence, research and international teaching and has the following departments: Neurology, Physiotherapy, Allergology, Endocrinology and Diabetology etc., my specific area of internship works with 6 Doctors, 5 nurses, 1 psychologist, 2 secretaries, 2 dieticians and provided 75% outpatient service.

When I arrived at CHL, I was greeted by Dr. Carine de Beaufort, who explained to me the time service in the physical and operational health structure, then I was taken to the Human Resources Office for administrative follow-up at the start of the nursing internship at the CHL.

In the company of Mrs. Caroline, I visited the physical structure to better facilitate my autonomy when moving around the hospital.

During this passage, the experience was as follows:

From Monday to Friday, the department operates on an outpatient basis from 8 AM to 5 PM.

And the patient does a stunt in the Secretary's Office Waiting Room Nurse's Office, Doctor's Office and then Exeat.

Following the department's program, I observe patients in nursing (15 to 20 minutes) and medical (30 minutes or more) consultations.

As a matter of routine, at the nurse's office, many patients benefit from the control of Vital Signs, Capillary Blood Glucose and Glycated Hemoglobin, export of pump data and/or sensor to the DPV/SWEET and CHL databases. Evaluation of sensor injection or application sites and insertion of pump needles. A discussion around the data and plan new guidelines. Other assistance to needs (education).

With the nurse: I make inpatient visits to either the families of new cases of diabetes or old cases who are admitted to the hospital for acute complications. Either to assist in the application of sensors, or for the control of carbohydrates and calculation of insulin doses or for the use of insulin injection pens and define with the families a schedule for the continuity of the outpatient training sessions.

Regarding health promotion, attend distance learning sessions for school teachers, training nurses in hospitalization, re-evaluate some manuals of dietary tools and correct them.

With dieticians: Attend consultations with patients living with diabetes or other pathology who attend the service to help them better identify the sources of carbohydrates, training workshops for families on how to calculate the carbohydrates of their meals with more precision through games. Also, as part of the training of families, I participated in a carbohydrate control workshop. Update of the food guide document used (meal inspector) in the company of my guardian nurse

With the Doctors:

Evaluate the blood glucose curve in relation to the pump data, question the external parameters that may favor the not too satisfactory controls. To better inform patients and families about the choice of regimens, techniques for administering or controlling their diabetes. Write prescriptions based on patients' needs.

With the nurse in charge of research and obesity, I attended consultations with young people with obesity.

With the head nurse of the pediatrics, we talked about the management of the staff. Her leadership method and its satisfactions and disadvantages.

On Dr. Michael Witch's teaching, I learn how to manage the DPV data bases and submit data reports to Sweet.

Every Tuesday I take part in the staff meeting, or all the staff of the department: Doctor, Nurse, Psychologist, Dieticians get together to discuss either the new cases of endocrine patients, the old cases who had come for consultation or who had communicated by telephone for which special attention has been retained and new perspectives must be considered.

AND at the end of the Course, a farewell dinner was organized by the staff of the department.

Notes learned and immediate impacts of the internship on the evolution of my Centre.

This internship was a very good professional asset for me, and I returned to Haiti with a better understanding of diabetes management, new knowledge to better help Haitian families who are facing type 1 diabetes.

This internship allowed me to have a wide knowledge of insulin pumps, blood glucose sensors of different brands, software helping to manage data, interpret reports of pump and sensor data on graphs and better define new insulin treatment plans.

I realize how important it is to popularize type 1 diabetes in Haiti, to limit acute complications as well as chronic, the need to strengthen communication: Staff-Staff around the needs of patients, Staff-patient and to be much more patient with our patients because they struggle with the culture and the feeling of inferiority and to be very vulnerable to the most fatal complication which is death than other patients in the other countries.

Observing the assistance of parents and its impact on the evolution of diabetes in young people encourages me to encourage the families of my center not to be discouraged from supporting young people better.

Trying to do the SWOT analysis of my center and see how to combine this opportunity with the ones we have already had at the center to allow patients to overcome their feelings of being from Low Income countries, they will never be able to live long with diabetes like young people living in high countries.

Knowing the power of education, in consultation with the nutritionist of the Montreal Children's Hospital, Mrs. Maude Lafontaine Hebert, Dr. Julia Von Oettingen, other Haitian sisters, I am working to provide my center with a lot of documents including "the CAT of T1D suspected of scheliac disease" and "The Guide of the good T1D eater" which consider the Haitian reality from several angles (level of education and socio-economic) while drawing on Haiti's global scientific resources.

In view of the degrading socio-political situation in Haiti, strengthening the remote assistance of our young people living with diabetes, we are working on a better strategic plan that can help our young people to better manage their diabetes.

It was a very nice experience. Very rewarding. I realized that there are no better gifts than that of his know-how. Thank you again for giving me the opportunity to be that channel that brings the know-how of the DECCP Staff to Haitian families.

Mysterline JOSEPH