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CALMEF Practice

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2017 POST DR ALLAN DRASH FELLOWSHIP REORT

UT Southeastern is one of the most renowned multi-disciplinary cutting edge suitable diabetes training, treatment and educational centers in the US where ground breaking diabetes care, research and education is taking place.

AWARD YEAR: 2017

VISIT PERIOD: March 2018, initially planned for 2017 in Israel but delay in award resulted in missed dates and difficulty for host to re-adjust new dates.

GOAL: My project goal is the acquisition and the translation of modern diabetes care knowledge and management skills especially of pediatric and adolescent diabetes, to my resource limited center.

TEAM INVOLVED IN THE SHADOWING VISIT- Diabetic visit was highly intensive, daily rotations between the Out-patient diabetes clinic at the Old Parkland Memorial Hospital and the in-patient diabetes hospital at New Parkland Hospital.

PODIATRISTS: Ulcer care, charcoat, boot / shoe advise/guide, tracking foot health prior ulcer development, athlete's foot, in-grown nail care/removal techniques, alternative techniques of preventing ingrown recurrence after excision, ischemic foot ulcer care.

Neurological (flexibility of ankle foot joint, 10g monofilament, turning fork), routine kidney ...tests, A1C

Coloration, ABI, temperature of foot, ischemic foot ulcer.

CASTING ROOM: offloading as alternative techniques in foot ulcer healing, different casting techniques, improvising casts in effort to limit care costs.

PHARMACIST: Interacting and meetings with the pharmacist attached the diabetes clinic where broad discussions on ensuing antihypoglycemic agents availability, how and when to plan Sliding scale, medication titration among many other similar treatment / management options.

Neuropathy, KTA/glycemia, non antiglycemic prescriptions, insulin resistance approach, insulin titration etc featured in my time spent with the pharmacist.

DIABETIC FOOT NURSE: This nurse has a well-equipped office where this experienced nurse skills in management of diabetic nails, calluses/corn, bunions, hammer toes, charcoat, care of the diabetic foot (dry, edematous, deformed etc).

DIABETES CLINIC MANAGER: We were able to discuss Parkland Diabetes clinic setting such as staff organization, duty assignment, satellite diabetes programs called 'homes', this is so fitting in our new plans of initiating a mobile diabetes team program. Additional topics of discussion with this diabetes clinic manager includes patient info charting/record keeping, tracking and maintaining a steady diabetes supplies, managing the staff etc

DIETICIANS: Without any single dietician or nutritionist at my practice, I profited in interacting with Parkland Diabetes Clinic dieticians and nutritionists where we discussed important topics such as Carb counting, setting glycemic or weight control goals, alternative eating habits (eating much fruits or salad or protein at occasions to fill belly and more.

DIRECTOR: Dr/Prof. Meneghini, the director of the director of Parkland Diabetes Clinic is a wonderful mentor who goes beyond mentorship. His interest in the visit has led to his devotion to collaboration quest as discussed at the end of the visit and we hope to benefit enormously from this collaboration. A team of diabetic team at the Parkland all indicated interests in partnering through a prospective annual visiting volunteer visiting program which we are currently discussing on setting.

HOMES: UTSW in collaboration with Parkland carries homeless health care outreach programs where I find inspiration of translating something similar for the community that I work.

GRAND ROUNDS: Attached to the University of Texas, South Western Division of Medicine (UTSW), Parkland staff are mostly employees of the UTSW where I was granted access to routinely rotate between the UTSW's division of medicine, department of diabetes and endocrinology for Grand Rounds.

WEBEX (IN-SERVICE QUALITY IMPROVEMENT MEETINGS): This was another enriching additional opportunity where I learned an additional modern practice setting; providing unique in-service development programs and easy coordination of services.

THE EXPECTED OUTCOME AND BENEFITS TO MY PRACTICE

- Evidence-base solutions to diabetes clinical care challenges
- Achieving better results through tight HbA1Cs control especially in pediatrics and adolescents
- Overall better fasting blood plasma glucose control applicable methods
- Increase survival rate among the community and national diabetics
- Community diabetes empowerment and awareness