

I Dr Feny Patel a member of ISPAD (International Society for Pediatric and Adolescent Diabetes). It's a great honour to be the part of ISPAD and been selected for Allan Drash Fellowship which I have successfully completed at Stanford University, Palo Alto, California, USA. The duration for my fellowship was 6 weeks from 18th January 2018 to 1st march 2018 under the mentorship of Dr David Maahs and Dr Priya Prahalad.

On the first day to Stanford University Dr Priya and I discussed about my area of interest and scheduled the time table in all different departments according to the availability of various departments. My observer ship included:

- Shadowing the clinicians in the pediatric department according to availability
- Shadowing the clinician at different subcenters of Stanford University in pediatric department such as Sunnyvale centre.
- Attending grand rounds in endocrinology.
- Attending the endocrine OPD
- Attending the pediatric department meeting for discussion on different case.
- Attending pre pump class, CGM class, pump class.
- Shadowing with Nurse practitioner, Dietician, social worker.
- Attending Telemedicine sessions
- Shadowing newer research ongoing in on the closed loop Insulin pump and CGM.
- Attending lectures in pediatric department.

As I got introduced with the other staff doctors, dietician, nurse it was more easy and comfortable to work. The staff of Stanford was very friendly and supporting.

The visit of myat Stanford University was very eventful and educative. I was actively taking part in shadowing the different grand rounds with in-hospital patients, patients at clinic and also took part in other franchise of clinic on every Thursday and Friday of week.

I also had opportunity to attend the classes on pump and CGM such as freestyle libre, Dexcom. Once a week there was a research meeting on

ongoing studies on newer diabetes technology which was really interesting. I also came to know about some leading questions and how to ask about some leading question, there they use some different software (Diasend) for downloading and uploading glucose data from patient glucometers which was different from our way of handling the sugar charts. EHR is not new to us... their following of EHR so disciplined was new to me. Telemedicine system is also in use in India but the system to manage it was different.

The system of taking history of patient was nearly same as we do but the quality of patients was different in comparing to our place of practice. Here I was able to see different variety of patient with different problems and background.

Implementation at Diacare Clinic:

- We are improving our data collection system for download and upload of glucose meter data.
- We had also made some changes in history taking system in follow-up with some leading questions.
- Include ideas about camps, pre pump classes, CGMS education. Increase in the use of CGMS as a clinical tool.
- Repeated follow up of the patients, increase interest in research and publication. Low resource setting vs. Comprehensive set up!
- We have better reports but lesser education- improving the time allocated for each visit of the patient.

This fellowship had changed my way of thinking in lots of different areas of work and had also boosted me to work more for these kids at Diacare Clinic.