



## Allan Drash Clinical Fellowship Report

**Fellow: Dr. Swati Dokania**

**Host Centre: John Hunter Children's Hospital, Newcastle, Australia**

**Mentor: Prof. Bruce King**

**Fellowship Duration: 17th March – 25th April 2025**

### Introduction

It was a privilege to be selected as a 2024 recipient of the Allan Drash Clinical Fellowship, supported by ISPAD. This six-week observership at the John Hunter Children's Hospital (JHCH), Newcastle, Australia, under the mentorship of Prof. Bruce King, was an enriching and transformative experience. It allowed me to gain hands-on exposure to a well-structured and patient-centred diabetes care model that integrates education, psychosocial support, and modern diabetes technology.

### Fellowship Objectives

The key objectives of my fellowship were:

- To observe multidisciplinary care models in pediatric Type 1 diabetes management.
- To understand structured diabetes education delivery in clinical and community settings.
- To study implementation of insulin pump therapy and other diabetes technologies.
- To identify elements that could be adapted to improve outcomes in low-resource settings like India.

### Key Clinical & Educational Activities

- **Outpatient Clinics** :I attended multiple diabetes clinics and noted exceptional glycemic control in most patients, with HbA1c levels commonly between **6.1–6.5%**. Notably, nearly **50% of these children were on MDI** (multiple daily injections), not insulin pumps. This dispelled a common myth I held—that such optimal control was achievable only with pumps—and gave me confidence that similar outcomes are possible in India, where most patients are still on MDI. The clinics were led by a coordinated team comprising endocrinologists, diabetes educators, dietitians, and social workers. Every **Tuesday pre-clinic meeting**, the team reviewed upcoming patients, identified potential challenges, and aligned their management approach. This pre-emptive strategy ensured consistent messaging, effective problem-solving, and team cohesion—an approach I hope to replicate at my center. What stood out was that **all team members reinforced the same key messages**, based on agreed algorithms and guidelines. This repetition helped improve patient and family understanding, reinforced compliance, and built trust.

- **Structured Inpatient Education for Newly Diagnosed Patients:** All newly diagnosed T1D patients were admitted for a **5-7day structured education program**, which I was fortunate to observe in detail. Education was layered over several days, allowing families time to absorb and reflect on information. Sessions included hands-on demonstrations, group discussions, insurance counselling, and psychosocial support. Families received **simplified, well-designed leaflets and booklets**, which helped them learn independently and return with questions. These materials were not just excerpts from guidelines, but easy-to-understand versions designed for laypeople—a concept I hope to adopt in India.
- **Pump Therapy & Pre-Pump Workshops:** JHCH had a well-planned and methodical approach to insulin pump therapy. Every week, at least **two children were initiated on insulin pumps**, with prior scheduling. Interestingly, **pre-pump workshops** were conducted for families three months in advance. These sessions introduced pump options, realistic expectations, and preparations needed—significantly reducing anxiety and improving engagement. After pump initiation, children were monitored via **email communication** for dose adjustments, highlighting the importance of **continuous virtual support** between appointments.
- **Community & School-Based Education:** I accompanied one of the educators on a **school visit**, where a training session for teachers of a student with T1D was conducted. It was inspiring to see how invested the school staff were, having already attended **two online sessions** prior to this hands-on workshop. This comprehensive school-based support plays a key role in holistic diabetes care and safety.
- **Teen Workshop:** One of the most unique experiences was attending a **Teen Workshop** during the school holidays. Conducted off-site, it was designed like a summer camp for teenagers with T1D. Activities included peer interaction, group discussions about living with diabetes, restaurant dining experiences with carb counting, insulin administration, and even fun outings like **laser tag**. A highlight was the talk by a **celebrity living with T1D**, allowing teens to ask questions—even around topics like alcohol use. This open, age-appropriate, and empowering format was an eye-opener for me and highlighted the importance of **targeted psychosocial support for adolescents**, a relatively unmet need in India.

### Key Learnings

- **Optimal outcomes on MDI are achievable** with structured education and team-based care. **Layered inpatient education** provides families the time and tools to grasp diabetes management effectively.
- **Consistency in communication** among team members reinforces learning and compliance.
- **Pre-pump counselling** ensures families are prepared and confident before starting pump therapy.
- **Community and school involvement** are critical for safety and social acceptance.
- **Teen-targeted programs** provide safe spaces to discuss challenges and improve psychosocial outcomes.

### Fellowship Impact & Future

This fellowship has been immensely impactful in shaping my clinical perspective. I plan to:

- **Develop a structured education program** for newly diagnosed T1D patients and caregivers at my centre, inspired by the JHCH model.
- **Design simplified, culturally appropriate educational material** in regional languages.
- **Pilot adolescent workshops** with interactive, peer-based learning activities.

#### **Acknowledgments**

I extend my heartfelt thanks to **ISPAD** for this fellowship opportunity. I am deeply grateful to **Prof. Bruce King** and the entire JHCH team—consultants, educators, dietitians, and social workers—for their warmth, guidance, and willingness to share their knowledge. Their encouragement helped me feel welcomed both clinically and personally in a new country.

#### **Submitted by:**

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