# Allan Drash Clinical Fellowship Report 15/07/2026

Fellow: Dr. Edna Siima Majaliwa

Fellowship Period: 16 April 2026 – 16 May 2026

## Introduction

I would like to express my sincere gratitude to the sponsors of the Allan Drash Clinical Fellowship for providing me with the opportunity to undertake this fellowship from 16 April to 16 May 2026. This fellowship provided a valuable opportunity to gain exposure to a variety of approaches to the care of children and adolescents with diabetes and to enhance my knowledge and skills in areas that are of great importance in improving diabetes care in Tanzania.

The fellowship focused primarily on transitional care for adolescents and young adults with diabetes, family-centered care, psychosocial support, and research initiatives aimed at improving long-term outcomes for adolescents living with chronic diseases.

## Key Learning Areas

### 1. Transition of Adolescents with Diabetes to Adult Care

One of the most important areas of learning was the planned process of transition from pediatric to adult diabetes care. I found that transition is seen as a gradual and carefully planned process rather than a single transfer event.

The centers use standardized transition programs that prepare adolescents and young adults to take greater responsibility for their care. Transition clinics involve a multidisciplinary team, including pediatric endocrinologists, adult endocrinologists, nurses, psychologists, social workers, and diabetes educators.

### 2. Assessment of Transition Readiness

A major lesson from the fellowship was the use of formal tools to assess readiness for transition. Adolescents are routinely evaluated on their knowledge and skills related to diabetes self-management, including:

- Understanding of their disease and treatment.
- Insulin administration and dose adjustment.

- Blood glucose monitoring.
- Recognition and management of hypo- and hyperglycemia.
- Appointment scheduling and medication refills.
- Communication with healthcare providers.
- Independent decision-making.

Such structured readiness assessments are not routinely conducted in Tanzania, highlighting an important gap in our current services.

**3. Family Involvement in Diabetes Care**

I learned about several ongoing studies and interventions examining the role of families in supporting adolescents with diabetes during the transition period. Family engagement remains a critical determinant of adherence, glycemic control, and psychological well-being.

The fellowship demonstrated that successful transition programs maintain family participation while progressively encouraging independence among adolescents. Many of these family-centered approaches could be adapted and implemented within the Tanzanian healthcare context.

**4. Psychosocial and Psychological Support**

The partnership emphasized the importance of psychological care as an integral part of diabetes management. Mental health screening, counseling services, and psychological assessments are routinely included in clinical care.

I found that challenges such as anxiety, depression, diabetes distress, treatment burnout, and social pressure significantly impact young people living with diabetes. Addressing these issues is essential to improving treatment adherence and quality of life.

**5. Stigma Associated with Diabetes**

A key realization during the fellowship was that diabetes-related stigma exists worldwide, although it manifests itself differently across settings and cultures. Young people continue to face challenges related to disclosure, peer relationships, school environments, and social expectations.

Understanding these different perspectives provides an opportunity to develop context-specific interventions in Tanzania that address stigma and promote social inclusion.

**6. Comprehensive Clinical Management of Diabetes and Endocrine Disorders**

In addition to transitional care, the fellowship provided a great opportunity for comprehensive diabetes management, covering the entire continuum of care from

diagnosis to long-term follow-up. I gained valuable insights into screening methods, individualized treatment strategies, patient education, and management of acute and chronic complications.

The fellowship also enhanced my understanding of the assessment and management of diabetes-related conditions, including the diagnosis of comorbidities and complications. Special emphasis was placed on multidisciplinary care, evidence-based practice, and the integration of psychosocial support into routine clinical management.

Beyond diabetes care, I had the opportunity to observe the evaluation and treatment of a wide range of pediatric endocrine disorders, including:

- Growth hormone deficiency.
- Constitutional delay of growth and puberty.
- Disorders of growth and development.
- Thyroid disorders.
- Pubertal disorders.
- Obesity and metabolic conditions.
- Other endocrine conditions affecting children and adolescents.

**Action Plan for Tanzania**

Following this fellowship, I intend to implement several activities aimed at strengthening transition services for adolescents and young adults with diabetes in Tanzania:

1. Introduce structured transition services within pediatric diabetes clinics.
2. Adapt and pilot transition readiness assessment tools suitable for the Tanzanian context.
3. Develop educational materials to support adolescents and their families during the transition process.
4. Initiate research on family involvement in diabetes care and its impact on transition outcomes.
5. Strengthen psychosocial support services by incorporating mental health screening and counseling into routine diabetes care.
6. Develop interventions to address stigma and improve awareness among healthcare providers, schools, families, and communities.
7. Share the knowledge gained from the fellowship through presentations, mentorship, and training sessions for healthcare workers involved in pediatric diabetes care.

**To Note**: these will be done step by step not all at ago. It may not be feasible

**Conclusion**

The Allan Drash Clinical Fellowship was a valuable learning experience that enhanced my understanding of transitional care, family engagement, psychosocial support, and the broader social dimensions of diabetes management.

The fellowship focused on practical strategies that can be adapted to improve care for children and adolescents living with diabetes in Tanzania. I am committed to translating these lessons into clinical practice, research, and policy initiatives that will improve long-term outcomes for adolescents with diabetes.

In addition to enhancing my expertise in transitional care, the fellowship expanded my clinical experience in the diagnosis and management of diabetes and various pediatric endocrine disorders, providing practical lessons that can contribute to the development of specialized services in Tanzania.

I extend my sincere appreciation to the Allan Drash Clinical Fellowship sponsors, mentors, and host institutions for their support and for this unique opportunity to learn and grow professionally.

**Acknowledgements**

On a personal note, I would like to express my heartfelt appreciation to all my hosts during the Allan Drash Clinical Fellowship. The generosity, professionalism, and warmth extended to me throughout the fellowship made this experience exceptionally rewarding.

I was deeply impressed by the collaborative spirit and willingness to teach demonstrated by everyone, from the senior faculty members and consultants to the fellows, residents, and junior doctors. Their openness in sharing knowledge, discussing clinical cases, and involving me in both academic and clinical activities greatly enriched my learning experience.

Beyond the valuable clinical and research skills acquired, the fellowship fostered professional relationships and friendships that I hope will continue to strengthen collaborations in pediatric diabetes and endocrinology between our institutions and Tanzania.

I am sincerely grateful to the Allan Drash Fellowship sponsors and all the host institutions for their support, mentorship, and hospitality during this transformative experience.