Haem Trainee

the state of training today
the latest books reviewed
learning by tweet: TeamHaem
Welcome to the first edition

Haematology is a fast moving specialty with new developments almost on a weekly basis. As a result there are a large number of journals and outlets for scientific discourse and publication. However, there has never been somewhere for Trainees to share their experiences or knowledge - not necessarily of a scientific nature, but of simply how to get along or gain new experiences in the subject they love.

The HaemTrainee aims to fill that gap. This electronically-published magazine will be distributed every 4 months, and will be filled with information on new educational resources, reviews of books and courses, guides on how to do something different during your training, personal viewpoints, and much more. In fact, this magazine is yours, and I want you to write to me to let me know what you want, and if possible to write it too!

I look forward to hearing from many of you and want to hear your positive and negative comments about this first issue by email - editor@haemtrainee.com

Joel Newman
Editor, Haem Trainee
Haematology ST7, London

Issue 1 - April 2013
Contents

Page 3 -
The Birth of Team Haem
*The use of social media in haematology training*

Page 5 -
Course Calendar

Page 6 -
Book Reviews
*Hemophilia and Hemostasis*
*Color Atlas of Clinical Hematology*

Page 7 -
The FRCPPath Crisis in Haem
*What should we do as trainees? - a personal viewpoint from Australia*

Reasonable care is taken to ensure that *Haem Trainee* articles and other information on the web site are up-to-date and accurate as possible, as of the time of publication, but no responsibility can be taken by *Haem Trainee* for any errors or omissions contained herein. Furthermore, responsibility for any losses, damages or distress resulting from adherence to any information made available through this website is not the responsibility of *Haem Trainee*. The opinions expressed are those of the authors and do not necessarily reflect the views of either their institutions or *Haem Trainee*.

Production of this magazine has been supported by an unrestricted grant from Gilead Sciences Ltd.

editor@haemtrainee.com
www.haemtrainee.com
@thehaemtrainee
facebook.com/haemtrainee
The Birth of Team Haem

Social Media in Haematology Training

Teamhaem is a new educational project set up by a group of trainees in the Northern Deanery. It is a brand-new, sparkling, innovative way to teach and learn...or so I thought until I agreed to get involved. It turns out that there has been a paradigm shift in medical education and us ‘oldies’ need to catch up. So give me five minutes of your time and let me introduce you to the overlapping worlds of social media and medical education.

Dipping my toes in the water
I currently work as a Haematology registrar and I’ve been interested in teaching for some time, slowly working my way through a distance learning qualification in medical education. So when a local consultant asked for volunteers for a haematology social media project I thought ‘why not?’

I’m not technologically minded, had never tweeted a thing; even my facebook profile is woefully unpopular. It’s fair to say I wasn’t the obvious person to start up a social media (known as SoMe) teaching programme. But after signing up to twitter and watching the activities of a few of the well-established teaching groups I was sold. I could see the value of a forum where people from around the world could debate topics, share information and work together on clinical scenarios at the click of a button.

The teamhaem basics
How does Teamhaem work? A case is designed and a brief introduction is posted on a blog
(www.teamhaem.wordpress.com) with an accompanying question for ‘followers’ to consider. The blog is posted on our twitter account, so anyone who has a twitter account and follows @teamhaem will see that the blog has been posted and a case has begun. We ask that people read the case and then respond on twitter with their thoughts on the question posed. Further aspects of the case are posted over the following week and more comment and debate ensues. The case is then summarised on the blog to act as a future educational resource. We are not experts (although our participants might well be), but we have chosen a case that we believe is topical, relevant and useful and tried to moderate debate to encompass multiple opinions and perspectives. It’s early days but as our twitter community grows, so the quality of debate and contribution evolves.

We currently have about 300 followers, consisting of an international mix of medical students, haematologists, pharmacists, doctors, patients, scientists, medical organisations, universities and educationalists. Some join in regularly, some watch from the sidelines, some retweet our work, some contact us directly regarding haematological issues.

You might be thinking so far so good – but not something I fancy. Perhaps it seems like something for medical students rather than a fully-fledged doctor? A bit too gimmicky? Let me see if I can persuade you to think again.

As far as the teamhaem case discussions go I can see that each person’s learning style will influence how useful they might perceive this to be. I’ve always found group revision easier than hitting the books alone; always preferred case studies to academic prose; remembered a patient’s story rather than a textbook description of pathology. The idea of the cases we present is that they are challenging diagnostically, that they are memorable, and that they are relevant for all our working lives. As such I hope we are helping you tap into that shared learning experience that we used to have as med students (remember those group revision sessions powered by cake/wine?) but that we rarely have time for now that jobs, partners and babies make louder demands on us. Plus it is a seminar that you can have from home to which you can invite an American expert, an Australian peer and an Indian medical student simultaneously – which I think is pretty amazing.

The benefits of SoMe above and beyond Teamhaem
I think learning and sharing via SoMe suits Haematology as a discipline. We have an awkward chasm to span in our job: on the one hand we are heavily involved in liaison with multiple disciplines, on the other we are clinicians with our own, complex, patient load. We are frequently asked to advise on issues we find routine (that 4am warfarin phone call springs to mind), but in order to do this effectively we need a good relationship with, and understanding of, other specialities and disciplines. We need to be known as a useful resource but also to keep our generic knowledge up to date and conversing with other health care professionals is one way to do this. Fed up of the over-requesting and investigation of d-dimers? Express that opinion the next time you see colleagues chatting about it on twitter. Not sure why your local pharmacists are twitched about a drug side effect or indication? Ask one! You can do all of this from the comfort of your sofa with one eye on
the tv and what’s more the response you get might well include links to documents or guidelines, or even a change in practice in the case of opinions you offer.

Twitter journal clubs are springing up too and are great for debating papers that are relevant to multiple disciplines, such as secondary VTE prophylaxis or blood transfusion. A paper is made available to ‘followers’ in advance and at a set time and date everyone ‘meets’ on twitter to discuss the paper, with a moderator shaping discussion. The range of opinions and knowledge on offer in such debates can be breathtaking.

As haematologists we also deal with fantastically rare diseases that many clinicians will never hear of, much less come across. We need a network of experts that we can contact and consult, and the ability to locate information and resources on that once-in-a-career patient with the breathtakingly rare disease (ditto exam cases). The rarer the case the more likely it is that there is no right answer and the potential of SoMe debate to really tease out the issues, concerns and beliefs of colleagues around the country/world is, I would argue, unique.

So what’s stopping more of us getting involved?

Persuading my colleagues to get involved hasn’t been an easy process however. I understand this on a personal level. I hadn’t even dabbled in Twitter before this project came up and I don’t speak ‘computerese’, so my determination to understand how it all worked was based on a commitment to the project rather than a passion for SoMe in itself – I would probably have lost interest if I hadn’t signed up to launching teamhaem.

But at the same time I am frustrated – now that I ‘get it’ I want everyone to have a dabble and see what it has to offer. I have already learned so much and will continue to do so with every passing day as I peruse the rolling newsfeed supplied by ASH, NEJM, BSH, Sepsis UK and so on.

I think there are five sticking points for SoMe ‘virgins’, although perhaps you can think of more.

Privacy is, I think, a big issue. Stating an opinion on twitter is like sticking your hand up in a giant lecture theatre with an audience of experts – that can take guts. But you can have an anonymous account on twitter so as long as you behave sensibly and professionally (no swearing, insults or comments on your own job/employer/patients) it seems a shame to be put off for this reason. Similarly it is crucial that no patients are mentioned, even anonymously and in passing – perhaps some of us worry that a comment could slip out?

Image is an issue too. A lot of people think of twitter as a frivolous toy, used to rate x-factor contestants and so on. I guess that is true for some, but in the world I have created for teamhaem on twitter I see none of that. Those people that I follow are largely medical educationalists, med students, doctors, medical charities and patient groups, medical societies, government organisations and other healthcare professionals. I am much more likely to see retweets of recent NEJM articles and NICE guidelines than comments on Lady Gaga or Rhianna. So Twitter is what you want it to be – for me it is an educational resource only and my personal life remains in the real world.

Technology is an issue too and I’m no expert – but I promise it isn’t that tricky! Sometimes you follow all the rules and your tweet doesn’t appear on a hashtag as you expect, or a debate is tricky to follow. All I would say is stick with it – it works more often than it fails.

With a smartphone and constant access to the internet there is the concern that SoMe can be intrusive too – a colleague commented to me that she likes to keep home and work in different ‘boxes’. I can’t deny that twitter can creep in to your personal time, but if it ultimately makes you a more efficient learner (as I argue) perhaps it should be seen as an investment which will ultimately pay dividends.

The final sticking point is relevance – many people just feel that there are so many educational resources out there that they don’t need to be bombarded with yet another stream of information; why bother? To that I would say two things – firstly this is the way a lot of younger doctors/students are learning and as such it is likely to dominate professional interaction and learning before those of us in our 30s retire. So ignore it all you want now- one day it will swallow you up despite your protests. But more importantly I find it is a great way to focus my attention – I can join in journal club debates on papers I would never have got around to reading, much less analysing; I can get links to all sorts of papers and articles I would otherwise have missed; I can suss out what the students struggle with and therefore how to improve my local teaching; I hear about meetings and conferences that would have passed me by. This is the future for doctors – we can’t fully assimilate what is now almost endless clinical information, but we can learn to locate and organise resources that are relevant to us.

Go on, have a dabble…

I hope I have managed to persuade you of the merits of SoMe for doctors, and hopefully to participate in teamhaem cases. The best way to get an idea of what there is out there is to open a twitter account and take a look – use that time on the way to work instead of reading the free paper, or fill your time whilst waiting for a friend at the cinema/pub.

Emily Graves
Haematology SpR
Northern Deanery
Here are a few places to look to get you started...

Twitter
@teamhaem; search for #teamhaem to see what is going on
@gassclass/ #gasclass – the anaesthetists show us how it should be done
#ecgclass – the cardiology version of gassclass
@twitfrg/ #twitfrg – medical students flexing their SoMe muscles
@twitjc – journal club, meets on Sunday evenings 8pm
#ukmeded – discussion group relating to medical education in the UK
#FOAMed – international SoMe medical education hashtag – some of these guys are the founding fathers of medical education via SoMe and are truly passionate about what they do...
@emilygravesuk – not because I tweet, but because I’m happy to help if you contact me!

Blogs about SoMe
www.kevinmd.com/blog/2013/03/flipped-classroom-future-medicine.html
www.mededelearning.wordpress.com
www.sotonccp.org/2013/01/students-dont-study-hard-study-smart/ - a blog aimed at students but useful for us all in its advice on SoMe.
www.sotonccp.org/2013/01/foamed/ - aimed again at med students but explains what FOAMed is and what it can offer you.

Course Calendar

Friday 24th May 2013
BMJ Masterclass in Haematology (BMA House, London)
http://tinyurl.com/bmjhaem

Thursday 13th to Friday 16th June 2013
European Haematology Association Congress (Stockholm)
http://tinyurl.com/eha2013

Monday 16th September 2013
One-day Morphology update for Biomedical Scientists and 1st year SpRs (Hammersmith Hospital)
http://tinyurl.com/morphpcourse

Monday 16th September 2013
One-day Haemostasis and Thrombosis update for consultants and senior SpRs (Hammersmith Hospital)
http://tinyurl.com/morphpcourse

Tuesday 17th September 2013
St. Mary’s one-day course in laboratory aspects of haemoglobinopathy diagnosis (Hammersmith Hospital)
http://tinyurl.com/morphpcourse

Wednesday 18th and Thursday 19th September 2013
St. Mary’s two-day course in advanced haematology morphology (Hammersmith Hospital)
http://tinyurl.com/morphpcourse

Friday 20th September 2013
St. Mary’s one-day course in histopathology of the bone marrow
http://tinyurl.com/morphpcourse

If you have a course you want advertising here, please let us know - editor@haemtrainee.com
Hemophilia and Hemostasis: A Case Based Approach to Management

Haemophilia is a fascinating subject involving the care of some of the most vulnerable individuals, and the continuation of that care for their entire lives, through various life events, operations, and more.

Clinical experience in the area can be patchy, and unless you manage to spend time in a dedicated haemophilia centre, knowledge of care for these patients is limited to the occasional individual presenting with a bleed, or the phone call from the surgeons half an hour prior to operating on someone with a bleeding disorder.

Unlike other textbooks, this book does not take you through the pathophysiology of haemophilia, and other books are required to cover that ground. What it does do is take you through commonly, and sometimes uncommonly encountered issues with haemophilia in a case-based manner, and present you with practical advice as to how to manage them. As a result of this, many of the management recommendations are the authors’ own, and evidence to support them are often anecdotal. Topics covered include valve replacement and haemophilia, compartment syndrome, dental procedures, joint bleeds, inhibitor removal and many others including coverage of the other non-A/B haemophilias.

The book is written in short, manageable chapters covering one case each, and are written by well respected authors from the US. This may have an impact on the advice given, with practices often differing across the Atlantic. The way the book has been written means that it can easily be dipped into for advice on a certain topic without having to read the accompanying chapters. Although this is a useful feature, it does mean that those reading cover-to-cover will discover a fair amount of repetition in chapters covering similar topics.

On the whole this book is a useful too for daily practice, particularly for those planning to work outside of a haemophilia comprehensive care centre, where regular exposure to haemophiliacs is limited.

Color Atlas of Clinical Hematology

Having not been introduced to this title before reviewing it, I was expecting and looking forward to some form of morphological atlas to compare against the likes of Blood Cells and Bone Marrow Pathology by Professor Bain et al. Initial inspection revealed that this was not the case, but that in fact this was a true atlas of all things haematological - a visual representation of the many complexities encountered in daily practice.

My initial disappointment gave way to excitement, as I browsed through the many colourful glossy pages - the majority of which did contain morphological detail - with images of patients displaying all manner of syndromes, signs and symptoms: a real treasure trove of information. It is clear that a book like this can only be produced after a career full of careful documenting and photographing, and exposure to the whole range of haematology. Its production is therefore no mean feat. Each section comes with an explanatory text, which in itself is detailed and thorough, and the atlas is fully up-to-date with images of genetic pathways, molecular signalling and other details relevant to each condition being described.

As with many of the other Elsevier imprints, this Mosby book comes with online full access at ExpertConsult.com, which is particularly useful as this book’s page size is a fraction bigger than standard textbooks, and it is a weighty tome. It is perfect for dipping into and reading around a topic or condition recently encountered. Its detail is sufficient but not overbearing in the text provided, and the images really help in the retention of the information. It is an excellent aid for teaching, and the images can be downloaded from the Expert Consult website for use in presentations. This book should therefore be seen as an investment, and is likely to be well used by anyone purchasing it.
The FRCPath Crisis in Haem

What should we do as trainees? - a personal viewpoint from Australia

The way I see it there is no easy solution to what is becoming a near-crisis situation in haematology training. Time and time again failure rates are flaunted in front of us twice a year by the Royal College of Pathologists and consultants alike and we’re told something must change. I’ve not been around long but there aren’t many changes on the horizon. And what’s more you’re probably thinking whose problem is it – the trainee or the trainer? The reality is that a lot of us when we pass our exams may never want to look down a microscope again, and it looks like in the near future, a simple blood test and genome sequencing could be diagnosing our patients, both with a more accurate prognosis and without the pain of a bone marrow biopsy. Or so we’re being led to believe.

So what should we do? Well let’s deal with the here and now first. We have to pass the FRCPath to get our CCT so I think as a body of trainees we have to take practical approaches to increase the pass rate. Please remember that these are suggestions and ideas that I think should help people in their quest to do that. These ideas are in part or whole taken from the Australian system where the pass rate is much higher. Their part 1 is a combination of our part 1 and 2 and is spread over three to four months with separate exams in morphology, essay questions, a practical in transfusion, a paper of short questions as well as an oral.

So first of all the one thing the Ozzies have reminded me is that this is a pathology exam which unfortunately I think the JCPTRB curriculum does not emphasize. So not only do you need to know how to diagnose and treat the disease but you have to know how your laboratory works. Quality control and assurance, what machines you use, how they work, what interferes with accuracy and the list goes on and on. If you don’t know who Coulter is and the Coulter method, you need to learn, and that’s just history really. Dacie and Lewis and your senior lab scientist is your friend here and should be regularly called on for tutorials, explanations of QC as well as regular participation in QA. My experience in several countries is that if you ask they will be happy to help as long as you don’t sound too stupid – been there, got the t-shirt!

In coagulation, I am planning to use two sources, one is the website practical-haemostasis.com which has become an essential source of information on techniques and more importantly questions. Secondly I think trainees should consider the ‘guide to competency in haemostasis and thrombosis for SpRs’ document on the British Society for Haemostasis and Thrombosis website. If you know everything in that document then I don’t think there’s much you can miss in coagulation. Again time in your coagulation lab as well as the regional haemophilia centre lab will help you here.

In morphology I think the critical thing is exposure to abnormal films and pattern recognition. Every week in Sydney from February to August they have a tutorial from a different consultant in the city who is also an examiner. It’s like a personal tutorial on film reporting, and more importantly an exam tutorial and advice from the people who are actually going to be examining you. Can you make that happen in your deanery? A basic idea would be to get a once a month tutorial for exam candidates in your region in each different hospital on morphology. This could be for four to six months prior to the exam with an agreement that everyone would attend (the trainee’s obligation) and the the trainer would be willing to send out slides beforehand so that you could study them and learn form your mistakes (the trainer’s patience!). It could of
course be done using MDT facilities with a bit of planning which would mean that travelling would be less of an issue. There should be at least one person in every hospital in the country who could be cajoled into participating.

In transfusion, the course is probably enough, it certainly seems long enough!

Please do not forget all the other excellent resources that are available to you including the BCSH guidelines, ihaematology and BSHT websites and others.

For our future colleagues I do think there are things we should consider. Should there be more required lab time? In Australia you have to work in a lab for twelve to eighteen months before you can sit the exam; and that’s typically with only one clinic a week rather than the usual three or four that most of us do in the UK and no ward commitment. Is the system too stressed to make that work?

Should we just split the training and take the American approach where we just train as clinical haematologists? This is an option that I think a lot of us might opt for and then panic and do the lab training when we see where the jobs are! I would advise you to think of all the dual trained ID/microbiology registrars you know! The reality is that laboratory haematology is likely to become more and more centralised especially with recent reports (http://tinyurl.com/ncatpdf) as well as the introduction of genomics into routine clinical practice. The one service that must always be provided, though, is transfusion and so I think to escape laboratory training altogether would be difficult.

Does anyone have a detailed curriculum for the exam? I’ve had a look around and one of the things I think we should consider addressing is the lack of a curriculum from the Royal College of Pathologists. I think the JCPTRB curriculum is too vague and as the RCPath are organising the exam they should also provide a detailed curriculum. The microbiologist has an eighty-plus page document on training and detailed descriptions as do the histopathologists. In Australia the RCPA has a similar document with detailed requirements of knowledge in all aspects especially lab management and day to day running of the lab with a focus on service provision. I’m planning on using that as a study guide for the exam next year as I think it fills in a lot of blanks.

Should the exam be split up? Three days of papers and orals is a long time to maintain concentration. In Australia the exam is split up over 3 months with some provided locally and one other at a regional centre (usually Melbourne or Sydney). One of the main advantages of this is that if you fail only one part of the exam, you only repeat that part. Why do you need to repeat everything if you fail only one part? Surely that fallacy should stop.

Past exam papers or mock exam questions would be useful. Does anyone have ideas on how to get those from the RCPath on an official basis? Again the FRPA publish past papers yearly.

Should we do regional monthly study groups? And lastly the one area that works well in Sydney is the concept that nearly every candidate is in a study group. Not every study group is perfect but if nothing else you have someone else to panic with! The alternative would be to have monthly HIT meetings for exam candidates where topics are highlighted and discussed.

This is my approach from what I’ve learned here in Australia where I’m on an OOP. It’s not perfect but at the very least it is an approach. I think we really need to start somewhere and mainly with ourselves. Good luck to everybody preparing for exams.

Tracy Murphy
Haematology SpR
OOP in Sydney, Australia

your Haem Trainee needs you

We are looking for others to join the team, coming up with ideas for articles, and hopefully also writing those articles. Don’t worry if you haven’t written for a magazine before, we can edit your work before publication, and they can range from a few hundred words up to around one thousand.

This magazine is designed to be written by Haem SpRs for Haem SpRs - if you found something interesting - a course, book, resource etc - your colleagues probably will too, so write about it and let them know.

Contact us with your ideas and articles - editor@haemtrainee.com