New Physician Orientation: What’s PBM Got to Do With It? – An Outline

Thanks to guest writer Daniela Hermelin, MD, Transfusion Medicine Fellow at Saint Louis University.

Imagine some of your favorite colleagues from all over the world (e.g., Elianna Saidenberg, Joe Chaffin, Cindy Flores, etc...) in one focused session to discuss, joke and share transfusion medicine experiences. You might imagine I’m talking about a fond memory at an AABB conference, but I’m actually referring to one of our most recent Twitter #AABBPEPTalk sessions that took place on July 24, 2018. Our moderator, Justin Kreuter, posed an interesting topic for discussion: “Physician Onboarding, What’s Patient Blood Management (PBM) got to do with it?”

For a full hour (which felt more like five minutes because time flies when you’re having fun), four questions were posed, and many participants from five different countries of mixed transfusion backgrounds engaged in a journey of mindful collaboration.

First, the concept of “onboarding” was defined for those who were unfamiliar with this term, which broadly means orientation for new hospital staff. Instantly, many of us could conceptualize how the onboarding process provides an important environment for PBM education and the idea of standardizing introduction programs was a “aha moment”. For others, this was a point of reflection and window to share current onboarding agendas and teaching programs that have been set in motion. Such programs include: “Choosing Wisely,” “RC Path Curriculum.”
Furthermore, it was interesting to learn that some programs have been developed to “target audiences depending on career experience” and provide different approaches to learning from junior trainees to senior physicians.
Considerations of offering a variety of education curriculums to satisfy the needs of different clinical teams were also explored. Do trauma surgeons require different education as compared to hematologist oncologists as they are on-boarded?

Since curriculums do exist, how do we assess effectiveness? How can we determine what are our best practices and worth sharing? How does this assessment compare with other assessments for patient blood management? There is a lot of work to be done in this area.
Simultaneously, we acknowledged (through liking) that it would be beneficial to continue using Twitter as an arena to continue the discussion of best practices in patient blood management. We are hoping that these conversations continue to expand our understanding of what colleagues in different institutions are doing, analyzing our practices, and ultimately creating better patient blood management systems. Dr. Kreuter likes to promote learning as a process rather than a defined intervention. That way, we can appreciate the transportability of knowledge that is easily accessible and creating a safe and more efficient world of transfusion medicine.

Stay tuned for details on the next #AABBPEPtalk! Please feel free to send any comments or suggestions about the AABB Twitter Chat Series to publicrelations@aabb.org.