

21st Century Learning

Andy Miller

Professional Education and Training Manager

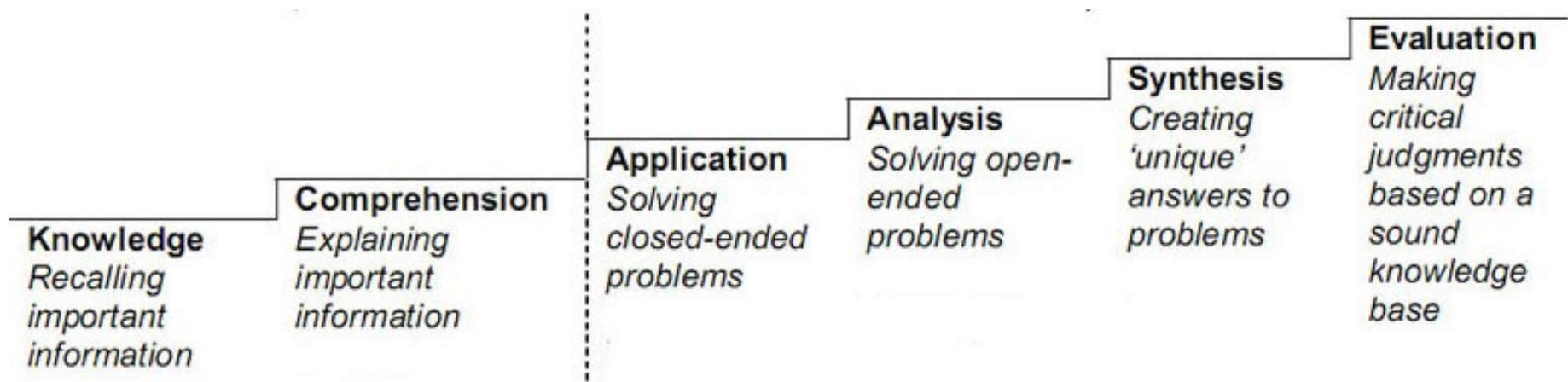
MSC Implementation Lead

NHS Blood and Transplant

Learning, not Teaching!

YOU CAN'T ACHIEVE
E-LEARNING FROM PUTTING YOUR
POWERPOINT LECTURE ONLINE
GIVE THEM A BOOK

No discourse = Very little learning



You can't produce e-learning material
and then walk away from it – this works
for online **resources** but not for the
learning

OK, not strictly true, but you get my drift

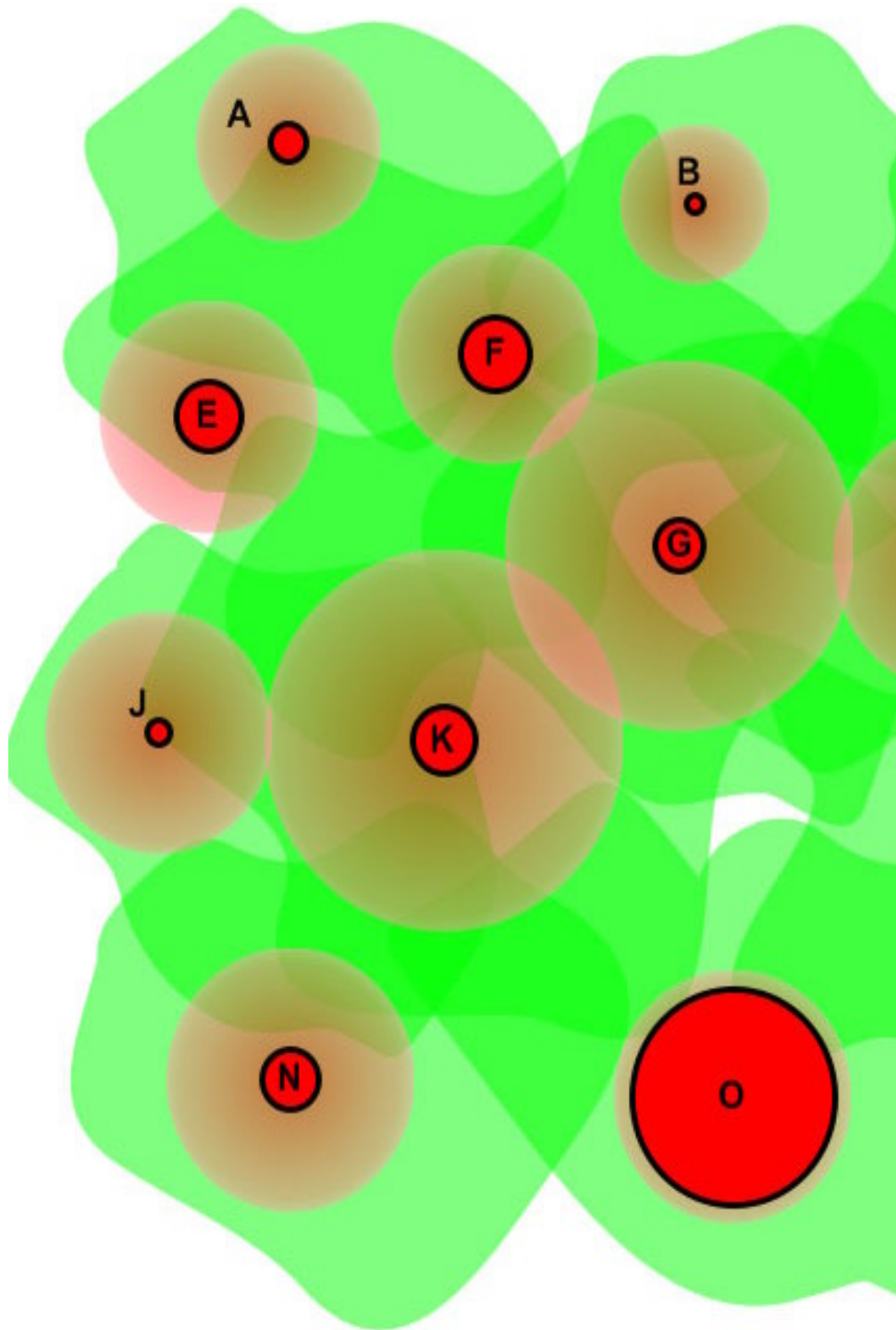
Creating the desire to learn

- This is one for the communication bods
- Some important questions
 - What am I going to learn?
 - To what level am I going to learn?
 - How will learning this benefit me?
 - What is the commitment?

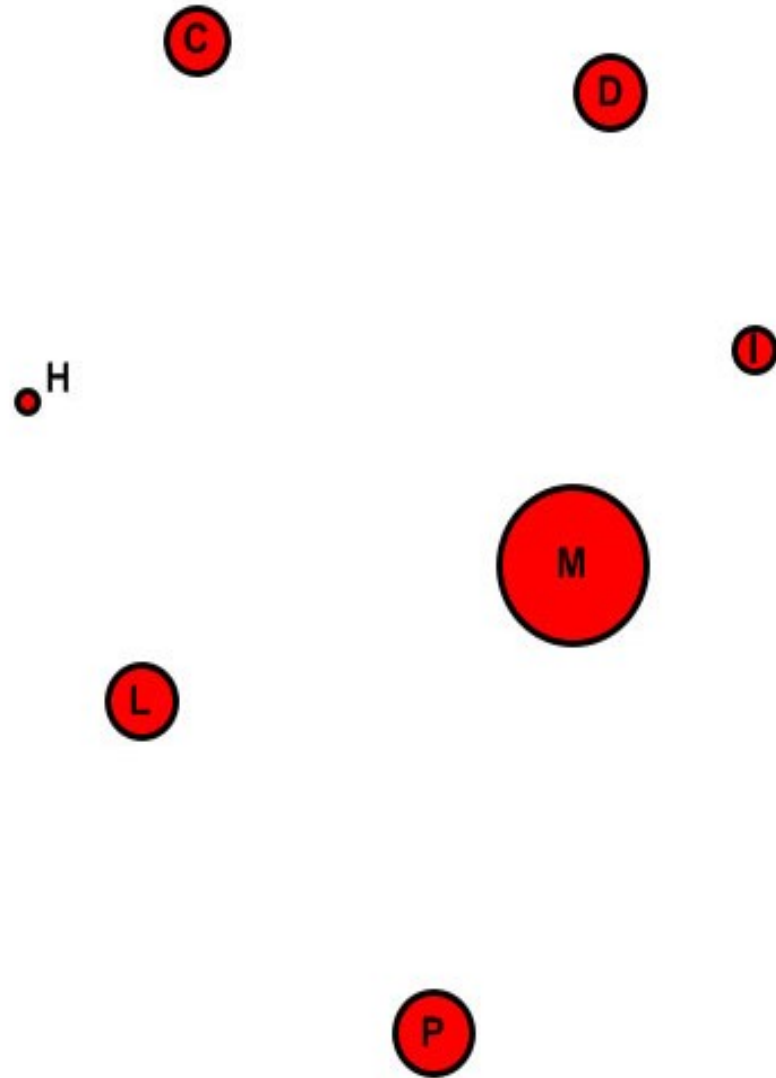
Let's Talk Talking

Constant feedback / challenges / discourse
from tutor *and* peers

Exploration of subject matter



Knowledge vs Knowing things



Main Communication Methods

- Asynchronous
 - Messageboards
 - Email
 - Wiki
 - Facebook
- Synchronous
 - Telephone Conference
 - Skype
 - Second Life
 - Web Presentations

THINK

FLOW

Asynchronous

Case Study Practice 01

Scientific and Technical Training

15 mins

**Blood and Transplant**Name: Dept: **Case Presentation**

A 28 year old woman is admitted to casualty with abdominal pains and is found to be bleeding PV. The clinicians have requested 4 units of blood as soon as possible.

Laboratory Results

Anti-A	Anti-B	Anti-A,B	Anti-D (1)	Anti-D (2)	Reagent Control	Reverse Group (cells)				Antibody Screen (IAT)		
						A ₁ R ₁	A ₂ R ₂	B R ₁	O R ₁	Cell 1	Cell 2	Cell 3
5	0	5	0	0	0	0	0	3	0	3	3	0

All controls for antisera worked

	A B O	Rh		M	N	S	s	P ₁	Lu		K	k	Kp		Le		Fy		Jk		Other	Sal 20	M 37	EZ 37
1	O	R1	R1	+	-	+	-	4	-	+	+	+	-	+	+	-	-	+	+	+		0	3	5
2	O	R1	R1	+	+	-	+	3	-	+	+	+	-	+	+	-	+	+	+	-		0	3	5
3	O	R2	R2	+	-	-	+	1	-	+	-	+	+	+	-	+	+	-	-	+		0	3	5
4	O	r ⁺	r	-	+	-	+	1	-	+	-	+	-	+	-	+	+	-	+	+		0	0	1
5	O	r ⁺	r	-	+	-	+	4	-	+	-	+	-	+	-	+	-	+	+	-		0	0	0
6	O	r	r	-	+	-	+	4	-	+	+	+	-	+	+	-	+	-	-	+		0	0	0
7	O	r	r	+	-	+	-	2	+	+	-	+	-	+	-	+	-	+	-	+		0	0	0
8	O	r	r	+	+	+	-	3	-	+	-	+	-	+	-	+	-	+	+	+		0	0	0
9	O	r	r	-	+	-	+	2	-	+	-	+	-	+	+	-	+	-	+	+		0	0	0
10	O	r	r	-	+	-	+	-	-	+	-	+	-	+	+	-	+	-	+	-		0	0	0
A																						0	0	0

A = Auto / DAT

Questions

1. What is the patient's blood group?	
2. What antibody(ies) is/are present in the sample?	
3. What blood would you select for transfusion?	
4. What further tests would you perform?	
5. Any other comments?	

“Good Old Email”

- Old technology ≠ Rubbish
 - Example – the book
- Most people know how to use it
 - Never underestimate this aspect!
- You can anonymise and share work

Questions

1. What is the patient's blood group?	ARh Dnegative
2. What <u>antibody(ies)</u> is/are present in the sample?	Anti-K
3. What blood would you select for transfusion?	A rhDnegative ¹ -kell negative(Pre-menopausal ²), CMV negative. ³
4. What further tests would you perform?	<p>1)Red cell phenotype the pregnant lady for <u>kell</u>⁴ antigens.</p> <p>2)Check partners phenotype-<u>kell</u>⁵ and Rh D status.⁶</p> <p>3)Do routine ABO typing and antibody screening at 28weeks.⁷</p> <p>4)If at 28weeks titre-1:32 refer to <u>feto-maternal unit</u>.⁸</p>

¹ Nomenclature: A RhD- K- CMV-

² Watch out ~~for this~~! – I think you were on autopilot here. This patient needs K- blood because she *has* anti-K, not as a precaution because she is a pre-menopausal female. Watch out for things like this – a harsh marker could mark you down because it looks like you are rolling the criteria by rote rather than thinking about the case.

³ This may be worth a comment as it isn't in the BCSH Guidelines (but is in the Obs and Gynae Guidelines)

⁴ K antigen

⁵ You need to be more specific here – phenotype the *father* for K and k antigens

5. Any other comments?	<p>1)Give anti-D prophylaxis at 28weeks and 34 weeks. ⁹</p> <p>2)Get h/o any previous pregnancy.</p> <p>3)suggest check cord blood for FBC,retic,bilirubin,DAT,blood group-RhDstatus.</p> <p>4) anti-D prophylaxis at delivery if baby Dpositive and do kleihauer¹⁰.</p>
------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

A game of two halves this one! Very good at the pre-planning and not forgetting the risk of anti-D but a bit flaky on actual testing. This is worth learning as pregnant women come up with alarming regularity in exam questions (minimum input from the questioner for maximum output from you!)

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VIEW EDIT

CS Panel01

last edited by Andy Miller 3 mos ago

Case Study - Panel

Return to the [FrontPage](#)

Patient AW is a 24 year old pregnant woman - this is her booking sample

Anti-A	Anti-B	Anti-A,B	Anti-D (1)	Anti-D (2)	Reagent Control	Reverse Group (cells)				Antibody Screen (IAT)		
						A ₁ +	A ₂ +	B+	O ₁ +	Cell 1	Cell 2	Cell 3
5	0	5	5	5	0	0	0	3	0	0	3	0

ARD	Rh	M	N	S	s	Pt	L _a	K	k	Kp	L _e	Fy	Jk	S ₁	U ₁	DNZ
							a	b		a	b	a	b	a	b	
1	0	R1w	R1	+	+	+	4	+	+	+	+	+	+	0	3	0
2	0	R1	R1	+	+	+	3	+	+	+	+	+	+	0	3	0
3	0	R2	R2	+	+	+	1	+	+	+	+	+	+	0	0	0
4	0	r	r	+	+	+	0	+	+	+	+	+	+	0	3	0
5	0	r	r	+	+	+	4	+	+	+	+	+	+	0	3	0
6	0	r	r	+	+	+	4	+	+	+	+	+	+	0	0	0
7	0	r	r	+	+	+	2	+	+	+	+	+	+	0	0	0
8	0	r	r	+	+	+	3	+	+	+	+	+	+	0	3	0
9	0	r	r	+	+	+	2	+	+	+	+	+	+	0	3	0
10	0	r	r	+	+	+	+	+	+	+	+	+	+	0	3	0
A														0	0	0

A What is her blood group?
B What antibody(ies) is (are) present in the serum?
C What additional testing would you suggest?
D What blood would you select for crossmatch and why?
E Any other comments?

Done

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rcnaddams@doctors.ons.uk said
 at 4:33 pm on Mar 9, 2009
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Blood group A RhD+, with anti Fyb antibody. Duffy antigens are destroyed by enzyme. Additional testing should be to Duffy phenotype mother, do titration And repeat mothers blood group and antibody screen with titrations at 28 weeks and DAT and blood count on the cord blood. Anti Jkb does not commonly c Blood for cross matching should be Group A, RhD+, K neg (pre-menopausal woman), Jkb neg because Anti Jkb is an IgG antibody capable of causing imm

Sucheta Mane said
 at 4:27 pm on Mar 9, 2009
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A) her blood group is ARhD positive.
 B) Antibody-anti-Fyb. (enzyme has been destroyed)
 C) This is her booking sample. Repeat at 28 weeks. Check the red cell phenotype of her partner (father of the fetus). Phenotype her red cells.
 D) I would select ARhD positive, Fy negative, CMV negative (as per MRCCG guidelines), Kell negative.

sam said
 at 10:13 pm on Mar 9, 2009
[Delete](#)

A) Blood group A RhDpos
 B) Anti Fyb antibody present
 C) I would phenotype her red cells for Fyb, I would phenotype the father, Do an antibody titre and repeat antibody levels at 28 weeks. Anti Fyb does not c
 D) I would select blood Group A, fully phenotyped for Rh antigens, Fyb neg., CMV neg (RCOG guidelines), Kell neg (pre menopausal)

Hitesh Patel said
 at 4:10 pm on Mar 10, 2009
[Delete](#)

A) Group A Rh pos
 B) Anti Fyb present
 C) Phenotype the mothers red cells to check she is absent for Fyb. Phenotype the father too for the Fyb antigen.
 Titre the Fyb antibody and retest at 34 weeks.
 D) Group A, Rh D pos, Fyb negative, K neg, CMV neg

Andy Miller said
 at 4:39 pm on Mar 13, 2009
[Delete](#)

well done everybody - you have this one pretty much covered. Just remember to Fya AND Fyb type the father so that you can estimate the risk to the fetus. Just to play Devil's Advocate - what cells are you going to use to titrate this antibody?

Done

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Published on 20 May 2013
Thanks to Andy Miller (NHSBT)
Presentation and more details available at:
<http://www.transfusionguidelines.org...>

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Jane George

In this photo: Andy Miller



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10 June at 17:22 · View album



Jane George

Jane George just posted a quiz about you on Friend Kwiz:

"Do you think that you can beat Andy Miller in a fight?"

09 May at 11:55 · Comment · Like · See Wall-to-Wall · Vote Yes · Vote No



Elaine Hartley

Hi Andy, How fantastic to hear from you> We couldn't believe it when we found you again after all these years!! Always wondered where you now were!! Helen Marshall sends her love! we're going with John Atkinson & his wife this weekend to visit her in Dorset!

A quick tour of a typical writeboard

Writeboard: eNormicom mission statement

1 This writeboard is located at: <http://writeboard.com/fcl1ad8876>

Edit Mark this version Export as text Send via email

3 Invite people to collaborate

2 eNormicom mission statement

eNormicom practically invented the term "returns-on-investment". Think intra-B2B2C. Think granular. Think social-network-based. Think intuitive, fractal. But don't think all three at the same time. A company that can cultivate faithfully will (at some point in the future) be able to optimize courageously. Your budget for streamlining should be at least one-half of your budget for strategizing. If you mesh virtually, you may have to grow virally. The bloatware factor is cross-media. We believe we know that if you disintermediate nano-nano-extensively then you may also brand compellingly. Without implementation, you will lack killer e-commerce. We think that most e-business splash pages use far too much C++, and not enough Perl.

At eNormicom, we have come to know how to disintermediate iteratively.

6 The metrics for obfuscation clarity are more well-understood if they are not world-class. Think ultra-world-class. Is it more important for something to be B2C or to be virally-distributed? Do you have a game plan to become e-commerce peerlessly synergistic across all platforms? If all of this sounds stupefying to you, that's because it is! What does the term "24/7 back-end raw bandwidth

Versions

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5 Yesterday Jason Fried

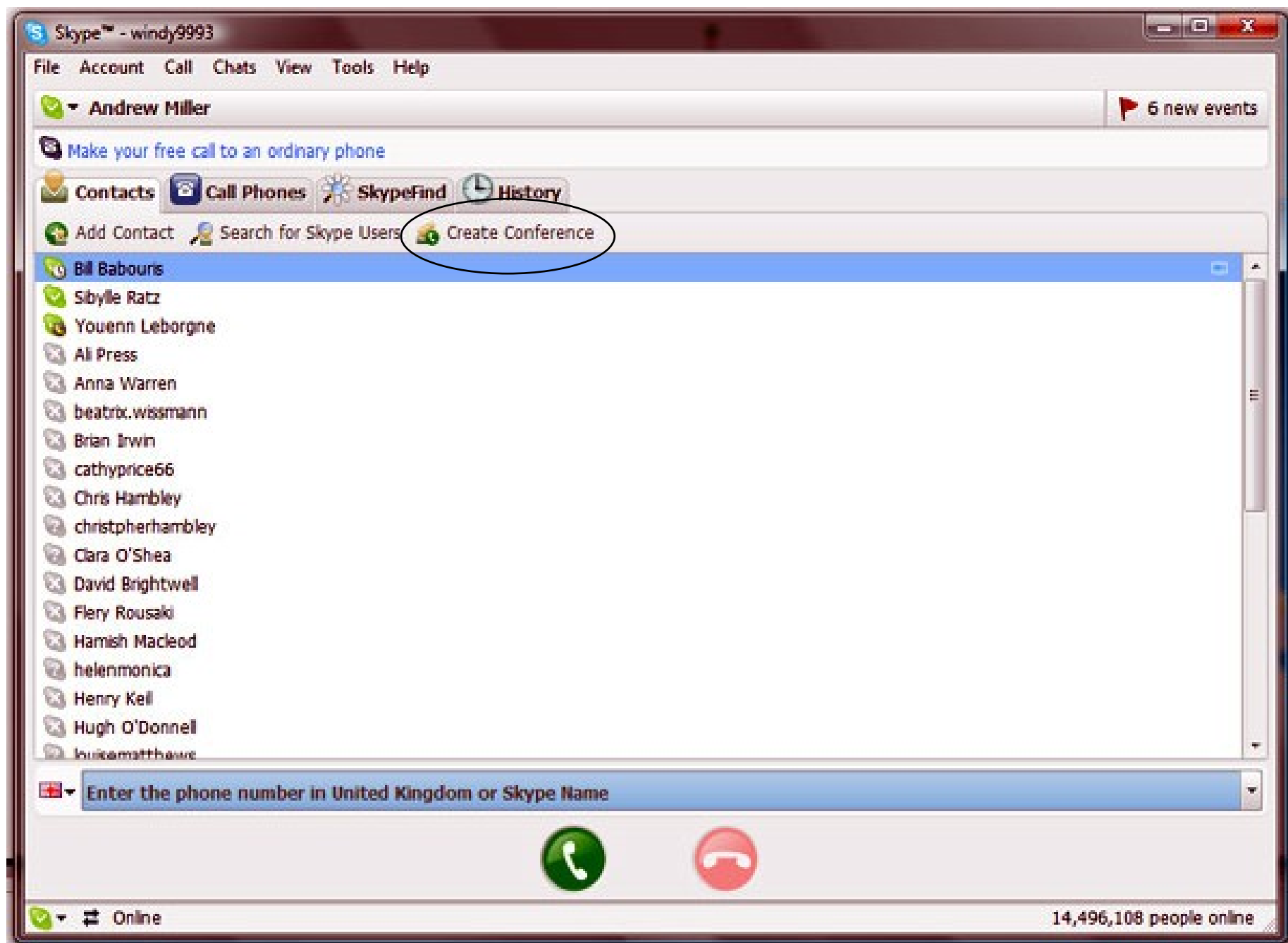
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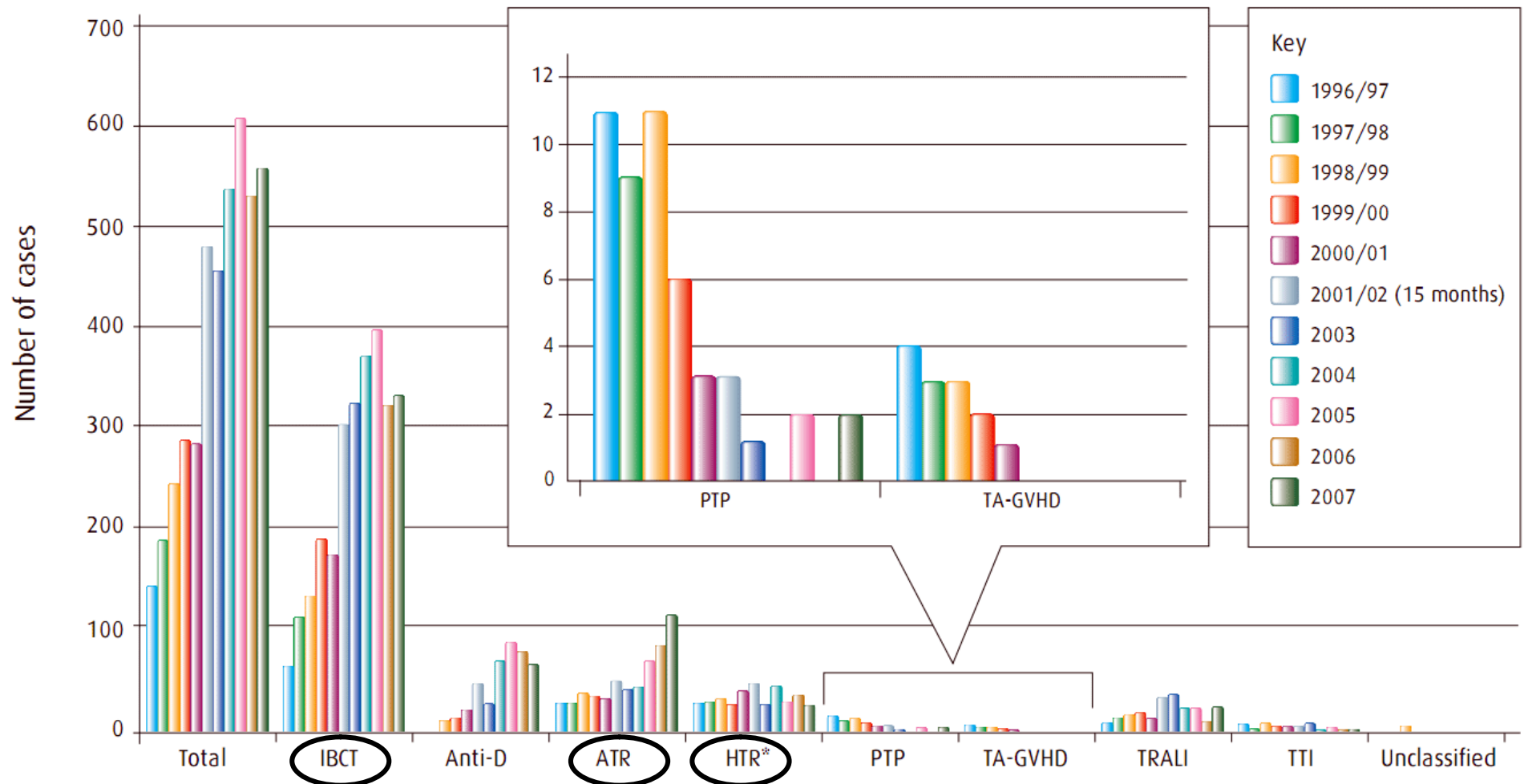
KEEPING IT REAL!

Example

Documentation

The power of reality

From the SHOT Report 2007



Case

Two ABO-incompatible units transfused resulting in need for red cell exchange transfusion

- A man with metastatic prostate cancer presented in the Emergency Department (ED) with a Hb of 5.3 g/dL and gastrointestinal bleeding.
- Two units of blood were collected by a registered nurse from the issue fridge and commenced via two cannulae.
- The patient became pyrexial with rigors, loin pain and hypotension and 1 hour after starting the transfusion the nurse called the doctor who stopped the transfusion: by this time most of both units was transfused.
- The doctor found that the red cell units were for a different patient, and that the units were incompatible, the patient being O D positive and the two transfused units B D negative.
- The patient received immediate supportive care and further advice was sought from the haematology consultant. A red cell exchange of 4 units of correct ABO/D group red cells took place.
- The patient suffered worsening renal impairment, and was later discharged to a hospice.

WHEN?

Home or Work?

Know before you start!

One last caveat

(but it is an important one)

Who can access your material?

All the whistles and bells matter not
one jot if learners cannot access it

THANK YOU!