

MD Anderson Cancer Center
Japanese Medical Exchange Program 2019

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Personal Mission and Vision from JME program 2019

●Mission:

(Japanese) 手術によって乳房を失う乳癌患者を減らすこと

(English) To diminish the breast cancer patients who lose their breasts by surgery

●Vision:

(Japanese) 手術療法の縮小化や手術に替わる方法を生み出すことで早期乳癌患者に対して最適なボディイメージを与えること

(English) To provide the best body image to my early breast cancer patients by developing a de-escalating surgical strategy and creating an alternative to surgery

1. Purpose

- a) To experience the multidisciplinary cancer care at MD Anderson Cancer Center (MDA) and understand whole concept of multidisciplinary team
- b) To think and discuss how to apply multidisciplinary approach in MDA to Japan
- c) To learn about individual career development and the skills required for it, and build specific individual career development plan based personal mission and vision.

2. Method

Japanese medical exchange (JME) program at MDA took place from August 22 to September 27, 2019.

- a) To take programs on multidisciplinary team approach, career development and leadership skill.
- b) To live together with JME 2019 members of different age and disciplines during the whole program.
- c) To do group work for multidisciplinary team and create a team oncology project, and give a presentation at the end of the JME program.

Participants: 2 physicians, 2 pharmacists and 2 nurses

3. Introduction

This is my seventh year as a physician, and I have trained as a breast surgeon. I participated in the 2nd team science oncology workshop from January 25 to 27, 2019 and learned multidisciplinary team approach and career development based on mission and vision which I had never experienced before. I gained a lot from this workshop, but I didn't expect the next step. I was surprised to hear that I was selected as participant of JME 2019 in April and very honored to be JME member. Thanks to understanding my boss and colleagues, they gave me willingly consent that I joined the JME program. I

traveled to Houston with great joy and hope for the program at MDA, which everyone involved in cancer treatment longs for.

4. Program

Clinical observations and lectures were scheduled every day in MDA. There were also programs outside MDA and participation in academic conference held in MDA. We had programs that 6 people joined together and sometimes we were divided into two groups or different discipline to participate in observation and lecture.

Training programs are as follows

- Clinical observations with physicians, registered nurses, clinical pharmacists, nurse practitioners, physician's assistants and other health care providers
 - Breast medical oncology outpatient clinic
 - Breast surgical oncology outpatient clinic
 - Surgical oncology (Gastrointestinal; GI) outpatient clinic
 - Breast survivorship clinic
 - Stem cell plantation inpatient round
 - Leukemia/Lymphoma inpatient round
 - Breast surgery and GI surgery observation
 - Pathology
 - Radiation Oncology
 - Breast Imaging (Radiology)
 - Ambulatory treatment clinic
 - WOCN (wound ostomy continence nursing) inpatient round
- Lecture on nursing
 - Education, professions and research in nursing
 - Governance
- Nursing ethics conference
- Ethics meeting by Dr. Theriault
- Outside MDA
 - Visit Houston hospice

- Visit American Cancer Society
- Participation in academic conference in MDA
 - Patient Reported Outcomes in the clinical conference
- Leadership training by Janis Yadney
 - Introduction to leadership/communication
 - Building self-awareness/handling difficult conversations
 - Teamwork- essential elements and your role in collaboration
 - Creating your own strategic plan for your career/life
- Mentor-mentee meeting with Dr. Teshome
- Meeting with Dr. Ueno
 - Winning to impact
 - Individual development plan
 - CV
 - Mentorship
 - Core value

5. Results

a) Group work

We choose one topic from what we have learned in JME program and gave a presentation at the end of the program. Team B has a physician, a nurse and a pharmacist. We talked about what we were interested in the third week and decided the theme of the final presentation. For some reason, our interests were in common and we were all surprised that there was a difference between Japanese outpatient clinic and MDA's one. There are too many patients that a physician see at a cancer hospital or university hospital in Japan per day and the consultation time per a patient is limited despite a long waiting time. However, they form a multidisciplinary team to see a patient in MDA outpatient clinic and patients have enough time to talk with a different discipline. It seemed that outpatients satisfaction is higher than Japanese outpatients. In fact, the survey by Ministry of Health, Labor and Welfare in Japan shows that Japanese outpatient satisfaction is averagely 60 %, while the survey by Press Ganey reports that it is always over 80% in MDA. Therefore, we considered what we should do to improve

patient satisfaction in Japanese oncology outpatient clinic. During preparing a presentation, it was a great chance for me to hear frank opinions that nurses and pharmacists feel in daily clinical practice. Ayumi Tomizawa pointed out that only doctors are involved in making a decision for cancer treatment in nurse's point of view. Even if nurses like Ayumi have special skills and experiences for cancer patient care as Certified Nurse Specialist (CNS), it's a waste that they are not able to actively participate in patient therapeutic decision. From the pointed of view of pharmacists, it was pointed out that there are almost no pharmacists in outpatient clinic outside the dispensing room. I have contacted with pharmacists only by phone in outpatient department if I need to consult with them. This is a big problem that we cannot communicate face-to-face with each other rather than nurses. As a result, they have to deal with prescribing mistakes after the fact, which makes patients wait for a long time to receive their medications. We should have more comfortable situation that we are able to talk and discuss with pharmacists who have expertise in cancer medication. Physicians spend a lot of time to order examinations and prescriptions in Japan. If we introduce medical assistants and leave these works to them, physicians can have enough time to see patients and communicate with them. Finally, we can build a good relationship with patients, which makes patient satisfaction improve. Moreover, if we delegate the explanation about cancer medication and education about symptom management to other specialized disciplines, physicians will have more time, and pharmacists and nurses will make good use of their expertise. By setting up a new outpatient environment in this way, it will lead to improve other medical staffs' motivations and raise the level of cancer patients care as a multidiscipline team. Team B told these things through the final presentation. I think that we succeeded in giving a good presentation and I would like to evaluate that we discussed many times in the process of making a presentation. It was a valuable experience that I don't have opportunity to discuss with nurses and pharmacist for creating a project very much in Japan. Group work is sometimes more difficult than working alone and someone has to take a leadership. I felt that I need to acquire the leadership skills that makes everyone feel psychological safety and manages the workflow. In order to do so, it is absolutely necessary to have excellent communication skills and I did learn what is the most

important point for multidisciplinary team care from this group work.

The mission, vision and goals of team B are as below.

Mission: To improve patients satisfaction in oncology outpatient clinic through multidisciplinary collaboration

Vision: To optimize medical care for cancer patients to improve their self-care management skills and make them actively participate in their treatment by offering information and education from multidisciplinary team

Summary

Clinical	<p>Goal: Provide the best treatment and care for outpatients by effectively using each different discipline's expertise and experience</p> <p>Plan:</p> <ul style="list-style-type: none">• Pharmacist joins the outpatient team• Make a decision as multidisciplinary team• Delegate some work to other specialized disciplines
Education	<p>Goal:</p> <ul style="list-style-type: none">• All health care providers acquire communication skills to provide the best clinical practice and constantly improve the skills.• Offer the education program that improves patients' self-care management skills <p>Plan:</p> <ul style="list-style-type: none">• Communication skill training program for care providers• Education program for patients that effectively uses waiting time
Research	<p>Goal: Clarify that patient satisfaction improves by the intervention of multidisciplinary care</p> <p>Plan: Prospective interventional study</p>

b) Individual career development

First of all, I was happy to be away from daily clinical practice and be able to consider my career development for five weeks. It was a good chance to concentrate on thinking for myself. It was not easy for me to ask myself what I wanted to do and achieve in my career and express mission and vision. I was able to create my individual mission and vision in my way with advice of Dr. Ueno and my mentor Dr. Teshome (See the 1st page). Dr. Ueno's lectures helped me deepen my understanding of thinking methods and processes for making personal mission and vision. I learned a lot about the importance of

setting specific goals aligned with my personal mission and vision. I will stop going forward and consider my career development if I wonder about it in near future. In addition, I got many mentors including Dr. Ueno through JME program that I would consult with if I got lost in my career. I understood how to use my mentors and build a good mentor-mentee relationship.

6. Future prospects

First of all, I have to think how to apply the multidisciplinary team approach in MDA to Japan. It is so hard to completely emulate the success of MDA because medical insurance system is different from the United States of America and we don't have mid-level practitioners in Japan. However, I learned that the core of multidisciplinary team care was mutual understanding and respect based on great communication skills. This point is the most lacking part of Japanese medical care and there is still room for improvement. I want to break down the barriers between different disciplines and create an environment that makes for smooth communication. I need to change the way of thinking for myself, but also other people and I believe that spreading what I learned from JME and JTOP workshop is one of the triggers. I don't know if the narrow-specialized expertise like MDA is necessarily accepted in Japanese medicine, but each discipline including physicians absolutely needs to have high level of specialty. In addition, I would like to change the environment so that it can be used appropriately. Second, I have to brush up my expertise in my career. It's my challenge to find specific specialty in the field of research as well as improving the skills of breast surgeon as a clinician. Especially, I need originality and differentiation myself from my competitors in research. I would like to establish my narrow specialty based on my mission and vision. I also strive to work on updating my personal mission, vision and specific goals using the way of thinking that I learned in JME program. If I am pressed by daily work, I want to make time to "think" and don't want to forget finding myself. Finally, I knew that the half of skills required of health care providers are expertise, but others are self-development skills such as communication skill and leadership skill in Dr. Ueno's lecture. It's a challenge for me to develop this self-development skills, too. In particular, doctors have a lot of opportunities to take a leadership and I will have to find

how to acquire the leadership skill except daily clinical work and JTOP activities.

7. Acknowledgement

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