

Report

Japan Medical Exchange Program 2019

Submitted by

Daiki Kato M.D.

Resident,
Department of Surgery
National Center for Global Health and Medicine

Submitted to

M.D. Anderson Cancer Center

24th October 2019

Introduction

Background

It was November 2018, when I was rotating breast surgical department in my institute as a resident, that I was introduced to the “The 2nd Team Science Oncology Workshop” held in January 2019. 3 days workshop in Showa university was composed from lecture of team building, leadership, career development and communication skills as well as the group work to experience the actual team building process. Though I was able to understand the concept of the teamscience, I was not able to fully understand and apply the skills in my career.

On February 2019, there was an email from JTOP for JME 2019 participation in M.D. Anderson Cancer Center (Hereinafter referred to as “MDACC”), which I was very honor to be selected. I was also fortunate that my department supported me to take part in the JME 2019.

Through the process of the preparation, the program coordinator, Marcy Sanchez helped us with going over DISCOVER system. It took us quite a lot of time with submitting the right certification and vaccination. I found it very helpful to go over E-learning of “Code of Conduit” to understand the underlying concept of M.D.Anderson Cancer Center.

Objectives of JME 2019:

Although there is no clear statement for the objectives of the JME program, my understanding of the objectives in the program is as follows

- ✓ Understand the role of individuals, both in the multidisciplinary team and the institute, and learn how the team functions in the clinical setting.
- ✓ Understand the importance of non-medically specialized skills such as leadership and communication skills and apply in the JME program through a communal living and the team in final presentation.
- ✓ Understand the importance of individual development plan and apply to clearly our own Mission, Vision and SMART goals in own career.
- ✓ In a multidisciplinary team of nurse, pharmacist and physician, give a final presentation related to what we have leant through the 5 weeks of the program.

Method

Members and Stay at Houston

JME 2019 was conducted mainly in MDACC from August 22nd 2019 to September 30th.

Participants were two nurses, two pharmacists and two physicians. All of the members were selected from the “The 2nd Team Science Oncology Workshop” held in January 2019, and either of the participants came from the same institute.

Through the 5 weeks of the program in MDACC, we were provided an apartment rooms to live, we some of the members shared a room.

Duties

According to the “JME Program Outline” brochure created in 2009, JME participants are required to finish some works after the JME program,

- Final Presentation in MDACC
- JME 2019 Report
 - For Foundation
 - For MDACC
- Team Oncology Daily Blog updated
- Final Survey
- Future Participation in JME as a tutor
- Become an oncology leader

Schedules

WEEK NO.: 3				
DATE: SEPTEMBER 9, 2019 THRU SEPTEMBER 13, 2019				
MONDAY, 09/09/19	TUESDAY, 09/10/19	WEDNESDAY, 09/11/19	THURSDAY, 09/12/19	FRIDAY, 09/13/19
<p>8:00 – 11:30 AM Group A Outpatient Breast: Pharmacy Contact: Neelam Location: Cool Beans Cafe</p> <p>7:00 AM – 11:30 AM Group B Breast Surgical OR Contact: Mediget Teshome Location: Main Building, 5th Floor, OR 12. Please check in with Access Desk first to get your scrubs.</p> <p>12:00 PM – 1:00 PM LUNCH/BREAK</p> <p>1:15 PM – 5:00 PM Group A Contact: Joyce Neumann Location: R8 QVHD clinic</p> <p>1:15 PM – 5:00 PM Group B Contact: Location:</p> <p>5:15 PM – 6:30 PM All Contact: Meet w/ Dr. Ueno Location: Breast Imaging Conference Room, CPB5.3374</p>	<p>9:00 – 12:00 PM Group A ATC Pharmacy Mays Breast Survivorship Clinic Contact: Nick Szewczyk Location: Cool Beans Cafe in Cancer Prevention Building.</p> <p>8:00 – 11:30 AM Kie Nakamura Nursing Palliative Care Contact: Chanelle Clerc, RN Location: Park 2nd floor (coffee cart)</p> <p>8:00 AM – 11:30 AM Group B Contact: Dr. Naoto Ueno Location: Mays Clinic (Daisy)</p> <p>12:00 PM – 1:00 PM LUNCH/BREAK</p> <p>2 PM – 4 PM All Building self-awareness / handling difficult conversations Contact: Janis Yadiry Location: Breast Imaging Conference Room, CPB5.3260</p>	<p>8:00 – 11:30 AM Group A Breast Surgical OR Contact: Mediget Teshome Location: Mays Clinic 5th Floor @ OR #4</p> <p>8:00 AM – 11:30 AM Group B Outpatient Breast: Pharmacy Contact: Neelam Patel Location: Cool Beans Cafe</p> <p>12:00 PM – 1:00 PM LUNCH/BREAK</p> <p>1:15 PM – 5:00 PM Group A Contact: Location:</p> <p>1:15 PM – 5:00 PM Group B Radiation Therapy Contact: Dr. Liag Location: Thoracic Center 9th Floor, Rose Zone @ Main Hospital</p> <p>1:00 PM – 2:30 PM Pharmacist ONLY Inpatient Pharmacy Tour Contact: Anna Wu/Jeff Bryan Location: The Park</p> <p>2:30pm – 3:00pm (optional) All Pharmacy Grand Rounds: Navigating the Immunotherapy Highway with CD19 directed CAR T cells Location: Onstead Auditorium</p> <p>3:15 PM Group A Pharmacy Discussion Contact: Jeff Bryan Location: The Park Ueno-out Lim-out</p>	<p>8:30 – 11:30 AM Group A: Kie and ATC Pharmacy ATC Pharmacy Mays Contact: Neelam Patel Location: meet at Cool Beans at 8:30 am</p> <p>8:00 AM Ueno, Kato only</p> <p>8:00 AM – 11:30 AM Group B Lymphoma/Leukemia Inpatient: Pharmacy Contact: Brandon and Jeff Location: Park @ 8:45 AM</p> <p>12:45 PM – 2:45 pm All Teamwork - essential elements and your role in collaboration Contact: Janis Yadiry Location: Breast Imaging Conference Room, CPB5.3374</p> <p>3pm-4pm Nursing Ethics Rounds Contact: Joyce Neumann Location: G18 conference room</p> <p>Ueno-out Nick Out Lim-out</p>	<p>Patient Reported Outcomes in the Clinical Setting Conference</p> <p>September 13-14, 2019 R.L. Clark Clinic, Flr 11 1515 Holcombe Blvd., Houston, TX 77030</p> <p>Mentor/mentee meeting TBA</p> <p>Ueno-out Nick Out Lim-out</p>

Here is an example of the week in MDACC (partially modified), this week contained Observing individuals or the team (red), Lecture (blue), OR (yellow), Rounds (green), Conference (black) and Mentor-Mentee meeting (sky blue).

The schedule in MDACC were not fixed for the individuals, thus, we were able to request for the preference. I was able to go to the additional esophageal cancer board and surgical teams in the area of thoracic and gastrointestinal surgery.

Program was composed of the followings:

- ✓ Communal living at the apartment (South Main Building).
- ✓ Programs in MDACC
 - Introduction to the section
 - Breast Imaging Clinic
 - Apheresis Clinic (NP)
 - Radiology tour in MDA
 - CABI (The center for advanced biomedical imaging)
 - Radiation oncology (Esophageal cancer)
 - WOCN Rounds
 - OR
 - Breast surgery
 - Upper GI: Robot Assisted Distal Gastrectomy
 - Pancreatic: Pancreatoduodenectomy
 - Thoracic surgery: Rt. Lower lobectomy
 - Teams
 - Breast medical oncology
 - Dr.Ueno's Team
 - Dr. Lim's Team
 - Stem cell Transplant
 - Inpatient team
 - Surgical Oncology
 - Dr. Ikoma's Team
 - Dr. Teshome's Team
 - Breast Multi-team breast clinic
 - Conference
 - Breast cancer Conference
 - Esophageal cancer Board
 - Interaction with working individuals
 - Volunteer: Susan Rafte
 - Social Worker: Annabelle Bitter (Role of social worker)
 - Nurse: Evidence based practice, Shared governance, CNL Program
 - Pharmacist

- @breast medical oncology
- Discussion w/ Jeff, Branden
- APRN (Advanced Practice Registered Nurse)
 - @GVHD Clinic
- RN
 - @Stem cell transplant
- Lectures
 - Dr. Ueno: Career Development
 - Week1, 2, 3, 4, 5
 - Janis
 - Introduction to Leadership
 - Building Self-awareness/ Handling difficult conversations
 - Teamwork – essential elements and your role in collaboration
 - Creating your own strategic plan for your career/life
 - Dr. Theriault: Ethics meeting
 - Dr. Sahin: Pathology (Breast)
 - Ms. Shen: Statistical Tutorial
- Minter-Mentee Meeting
 - Week1-5
- Final Presentation
 - Building Team, Planning
 - Presentation itself
- ✓ Outside MDACC
 - American Cancer Society
 - Conference (Patent Reported Outcomes in the Clinical Setting)
 - Houston Hospice

Result

- ✓ Understand the role of individuals, both in the multidisciplinary team and the institute, and learn how the team functions in the clinical setting.

Although there were a lot of differences in the clinic in Japan to the MDACC, some of that might have come from the insurance system, cultural difference or difference in law.

Being at the best hospitals in the world, I was always wondering what the secret of the MDACC is to drive the institute as a whole. Because, keep being the best cancer hospital as the leading institute is very hard thing to do.

Through the 5 weeks, we were able to talk and see the process of building up the MDACC as a whole, which was sometime challenging.

One of the examples was making Mission and Vision of the institute, and visualizing.

MDACC has the mission to “Eliminate cancer” and were able to share and spread to individual workers and to the patients, with its clear and simplicity. In addition, every time we see the unique logo of MDACC (which was launched in 2010), we always see the redline strike through “Cancer” with “Making Cancer History” below, making the institute’s mission to “Eliminate Cancer” visual.

Every worker in MDACC were proud of working in MDACC, respected each other. No matter if they are working in the cafeteria or driving at the sky bridge. Moreover, patients were also proud to be treated in the best cancer hospital and were taking responsibility to fight against cancer.

As they illustrate on the wall in MDACC “We are M.D. Anderson”, not only the medical professionals but every people related to the hospital were looking at the same goal to “end Cancer”



This was similar to the multidisciplinary team in the clinical setting. Though each discipline has different role in the clinic, each of them respected each other for their specialties.

To do this, the roles of each team members were clarified which was shared to each discipline. They did not hesitate to ask if there are anything that they do not understand about the treatment or the patient.

This was not to only about medically specialized discipline but also with non-medically specialized discipline such as social workers and ethicists. There were more of psychological, social support to the patients in MDACC so that the patients would be able to concentrate in the actual treatment itself.

- ✓ Understand the importance of non-medically specialized skills such as leadership and communication skills and apply in the JME program through a communal living and the team in final presentation.

There were some lectures from Janis about leadership and self awareness through the 5 weeks, which was one of the main concept of the workshop we participated in January. In addition, we applied this to through the group work and communal living as JME 2019 member.

The lecture started with identifying our core value, which was hard in terms of looking for what and how we actually act rather that what we think is right. However, sharing the core values of individuals were one of the big step for us JME 2019 to get together as a team. Moreover, we constantly went over our core values again and again though the group work for the presentation, which we think we learned the important essence of the fundamental of the teambuilding process.

Through the process of teambuilding for the presentation, some of the members shared opposite team's process in team building and the presentation. We found some difference in process of the teambuilding, which we thought would happen. Based on this, we were also able to discuss what is the difference, why the other team is going through the process that they are having and why there are some difficult conversation is happening.

This was the same for the final presentation. Not only we had different mission and vision for the presentation, but how presentation were organized and the role of each members in the presentation were different.

Team building and the presentation worked well in both our teams, which we learned from here, there are no single right answer for the team structure, but what is important here is to try to understand each other and not to hesitate to go through the conflict when there is one.

- ✓ Understand the importance of individual development plan and apply to clearly our own Mission, Vision and SMART goals in own career.

Another main point that was introduced in the workshop in January was the importance of mission and vision in the career. Every week, we had a lecture from Dr. Ueno, which we continue, in these 5 weeks to complete IDP sheet. What was different this year, was that we used the strategy of "Playing to win" strategy which was originally used in the Procter & Gamble Company, now applied in MDACC. The keyword for this was "Impact" and this strategy made us easier to think and come up with what we are willing to achieve as a future career. Since I personally was always following my interest to decide what I do as a work in my career, which eventually lead me for the surgical oncology field, although I understood the strategy itself, it was hard for me to come up with the word and sentences for my mission and vision. However, what helped me to figure out this was to go through what pathway I came through, and the core values I have always followed, which I realized that we learned in leadership skill can be integrated in career development, and they are supposed to connect and interact each other.

- ✓ In a multidisciplinary team of nurse, pharmacist and physician, give a final presentation related to what we have learnt through the 5 weeks of the program.

Members of JME 2019 were divided into two multidisciplinary teams of one each of nurse, pharmacist and physician for the presentation about the problem in oncological issue. We were required to come up with the mission, vision and SMART goals.

As we, group A, had consensus of interest in respect and responsibility in each specialties as well as patients' ownership for the treatment, we thought we might be able to integrate this towards Japanese super-aging society, which in the future, could be one of the role model of the aging society that the rest of the world is willing to follow.

Though as a multidisciplinary team, we had different background and different mission and vision, we actively discussed and communicated, using time to interact each other for the theme and actually making the presentation.

Mission and Vision:

Our Mission

To create an environment where cancer patients in Japan could die in dignity.

THE UNIVERSITY OF TEXAS
MDAnderson Cancer Center
Making Cancer History

Apollo

Our Vision

All cancer patients live with their values and their own right.

THE UNIVERSITY OF TEXAS
MDAnderson Cancer Center
Making Cancer History

Apollo

Goals:

Break Down Goals

- Sharing patient information from the perspective of each speciality with respect and responsibility
- Find out their life in line with value and advocacy with resources around them.
- Clarify and narrow down speciality and role of co-med in Japan, create new speciality where not being covered
- Patients can understand their situation

THE UNIVERSITY OF TEXAS
MDAnderson Cancer Center
Making Cancer History

Apollo

SMART Goals

	Specific	S	A seminar will be held for 50 doctors, nurses, and pharmacists to promote understanding of each their professional role in 2020.
	Measurable	M	
	Attainable	A	
	Relevant	R	
	Time Based	T	

A questionnaire survey on the role of experts is conducted before and after the seminar.

THE UNIVERSITY OF TEXAS
MDAnderson Cancer Center
Making Cancer History

Apollo

Future Prospective

Multidisciplinary team

Through the program in MDACC I have felt and learned the communication based on high responsibility and responsibility of each clarified duties according to one's profession.

Also, there were intention to be treated with standardized therapy no matter who the treatment was selected and addressed by, and whole bunch of précised manuals MDACC had seems to tell this.

However, the question is that whether we can just follow what is happening in MDACC to where there are difference in law, culture, race and many more background. In fact, what we saw in MDACC does not happen in other hospitals in U.S., these functions because this is the best cancer center in the world.

However, we fortunately were able to learn the process of MDACC to get to this point, which they tried hard for multidisciplinary team in order for the patients to receive the best care for their disease as well as a whole. I have strongly think we have to apply this to the future oncological practice in Japan.

Leadership/ Career development

We have learnt the importance of the non-medically specialized skills through the 5weeks mainly from Dr. Ueno and Janis, and were able to apply this with using, integrating to ourselves and sharing with the JME 2019 members. During this process, we were able to mold the fundamental of our skills which we were not able to fully understand and apply in the workshop.

However, this is something that we have to continue practicing and using, in our career development and everyday clinic.

I hereby pledge to continue developing my skills to update my IDP sheet in career development as well as keep training and practicing my leadership skill in the team building process.

Acknowledgement

Through the 5 weeks of the program, we, JME 2019 members were supported by numerous people.

I would like to thank all the member and supporter of Oncology Education Project, J-TOP and JME 2019 Program.

I would specially thank Dr. Naoto Ueno, Ms. Joyce Neumann and JME mentors in MDACC for the support and mentoring in the program. Also big thanks to my personal mentors, Dr. Bora Lim and Ms. Janis Yadin for always spending enormous time for mentoring.

I would also like to thank Mr. Fueki and Ms. Marcy Sanchez for scheduling before and through the program.

Last and not least, thanks to JME 2019 members for great discussion and interaction we had through the 5 weeks.