

MD Anderson Cancer Center
Japanese Medical Exchange Program
2018

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Personal Mission and Vision from JME Program 2018

- Mission

(Japanese)

炎症性乳癌の治療の標準化を進める

(English)

To progress standard treatment for Inflammatory breast cancer

- Vision

(Japanese)

患者を中心とした共同研究により日本における患者中心の炎症性乳癌センターを創る

(English)

To create the highest quality patient centered IBC center in Japan by patient centered collaborative research

1. Purpose

Personal Purposes of Japanese Medical Exchange 2018 (JME2018):

Through the program in MD Anderson Cancer Center (MDACC),

1. To understand the Team Oncology implemented in MD Anderson and discuss about possible improvement for the clinical settings in Japan.
2. To develop understanding in leadership and career development and reflect on my own career development.
3. To further develop knowledge in clinical, educational, and research aspects of Breast oncology.

2. Methods

The training was conducted in MD Anderson from August 30 to October 5, 2018.

- a. To study about team oncology, career development and leadership.
- b. To form a multidisciplinary team of physicians, pharmacist and nurse, to develop a project of oncology program by oral presentation

Participants

3 Physician (Breast surgeon, Oncologist, Radiologist), 2 pharmacists, 2 nurses

At the beginning

JME 2018 member are selected by "1st Team Science Oncology Workshop Creating the Best Teams in Oncology Care for the Future" by MDACC and Japan Team Oncology Program at Showa University Hatanodai Campus from January 26 to 28 2018

In 2018 spring, I got a message to the effect that has been elected a member. It was a great pleasure to me and an honor.

Dr. Naoto Ueno recommended us as below

- Ask questions
- Sometimes, it is important to explain why you are asking the questions.
- Not everybody has the answer.
- Ask the same questions to different people
- Ask your friends what they have learned, same experience but different perspectives.
- Do not focus on comparing to Japan too much.
- Have your own opinions.
- It is okay to provide constructive criticism

Almost every section, we had a chance to ask questions. We are not good at English, but people who is working MD Anderson tried to understand what we want to ask them. It was so helpful for us.

3. Program

MD Anderson had prepared a detailed program for us. Seven people may be lectured in groups or sometimes divided into two groups, and furthermore in the actual visiting scene, many scenes to respond to the staff on a one-to-one.

Training programs on following topics

a. Check-in Visa Office

Technical Orientation

b. following Nurses, pharmacists, and other medical staff

Breast Medical Oncology clinic

Breast Surgical Oncology clinic

Stem Cell Transplant round

Leukemia/Lymphoma Inpatient rounds

Breast Surgical Oncology operation room

Pathology Meeting

Radiation Oncology

Breast Imaging (Radiology)

Breast Survivorship Clinic

Infusion Therapy and ATC Infusion Clinic Nursing

Clinical Pharmacy

WOCN (wound ostomy continence nursing) Inpatient round

C. Conference

Breast Cancer Management Conference (Undiagnosed Breast Cancer)

Gynecology Conference

22nd Annual Interdisciplinary Conference on Supportive Care, Hospice and Palliative Medicine

Nursing Quality and Patient Safety

D. Lecture on Nursing

Nursing leadership

Orientation of new nurses/maintaining competency

Governance

CNL Program/ Primary Team nursing/inpatient leadership

Nursing Ethics Round

E. Others

Antimicrobial Stewardship Discussion

Houston Hospice

CABI tour

Leadership lecture program by Janis Yadiny, Dr. Walter Baile and Carrie Cameron

- Handling Difficult Conversations and Managing Conflict
- Mentoring
- Leadership Development

- Leadership Development Career

Ethics Lecture by Dr. Theriault

Mentor/ Mentee meeting (Janis Yadiny / Dr. Mediget Teshome)

Dr. Naoto Ueno meeting

Patient empowerment: tea party for inflammatory breast cancer patients

4. Results

Group project

Since I learned through the program of 5 weeks, I made the presentation at the end. We seven JME2018 members divided into two groups and made a presentation.

My group was four member, two physicians (breast surgeon/ radiologist), one pharmacist and one nurse. What we learned through this program so many things, but our interesting thema was a Patient education. Although the general framework of our theme has been decided, but, we have to talk about what kind of disease should I begin with, if we will take it bring back to Japan specifically? In deciding the details, I felt honestly conflict occurred. However, as a result of repeated discussions, rather than targeting some diseases, how to educate the elderly cancer patients by making it a theme. And the direction of the presentation has come to light. Education for the elderly is also difficult due to individual differences. However, with the "Patient empowerment" being done at MD Anderson, it is beneficial not only for the patient alone but also for medical professionals, we made a presentation on the subject "Patient Education for Older Patients Requiring Oral Anti-Cancer Medication". Especially, considering Japanese elderly patient planned patient education targeting over 75 years old. From the background of the era, we imagined that patients would be using smartphones and the Internet since I was young will be elderly now, but I got an opinion that it might be difficult to use the phone. My impression is that electronization was advancing at MD Anderson, because we thought patient could send a text message in the medical record easily. But actually, there was an opinion that the family instead of elderly patients often made a reservation and send the text. In addition, statistical evaluation was difficult when assembling clinical trials. Dr. Shen who is

statistician, gave us advice on how to compare. It divided into integrated patient education group and individual education group, but for the first evaluation, the single arm might have been better. I wanted to make use of it in the future. There is no doubt that the word "patient education" no longer exists in Japan. It seems that there is a difference in understanding of 'patient empowerment'. However, as the number of elderly people in the future increases and medical personnel are limited, we must educate cancer patients, especially elderly patients. Patients acquiring various powers gain many benefits for many people. Even after I returned to Japan, I wanted to spread this. It was a valuable opportunity.

5. Future Prospects

Team Oncology

Through this training, what I felt was the high level of professionalism and good teamwork of MD Anderson staff. One of my purposes to learn teamwork, but fortunately I was able to engage with people from many occupations. There are many different basic systems between MD Anderson and Japan, we cannot immediately change our systems what we learned at MD Anderson. However, the fundamental thing is common in many cases, for patients and cancer research, I wanted to continue to do activities. In particular, regarding patient education and patient empowerment, which was our presentation theme, it seems to be beneficial for both patients and medical staffs. First of all, I wanted to aim for introduction from my own facility. And it is important for the medical staff to feel rewarding, which seemed to lead to teamwork as well.

Leadership/ Career development, Mission/Vision

Through the JME2018 program, I received a lecture on leadership. From now on, while working as a member of the organization, I hope to improve my leadership skills and to advance team oncology. And in a mentoring with Dr. Naoto Ueno, I was able to brush up my mission and vision. Based on these experiences, I would like to contribute to the treatment of Inflammatory Breast Cancer in Japan as a way to go forward.

6. Acknowledgement

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