MD Anderson Cancer Center Japanese Medical Exchange Program
JME Program 2018

From 30th August 2018 to 6th October 2018

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Mission

To protect patient's wishes by providing education to gastrointestinal cancer patients at end of life and their families who receiving chemotherapy while living at home

Vision

End-of-life gastrointestinal cancer patients live their own way at home, who receiving cancer treatment by creating a premier educational team to patient’s wishes

Objectives

1. To learn the skills of the multidisciplinary team of MD Anderson Cancer Center (MDACC)
2. To learn the American nurse system and think about activities as a certified nurse specialist in cancer nursing
3. To develop a project related to an oncology program by taking advantage of the expertise of our team members.
4. To rebuild individual vision and mission and clarify career formation.

Method

To participate in the Japan Medical Exchange 2018 program at MDACC from August 30, 2018 to October 6, 2018

1. To learn the skills of the multidisciplinary team of MDACC

To understand the multidisciplinary team of MDACC

The medical clinic examination style performed at MDACC was very different from the style in Japan. A registered nurse (RN) led the patients to the exam room and commenced with an interview while viewing the patient's medical record, checking responses to questions on a form. The overall examination time varied from 30 minutes to 1 hour depending on the situation, but generally longer than that in Japan. I had the impression that patients were calm when undergoing examination. When not performing medical examinations, the team waited in another room, discussed the patient's situation and treatment, and confirmed and described the medical record. I felt that it would be desirable for the medical team to have time to discuss the patient and treatment over time on the occasion where is visiting outpatient. I felt that nurses could easily consult doctors and pharmacists, but nurses needed to acquire skills to assess the information they acquired during their examination from their job category and tell them briefly to multiple jobs. I felt that it was a technique that should not be done. As medical expertise is increasing, to raise the quality of nursing provided to patients, it is important for nurses to provide their own nursing perspective in team medical care. I want to pay special attention to this idea when working in team medical care.

In the MDACC examination system, I felt that the clinical practice of doctors and pharmacists with outpatients was calmer than in Japan, but RNs and nurse practitioners (NP) must participate in patient examination and respond to patient inquiries over time. I saw nurses going from one examination to the other, confirming that the busy practice of nurses is the same all over the world.

It was interesting to see the existence of members of the team who are not common in Japan.

There are chaplains in Japanese hospitals, although they may belong to

palliative care teams and are in a minority of settings. In Japan, there are few religious activities, and I felt that it was difficult to understand spiritual pains. From speaking with the chaplain who worked in hospice care, I learned that it was important to start with what the patient and their family treasured at the deepest level. After hearing the patient's story, establishing a relationship of trust with the patient was the place to start. I perceived that it was not necessary to talk about God but to have everyday conversations. I realized that in both the United States (US) and Japan, the underlying care did not change even if there was a difference in religion. I felt that the most important thing.

A bereavement coordinator was a counselor in charge of family grief care after a patient died in hospice. Care for the family was desirable for a long time, nearly a year. I experienced a lot of patients' attention in the digestive organs inpatient ward and respiratory inpatient ward for the past two years, but I felt that I did not provide grief care for families. I gained knowledge and skills about grief care as a nurse involved in caring for patients in the terminal stages of life. And I would like to support the family who lost the patient to return the spirit to the original life.

I also saw a difference in the role of a social worker (SW). Because the coverage for medical treatment is determined by the patient's insurance, the SW was added to medical team to assist with navigating care. I think that it would be an unusual situation in Japan to closely consult with doctors, pharmacists, and nurses about treatment. The ward was always full, and it was a common practice to have new hospitalized patients in the afternoon if other patients were discharged in the morning. The result was a multidisciplinary conference held every day by the RN, NP, clinical nurse leader, and others, including the SW. This conference helped everyone caring for the patient to grasp the situation of the patient and assist in a good hospitalization experience. One area of care that I felt was weak was the discharge process. This was because nurses might not have the time to cooperate with SW, because Ns did not communicate with the doctor about a

patient's treatment. I was able to confirm the necessity of smooth discharge from the hospital.

On the importance of the role of mid-level providers

At MDACC, physician assistants (PAs) and NPs play an active role. The NP system has also been started in Japan, but the range of areas where they can work and their roles in prescribing medications is greatly different from the US. Patient examinations may be completed by PAs and NPs without physician involvement. I was surprised that this style of medical care was satisfactory for patients. The roles of PAs and NPs in the US are similar to doctors, I feel that Japan's CNS (Certified Nurse Specialist) and NPs are still nursing staff. However, I do not think that it is desirable for nurses to be able to expand their rights to prescribe medication and medical practice, but the enhancement and fulfillment of care as part of a system that provides satisfactory outpatient services may be helpful. In the future, it is expected that nurses will increase their knowledge and skills as medical professionals, and their importance and necessity will be established in Japan. I would like to continue my efforts every day to increase medical knowledge and technology, so that I can also be an active mid-level provider.

2. To learn the American nurse system and think about activities as a certified nurse specialist in cancer nursing

I studied the American nurse system and think about activities as a certified nurse specialist in cancer nursing.

During the JME2018 period, I observed the work of various nurses. The duties I normally perform include the content of RN, NP from Assistant Ns in the United States. I believe that in the future, the work of nursing is going to division. The merit is that IVNs can boost their expertise; however, there is a disadvantage of difficulty in adaptation if there are many departmental

movements, such as in Japan. In order to divide nursing duties, communication is necessary. I felt that incidents and accidents occur easily unless each member clearly describes his/her work, reports circumstances, and requests them. As my plan, at the chemotherapy center, I want to divide work of nurses. It is to separate the nurse who checks the data with the nurse exchanging the infusion and supports side effects. I would like to start working on.

And I felt the need to interact with various nurses, deepen their learning about the specialty and generality of nursing, and provide in-depth information about creating a system that can provide better nursing.
There is a difference between Japan and the United States in terms of the extent to which advanced medical nursing practices can be performed. However, the role of caring for patients from a nursing point of view and highly specialized medical knowledge remains unchanged. I feel that NP is a nurse who provides high knowledge and skills to patients, while CNL (Clinical Nurse Leader) is a nurse who follows the care of nurses with high knowledge and skill in clinical practice. I'm a CNS for a ward and perform activities to raise the proficiency of ward nurses while improving ward nursing practice to enhance nursing care for patients; I am working on CNL similar activities. I would like to continue my own activities in the future with reference to the role and activities of CNL.

During the JME2018, I met several international nurses. MDACC started recruiting foreign nurses after a history of nurse shortage and is now acquiring Magnet Designation as a hospital that attracts nurses. There is an obvious improvement in the education system and resources in the MDACC. Even a foreign nurse felt that in this environment, career advancement from RA to NP is possible, and it is obvious that I would like to work here. In Japan, there is a system that recruits nurses who are foreign nationals; however, the passing rate for the national nursing exam is about 10%. I believe that there are several hurdles for nurses who are foreign nationals and work in Japan. Japan

provides a closed environment of an island country and a culture country to be conceived. If you understand this background and provide nursing, I can also understand that foreign nurses feel difficulty in working. I perceived that internationalization of nurses is still a challenge in Japan.

3. To develop a project related to an oncology program by taking advantage of the expertise of our team members.

The 2018 JME program has greatly contributed to the improvement of my communication, collaboration, and cooperation skills with other participants through practice. In addition, this training also aimed to highlight the high "patient power" in MDACC. Patient power refers to the patient's own understanding of his condition and treatment and his willingness and attitude toward understanding it. We decided to create a vision and mission with the theme "Patient Education" to focus on the improvement of our patient skills. The team encountered difficulty in creating the vision and mission due to the different viewpoints that exist due to different job categories. Even though we are seeing the same patient and wish to provide better treatment and medical care to the patient, the team has different viewpoints because of different occupations and our perception of them. We have also understood that this is natural. As professionals, the team conducted repeated discussions and analysis to understand each other's ideas, which subsequently led to the creation of vision, mission, goal, and plan with a common agreement. In the discussion, I realized that further learn need to be conducted to deepen the understanding on the different kinds of communication using direct technology that simplifies not only my opinion but also that of others.

4. To rebuild Individual Vision and Mission and Clarify Career Formation

In creating my own vision and mission, I faced three issues. The first is how to create a vision and mission that is appealing to the people. As a nurse, I was

interested in working in the field that is related to outpatient cancer chemotherapy. Outpatient cancer chemotherapy is a limited field among nurses, but it was surprising to discover that the subject is too broad. In Japan, nurses are generally required to work and continuous education has been taken into account so as not to limit their ability in one field. However, according to Dr. Ueno, to achieve the vision and mission, firstly, subjects should be narrowed down, from the advantages of contributing one's own expertise to spreading the vision and mission, to understanding the necessity.

The second issue concerns about nursing life. To date, I have thought about the fields in nursing I would like to explore, as well as the annual goals; however, in my nursing life, no opportunity was provided to concentrate on developing vision and mission. Also, I have not previously thought of exploring other nursing fields. However, based on the previous experiences, there is an opportunity to learn the strategic way of thinking to achieve the vision more efficiently in the future. I became a professional nurse last year specializing in cancer nursing, with great opportunities for continuing education, but I have been working without a particular goal. Based on these experiences, I have learned that maximizing opportunities in exploring other activities as a cancer nurse is essential, considering that time is limited in developing my own vision and mission.

The third is how to come up with a unique vision and mission. I have learned that distinctness of a vision and mission is necessary for it to be recognized; however, I knew that this vision and mission still lack a sense of uniqueness. In the future, the issue on uniqueness should be considered as vision and mission changes over time.

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