Report of MD Anderson Cancer Center
Japanese Medical Exchange Program JME Program 2018

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Personal Mission and Vision from JME Program 2018

●**Mission:**

(Japanese)

医療ビッグデータ研究を用いて、二次発がんのリスクや発現時期を明らかにし、エビデンスを患者に還元する。

(English)

Clarify the risk of secondary cancer and the timing of incidence through the medical big data research, and return evidences to the patient

●**Vision:**

(Japanese)

医療ビックデータ研究を用いて、化学療法による二次発がんを防ぐ

(English)

Prevent chemotherapy induced secondary cancer by using medical big data research.

I　Purpose・Methods

【Purpose】

1. Learn about team medicine practiced in MD Anderson Cancer Center (MDA)
2. Clarify my Vision, Mission, Goal

【Methods】

The training was conducted in MDA on following topics

・Observation about team medicine practiced in MDA and receive a lecture

· Learn about leadership

· Clarify my career development with mentors

· Complete group project with multidisciplinary

【Contents】

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1. Team medical in MDA

The work of Mid-level Provider and patient attitude in MDA, which is very different from Japan.

The Mid-level provider is Nurse practitioner (NP), Physician Assistant (PA), Clinical Pharmacist etc. They undertook the work that doctors would do in Japan.

When we observe inpatient clinics and outpatient clinics, the Mid-level provider has always intervened. In Japan, the doctors are centers on medical practices, but in MDA, doctors focus on decision making and there are many scenes where direct medical practice is left to Mid-level provider and others.

They did not only examine and explain the treatment but also did the informed consent. Furthermore, there are some clinics to be performed only with NP. The breadth of Mid-level provider's work was very impressive.

Regarding patient attitude, the number of patients learned about their own diseases and treatment methods were overwhelmingly larger in MDA than in Japan. When I am involved with patients in clinical, I feel that patients in Japan are not very interested in their own diseases and treatments. Many patients have a posture to leave everything to the doctor. Also, the patient does not positively ask questions to medical staff. To be honest, in Japan, we can sometimes find the patients who do not seize themselves as the center of the medical team. On the other hand, many patients who I met in MDA are strongly aware that they are at the center of the team. They accept advice from medical professionals, but clearly show the stance that they make the final decision on their own.

I thought many times during the training about why this difference in posture between Japan and the US occurs. I think that the difference in national character is one factor, but I think that the difference in patient education system is bigger than that. There are several libraries called "learning centers" in MDA, which are also present in adjacent hotels. Here, information on diseases, the kind of treatment, side effects can be obtained from books and websites. Also, when parents suffered from cancer, books showing how to tell the disease to children, and books for children were also abundantly available. In the Learning Center, a profession called Health Educator is stationed, listening to questions and concerns of patients, and maintaining the website. In this way, there are so many opportunities to learn about their own diseases and treatments and resolve their doubts. Therefore, everyone can easily learn about their own diseases and treatments, I think that they lead to a positive attitude of patients.

A. Outpatient clinic (clinic)

The outpatient clinical style was very different from that of Japan. In Japan, it is common that a patient goes to the examination room, but in MDA each medical professional goes to the examination room which the patient waits, and medical care is performed. Also, a waiting place for medical staff called Physician Room is provided for each team, and many professionals such as doctors, nurses, pharmacists etc. are gathered together.

Specifically, first, a nursing assistant visits and makes a simple inquiry. Next, the nurse collects information such as vital signs. After that, NP / PA gathers more detailed information, and finally the doctor goes to the examination room. All the information gained by each job is shared by many professionals waiting at the Physician Room. Although the pharmacist does not go to the patient every time, they interviews with the patient directly at the beginning of a new medicine, at the onset of a side effect, when a patient has a question about a medicine, etc. As described above, waiting time of a patient decreases as each professionals change and visit the patient. Also noteworthy is the scene of examination. There is an electronic medical record in the examination room, but basically it is not used. Healthcare professionals have talked face to face with patients and look at their eyes. At the end of the examination, be sure to receive a question and answer as being kind. Even though they are too busy they will never show their figure to the patient. In the outpatient clinic, we were able to observe the some multidisciplinary teams, but every team had the same policy. Every time I saw outpatient clinic in MDA, I was able to witness a high degree of patient satisfaction. It is difficult to introduce all these systems to Japan due to restrictions on medical resources. However, I believe that increasing the work that each professional can do and sharing the role will lead to enhancement of outpatient clinical practice.

As a very impressive service, there is a viewing of medical information from home and an inquiry system. The patients can browse their medical information through their website from their home. In addition, they can consult with questions such as clinical examination by e-mail. These are very useful systems for patients and their family, and I would like to expect introduction in Japan.

B. Outpatient clinic (Ambulatory Treatment Center)

At Outpatient clinic (Ambulatory Treatment Center: ATC), administration of anticancer agents is common in Japan. However, in MDA, not only anti-cancer drugs but also central venous nutrition, antibiotics, infusion administration etc. are also conducted. There are three ATCs in the MDA, one of which is fully operational 24 hours a day, 365 days a year. I was particularly interested in care for hematopoietic stem cell transplant patients.

Prior to traveling to the United States, I heard that the hospitalization period is very short in the US, hematopoietic stem cell transplantation is no exception. I also heard that patients will leave hospital soon if they engraft. However, After engraftment, systemic management was necessary after hematopoietic stem cell transplantation, and we thought that urgent discharge from the hospital was impossible. For that reason, I had doubts about the story. The existence of ATC resolved the doubt. Indeed, in MDA, patients after hematopoietic stem cell transplantation will be discharged promptly if they engraft. After discharge, the patient goes to the ATC every day and receives the necessary treatment. The patient borrows an apartment nearby and lives at the hotel. At the center of ATC was Mid-level Provider. They do the control of the immunosuppressive drug, the monitoring of the viral load, the adjustment of the composition of the infusion under the previously prepared protocols. These are works that doctors in Japan in charge of inpatient do carefully every day, we were very surprised. Of course, a doctor intervenes with cases with poor control. I was very impressed by the high level of expertise of Mid-level Providers and the importance of pre-defined protocols.

C. Inpatient clinic

In inpatient clinic in Japan, it is common that each professional goes to the patient individually and provides medical care. While I work at hospital as a ward pharmacist in Japan, I frequently have discussions with each kind of professional. However, I sometimes felt that there was a scene where it is difficult to share information of patients with many kind of professionals because I do not always work together. In MDA's system, such problems did not occur. In the MDA, multidisciplinary team discuss and share information before they go to the patient room. Team members consist of doctors, clinical pharmacists, NP/PA, ward nurses, etc. If necessary, doctors from other departments and MSW will also participate. In this way, information on patients was shared day by day. It was characteristic that many kind of professionals shared actions. After the discussion, they go to the patient as multidisciplinary team, and they express opinions. After leaving the room, they also gather at the conference room and discuss about the next patient. They are confident in their own expertise and the sight that positively expresses their opinions is very impressive.

2. Leadership

We received training on Leadership several times in MDA. We have learned a lot of things the leader has to be conscious of. Among them, the word which "know the team member's core value" was impressive. Even though I work in a team, I think that I often do not often talk much about what each member puts weight on.

In fact, JME members had opportunities to talk about their core value, and we were able to glimpse the surprising aspect of the members. Our project team was aware of the core value of each member and discussed the presentation of the final issue. Because we knew their core value, I believe that they can think about what they value, and have formed a stronger teamwork. It is an example that I felt very important to know the core value of each member when I accomplish things together. In Japan, there is little opportunity to learn about the Leadership systematically. By increasing opportunities to learn about Leadership, I believe that we can make better teams and lead to patient benefits.

3. Career development

Prior to training at MDA, I was asked to describe the Individual Development Plan (IDP) sheet. For IDP, it is necessary to describe own Vision, Mission, Goal. It is also necessary to describe what goals I am working on and how to allocate time to education, research, Patient care etc. It is my own experience. Since the fifth year of college, I decided annual goal and monthly goal. I intended to be working toward those. Therefore, I meant to think a little about Career development. However, I found out that I do not have any meaning in my goal management in the talk with Dr. Ueno and Mentors. Although I have made small goals, it was a major problem that these small goals are not facing the same direction. To solve this problem, I first started by clarifying Vision and Mission. Initially, I had a prejudice that Vision had to be magnificent, and it became content with poor feasibility. Upon receiving advice from Dr. Ueno, I was conscious of building Vision and Mission that can be realized within 10 years. Also, I learned that it is very important to make one in career development. Even if I make Vision and Mission, others need to memorize. Therefore, it must be content including uniqueness. If I can build Vision and Mission including these, I can give the world the impression that "this person is in this theme". I created my own Vision and Mission with the above contents in mind. I could make multiple goals facing in the same direction by deciding clarify Vision and Mission. In the future, I will make daily efforts to achieve Vision, Mission and Goal.

4. Mentorship

In this program, 1 to 2 mentors were in charge of each member. Two mentors were in charge of me and helped to create Vision, Mission and Goal over and over again. I am very grateful to them for having the opportunity of discussion at least once a week. I hope to continue to keep in touch and continue a good relationship with them even after returning Japan. In the future, I felt strongly that I must become a mentor and be in a position to nurture mentee. I am willing to make efforts to become a good mentor like the two mentors who took charge of me.

5. Team project

We divided into two teams. Each team extracted clinical problems and devised a project to solve it. In the final week, we made a presentation for mentors.

Our team was a medical oncologist, a nurse, a pharmacist. All of our members were men. In addition, each member had experiences that were consulted about sexual dysfunction from male patients in clinical. Regarding male sexual dysfunction, medicine and research have not progressed so much and in both cases it was very difficult to answer properly. Therefore, we devised a project focusing on "Sexual Dysfunction in male with cancer". We create Vision and Mission. Vision was "To create a society that relieves the suffering of sexual dysfunction from male cancer survivors". Mission was "To offer the educational and intervention program for male cancer survivors in order to reduce the sexual dysfunction". We discussed how to solve these from medical, education and research.

MDA is actively addressing male sexual dysfunction. Among them, I was able to talk directly to Dr. Wang who has a central role. We were able to hear specifically how to pick up patients with sexual dysfunction and what kind of algorithm to proceed with treatment. Based on his story, we also created an assessment algorithm (Fig 1), and completed the medical part.

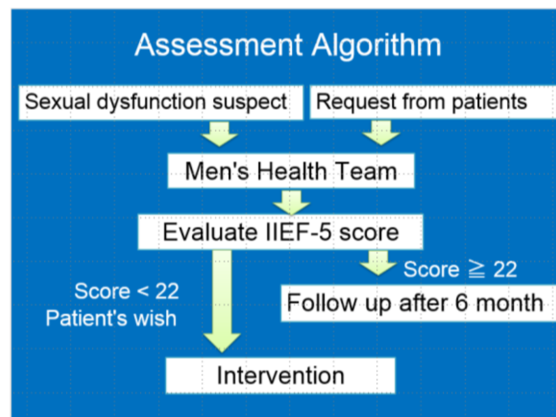

Fig. 1

Regarding education, we thought about two ways: education for patients and partners, and education for medical professionals. In addition, we talked about educational methods and devices.

Research is the most active part of the discussion. We talked about whether to conduct research to grasp the actual circumstances of sexual dysfunction in Japan, not only to grasp the actual circumstances but also to conduct research involving intervention. We also talked about whether to limit the kind of cancer or whether to consider broadly. The discussion was very diverse. In addition, we got advice from Mentor and statisticians.

While talking, there was a scene where conflict sometimes occurred, but it was able to solve it well. Ultimately, we were able to create a project convinced by each member. I was able to feel that their thoughts differ depending on job type and individual. I believe that each member demonstrated leadership and was able to unite it. I was able to have a very meaningful time.

Ⅲ Future Prospects

I conducted training at MDA and found many problems. Although I want to challenge various things, it is immediate task to achieve Goal set by myself.

I believe that I can reach even a little to Vision by achieving Goal one by one. For that purpose, I made a lot of goals.

Over time, the situation and position where I am located changes. Therefore, in the future, there is always a need to create a new Goal and change its contents. In that case, make use of what I learned in MDA and make a Goal that matches my Vision and Mission. Also consult with Mentor who met at JME and form a better career.

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