2019 years 10 May 28 days

General Incorporated Institute of Oncology Education Promotion Project
President Fukuoka Masahiro dono

Institution-workers： Yamato homecare clinic
nurse

Trainee Name　Ayumi Tomizawa

2019 fiscal year according to the research grant

About submitting training reports

We will report on the title as follows.

Record

1 Training Division title MD Anderson Cancer Center Japanese Medical Exchange Program JME Program 2019

2 training period　2019 years 8 May 22 th-
to 2019 years 9 May 27 days

2019 years 10 May 28 days

2019 fiscal Oncology Education Promotion Project

Training Report tell Statement

Training Division title

MD Anderson Cancer Center Japanese Medical Exchange Program

JME Program 2019

Affiliated organization / professional　medical corporation Yamato

Yamato homecare clinic　nurse

Training 's name Ayumi Tomizawa

Mission and Vision created through training

● Mission:

Improving the quality of cancer symptom management for patients and their families by providing teleclinic ease of clinical access for cancer patients at home

● Vision:

Improve self-care ability to reduce the fear and anxiety of cancer patients.

Ⅰ Purpose / Method

. the purpose

1) MDAnderson Cancer Center team medical body with respect to cancer patients (Multidisciplinary Cancer Care Approach) In fact the Showing academic through and staff communication beauty, learn the approach to home care team construction of cancer patients in the region

2) Learn the actual decision support for cancer patients and their families to become the center of cancer team medical care

3) Team Building and Career the develop instruments in, won a variety of management ability, to create its own mission, vision

2. Method
<Contents>
1) MDACC in each department that has been the practice of the team medical fact of the visit , conference participation
2) Lectures and discussions on career development, leadership and team building
3) Lecture on ethics in medical care , visit to ethics conference
4) doctor, pharmacist, the mission and vision in the team of nurses to build , oncology project of creating and making a presentation.

<< Participants >> 2 doctors, 2 pharmacists, 2 nurses

Ⅱ Content and progress

1 background

The country is making various medical reforms in preparation for the 2025 super-aged society. One is the enhancement of community medicine and the promotion of home care. Many cancer patients are still in hospitals at the end of treatment, eventually resulting in disuse syndrome and increasing unnecessary medical expenses. The hospital is coordinating the increase in discharge nurses and social workers for early

discharge. However, there is a sense of burden and anxiety about home care for patients and their families, and the promotion of home care has not progressed much. Why is that? Large kina There are two reasons think that. The first is that the resources and quality of home care are not improved, and the second is that the education of the patient family is not sufficient.
Then, through the time of the training, in order to solve the two problems, their own Mission was to create a vision.

2. Multidisciplinary team approach at Outpatient

1) Outpatient Brest
Outside coming team, has a different team for each doctor. The main members are one doctor, NP, RN, and pharmacist scheduler. Members of roles is clear, the Scheduler is the patient's arrival the check, nurses are the state confirmation of organizing information and other patient of new patients. New at the time of the visit patients are triple-negative inflammatory breast cancer was a patient of. Nursing in after you share information with protection nurses and medicine and doctors, performs a short meeting at the physician's Brest team, the examination room medical staff to move to. This mechanism is very different from Japan. RN performs the first interview and organizing information, patient 's medical examination and a change of clothes so that examination is immediately possible room waiting in the are. The following contacts will share detailed information after conducting a detailed physical assessment at NP and confirming their progress. Then, the main jig physician (Medical Oncology), surgeon , radiation therapy physicians , including NP , all the team staff, such as a research nurse aligned to the examination room, jigs towards the decision-making about the contents of the care had been witnessed in the description of . All members of the team will confirm the inspection, and the direction of the treatment policy will be confirmed by the entire team. When a patient asks what the case for surgery is, the surgeon answers on the spot and the patient does not wait for a long time to visit each department like Japan. The explanation is 1) Treatment options (what types are available) 2) About surgery 3) About chemotherapy 4) About radiation therapy 5) About clinical trial All treatment time, side effects, effects, etc. are explained many are from the previous physician, MDA trials have been conducted in the case multi undergoing description of yet. The patient is visiting MDA for any effective treatment. After the treatment of the decision is, the main jig doctor again, sign a consent form to fill out the note while confirming the decision to go to medical examination (electronic signature). In the explanation, the SPIKS setting is firmly implemented and it is not a one-sided explanation, but it is solved on the spot so that

there are no concerns such as skin ship, consent, consideration for family, dealing with anxiety, questions from patients, etc. It was. After that, the clinical trial coordinator explained the flow of treatment. I felt that it was important not only to share roles as a team oncology, but also to share information with the team at the same time, so that the patient's reception of words was not different due to differences in perspectives or values. For patients, anxiety is quite high because it takes time to reach a specialist. It is not only commitment to the examination style, but also how you can go to the examination in a comfortable environment. Because of being a female outpatient, privacy considerations and

voices were also fully implemented .

At the Brest Survivor Clinic, patients will be followed up, focusing on hormonal therapy 5-10 years after surgery. Usually, doctors are not resident, and NP is following up. NP also handles all examinations, regular inspections and prescriptions. When there is a change, it is structured to receive medical attention from the doctor in charge. The patient had little waiting time, the patient was relaxed, and the outpatients had many smiles such as family stories and travel stories.

2) GVHD clinic

Have undergone a stem cell transplant. Graft-versus-host disease (GVHD) is a complication that can be fatal. Because GVHD damages multiple organ systems, its treatment may require the collaboration of dermatologists, ophthalmologists, respiratory physicians, and other specialists. The clinic consists of GVHD specialists and dermatologists, APRN, (treatment and patient guidance) RNs, and pharmacists. Skin symptoms of GVHD are prominent, and early detection and treatment prevent the development of secondary cancer. I felt it was important for the dermatologist to be on the team. In MD Anderson and almost all stem cell transplant centers in the United States, patients are monitored closely by the transplant team until about 100 days after transplant until the engraftment is clearly confirmed by recovery of blood counts after stem cell transplant. Make sure that the immune system has recovered, does not develop an infection, and most importantly, has not developed GVHD. Patients who have undergone a stem cell transplant will be handed over to their local physician approximately 100 days later. MD Anderson's transplant team works closely with local physicians. The Stem Cell Transplant Survivorship Clinic provides all the information needed by local physicians, who have information about tools that can help with chronic GVHD screening and what to do if GVHD is suspected. Physicians watched the patient's guidance to return to the community 100 days after the visit, where any questions or

concerns could be contacted at any time by survivorship clinic medical staff. He gave detailed guidance on all the contents related to the patient's daily life. From infection control to early detection and treatment of abnormalities, sufficient guidance was given not only to patients but also to families using data. Patients and families were taken care of so that they could return home and acquire self-care skills.

3) Outpatient GI

In the outpatient department of digestive surgery, the team was organized differently. It consisted of doctors, RN, PA and dietitians. The pharmacist was in a separate room but at a place where he could consult immediately. Many patients return home with drains in place before and after surgery. An elderly patient went to the hospital using a walker, but the patient was able to self-manage his / her medicine and drain management. The involvement of a dietitian is important because patients with gastrointestinal cancer often have significantly reduced nutritional status. Order on nutrition are also carried out, such as detailed nutrition assessment and weight management nutritionist has not done that. Here, PA (physician Assistant) was conducting physical assessments and interviews.

At each outpatient clinic, a characteristic oncology team was established, and I felt that patient education was provided so that cancer patients could spend time at home without anxiety.

4) Ambulatory Treatment Center

MDA has five outpatient chemotherapy rooms. As many as 400 treatments a day. This time, we performed shadowing of RN and observed the actual treatment. The treatment center takes care of an average of 10 nurses a day between 7:30 and 22:30. At the same time, I will be in charge of 3-4 rooms and will be in charge of the treatment of the next patient as soon as each room is finished. In Japan as well, because there are many treatment patients, bed adjustment seemed to be very difficult. The leader adjusts the bed, and when the bed is available, the assistant cleans up and makes the bed. There was a system for safe treatment in such a fast turn. Of course, mixing of anticancer drugs is performed by technicians at the dispensing center. The drug carried to the treatment room was sent to the patient by electronic authentication and double check, and the check system was the same as that of the chemotherapy center that I was doing by starting the drug double check with the patient. The patient's treatment rooms are all private rooms and were as large and equipped as hospitalized rooms. Because it was a private room, I felt that there was a loss of time in searching for other members during the flow line and double check. Although it is important

to consider safety in all cases, I felt that introduction of pairing could be effective in consideration of patient waiting time. There seemed to be an RN dilemma in hard work. However, the relationship of trust with patients is deep, and some patients have continued treatment for several years. Care and voicing to the patient who attended the treatment scene that had overcome difficulties many times was very polite.

3. Inpatient Multidisciplinary team approach

As for the hospital ward, we visited the stem cell transplant ward. MD Anderson's Stem Cell Transplant and Cell Therapy Center is said to be one of the world's largest facilities for stem cell transplant. There are many patients who are very severe and difficult to progress, and further teamwork is required. In this tour, we were able to see the flow of patients after transplantation, although they were separate patients on the day of transplantation, day 2, and before discharge. Again, N P, had the role of the RN, pharmacist, technician, enough time to share information with many co-medical and physicians such as rehabilitation stuff. Many patients are waiting, and bed control and discharge adjustment are often very difficult. In addition, infection control needs to be performed under stricter control than other wards. The examination data after transplantation and the symptoms of fever may also require a sudden restart of the gown technique, which is also displayed in door signs and medical records, and consideration is given to notifying each staff member. Even if you are discharged from the ward here, you will be asked to wait by renting a residence near the hospital. Discharge guidance was given not only by nurses such as NP and RN, but also by pharmacists, but the main content was infection management, including infection control.

4). Discharge support at MDA

MD A hospital bed running number in 2018 is 587. In contrast, the total number of hospitalized patients is 29,118 people per year. The average length of stay calculated from this is about 5 days. The average length of hospital stay in Japan is about 12 days, and the difference in the current situation is clear. Previously he also circumstances that had carried out the discharge adjustment and bed configuration roll, low areas of the resources may also be that affected the length of stay, a giant of M DA purpose of to learn the actual for the discharge adjustment in It was one. This time, with the consideration of mentors, I was able to contact the case manager of the blood transplant ward and MSW, and I was able to learn in detail the relationships of each occupation regarding discharge adjustment. The flow, NP is carried out in the center of the symptom management, confirm the hope of leaving hospital to patients and their families, we are considering a team for the discharge order and direction in the previous round. There are also significant differences in the state of anxiety and where the hospital is discharged. If consent to discharge is obtained

at the round visit, patient guidance from CNL and adjustment of discharge destination from case manager. Furthermore, multi-disciplinary teams are collaborating not only in hospitals but also outside hospitals through satellite construction and group clinics. The case manager has a nurse license. There are three case managers on one floor. The hardest part is where you go depending on what the insurance cover can do. Some people go home while continuing treatment, but there are many nursing homes and hospice hospital wards. Hospice selects and introduces patients who need pain management and symptom management. The referral method introduces nursing home information directly to the patient's and family's e-mails in about three places and sends an e-mail with a letter of introduction attached to the attached material. In advance, consideration is given to the referral destination, such as sending a date when a family member or patient visits by fax. The letter of introduction included detailed data on the condition of the day (the necessary information for the blood ward was sent as much as possible), as well as information on immunization and the type of insurance. In addition to the history of treatment so far, the history and contents of entering ICU are added, there is a template for providing detailed information, and there is a medical record system that makes it very easy to create a summary. (If a record is selected and pasted, it will be created according to the template.) There is no need for confirmation from a doctor, and it is interacting with the outside. Blood cancer patients often require blood transfusions,
I also blood transfusion at home that. However, there is a considerable amount of training and training, and a facility that does not clear it is not possible. At-home clinics are systems similar to those in Japan, such as doctors and nurses, PTs, OTs , and nursing care. Main to the NP in cooperation with the often RN that has managed and carried out home-visit nursing care. There are enough local resources to select a home care clinic or visiting nursing station near the patient's home from a site such as Medicare . The local resources have been evaluated, and information is provided to patients by selecting areas with high evaluation. Unlike Japan, the patient, financial problems from there is a sudden discharge hope because they often wish to hospital as soon as possible. On weekends, there may be 10 or more information preparations a day. It is shared by three care managers, but to cooperate each perform. In cases where it is difficult to adjust the discharge, it is often readjusted due to problems such as the inability to continue treatment at the transfer destination and insurance coverage, even if there is an initial hope. In hematology several people, more than half a year case that is also in the hospital is located. Difficulty in continuing treatment or controlling symptoms. The discharge destination is narrowed by the difficulty of the recipient and the extent of insurance coverage. Like Japan, insurance is not guaranteed in the country, which is a major medical problem.

Although MSW has a wide range of roles, we confirmed how it relates to the discharge coordination team. MSW has always worked with the medical team to select information sharing by e-mail or telephone depending on the urgency of the problem. MDA most of and around EPIC due to the use of electronic medical records by the most of the clinics, group mailing list of some form there is, Texas is located in a large organization called the Medical Center of TMC . MSW may coordinate hospital admissions. In order to deal with the physical symptoms or problems emergency requiring hospitalization in some cases. Some of the emergency hospitalizations are due to patients or families having unrealistic expectations about their illness, or poor understanding of diagnosis, treatment goals, and prognosis. Further clarification of the DNR could there be a barrier had said Ru . In addition, Ethics Consultation Service Patient Advocacy , Patient Advocacy , Psychiatric services , Social Work , Spiritual Support , Supportive Care Center
Case Manager in comparison with the lack of understanding of what to do social work is there is it is sometimes feel somewhat difficult.

5). Palliative care situation

Lecture and visit about Houston Hospice (Inpatient Hospice).

1) Palliative care ward

Visited care through RN shadowing. Take care of 3 patients a day. Symptoms observed item detailed symptoms other than pain to have evaluation criteria with, NCCN has evaluation criteria will be created on the basis of the guidelines. RN inputs symptom observation according to the evaluation table. Although NP may evaluate in advance, it is conducted twice a day. Pain assessment uses NRS. The standard for judging pain management is poor is consulting with NP and doctor when using 3 boluses with 1 shift . Palliative care wards involve more multidisciplinary types than other wards. PT, OT, physical therapist and WOC round once a day. The palliative care ward is different from the Japanese image, and patients undergoing treatment are hospitalized. Occasionally, chemotherapy patients are hospitalized for bed control. There was a lot of staff coming and going to deal with all departments, and I had a busy impression. There are about 20 palliative care NPs and PAs in the ward. NP can also order narcotics. There are many checking mechanisms when prescribing and there are five confirmations. The NP conducts an assessment round before the team rounds to assess symptoms. Information is then shared at the meeting and a team round is held. The base of pain control often uses hydromorphone. Popular in Japan, oxycodone is expensive and not a first choice. The opioid overdose is becoming a problem and is said to be in compliance with the WHO rudder, starting with analgesics and combinations. The discharge destination is home, hospice. We observed the discharge assessment of patients who were discharged on the same day

in the palliative care unit. ADL, I In addition to ADL, there were skin problems and pressure ulcers, but the skin condition was checked by two nurses. There is a thorough assessment of whether there is a hindrance to life after discharge and the need for services. I felt that I was aware of responsible care.

2) Huston Hospice

Houston Hospice is Houston 1 be the first hospice in 980 founded in the year. This time it was only a hospitalized hospice tour, but there is also a home team that cares about 130 patients. Because it is possible to link home and hospitalization, respite for temporary hospitalization for symptom relief and family burden reduction

We accept hospitalization. The main point of introduction is MDA, but it is accepted from all over Texas. Medicare and Medicaid covers are available. Houston hospice, Texas Medical Center , Texas non-profit hospice Alliance , Texas New Mexico Hospice

mechanism member is.

Hospice Interdisciplinary Team is N Using Staff, Social Worker, Chaplain, Dr, Volunteer, Bereavement Coordinator is configured with. While involved each as a professional, not to support the patient, the family from the perspective of many fields that. Here we accept not only cancer, but also patients with all diseases that have been informed about their life expectancy for half a year. While acceptance dementia patients in the same way, perceiving the patient of 1,200 people a year are interest. Treatment may also be continued, there is also sometimes emergency hospitalization, acceptance from the ICU has a. In addition, as a feature of this hospice, family care, grief care is also a variety of services are

deployed. volunteer also has more than 100 people registered, shopping assistance and hair styling, there is also the appearance care, such as a nail, it is one of such an environment spend at home furnished are. In addition, there is also a 24-hour on-call service, anxiety correspondingly have to family features. The church also 2 is open 4 hours, environment near that you can enter and leave at any time. Outside the window, there was a nice garden and fountain, and it was possible to take a walk with the pets brought by the family.

6). Ethics consultation and ethics meeting

Dr .Theriault through lectures and discussion about the ethics adjustment from , such as in situations such as treatment selection and treatment of the end, the patient, family, when there is a conflict in the value of the medical staff, medical staff is patient only question, to family Often throws. MDA has a 24-hour ethics consultation desk. In addition, the Advocate Center and MSW contact points are also available as consultation points away from medical professionals. Patients and families are often confused by many questions and fall into a psychological situation where it is difficult to make the right choice. In such a case, an approach that draws out the patient's life

background and values and draws out the patient's own appearance rather than pressing medical choices is important. In communication, the medical professional spends a little more time for communication and cannot bring out the patient's true intentions without his spare time. In addition, correct judgment cannot be made while symptom management is not possible. An ethical point of view must always have a broad perspective and show an attitude that patients and their families just want to speak slowly so that they can speak in their own words.
Also, the ethics conference held in the ward by Dr. Joyce is very important. Nurses often have a dilemma in the hopes and values of doctors, patients, and families. Meetings within the same team are often involved in value conflicts. By receiving consultation from outside the team, you can get a bird's-eye view of the phenomenon. In this case, they were able to freely discuss their thoughts and opinions regarding the choice of treatment place .

7. Nursing education (mid-level-career)

M DA, the 3700 or more people of nurses is a member. Of these, 400
have APRN qualifications. APRN (Advanced Practice Nurse) is classified as follows.

1) Anesthesia nurse (CRNA) : Anesthesia is provided to patients of various ages and care is provided to the anesthetized patients. The area of activity includes all scenes in which anesthesia is performed on patients, and the place of activity varies from hospital surgery and operating rooms, obstetrics, acute care, pain management, surgical outpatients, dentistry, foot pain treatment, ophthalmology, plastic surgery, etc. It is.
2) Midwife (CNN) : Provides a lifetime health care service for women. Its activity areas include homes, hospitals, maternity hospitals, various outpatients, company medical offices, and public health.
3)Clinical Nurse Specialist (CN S): it plays a unique role that is taken as a whole the continuum of patient-nurse system to integrate care. Conduct cross-organizational activities such as care improvement, RN education, quality improvement, practice promotion, problem solving, expert consultation, individual patient care, care development, research and publication.
4) Nurse Practitioner (NP): Provides patients with primary care and care for acute diseases and injuries. In addition to examination, diagnosis and treatment, he has the authority to manage chronic diseases and order tests. The center of the activity is direct patient care, and health promotion, disease prevention, health education and counseling are also important roles.
Other than the above, there is a qualification as a clinical nurse leader. In this training,
we observed CNL activities. CNL functions as a leader in the clinical environment, practice

and quality improvement are focused on. Their cancer nursing nurse specialist (OCN) has been working as, became in charge of CNL is O CN has a qualified, five years ago CNL also received qualification. He stated that the role of CNL is similar to OCN. CNL serves as a generalist as a multidisciplinary team. For nursing education, Professional Practice Model on the basis of, practice based on research and evidence are raised. Providing professional value and patient care and encouraging active participation in research. Nurses recognize that EBP and study participation are core requirements for clinical progress programs. EBP (Evidence Based Practice) The EBP, by practicing capture the latest evidence to care, an activity that aims to provide the best care is . The EBP team is formed in a department that provides nursing at the forefront and is working toward the practice of care from a professional perspective.

8. Patient education

Patients have the opportunity to study at any time through many free brochures and library rooms. In particular, there is a coordinator in the library so that you can learn about the details of the trial. Even online, patient classrooms have various environments such as nutrition, exercise, and survivorship care programs. The patient's own management is given guidance when diagnosed to do it himself. Because of early discharge such as drug management and meal management, patients acquire various medical knowledge by themselves. Many Japanese cancer patients still hear the phrase “I will leave it to the Dr.”. The doctor also says, "Let me entrust", but only you can know the intensity of your own pain. Adding knowledge to the patient may result in more questions and questions, and the medical staff may spend extra time. However, if the self-care management ability is improved as a result, the number of emergency outpatients will decrease, and unnecessary time will not be required without causing a sudden change in medical condition. Medical care is not only for medical professionals, but it must be educated from how it is necessary to face and know about your illness . And is not in a world where unfazed yet been said to be disease called "cancer", to reduce the fear of that "know" by those of the media and celebrities to confess the "cancer", leave "your I felt that it was important to gradually educate Japanese cancer patients in “medical care” in the region. MDA is No. I feel that one of the reasons for includes “high patient power”. Outpatients were always smiling and sometimes they greeted us with care and did not know which was the patient. I felt that the provision of a learning environment was linked to the high level of patient power.

9. Leadership and Difficult conversation

1) Difficult Conversation

The important thing in team building is how to manage many conflicts to achieve the team's mission and vision. In this lecture, we had the opportunity to learn how to negotiate and proceed with conversations in difficult situations. In many situations, it was often better to stay silent and avoid as much as possible. But in the lecture, learning to confront and navigate is a valuable skill that will help you succeed. First important thing is, with a compassion that. Taking the compassion and communication, word is easier to hear, which is likely a positive impact on the results you want that. Next, be honest, there is a danger of losing credibility in the eyes of the people you are trying to communicate, possibility there that does not reach the result that really satisfactory Ru. There are many inconsistencies in content and understanding that are difficult in the medical field. It is also necessary to replace the "Sugar–coating" technology with words that are easy to use. Finally Active listening is one of the most powerful communication tool there. By listening, valuable information is obtained to facilitate the communication of mutual resolution Ru. I was able to learn that listening to the question of knowing the differences in values and culture and knowing the other party is an important technology to fill the gap. " Speak U the p- " obediently to interpret that question or not can be. In an area where there is a culture of silence as a virtue, I felt that it was necessary to continue training in the future on how to raise questions and support the hope of patients and families.

10. Carrier Development

Dr. Ueno, conscious about the career, their mission, vision is how in the world whether there is an impact, thought Where is their uniqueness. First, " Individual Development Plans " for learning how to perceive and learning to appeal
Built. Up until now, I was planning to build a career with my own strengths, but I wasn't aware of " Impact to Play, Winning to Play" for society. I felt anew that the image of somehow wanting to do this would not reduce my motivation and continue. I felt that it was important to be aware of where and what to make use of the network, taking advantage of the strengths of my organization. And we want to comply with the mission and vision we have decided, but not conflict with the organization. In Japan's medical field, hierarchies are strong, and it is difficult to give opinions to your boss. However, I felt that "not to say" is the same as "I don't think. I have no opinion" and that it is important to have a technology that allows you to experience and navigate difficult conversations. I was able to learn about the relationship between mentor-mentees. Menta
-Was considered as a leader and mentee was taught in a hierarchical relationship, but learned that "Mentee nurtures mentors", and always shared the mission and vision, and consciously involved to grow each other. I felt it was an opportunity to encourage. I was able to learn once again how important the word "spoken execution" in the organization is.

Ⅲ Results

Based on the results of the above training, regarding the oncology program created by the group,
Team B (Team Name Team Best) Rurina Watanuki Ayaka Kashimura Ayumi Tomizawa

➢･Mission
To improve patient's 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

First of all, we newly form the multidisciplinary team for outpatient. We know each other what different disciplines do and what they are good at. We can build a trusted relationship and we can effectively collaborate for patient care or research. Using each expertise and experience, we will provide a good education and will have enough time to communicate with each patient.
Patients' knowledge and self-care management are fully expected to improve. We would like to make the patients actively participate in their treatment.
It causes that they feel relieved, get successful treatment, get good symptom management skill. Finally, we have no doubt that patient satisfaction greatly improves.
Medical care; Goal: to effectively take advantage of the experience and expertise of each field, to provide the best of care to outpatient that, as planned, pharmacists participate in the foreign team to, multidisciplinary team to determine the treatment policy in
Do. Delegate some work to other disciplines.
Education: The goal: all health care providers, to provide the best clinical practice, acquire communication skills in order to constantly improve the skill to . Provide educational programs to improve patient self-care management skills. Planning: for the care provider communication skills training program and education program for the patient to use the waiting time effectively the development of.
Study: Goal: Clarify that multidisciplinary care intervention improves patient satisfaction

Plan: Prospective intervention study

Ⅳ Future tasks

Based on the learning gained here, we will build an education system for all occupations that care for cancer patients at home in the community. The plan for the implementation of telemedicine and education for improving self- management ability of patients, which are included in the mission, is underway for implementation during the next fiscal year.
As for staff education, in addition to in-hospital training, lectures for graduate schools and specialized nurses are being planned. In addition, J-TOP strengthen cooperation with members of, we want to work towards the holding of oncology team care program in the Tohoku region. We would like to increase the number of home clinics, which is our goal, and provide high-quality treatment facilities at homes where cancer patients wish.

Team building, your leadership information, is a core value, connection, information heat I want to be active listening for difficult relationships without forgetting compassion and threatening value. In the future, it will be necessary to paradigm shift not only the home field but also the medical systems established so far in the age of high growth. At-home support for cancer patients requires awareness reform not only for the patient's family but also for the medical professional. In response to the national policy of moving the Japanese strategy worth hospitalization to the home, we will take action and endeavor to achieve our goals using our expertise and positioning as home care. To that end, I would like to improve the quality of home medical care and improve reliability.

Ⅳ Acknowledgments

Thank you very much for this wonderful opportunity. I want to thank you very much for Prof. Ueno, Joyce, and Theresa and Nick for coordinating the program.
I also really appreciate the kindness of all the US mentors and Families.

I would also like to thank Mr. Fueki and Marcy for their support.
I want to thank Dr.Yuya Sasaki, Dr.Iwase, and his family members.

I want to thank the members of JME2019 who spent the last five weeks laughing, crying, and

talking a lot.　I'm thankful to you.
We will continue to work hard to change Japanese medical care.