

**Report:**  
**MD Anderson Cancer Center**  
**Japanese Medical Exchange Program 2019**

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# Personal Mission and Vision from JME Program 2019

## **Mission:**

To offer optimal supportive care to cancer outpatient, by thorough patient education and continuous side effect monitoring, so that patients can live their daily life without suffering from side effects.

## **Vision:**

I would like to create person-centered care by providing the optimal and cost-conscious pharmaceutical care based on the respect of each patient's value and understanding their needs.

## **Table of contents**

I	Purpose
II	Methods
II	Results
	Multidisciplinary Cancer Care Approach in MDACC
1.	Mid-level provider
2.	Outpatient
3.	Inpatient
4.	Multidisciplinary support
5.	Department of Pharmacy and the role of clinical pharmacists
6.	Leadership
7.	Career development
IV	Achievement
V	Future prospects
VI	Acknowledgements

# I Purpose

My purposes of JME Program 2019 are:

- To learn the role of clinical pharmacists in MD Anderson Cancer Center (MDACC)
- To understand the multidisciplinary collaborative approach to cancer patients in MDACC
- To develop personal mission and vision
- To learn leadership and communication skill for team building

# II Methods

## 1 Training period

From August 26<sup>th</sup> to September 27<sup>th</sup>, 2019

## 2 Our team

Two surgeons, two nurses and two pharmacists from different institutions throughout Japan participated in JME Program 2019. Each member has mentors who work in MDACC.

## 3 Visits

- Rounds and Hospital tour in MDACC

Outpatient: Breast Medical Oncology outpatient / Breast Surgical OR and Breast Surgical Oncology / Breast Survivorship Clinic / Surgical Oncology outpatients / GVHD Clinic / Apheresis Clinic / Ambulatory Treatment Center (ATC) and ATC Pharmacy Mays

Inpatient: Palliative care rounds / WOCN (Wound Ostomy Continence Nurse) rounds /

Hematology Unit: Lymphoma/Leukemia/CAR T Cell/ Stem Cell

Transplantation Inpatient / Pharmacy Inpatient

Other: CABI (Center for Advanced Biomedical Imaging) / Pathology Tour / Radiology Tour

- Institution outside MDACC: Houston Hospice, American Cancer Society

## 4 Lectures and Conferences by multidisciplinary team

Lectures: Role of Social Worker / Pathology Lecture / Nursing presentations (About Nurse practitioner, Nurse Research) / Nursing Ethics Rounds / Statistical Tutorial / Ethics Meeting (Dr. Theriault)

Conferences: Breast cancer conference, Radiology conference

## 5 Lectures about leadership and career development

Mission and Vision / Impact to play / SMART Goal / Mentorship / Curriculum Vitae Leadership / Communication / Building self-awareness / Teamwork / Handling difficult conversations / Creating your own strategic plan for your career and life

## 6 Mentor/Mentee meeting

## 7 Groupwork and final presentation: What we learned and how to bring it to our institution

### III Results

#### Multidisciplinary Cancer Care Approach in MDACC

As the top cancer center hospital, MDACC provides individual cancer treatment with high patient satisfaction and practices seamless and comprehensive cancer treatment - prevention, diagnosis, treatment, follow-up, life and psychological support and palliative care. It is multidisciplinary approach that realize above. Mid-level providers who we don't have in Japan and other variety of staffs play professional roles, trust and collaborate each other. All medical staffs discuss as equals and every single person think about patient-centered care. While I visited many departments in MDACC, staffs are proud of working at the No.1 cancer center, strives to achieve mission and vision of MDACC – eliminate cancer and making cancer history as logo indicates, and practice daily medical care. Furthermore, patients themselves are also essential members and they actively collect information, send messages and join their treatment. Medical staffs respect patients' participation and empower patients.

It was a priceless experience for me to join JME program and learn multidisciplinary cancer care approach in MDACC with wonderful team members.

#### 1. Mid-level provider

One of the biggest differences between the US and Japan is mid-level provider. We do not have nurse practitioner (NP), physician assistant (PA) and clinical pharmacist (CPh) in Japan. It was surprising that mid-level providers can prescribe orders of medications, tests and blood transfusion with agreed contracts with individual physicians. NP provide the medical care and through follow-up only by themselves in survivorship outpatient clinic as well. I found that because of the specialized education in college and clinical practice, mid-level providers are professional in their fields so that physicians and mid-level providers trust each other.

#### 2. Outpatient

The system of outpatient is totally different from that in Japan. There are 'teams' in work room, which consist of physicians, registered nurse (RN), NP, PA and CPh. Team members share information about each patient and discuss their cancer treatment. When patients see doctors in Japan, patients come into the physician's room. On the other hand, in the US, patients wait in the exam room and medical staffs go into the room in turns. First, RN take vital signs and provide medical interview and share the information to the team. Then, NP/PA give questionnaire and provide deeper medical interview or explain the cancer treatment such as surgery, chemotherapy and radiotherapy. CPh check lab data, vital signs and side effects from nurse's interview and judge whether the patient can receive chemotherapy on that day or not with the team. CPh also adjust medication dose based on liver/kidney function, propose supportive care and search resources about medication and protocols. Also, if the patient receive chemotherapy at the first time, CPh educates the

patient about the chemotherapy. Lastly physicians go into the exam room and explain the final treatment plan.

Because the main medical care in the US is outpatient, there are variety of service for outpatient. One of the services is My chart and message system. Patients can access to their medical records and make medical reservation through My chart and send email to health care providers easily. Although we pharmacists in Japan sometimes follow side effects by giving phone call to patients, the system in MDACC is very convenient and useful for patient.

### 3. Inpatient

The daily care, such as medication administration and measuring vital signs, are done by RN. Based on RN records and lab data, 'Team' collect information. In similar way as outpatient, Dr, NP, CPh and fellow make a team and go rounds in the morning. Normally NP takes the leadership of discussion and share information what happened the day before and overnight. Then NP and CPh propose medications and additional exam tests according to the treatment guideline which MDACC establish and revise annually, and put orders with physician's agreement. Normally physicians agree the recommendation of NP and CPh. NP and CPh do the most part which is done by physician in Japan. NP and CPh provide the detail care instead of physician so that physicians can spend time to research. They play bigger roles to create and develop cancer treatment worldwide.

I found that each staff's role is not clearly separated, but they overlapped in some way and by playing their own role, team works functionally. Each has professionalism and shares roles to some extent, which leads to sufficient and safe medical care to patients.

### 4. Multidisciplinary support

There are variety of professionals and assistants in MDACC. Among them, I would like to report about social worker (SW), ethician and volunteer.

#### - Social worker

In MDACC, there are 100 social workers and they all got Master Degree of SW. SW support all aspects about life outside being cancer patient, such as employment, financial counseling and health insurance. They also provide advanced care planning, counseling about stress, anxiety, communication among family and grief care. Since SW support patient by playing these important roles which are mainly provided by nurses in Japan, nurses can concentrate on nursing care and SW presence makes patients reassured.

#### - Ethic issue

We had ethics lecture by Dr. Theriault who is breast oncologist and was the Chair of IRB in MDACC for many years. I learned that in MDACC when there is ethical problems in clinical setting, ethicists go to bedside and resolve the conflict between patient and family or help patient for decision making. Also, in the ethical meeting of transplantation unit, nurses and other medical staff discussed about ethical problems. They deal with the

ethical problems which do not have the right conclusion, set up the meeting to discuss and try to find out the best way for patients. I could understand a piece of why MDACC ranked as NO.1 in cancer care in the US.

- Volunteer

In MDACC, cancer survivors contribute to MDACC and cancer patients as volunteer. For example, when a colon cancer patient has something wrong with stoma, he can ask cancer survivor volunteers about how to manage stoma. A breast cancer patient who is going to have reconstruction operation can get to know how her breast will look like after the surgery by being showed of cancer survivor's breast. There might be differences of cultures, but it was the most impressive thing for me that cancer survivors actively help other cancer patients as volunteers.

## 5. Department of Pharmacy and the role of clinical pharmacist

There are approximately 600 pharmacists and pharmacy technicians in MDACC.

- Clinical pharmacist

After four-year Pharm.D course, they go to PGY1 and 2 to become clinical pharmacist. CPh check lab data and side effects, prescribe orders of medication, adjust medication doses and propose supportive care and protocols. Other role is selecting optimal antibiotics, TDM (Therapeutic Drug Monitoring), discharge instructions, making new protocols, searching resources and education of student and PGY1 and 2.

- Operational pharmacist

After getting four-year Pharm.D, they work as operational pharmacist. In MDACC, they verify the orders, check mixtures in central pharmacy and satellite pharmacy and check Pyxis and emergency cart filled by technicians.

- Pharmacy technician

They get education in technical college for about one year. They pick up or mix medications and fill medication to Pyxis and emergency cart. In MDACC, technicians need to have two-week special training for mixing chemo-medications.

The differences between the US and Japan are the presence of technicians, advanced computerized medical system and pharmacists' right to prescribe medication orders. The most job of pharmacists in Japan is done by technicians in the US. By segmentation like the US, pharmacists can take role in their specialty and provide high-quality pharmaceutical care for patients. Also, 80% of medication is dispensed by Pyxis in MDACC, which means pharmacists do not have to put medication in medication bag. Nurses pick up medication from Pyxis through computerized controlled data. I found that automated system ensures the medical safety and enhances work efficiency. I think that the role of CPh in MDACC is not so different from that in Japan, except for the right of prescribing. In MDACC, each CPh has contract, called DTM (Drug Therapy Management), with each physician. CPh can prescribe medication and exam test. In Japan, pharmacists cannot

prescribe, but we've expanded our role by PBPM (Protocol Based Pharmacotherapy Management). To actively promote the optimal pharmacotherapy in team work, we need to send powerful message to our society that we pharmacists have valuable role in medical team for patients.

#### 6. Leadership and team building

Through lectures by Janis from Faculty Department, I learned core value, leadership and skill for difficult conversation.

The most important thing in team work is self-awareness and insight. Self-awareness is to understand who we are, how others see us, and how we fit into the world around us. By recognizing my core values and sharing core values each other, we can know ourselves and team members. Not being a passenger, but with team-oriented mind and feedback from others, I would like to be a good team member.

When we have difficult conversation with colleagues, the key is self-awareness and the close communication in daily life. Any small talk is essential, and speaking up and not avoiding difficult conversation is important. I would like to keep active listening, understand that I am a member of our team, recognize what others cherish and try to have good communication.

We did the Wheel of Life exercise, in which we quantified the distribution of life, such as work, money, family, health and so on. It is one of the coaching tools for finding balance in my life and taking actions for change. I could assess what matters by visualizing my life and could find what I can do for next step.

In the lecture, Janis introduced us some readable books. I would like keep learning by reading them and practicing in daily life.

#### 7. Career development

Every week Dr. Ueno gave us lectures about mission/vision, career development and mentorship. I learned that when we clarify our own mission and vision, it is important to make a list of what I really want to do, and which goal can affect strong and vast 'impact' to the world; why we should do that, whom we want to impact, what is my uniqueness. It was difficult for me to find out what is unique about me. I would like to continue revising IDP (Individual Development Plans) sheet, which I made during this JME program and contains my mission, vision, goals and how to achieve each goal.

Also, every week my mentors, Jeff and Brandon made time for me and we talked about what I've learned and my mission/vision. They encouraged me and I could face myself. It was meaningful time and I am appreciated their supports and useful advice. As Dr. Ueno taught us that it is important to keep contact with mentors when we are in good situation or bad situation to be a good mentee. I would like to keep in touch with my mentors.

## IV Achievement

### 1. Mission and Vision

When I think of my own mission and vision, what is important for me is to provide the best treatment to each patient. I work at the Chemotherapy Department of Pharmacy now, and the part of my job is to educate patients and monitor side effects. One of the differences between MDACC and Japan is the patients' attitude towards their own treatment. It might be based on the differences of insurance system and it may be because this is MDACC. Patients actively participate in their treatment and are the important part of team member, though patients normally just follow physician's indication in Japan. So, I would like to 'empower' patients to join their treatment and provide the best cancer treatment individually.

### 2. Group work

We six members were divided into two groups and each group set up its own theme about what we learned, felt, thought in MDACC and what we will be able to put our learning to our institution or Japan. In our Group A, it took about two weeks to set up our theme because there were so many key words that we learned in this program, such as multidisciplinary team work, specialty, patient empowerment, outpatient services and career development. In these keywords, we tried to find out what is unique and what we Japan can take leadership in the world. Finally, we made our mission and vision as follows.

Our Vision :

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

Our Mission :

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

From when patients are diagnosed as cancer to complete their life, there are many situations to make decisions. How can we support the decision-making and support the patient to live their life in their own way? Japan is a leading country of aging society in the world. If we can establish the system to support elderly people or people close to elderly, it can be a model of decision making for cancer patients. Through this program, we abstracted the essential factors to support decision making for cancer patients and we made one of our goals to achieve our mission and vision as follows.

Goal :

Guide patients through a shared-decision-making process by integrating interactive and cohesive multidisciplinary team.

Although our theme is very huge, it has potentially powerful meaning. During discussion, we could step forward with advices from mentors in MDACC and social worker. We discussed the theme with enthusiasm and learned many things from this discussion itself.



## V Future prospects

Joining this program, I learned multidisciplinary team work, career development and team building. 'Team care' which I had understood before coming to MDACC and which I saw in MDACC was totally different and I could understand what is multidisciplinary care through this program. I found that staffs in MDACC trust each other, and it is because each of them is very professional. So, to be trusted by other medical staffs, I would like to get oncology certification in Japan and to become professional in pharmaceutical care for cancer patient. I also found that multidisciplinary care can come true the real patient-centered care. I would like to share what I learned in MDACC with my colleagues and other medical staffs to make our team better collaborated for patient. In terms of teambuilding, I would like to enhance daily communication with other staffs and try to practice team building.

## VI Acknowledgements

I would like to thank Japan Team Oncology Program for giving this priceless experience for JME2019 members. I received generous support from Mr. Fueki, who helped us all aspects to join this JME program, and Ms. Sanchez Marcella, who supported the procedure of Discover and during this training. Dr. Ueno gave us wide perspective about mission and vision, encouraging advices about my goals, CV and career development. Ms. Janis Yadiny gave us insightful lectures about leadership, communication and team building. Our mentors gave great opportunity to follow their work and taught us what they do and how to collaborate as a team member and took us to fun activities on weekends and at night. Special thanks to my mentors, Jeff and Brandon, who spared time for me to talk about my mission, vision and career development. Dr. Iwase and Dr. Sasaki helped us stay in Houston and gave us helpful advices about training in MDACC. JME2018 members gave us great support before coming Houston. And I would like to thank all of staffs in MDACC who took care of us. Also, I could not join this program without support from my colleagues and department of pharmacy.

Above all, I would like to show my greatest appreciation to JME 2019 members. We stay in Houston as if we were family, talked openly and discussed enthusiastically. We could share our core values and passion. I wish we can continue keeping this strong connection.