SUPPORTED BY J-TOP SINCE 2001 Japanese Medical Exchange Program







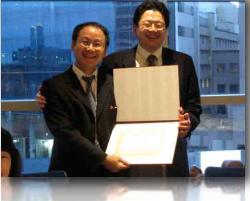


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2002-2009 Promoting Multidisciplinary Care

Background

St. Luke's Life Science Institute, Inc., and M. D. Anderson Cancer Center have operated the 3-part Japan TeamOncology Program (J-TOP) since 2001.

Mission

The mission of the J-TOP is to establish and promote evidence-based multidisciplinary cancer treatment in Japan through outstanding educational and training programs for health care professionals and the public.

Vision

Our vision is to become the premier program of its kind for health care professionals and the public as a result of the excellence and enthusiasm of our faculty and participants.

Program Description

The J-TOP consists of 3 interrelated programs:

- TeamOncology.com (on-line learning network)
- 2. TeamOncology Workshop
- Japan Medical Education [JME] Program (training at M. D. Anderson)

Participants in TeamOncology.com apply to participate in the **TeamOncology** Workshop. Six participants from the TeamOncology Workshop are then chosen to participate in the Japan medical Education Program. Since 2002. more than 420 physicians, nurses, pharmacists, and other allied health personnel have participated in the Japan TeamOncology program and are now working in support of multidisciplinary cancer care in Japan. Forty-two individuals ("Tutors") have completed the Japan Medical Education Program component (training at M. D. Anderson), are actively working to promote and



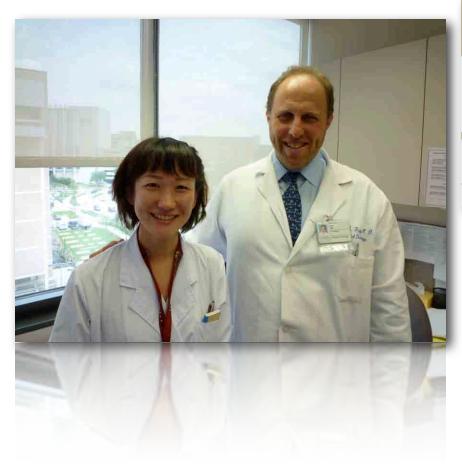
implement multidisciplinary care in Japan, and are evolving as the next generation of leaders of oncology in Japan.

MAJOR ACCOMPLISHMENTS TO DATE

We have successfully positioned the St. Luke's International Hospital–M. D. Anderson Cancer Center Japan TeamOncology Program as a premier oncology education program and have obtained national support in Japan for the promotion of multidisciplinary oncology care, as indicated by the successful passage of the Cancer Act in Japan.



JME Mentorship







Mentorship is one of the critical elements to the success of the JME Program

Since 2007, we have decided to improve the JME participants' experience by assigning an individual mentor to each participant. This allows to define the program objectives, which could be addressed early on in the program.

What will the mentors do?

-providing guidance until they are used to the program
-providing guidance for the patient presentation
-discussing leadership issues
-assisting the participant in creating their personal mission and vision
-acting as a ready resource to them when frustrated
-meeting on a weekly basis to discuss their schedule, observations, questions etc.

Who will be the mentors?

Non-Breast Team Dr. Toru Mukohara - Dr. Paul Mansfield

Ms. Masako Ishizuka - Hillary Prescott

Ms. Masayo Nogi - Nicholas Szewczyk

Breast Team

Dr. Noriko Miwa - Dr. Richard Theriault

Ms. Mayumi Yamaguchi - Joyce Neumann

Mr. Hirotoshi lihara - Jeffrey Bryan

Presentation by JME Participants



To understand M. D. Anderson multidisciplinary care style. Multidisciplinary care involves a team of physicians, nurses, pharmacists and other healthcare providers together planning the treatment of an individual patient.

How long is the Presentation?

- 1. Each team will have a total of 30 min. for their presentation.
- 2. Each team will also have a total of 25 min for Q & A.

How do we evaluate the presentation?

The presentation will be evaluated by the steering committee members based on the following factors:

- 1. Quality of the content
- 2. Understanding of multidisciplinary care
- 3. Creativity to improve multidisciplinary care in Japan (and MDA)
- Presentation skills of the group

Method

- Two teams will be formed. Each team will have one physician, one nurse, and one pharmacist.
- The clinical case needs to be selected in the first 2 weeks of their stay.
- The clinical case needs to be prepared for presentation and presented in the context of multidisciplinary care. Interdisciplinary among different medical specialties and from the nursing and pharmacy perspectives should be included in the presentation.
- 4. The clinical case presentation needs to demonstrate the understanding of each individual team member of his or her role in caring for the patient as well as

- how individual leadership can be applied.
- Each discipline needs to explore how this role will be translated into their environment in Japan.

Role of Mentors

- 1. Each member will have a mentor.
- By consensus of the team, the lead mentor needs to be identified for the team.
- 3. It is preferable to have faculties from the steering committee serve as lead mentor of the team. But, if one selects a person outside of the committee, the chair of the steering committee is to be notified. The lead mentor or chair of the steering committee is expected to explain the program to those mentors who are outside

- of the program steering committee.
- The mentors are expected to provide educational/research opportunities and importance of leadership to achieve the objective and to facilitate the groups' work in order to achieve the highest mark for each of the four evaluation factors of the evaluation (see below).
- 5. Each mentor will meet with their group periodically, and by request, with the frequency and time to be determined jointly by the mentor and mentees.

To Mentees (JME participants)

Final Product Created from the five work programs

- Presentation
- Report for St. Luke Foundation
- Report for MDA, need to include multidisciplinary aspect of care provided by each discipline.
- TeamOncology.com BBS update
- Final Survey provided by Brenda Reid
- Participation and Planning in the Mingaku.
- Function as a tutors
- Becoming an oncology leader of your discipline

What will the mentees do?

-providing input to MDA faculties and staff.
-create your own vision and mission.
-discus leadership issues
-discus how to promote the best multidisciplinary care
-prompt input when there are issues and concerns.
-guide the mentors
-create good mentors.