

Suggestion of Core Competencies to Promote Multidisciplinary Team-based Care and Regional Medical Collaboration for Cancer Patients in Japan

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Introduction

Spread of the multidisciplinary team (MDT) care approach is necessary to deliver safe and reliable cancer care. We aim to develop effective educational programs to promote MDT approach in medical care and to deliver a sophisticated training program for the purpose of realizing high-quality care under the regional medical collaboration that fit on the environment of cancer care in the community.

Methods

The JASCC Educational Committee and working group compiled a comprehensive list of abilities (competencies) and constituting factors of the abilities (competency) that medical personnel involved in cancer care should have, as listed below, and we have set them as targets. This tabulation demonstrates a roadmap for achieving study results (outcomes) by sharing goals among the personnel who are learning about cancer care and by assessing their progress toward the achievement. Delphi method where experts rated cancer care based on whether topics should be included in the curriculum for medical personnel on a scale from 1 (strongly disagree) to 9 (strongly agree).

Competencies Projected :

- Patient-centered perspective
- Communication
- Safe treatment and care
- Social systems and related laws and regulations
- Knowledge of health and medical care
- Implementation of treatment and care
- EBM/research.

Results

This tabulation demonstrates a road map for achieving study results (outcomes) by sharing goals among the personnel who are learning about cancer treatment and care and by assessing their progress toward the achievement.

With this strategy in mind, we aim to improve the quality of life of patients receiving cancer treatment and care.

The topics were rated by 10 experts, all of which completed. A total of 19 topics across seven sub-categories met the predefined rating cut-off value of ≥ 7 . An expert panel identified 19 important within knowledge, skills, and attitudes for medical personnel to be educated. We are planning to validate this competency with public comments, and workshops. These can help guide medical educators in the development of future supportive care curricula.

Competence (Ability)	Competency (Constituting factor)	Level			
		Level B	Level A	Level S	
A. Ability to implement patient-centered treatment and care (From a patient-centered perspective)	(1) He/she can put himself/herself in the position of a patient and demonstrate the ability (Altruistic attitude)	Can describe an altruistic attitude	Can demonstrate necessary ability considering the issue		
	(2) He/she can respect the patient's dignity and support decision making (Empathetic attitude)	Can describe an empathetic attitude	Can demonstrate the ability with empathetic attitude		
	(3) He/she can implement the practice based on medical ethics (Medical ethics)	Can describe ethical issues	Can demonstrate the ability based on the ethical issue		
B. Ability to use communication skills when providing treatment and care (Communication)	(1) He/she can use communication skills to build favorable relationships (Basic skills)	Can describe the basics of communication	Can use communication skills on site		
	(2) He/she can use communication skills to build favorable relationships with patients and their family (Patient-healthcare personnel relationship)	Can describe elements necessary for communication with patients	Can use communication skills necessary for relationship with patients		
	(3) He/she can use communication skills in actions as a member of the multidisciplinary care team (Team communication)	Can describe elements necessary for team communication	Can use necessary communication skills in a multidisciplinary care team		
C. Ability to provide safe treatment and care (Safe treatment and care)	(1) He/she can provide reliable treatment and care while ensuring safety of patients (Patient safety)	Can describe basic knowledge to ensure patient safety	Can implement treatment and care based on ensuring patient safety		
	(2) He/she can provide treatment and care, through appropriate implementation of infection control measures (Infection control)	Can describe the basic knowledge of infection control	Can implement infection control on site		
	(3) He/she can ensure safety of medical personnel through appropriate implementation of health management (Health management of medical personnel)	Can describe basic knowledge in the practice of health management	Can appropriately implement practice of health management for medical personnel on site		
D. Ability to implement treatment and care based on social systems and related laws and regulations (Social systems and related laws and regulations)	(1) He/she can implement treatment and care utilizing knowledge of related systems such as health, treatment, welfare, and nursing care (Utilization of social systems)	Can describe social systems and related laws and regulations	Can demonstrate the ability based on knowledge of social systems and related laws and regulations		Can implement at higher level
	(2) He/she can implement treatment and care based on the basics of community healthcare and primary care (Primary care)	Can describe the basics of community healthcare and primary care	Can demonstrate the ability based on the basics of community healthcare and primary care		
	(3) He/she can make records of treatment and care (Medical records)	Can describe basic knowledge of recording treatment and care	Can make records of treatment and care		
E. Acquisition of the knowledge necessary to promote typical health and medical care (Knowledge of health and medical care)	(1) He/she can utilize necessary knowledge of health when implementing treatment and care (Knowledge of health)	Can describe the knowledge of health	Can use knowledge of health when implementing treatment and care		
	(2) He/she can utilize knowledge of necessary pathophysiology and diseases while implementing treatment and care (Knowledge of pathology and diseases)	Can describe the knowledge of pathophysiology and diseases	Can use knowledge of pathophysiology and diseases when implementing treatment and care		
F. Ability to implement typical treatment and care (Implementation of treatment and care)	(1) He/she can evaluate necessity of basic treatment and care (Evaluation of treatment and care)	Can describe indications of basic treatment and care	Can assess indications of basic treatment and care		
	(2) He/she can make plans for basic treatment and care (Planning for treatment and care)	Can describe basic plans for treatment and care	Can make basic plans for treatment and care		
	(3) He/she can implement basic treatment and care (Implementation of treatment and care)	Can describe methods and procedures of treatment and care	Can implement basic treatment and care		
G. Ability to implement / conduct research on treatment and care based on evidence based medicine (EBM/Research)	(1) He/she can implement treatment and care based on EBM (Implementation of EBM)	Can describe treatment and care based on EBM	Can implement treatment and care based on EBM		
	(2) He/she can have research in mind while involved in treatment and care (Implementation of research)	Can describe the basic methods of clinical research	Can implement treatment and care based on knowledge of clinical research on site		

Conclusion

The MDT care will strengthen support and collaboration between professional caregivers, and improve cancer care.

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