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Medical School Curricula: Giving Radiation Oncology a Seat at the Table

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Medical student interest in radiation oncology (RO) has declined more significantly than any other specialty in the past 5 to 6 years.¹ Suggested reasons for this decline include lack of RO exposure at the medical school level. Sixty-one percent of medical students have reported no exposure to RO.² We often reflect on our own stories of discovering radiation oncology whether it be through a special mentor or coincidental encounter. However, finding the right career path should not be serendipitous. Consensus amongst RO educators is that a stronger effort must be made to implement RO into the national medical school curricula. Despite this notion, no known formal national movements to do this have been knowingly reported.

The benefit of implementing RO into the national medical school curricula is multifold. Understanding the basic principles of radiation therapy (RT) is not only important for future oncologic subspecialists, but for all providers. Most physicians take care of former or active cancer patients during their career, and many providers are involved in cancer screening, treatment, symptom management, and survivorship.³ Currently, cancer care is de-emphasized in preclinical and clinical curricula compared with other disciplines.³ Nonsurgical cancer curricula, such as RO, are even further under-represented.³ Given the need for all providers to understand cancer management, a lack of understanding of RT negatively impacts future providers' abilities to properly triage cancer patients and provide quality care.

An initiative to integrate RO into the curriculum should focus on cancer-specific pre-clinical and clinical blocks. In terms of pre-clinical years, basic radiobiology principles should be taught alongside cancer biology. Understanding concepts such as the synergism of RT and chemotherapy as well as the rudimentary mechanism of RT helps medical students better understand RO's role in the cancer treatment paradigm. During clinical years, medical students should be required to spend time on cancer care teams and be exposed to multidisciplinary tumor boards, in which medical oncologists, radiation oncologists, and surgical oncologists come together to discuss appropriate indications and sequencing of therapies. While an RT-specific rotation should not be required, a clinical rotation specific to cancer care that includes a short time rotating in the RO department would benefit those interested in oncologic subspecialties.

Lastly, increased involvement of RO providers in education at the pre-clinical and clinical levels is essential. Medical and surgical oncologists reportedly lead the majority of oncologic teaching during medical school training.³ The RO field should promote and support RO providers' involvement in medical education as it will naturally increase medical students' exposure to radiation oncology and create potential mentorship opportunities.

We are facing a critical moment to claim a seat at the medical school table. Robustly optimizing RO presence in the pre-clinical and clinical years is not only necessary to improve knowledge of our patients' future providers (irrespective of field), but also to recruit talented students to our field.

REFERENCES

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