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Critical Steps During Residency: Advocating for Our Future

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“Focus on the step in front of you, not the whole staircase.”

In certain situations—running a marathon, learning an instrument, contouring your first head-and-neck case—this may be wonderful advice. In others, however, heeding this counsel might lead to unintended consequences. Indeed, failure to remember the entire picture can sometimes leave us falling short. I am reminded of this every time I plant a garden. No matter how well I weed and fertilize, my seeds will never survive if I fail to check the forecast for an upcoming freeze.

In some ways, I worry that a similar mistake can happen during residency. Do we sometimes focus so much on the tasks immediately in front of us that we forget the larger context? How often do we stop and ask, “Where is all this training taking me anyway?”

Unfortunately, such moments are too few and far between and this failure to contextualize our training could profoundly affect our field. In particular, resident physicians who fail to engage in the legislative changes occurring in radiation oncology may be surprised to find that their profession has changed significantly once they graduate. For example, during the past 2 years alone, our field has experienced an unprecedented relaxation of radiation therapy supervision requirements, major proposed decreases in Medicare reimbursement, and implementation of the Radiation Oncology Alternative Payment Model. These changes will impact our field for decades. Yet, how many of us with decades left in our careers are aware of them?

Although the fundamentals of graduate medical training must always be clinical knowledge and technical skill, resident physicians cannot afford to take a back seat while others shape the future of our profession. Fortunately, there are myriad ways to avoid falling into this trap. For example:

1. We can become better informed about key legislative issues. In doing so, summaries produced by professional societies can be extremely helpful. Further, residency didactics can be expanded to include discussions of pertinent issues and policies.
2. We can participate in advocacy through formal events (Advocacy Days, etc.) and communication with local and state legislators (email, social media, etc.). Again, leveraging our membership in professional societies can be extremely effective as they often have mechanisms in place for physicians to participate. On a personal note, I have learned that physician involvement in advocacy is much easier than we might anticipate. Most often, a willingness to share our clinical expertise and personal experiences is all that is needed.
3. We can discuss policy issues and upcoming legislation with those around us. By necessity, advocacy is a team sport, and the more participation we can foster in others the more successful we will be.

In the near future, we will inherit this field. Let's take steps now to shape what it is that we will be inheriting.