

Letter to the Editor

In response to: The declining residency applicant pool: A multi-institutional medical student survey to identify precipitating factors



Kara D. Romano, MD,^{a,*} Einsley-Marie Janowski, MD, PhD,^a
Emma C. Fields, MD,^b and Neeral Shah, MD^c

^aDepartment of Radiation Oncology, the University of Virginia School of Medicine, Charlottesville, Virginia;

^bDepartment of Radiation Oncology, Virginia Commonwealth University School of Medicine, Richmond, Virginia; and

^cDepartment of Gastroenterology and Co-Director of Pre-Clerkship Curriculum, the University of Virginia School of Medicine, Charlottesville, Virginia

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We commend Wu et al. for their great work identifying precipitating factors for the decline in the radiation oncology (RO) resident applicant pool.¹ They identify several key concerns, including job market fears and the perception of needing a physics background. Additionally, >60% of graduating U.S. medical students reported no exposure to RO during medical school, which has been a concern among RO educators for several years.²⁻⁴ Much of the focus thus far has been on improving the RO curriculum for students with a dedicated interest.^{5,6} However, the present climate of a rapid decline in RO interest suggests our focus should include exposure to a broader audience.

Many medical schools are undergoing curricular reform to move the U.S. Medical Licensing Examination Step 1 after core clerkships and shorten the preclerkship curriculum.⁷ With less time in the preclerkship years, opportunities to expose medical students to RO will further diminish. Currently, RO is often considered beyond the scope of the preclerkship curriculum. Creative opportunities to expose preclerkship students to RO have included tumor board shadowing,⁸ RO interest groups, and summer research opportunities. However, these endeavors still fail to reach a broad audience. As of 2018, a

minority (40.8%) of RO departments participated in formal oncology teaching.⁹ Not only have RO applications declined in the past several years, but so has the diversity of the applicants.¹⁰

At the University of Virginia, we are working to incorporate RO during medical school years 1 and 2. Opportunities to present alongside core organ systems will introduce students to the breadth of our involvement in collaborative patient care and offer familiarity to the previously unknown specialty. This exposure may also allow for early mentoring as students plan their future career paths and arrange for electives early in their 4th year.

Lastly, the article accurately identifies factors for students not choosing RO, but does not highlight the many positive aspects of a career in RO, including innovative technology, a positive work–life balance, collegiality among oncologic subspecialties, opportunities to perform procedures, and favorable compensation. Beyond these tangible benefits, there is also an opportunity to create valuable patient interactions and advance RO research. These are not aspects that are mentioned in textbooks but portrayed through positive mentorship and real-world examples.

For our field to survive and grow, it is important that we explore preclerkship curriculum exposure to introduce students to the wide array of opportunities and passionate educators in the field of RO.

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* Corresponding author: Kara D. Romano, MD; E-mail: ked7c@virginia.edu

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