Targeted Treatments for Improvement and Challenges in the Movement to Independence Radiation Oncology Practice

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Abstract

Radiation oncology residents and junior attending have noted widespread shortcomings in residency training that impede the transition from training to autonomous practice. In addition to general autonomy, recurring themes include technical and nontechnical skill competence, including leadership, mentoring, and education. Examples of technical skill proficiency include reviewing treatment plans and verifying images. Though many different approaches have been looked into, many of them may be challenging to put into practice or are not publicly available. We seek to compile the essential interventions that have been looked at along with the commonly mentioned obstacles in the transition to independent radiation oncology practice

Keywords: Residency • Radiation oncology • Career preparedness • Transition to practice

Introduction

To prepare doctors for independent practice in a particular specialty, medical residency training offers in-depth, graduate-level medical education. However, recent years have seen a decline in the confidence of trainees and graduates in particular abilities that are essential for independent practice. The problems are frequently brought on by a lack of real-world experience and autonomy during training, prior to taking on the full load of an attending physician. Recent residency graduates in radiation oncology have expressed a need for more autonomy throughout their training to prepare them for the transition to practice in a more seamless way, according to numerous studies. The apprenticeship model is frequently used to create radiation oncology residency programmers, and residents frequently switch between faculty members to gain exposure to different disease locations and treatment modalities. The quality and teaching prowess of the designated faculty member will determine how closely trainees can observe important aspects of autonomous practice. Furthermore, it does not guarantee that each each crucial duty is carried out by the trainee independently or with active participation, especially given that the attending physician is ultimately in charge of all clinical and nonclinical decisions and duties that are related to clinical care. In fact, the complexity of radiation treatments and related workflows, which have not successfully integrated trainee participation, has led to a gradual reduction in trainee autonomy over time. Concerns for patient safety and the accompanying monitoring guidelines, such as those from Medicare billing standards, are further justifications for limiting trainee autonomy. However, there is reason to worry that patients' long-term safety could be compromised by diminishing autonomy during medical residency training in addition to the competence and confidence of the doctor.

Conclusion

All in all, we present the significant moves experiencing significant change to rehearse among new radiation oncology suppliers and depict concentrated on mediations pointed toward tending to these apparent lacks in preparing. Albeit most encounters about the hindrances intrinsic in the progress to solo practice and ensuing mediations represented here are from the US and Canada, these worries are possible knowledgeable about the overwhelming majority of different nations with likewise organized preparing programs, as these challenges are normally portrayed across different claims to fame universally. It is important that we stand up to these issues, as they have been more than once recognized as hindrances to an ideal change into free practice. Moreover, as the crucial reason for residency is to deliver doctors who are ready for free practice, a smooth change to practice would sensibly be a definitive result of an effective residency. Notwithstanding, any new instructive mediation ought to be reasonably integrated into radiation oncology residency preparing. As we have been advised by Brilliant, and initially by Abrahamson, our field is in danger of "Educational program Hypertrophy" in the event that we keep on adding more goals for occupant preparing without eliminating ineffectual ones. Furthermore, we can't expect one-layered instructive drives conveyed at single time focuses to lastingly affect learner capability and ability. The best method for supporting an occupant progress to free practice includes moving toward the change as a constant interaction, during which we ought to consolidate the most significant learning potential open doors. Albeit a specialty-explicit public educational plan presently being developed in the US will determine and refine assumptions for occupant improvement, the onus of giving palatable and far reaching preparing of radiation oncology occupants will keep on being on individual preparation programs. In this way, we firmly energize radiation oncology residency projects to keep gaining from their alumni by looking for criticism and to consolidate significant changes to their preparation projects to more readily prepare future radiation oncologists.

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