Thank you for taking time out of your busy schedule to participate in this survey.

We are conducting an educational needs assessment for the radiation oncology MS4 clerkship. We are specifically surveying fourth year medical students pursuing radiation oncology as a specialty.

You likely spent at least four weeks in a radiation oncology department on a clinical rotation, and you likely did two or more radiation oncology rotations. The goal of this survey is to assess your medical school and clerkship experiences related to radiation oncology. We estimate that this survey will take you approximately 15-20 minutes to complete, but feel free to spend longer.

There are three sections: (1) General questions, (2) Rotation-specific questions, (3) Desired educational content (i.e. what you would want in a clerkship curriculum). Your responses are anonymous. We appreciate your thoughtful and honest answers.

NOTE: You can save your responses and return at a later time to complete the survey.

Questions or comments can be addressed to [redacted] The survey was approved by the [redacted] and the NRMP.

The survey will remain open through 10pm Eastern time, Friday March 8th.

Thank you in advance for taking the time to fill out this survey.

Sincerely,

[

Section 1/9

GENERAL QUESTIONS


What is your medical school education track?

- MD
- DO
- MD/PhD
- Other

Please specify your medical school track:

__________________________________
((optional))

What is your current age (in years)?

__________________________________
((optional))

What is your gender?

- Female
- Male
ROTATION GENERAL QUESTIONS

Prior to your first radiation oncology rotation, did you do any of the following? (check all that apply)

☐ Worked in a radiation oncology department conducting research (clinical, translational, or basic science)
☐ Spent time in a radiation oncology department shadowing physicians
☐ Had a lecture on radiation oncology during M1 or M2 year
☐ Other radiation oncology experience
☐ Prior to your first rotation, you had no radiation oncology clinical or research experience

Please describe your "other" pre-rotation experience related to radiation oncology:

__________________________________
((optional))

Does your medical school have a radiation oncology clinical experience that is mandatory for all medical students?

☐ Yes
☐ No

Please briefly describe this experience ((optional))

Including your home institution, how many radiation oncology departments did you rotate through? (Count all departments, even an experience that was shorter than 4 weeks)

☐ 0
☐ 1
☐ 2
☐ 3
☐ 4
☐ >4

Prior to beginning your clinical radiation oncology rotations, how confident were you in your decision to pursue radiation oncology as a specialty?


Prior to beginning your first radiation oncology rotation, were you DEFINITELY going to apply for a radiation oncology residency position?

☐ Yes
☐ No

During your radiation oncology rotations, which of the following books did you find useful? (Check all that apply)

☐ Hansen and Roach (UCSF) "Handbook of Evidence Based Radiation Oncology"
☐ Haffty and Wilson, "Handbook of Radiation Oncology: Basic Principles and Clinical Protocols"
☐ Hristov, "Radiation Oncology: A Question Based Review"
☐ Other
☐ You did not personally have a reference book
☐ You found no books useful during these rotations

What other book (or books) did you use during your rotations?
__________________________________
During your rotations, which of the following web resources did you find useful? (Check all that apply)

- RTOG.org
- NCCN.org
- Radiation Oncology Wikibooks
- Up-to-Date online
- Other
- You did not use websites to learn about radiation oncology

Which other website(s) did you use?

Did any of your radiation oncology rotations include a formal lecture curriculum specifically for rotating medical students?

- Yes
- No

Please briefly describe the structure of the curriculum

On the following questions please rate your comfort level with different aspects of radiation oncology PRIOR to beginning your clinical rotations.

How confident were you in your ability to take a full and complete oncologic history and physical?

- 1. Not at all
- 2. Somewhat
- 3. Moderately
- 4. Quite
- 5. Extremely

How confident were you in your ability to integrate evidence-based medicine into radiation oncology treatment decisions?

- 1. Not at all
- 2. Somewhat
- 3. Moderately
- 4. Quite
- 5. Extremely

How confident were you in your knowledge of radiation biology?

- 1. Not at all
- 2. Somewhat
- 3. Moderately
- 4. Quite
- 5. Extremely

How confident were you in your knowledge of radiation physics?

- 1. Not at all
- 2. Somewhat
- 3. Moderately
- 4. Quite
- 5. Extremely

How confident were you in your knowledge of radiation treatment set-up and positioning?

- 1. Not at all
- 2. Somewhat
- 3. Moderately
- 4. Quite
- 5. Extremely

How confident were you in your knowledge of radiation treatment planning?

- 1. Not at all
- 2. Somewhat
- 3. Moderately
- 4. Quite
- 5. Extremely

How confident were you in your ability to evaluate a dose-volume histogram?

- 1. Not at all
- 2. Somewhat
- 3. Moderately
- 4. Quite
- 5. Extremely
Section 3/9

ROTATION 1

Please consider your FIRST radiation oncology rotation when responding to the following questions.

This rotation was at a(n)
(Choose the choice that BEST fits the department)

☐ University medical center (i.e., affiliated with a medical school)
☐ Academic medical center NOT affiliated with a medical school
☐ Community practice
☐ Other
☐ You did not complete any formal radiation oncology clinical rotations

This rotation began in

☐ Before 2012
☐ January 2012
☐ February 2012
☐ March 2012
☐ April 2012
☐ May 2012
☐ June 2012
☐ July 2012
☐ August 2012
☐ September 2012
☐ October 2012
☐ November 2012
☐ December 2012
☐ After 2012

How many weeks was this rotation?

☐ 1
☐ 2
☐ 3
☐ 4
☐ Other

How many residents were in this program?
(Include the total number of residents, not the number per training year.)

☐ 4 or fewer
☐ 5-11
☐ 12-15
☐ 16 or greater
☐ This department had no residents

At the beginning of the rotation, were you given clear goals and objectives?

☐ Yes
☐ No
☐ I do not recall

When answering the following questions, please consider any SCHEDULED and/or STRUCTURED educational activities.
During this rotation, in which of the following examples of a formal educational curriculum specifically for medical students did you participate? For example, a lecture given only to medical students should be counted, but not a resident lecture that you attended. (Check all that apply)

- [ ] Lecture specifically for medical students
- [ ] Prepared case discussion (note: this excludes informal discussions in clinic)
- [ ] Hands-on didactic session (i.e. contouring at a planning station on a pre-set plan; this excludes contouring for a patient during the actual planning process)
- [ ] Other (please specify)
- [ ] None of the above

Please specify the “other” educational activity: (optional)

During this rotation, how many lectures specifically designed for medical students did you have? (Only count lectures that were designed for you, not residents.)

- [ ] 0
- [ ] 1
- [ ] 2
- [ ] 3
- [ ] 4
- [ ] 5 or more
- [ ] I do not recall

During this rotation, medical student lectures were given by which of the following? (Check all that apply)

- [ ] Residents
- [ ] Clinical faculty
- [ ] Basic science faculty
- [ ] Physicists
- [ ] Dosimetrists
- [ ] Other
- [ ] You do not recall

Who else gave medical student lectures? Please specify.

__________________________________

During this rotation, did you give a lecture to the department? This would have been a formal lecture to multiple residents and/or faculty. An informal presentation does not count.

- [ ] Yes
- [ ] No

What was the lecture you gave about?

- [ ] A clinical topic of your choice.
- [ ] An assigned clinic topic.
- [ ] Clinical research you have conducted.
- [ ] Basic science research you have conducted.
- [ ] Other

Please specify your lecture topic.

__________________________________

((optional))

Please add any additional comments regarding structured educational experiences on this rotation: ((optional))
CLINICAL EXPERIENCE

Please consider your clinical experience during your FIRST rotation when answering the following questions.

While rotating in this department, which of the following were you given the opportunity to do? (Check all that apply)

- Perform an oncologic history and physical independently (no resident or faculty supervision)
- Write or dictate a consult
- Contour at a planning station for a clinical case
- Participate in a brachytherapy case
- Participate in a stereotactic radiosurgery (SRS) case
- Participate in a SBRT/SABR case
- Review port films
- Other

Please describe any clinical experiences that were particularly educational during this rotation. ((optional))

RESEARCH EXPERIENCE

Please consider your research experience during your FIRST rotation when answering the following questions.

During this rotation, did you participate in a clinical research project?

- Yes
- No

Which of the following best describes any clinical research project you initiated or helped conduct?

- Still in progress (no publications yet)
- Accepted or presented as an abstract
- Accepted or published in a peer-reviewed journal

How are you cited on the publication (abstract or manuscript) that resulted from this research? (*If multiple publications resulted, please indicate by checking more than one box if necessary.)

- First author/Co-first author
- Co-author (i.e. not first author)
- You received an acknowledgement, but you were not an author
- You were not cited on this work
- You do not know

Describe your research experience on this rotation including any details related to author order. ((optional))

On the following questions please rate your comfort with different aspects of radiation oncology upon completing your FIRST rotation.
How confident were you in your ability to take a full and complete oncologic history and physical?


How confident were you in your ability to integrate evidence-based medicine into radiation treatment decisions?


How confident were you in your knowledge of radiation biology?


How confident were you in your knowledge of radiation physics?


How confident were you in your knowledge of radiation treatment set-up and positioning?


How confident were you in your knowledge of radiation treatment planning?


How confident were you in your ability to evaluate a dose-volume histogram?


At the end of this rotation, how confident were you in your decision to pursue radiation oncology as a specialty?


Please describe why you were or were not confident in your specialty decision when completing this rotation. (optional)

Did you complete a SECOND radiation oncology rotation?

☐ Yes  ☐ No
Section 4/9

ROTATION 2

Please consider your SECOND radiation oncology rotation when responding to the following questions.

You did not complete a second rotation. Please click "Next Page."

This rotation was at a(n)
(Choose the choice that BEST fits the department)

- University medical center (i.e. affiliated with a medical school)
- Academic medical center NOT affiliated with a medical school
- Community practice
- Other
- You did not complete any formal radiation oncology clinical rotations

This rotation began in

- Before 2012
- January 2012
- February 2012
- March 2012
- April 2012
- May 2012
- June 2012
- July 2012
- August 2012
- September 2012
- October 2012
- November 2012
- December 2012
- After 2012

How many weeks was this rotation?

- 1
- 2
- 3
- 4
- Other

How many weeks was this rotation?

How many residents were in this program?
(Include the total number of residents, not the number per training year.)

- 4 or fewers
- 5-11
- 12-15
- 16 or greater
- This department had no residents

At the beginning of the rotation, were you given clear goals and objectives?

- Yes
- No
- I do not recall

When answering the following questions, please consider any SCHEDULED and/or STRUCTURED educational activities.
During this rotation, in which of the following examples of a formal educational curriculum specifically for medical students did you participate? For example, a lecture given only to medical students should be counted, but not a resident lecture that you attended.

(Check all that apply)

- Lecture specifically for medical students
- Prepared case discussion (note: this excludes informal discussions in clinic)
- Hands-on didactic session (i.e. contouring at a planning station on a pre-set plan; this excludes contouring for a patient during the actual planning process)
- Other (please specify)
- None of the above

Please specify the "other" educational activity: (optional)

During this rotation, how many lectures specifically designed for medical students did you have? (Only count lectures that were designed for you, not residents.)

- 0
- 1
- 2
- 3
- 4
- 5 or more
- I do not recall

During this rotation, medical student lectures were given by which of the following? (Check all that apply)

- Residents
- Clinical faculty
- Basic science faculty
- Physicists
- Dosimetrists
- Other
- You do not recall

Who else gave medical student lectures? Please specify.

During this rotation, did you give a lecture to the department? This would have been a formal lecture to multiple residents and/or faculty. An informal presentation does not count.

- Yes
- No

What was the lecture you gave about?

- A clinical topic of your choice.
- An assigned clinic topic.
- Clinical research you have conducted.
- Basic science research you have conducted.
- Other

Please specify your lecture topic.

((optional))

Please add any additional comments regarding structured educational experiences on this rotation: (optional)
CLINICAL EXPERIENCE

Please consider your clinical experience during your SECOND rotation when answering the following questions.

While rotating in this department, which of the following were you given the opportunity to do? (Check all that apply)

☐ Perform an oncologic history and physical independently (no resident or faculty supervision)
☐ Write or dictate a consult
☐ Contour at a planning station for a clinical case
☐ Participate in a brachytherapy case
☐ Participate in a stereotactic radiosurgery (SRS) case
☐ Participate in a SBRT/SABR case
☐ Review port films
☐ Other

Please describe any clinical experiences that were particularly educational during this rotation. ((optional))

RESEARCH EXPERIENCE

Please consider your research experience during your SECOND rotation when answering the following questions.

During this rotation, did you participate in a clinical research project?

☐ Yes
☐ No

Which of the following best describes any clinical research project you initiated or helped conduct?

☐ Still in progress (no publications yet).
☐ Accepted or presented as an abstract.
☐ Accepted or published in a peer-reviewed journal.

How are you cited on the publication (abstract or manuscript) that resulted from this research? (*If multiple publications resulted, please indicate by checking more than one box if necessary.)

☐ First author/Co-first author
☐ Co-author (i.e. not first author)
☐ You received an acknowledgement, but you were not an author
☐ You were not cited on this work
☐ You do not know

Describe your research experience on this rotation including any details related to author order. ((optional))

On the following questions please rate your comfort with different aspects of radiation oncology upon completing your SECOND rotation.
How confident were you in your ability to take a full and complete oncologic history and physical?

How confident were you in your ability to integrate evidence-based medicine into radiation treatment decisions?

How confident were you in your knowledge of radiation biology?

How confident were you in your knowledge of radiation physics?

How confident were you in your knowledge of radiation treatment set-up and positioning?

How confident were you in your knowledge of radiation treatment planning?

How confident were you in your ability to evaluate a dose-volume histogram?

At the end of this rotation, how confident were you in your decision to pursue radiation oncology as a specialty?

Please describe why you were or were not confident in your specialty decision when completing this rotation. (optional)

Did you complete a THIRD radiation oncology rotation?
☐ Yes  ☐ No
Section 5/9

ROTATION 3

Please consider your THIRD radiation oncology rotation when responding to the following questions.

You did not complete a third rotation. Please click "Next Page."

This rotation was at a(n)
(Choose the choice that BEST fits the department)

☐ University medical center (i.e. affiliated with a medical school)
☐ Academic medical center NOT affiliated with a medical school
☐ Community practice
☐ Other
☐ You did not complete any formal radiation oncology clinical rotations

This rotation began in

☐ Before 2012
☐ January 2012
☐ February 2012
☐ March 2012
☐ April 2012
☐ May 2012
☐ June 2012
☐ July 2012
☐ August 2012
☐ September 2012
☐ October 2012
☐ November 2012
☐ December 2012
☐ After 2012

How many weeks was this rotation?

☐ 1
☐ 2
☐ 3
☐ 4
☐ Other

How many weeks was this rotation?

__________________________________

How many residents were in this program?
(Include the total number of residents, not the number per training year.)

☐ 4 or fewer
☐ 5-11
☐ 12-15
☐ 16 or greater
☐ This department had no residents

At the beginning of the rotation, were you given clear goals and objectives?

☐ Yes
☐ No
☐ I do not recall

When answering the following questions, please consider any SCHEDULED and/or STRUCTURED educational activities.
During this rotation, in which of the following examples of a formal educational curriculum specifically for medical students did you participate? For example, a lecture given only to medical students should be counted, but not a resident lecture that you attended.

(Check all that apply)

- Lecture specifically for medical students
- Prepared case discussion (note: this excludes informal discussions in clinic)
- Hands-on didactic session (i.e. contouring at a planning station on a pre-set plan; this excludes contouring for a patient during the actual planning process)
- Other (please specify)
- None of the above

Please specify the "other" educational activity: (optional)

During this rotation, how many lectures specifically designed for medical students did you have? (Only count lectures that were designed for you, not residents.)

- 0
- 1
- 2
- 3
- 4
- 5 or more
- I do not recall

During this rotation, medical student lectures were given by which of the following? (Check all that apply)

- Residents
- Clinical faculty
- Basic science faculty
- Physicists
- Dosimetrists
- Other
- You do not recall

Who else gave medical student lectures? Please specify.

____________________________

During this rotation, did you give a lecture to the department? This would have been a formal lecture to multiple residents and/or faculty. An informal presentation does not count.

- Yes
- No

What was the lecture you gave about?

- A clinical topic of your choice.
- An assigned clinic topic.
- Clinical research you have conducted.
- Basic science research you have conducted.
- Other

Please specify your lecture topic.

____________________________

((optional))

Please add any additional comments regarding structured educational experiences on this rotation: ((optional))
CLINICAL EXPERIENCE

Please consider your clinical experience during your THIRD rotation when answering the following questions.

While rotating in this department, which of the following were you given the opportunity to do? (Check all that apply)

- Perform an oncologic history and physical independently (no resident or faculty supervision)
- Write or dictate a consult
- Contour at a planning station for a clinical case
- Participate in a brachytherapy case
- Participate in a stereotactic radiosurgery (SRS) case
- Participate in a SBRT/SABR case
- Review port films
- Other

Please describe any clinical experiences that were particularly educational during this rotation. (optional)

RESEARCH EXPERIENCE

Please consider your research experience during your THIRD rotation when answering the following questions.

During this rotation, did you participate in a clinical research project?

- Yes
- No

Which of the following best describes any clinical research project you initiated or helped conduct?

- Still in progress (no publications yet).
- Accepted or presented as an abstract.
- Accepted or published in a peer-reviewed journal.

How are you cited on the publication (abstract or manuscript) that resulted from this research? (*If multiple publications resulted, please indicate by checking more than one box if necessary.)

- First author/Co-first author
- Co-author (i.e. not first author)
- You received an acknowledgement, but you were not an author
- You were not cited on this work
- You do not know

Describe your research experience on this rotation including any details related to author order. (optional)

On the following questions please rate your comfort with different aspects of radiation oncology upon completing your THIRD rotation.
How confident were you in your ability to take a full and complete oncologic history and physical?

- 1. Not at all
- 2. Somewhat
- 3. Moderately
- 4. Quite
- 5. Extremely

How confident were you in your ability to integrate evidence-based medicine into radiation treatment decisions?

- 1. Not at all
- 2. Somewhat
- 3. Moderately
- 4. Quite
- 5. Extremely

How confident were you in your knowledge of radiation biology?

- 1. Not at all
- 2. Somewhat
- 3. Moderately
- 4. Quite
- 5. Extremely

How confident were you in your knowledge of radiation physics?

- 1. Not at all
- 2. Somewhat
- 3. Moderately
- 4. Quite
- 5. Extremely

How confident were you in your knowledge of radiation treatment set-up and positioning?

- 1. Not at all
- 2. Somewhat
- 3. Moderately
- 4. Quite
- 5. Extremely

How confident were you in your knowledge of radiation treatment planning?

- 1. Not at all
- 2. Somewhat
- 3. Moderately
- 4. Quite
- 5. Extremely

How confident were you in your ability to evaluate a dose-volume histogram?

- 1. Not at all
- 2. Somewhat
- 3. Moderately
- 4. Quite
- 5. Extremely

At the end of this rotation, how confident were you in your decision to pursue radiation oncology as a specialty?

- 1. Not at all
- 2. Somewhat
- 3. Moderately
- 4. Quite
- 5. Extremely

Please describe why you were or were not confident in your specialty decision when completing this rotation. (optional)

Did you complete a FOURTH radiation oncology rotation?

- Yes
- No
Section 6/9

ROTATION 4

Please consider your FOURTH radiation oncology rotation when responding to the following questions.

You did not complete a fourth rotation. Please click "Next Page."

This rotation was at a(n)
(Choose the choice that BEST fits the department)

- University medical center (i.e. affiliated with a medical school)
- Academic medical center NOT affiliated with a medical school
- Community practice
- Other
- You did not complete any formal radiation oncology clinical rotations

This rotation began in

- Before 2012
- January 2012
- February 2012
- March 2012
- April 2012
- May 2012
- June 2012
- July 2012
- August 2012
- September 2012
- October 2012
- November 2012
- December 2012
- After 2012

How many weeks was this rotation?

- 1
- 2
- 3
- 4
- Other

How many weeks was this rotation?

__________________________

How many residents were in this program?
(Include the total number of residents, not the number per training year.)

- 4 or fewers
- 5-11
- 12-15
- 16 or greater
- This department had no residents

At the beginning of the rotation, were you given clear goals and objectives?

- Yes
- No
- I do not recall

When answering the following questions, please consider any SCHEDULED and/or STRUCTURED educational activities.
During this rotation, in which of the following examples of a formal educational curriculum specifically for medical students did you participate? For example, a lecture given only to medical students should be counted, but not a resident lecture that you attended. (Check all that apply)

- Lecture specifically for medical students
- Prepared case discussion (note: this excludes informal discussions in clinic)
- Hands-on didactic session (i.e. contouring at a planning station on a pre-set plan; this excludes contouring for a patient during the actual planning process)
- Other (please specify)
- None of the above

Please specify the “other” educational activity: 
((optional))

During this rotation, how many lectures specifically designed for medical students did you have? (Only count lectures that were designed for you, not residents.)

- 0
- 1
- 2
- 3
- 4
- 5 or more
- I do not recall

During this rotation, medical student lectures were given by which of the following? (Check all that apply)

- Residents
- Clinical faculty
- Basic science faculty
- Physicists
- Dosimetrists
- Other
- You do not recall

Who else gave medical student lectures? Please specify.

____________________________________

During this rotation, did you give a lecture to the department? This would have been a formal lecture to multiple residents and/or faculty. An informal presentation does not count.

- Yes
- No

What was the lecture you gave about?

- A clinical topic of your choice.
- An assigned clinic topic.
- Clinical research you have conducted.
- Basic science research you have conducted.
- Other

Please specify your lecture topic.

____________________________________

((optional))

Please add any additional comments regarding structured educational experiences on this rotation: 
((optional))
CLINICAL EXPERIENCE

Please consider your clinical experience during your FOURTH rotation when answering the following questions.

While rotating in this department, which of the following were you given the opportunity to do? (Check all that apply)

- Perform an oncologic history and physical independently (no resident or faculty supervision)
- Write or dictate a consult
- Contour at a planning station for a clinical case
- Participate in a brachytherapy case
- Participate in a stereotactic radiosurgery (SRS) case
- Participate in an SBRT/SABR case
- Review port films
- Other

Please describe any clinical experiences that were particularly educational during this rotation. ((optional))

RESEARCH EXPERIENCE

Please consider your research experience during your FOURTH rotation when answering the following questions.

During this rotation, did you participate in a clinical research project?

- Yes
- No

Which of the following best describes any clinical research project you initiated or helped conduct?

- Still in progress (no publications yet).
- Accepted or presented as an abstract.
- Accepted or published in a peer-reviewed journal.

How are you cited on the publication (abstract or manuscript) that resulted from this research? (*If multiple publications resulted, please indicate by checking more than one box if necessary.)

- First author/Co-first author
- Co-author (i.e. not first author)
- You received an acknowledgement, but you were not an author
- You were not cited on this work
- You do not know

Describe your research experience on this rotation including any details related to author order. ((optional))

On the following questions please rate your comfort with different aspects of radiation oncology upon completing your FOURTH rotation.
How confident were you in your ability to take a full and complete oncologic history and physical?


How confident were you in your ability to integrate evidence-based medicine into radiation treatment decisions?


How confident were you in your knowledge of radiation biology?


How confident were you in your knowledge of radiation physics?


How confident were you in your knowledge of radiation treatment set-up and positioning?


How confident were you in your knowledge of radiation treatment planning?


How confident were you in your ability to evaluate a dose-volume histogram?


At the end of this rotation, how confident were you in your decision to pursue radiation oncology as a specialty?


Please describe why you were or were not confident in your specialty decision when completing this rotation. ((optional))

How many rotations did you complete in addition to the 4 you have already described?

☐ 0  ☐ 1  ☐ 2  ☐ 3  ☐ 4 or more

If you wish to provide data about additional rotations, please contact Dan Golden at dgolden@radonc.uchicago.edu.
Section 7/9

DESIRED EDUCATIONAL CONTENT

Please consider what educational content you would want included in an optimal radiation oncology curriculum for medical students when answering the following questions.

How important are:

Lectures specifically for medical students given by residents


Lectures specifically for medical students given by clinical faculty


Lectures specifically for medical students given by physics, radiobiology, or basic science faculty


A lecture on the fundamentals of radiation biology


A lecture on the fundamentals of radiation physics


A lecture on the fundamentals of radiation treatment planning


A lecture on the use of evidence-based medicine in radiation oncology treatment decisions


Formal case presentations by the medical student to faculty members


An opportunity for the medical student to give a talk/lecture to the department


A didactic hands-on session to learn how to contour on simulation scans


A didactic hands-on session to learn the basics of radiation treatment planning


Please describe any additional educational activities that you think should be included in a 4-week clerkship curriculum for medical students who are PLANNING TO PURSUE RADIATION ONCOLOGY AS A CAREER. (optional)
Section 8/9

WHAT RADIATION ONCOLOGY EXPERIENCE SHOULD ALL MEDICAL STUDENTS HAVE?

How important is it to include a lecture or series of lectures in the pre-clinical (M1/M2) curriculum that covers an overview of radiation oncology as a specialty?


The optimal M3/M4 radiation oncology educational experience for students NOT planning to pursue radiation oncology as a career should include a:

☐ mandatory four week full-time clerkship
☐ mandatory two week full-time clerkship
☐ mandatory clinical experience integrated with a general oncology clinical rotation
☐ mandatory clinical experience integrated with a mandatory diagnostic radiology rotation
☐ single lecture or series of lectures during another mandatory clerkship (e.g. medicine, radiology, etc.)
☐ other
☐ nothing [you do not believe ANY radiation oncology education should be required for ALL medical students]

Please describe the ideal radiation oncology educational experience for medical students NOT planning to pursue a career in radiation oncology:

__________________________________
Section 9/9

FINAL COMMENTS AND SURVEY SUBMISSION

Having completed your radiation oncology rotations, how well prepared do you feel to function in the clinic as a PGY-2 radiation oncology resident?

☐ 1. Not at all prepared
☐ 2. Somewhat prepared
☐ 3. Moderately prepared
☐ 4. Quite prepared
☐ 5. Extremely prepared

Please provide any additional comments or suggestions for the radiation oncology clerkship: ((optional))

If you are satisfied with your survey responses, select "Yes" to complete the survey.

☐ Yes
☐ No

If you would like to modify your responses, please navigate back to the appropriate page.