



¿Cómo conseguir que nuestra radiante especialidad sea más atractiva?

" Visión del tutor de residentes."

Xavier Maldonado
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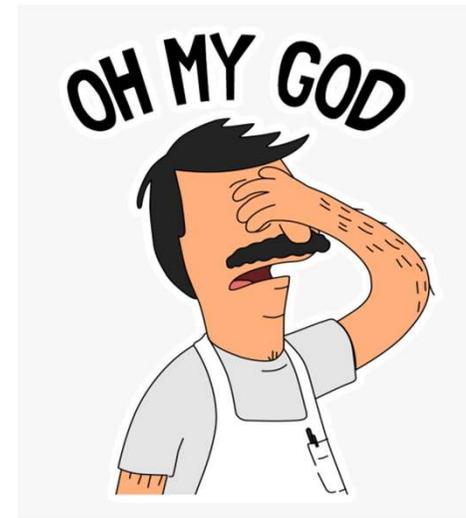
Conflicto de intereses

- No

Spoiler...

Hemos de ser capaces de transmitir:

- **Conocimiento / rigor**
- **Emoción /orgullo**
- **Presencia hospital/sociedad**



¿Pero cómo?....por etapas

- **PRE:**
 - Universidad
 - Interés candidatos
 - docencia otras especialidades
- **Durante:**
 - programa formativo
 - Mentor
 - liderazgo del R.
 - estancias formativas
 - Investigación
 - publicaciones
- **POST:**
 - Mercado lab.
 - Tesis
 - Fellowship
 - inv./docencia

¿Pero cómo?....por etapas

INTERNATIONAL JOURNAL OF
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www.redjournal.org

Editorial

The American Society for Radiation Oncology Workforce Statement

Chirag Shah, MD,* Pranshu Mohindra, MD,[†] Neha Vapiwala, MD,[‡] Shauna Campbell, DO,*
James Edward Bates, MD,[§] Malcolm D. Mattes, MD,^{||} Austin Sim, MD,[¶] Hiral P. Fontanilla, MD,[§] Emma Fields, MD,**
Chelsea C. Pinnix, MD, PhD,^{††} and Bruce Haffty, MD^{||}

1. “To that end, we encourage stakeholders to carefully consider the following factors of their training programs:
The quality and extent of each candidate’s interest in radiation oncology.
2. **How the specialty as a whole**, as well as individual programs, can engage, recruit, and retain diverse applicants
.
3. **Availability of sufficient resources** for clinical operations so that the priority for residents is training and education.
4. **The future expected need for radiation oncologists in their region.**
5. Whether participation in the SOAP is warranted and in the best long-term interest of providing quality training, innovation, and patient care.”

Tendencia residentes y Oncología RT en el mundo

Education

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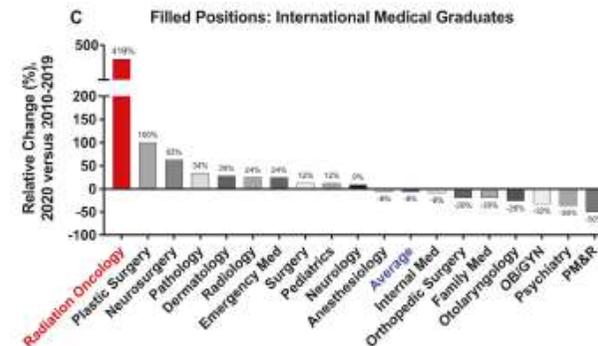
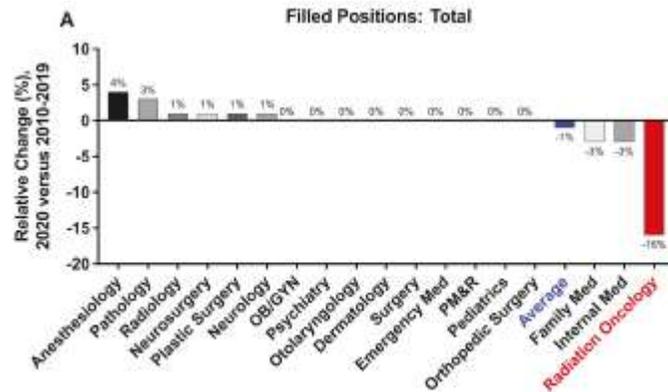
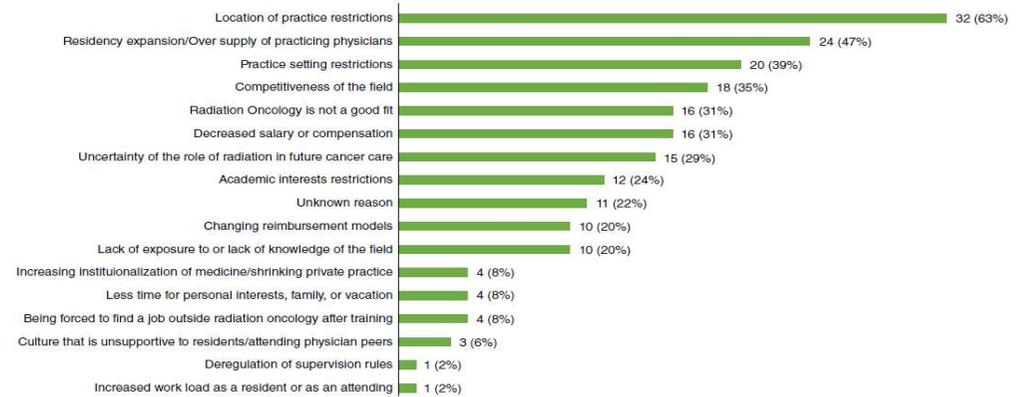
Reasons for declining applicant numbers in radiation oncology from the applicant 323

Reasons for Declining Applicant Numbers in Radiation Oncology From the Applicants' Perspective: Results From the Applicant Concerns and Radiation Oncology Sources Survey (ACROSS)

Jared Alexander Maas, MD,* Omer Lee Burnett III, MD,† and Samuel Ray Marcrom, MD*

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PRE: promoción desde la Universidad

EDITORIAL

Declining Medical Student Interest in Radiation Oncology: Wake-Up Call With a Silver Lining?

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Table 1 Diminished medical student interest in radiation oncology

Problem	Potential solutions
Lack of exposure to the field	Stronger presence of radiation oncologists in medical school core curriculum during first and second year Expand mentorship/clinical preceptorship opportunities for first- and second-year medical students Promote ASTRO and ACRO mentorship programs Support radiation oncology–specific interest groups Engage oncology interest groups in medical schools
Physics-heavy specialty	Better illuminate clinical practice of radiation oncologists and complementary role of medical physicists Accurately portray the amount of physics/math required for clinical practice
Diversity	Highlight women and minorities in radiation oncology Expand networks of mentors with diverse backgrounds and interests
Job market	Promote annual publication of job placement data for accurate portrayal of job market Encourage social media presence of practicing oncologists to increase perspective and dialogue for those entering the field

Abbreviations: ACRO = American College of Radiation Oncology; ASTRO = American Society of Therapeutic Radiation Oncology.

PRE: promoción desde la Universidad

Scientific Letter

The Impact of a Multidisciplinary Third-Year Oncology Elective Rotation on Decisions to Pursue Oncologic Careers and Oncology Exposure

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Monday	Tuesday	Wednesday	Thursday	Friday
8-9 Peer Review (Rad Onc)	7:45-8:45 New Patient Conference (Rad Onc)	8-9 Grand Rounds (Rad Onc)	9-12 Radiation Oncology	7:30-8:30 Gyn Onc Tumor Board
		9-10 New Patient Conference (Rad Onc)		
9-12 Heme/Onc (Adult) 12-1 Lunch	9-12 Heme/Onc (Pediatric) 12-1 Lunch	10-12 Gyn/Onc 12-1 Lunch	12-1 Lunch	9-12 Urology Oncology 12-1 Pediatric Tumor Board
1-4 Pathology	1-4 Radiology	1-2 GI Tumor Board 2-4 CT Sim/Treatment Machines (Rad Onc)	1-4 ENT/H&N Oncology	1-4 Radiation Oncology
			4:30-5:30 Head & Neck Tumor Board	

Monday	Tuesday	Wednesday	Thursday	Friday
8-9 Peer Review (Rad Onc)	7:45-8:45 New Patient Conference (Rad Onc)	8-9 Grand Rounds (Rad Onc)	9-12 Radiation Oncology (at the VA)	8-9 New Patient Conference (Rad Onc)
		9-10 New Patient Conference (Rad Onc)		9-11 Gyn Onc 11-12 Lymphoma Tumor Board
9-12 Surgical Oncology	9-12 Heme/Onc (Pediatric)	10:30-12 Neuro Onc Tumor Board	12-1 Lunch	12-1 Lunch
12-1 Lunch 1-4 Heme/Onc (Adult)	12-2 Breast Tumor Board 2-4 Radiation Oncology	1-3 ENT/H&N oncology 3-5 Pediatric Tumor Boards (Neuro & MSK)	1-4 Surgical Oncology	1-4 Radiation Oncology
			4:30-5:30 Head & Neck Tumor Board	

Conclusions: Radiation oncology departments are well positioned to lead multidisciplinary, ambulatory oncology electives within US medical schools. A majority of participating oncologists viewed the rotation positively and attributed the rotation with their entrance into oncology. © 2020 Elsevier Inc. All rights reserved.

PRE: promoción desde el hospital

Brief Opinion

Educating the Colleagues: Radiation Basics for Obstetrics and Gynecology Residents



Toms Vengaloor Thomas, MD,^{a,*} Kati K. Reddy, MS,^a Ashley Albert, MD,^b Mildred Ridgway, MD,^a William Robinson, MD,^a and Srinivasan Vijayakumar, MD^a

^aUniversity of Mississippi Medical Center, Jackson, Mississippi; ^bArizona Center for Cancer Care, Peoria, Arizona

Durante: programas formativos detallados

30

Improving Educational Practices During Radiation Oncology Residency Rotations

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Matthew Culbert,¹ Vincent Cassidy,¹ and Anamaria Yeung¹; ¹*University of
Florida, Department of Radiation Oncology*

Background: As rotations in radiation oncology residency are typically designed according to the apprenticeship model, there can be variability in educational value. Overall, the current design and educational content of residency rotations in radiation oncology are not well understood. Furthermore, there are no recommendations for how rotations should be structured, despite ongoing efforts to standardize the radiation oncology residency curriculum. We aim to describe current educational practices within rotations of United States radiation oncology residency programs and suggest best practices.

Discussion: A substantial number of radiation oncology residents report few routine educational sessions within rotations and are interested in receiving more dedicated teaching from attendings. A considerable number also indicate a limited understanding of expectations at the start of rotations. In response, we have developed a guideline for rotation best practices and plan to pilot these within a single institution and will monitor implementation and response.

PRE/Durante: programas formativos detallados

Quiero especializarme en Vall d'Hebron

Oncología Radioterápica

1 plaza





Oncología Radioterápica en HVH

- Especialidad de **4 años**.
- El primer año se hacen **rotaciones** en servicios clínicos (medicina interna, urgencias, oncología)
- A partir de R2 se rota en las distintas **patologías** del departamento.
Tumores gastrointestinales, mama, genitourinarios, SNC, cabeza y cuello, torácicos, hematológicos, ginecológicos y pediátricos.
- Para completar la formación en **braquiterapia** se rota en otro centro, durante 2 meses.
- Además, de R4 se puede hacer una rotación **externa** libre de 2-3 meses.
- Durante los primeros dos años se hacen **guardias** de puerta de urgencias, una cada 6 días (unas 4-5 al mes), siempre con el mismo equipo (pool de guardia).
- Después, a partir de R3, se hacen **guardias** de puerta de urgencias de Oncología (con los R3-R4-R5 de Oncología Médica), unas 3-4 a mes.

Año de residencia	R1	R2	R3	R4
Rotatorios	Urgencias (2) Planta Oncología (3) Medicina Interna (2) Hepatología (2) Consultas Oncología (3) Radioterápica (1)	Física (2) Radiodiagnóstico (2) Mama (4) Gastrointestinales (4)	Braquiterapia (externa, 3 meses) Torácicos/ pulmón (3) Ginecológicos, hematológicos (4) Curso supervisor instalaciones radioactivas (1)	Genitourinarios y SNC (5) ORL y radiocirugía (3) Pediátricos y cabeza y cuello (4) Rotatorio externo
Guardias	Urgencias general (4-5 al mes)	Urgencias general (4-5 al mes)	Urgencias Oncología (3-4 al mes)	Urgencias Oncología (3-4 al mes)
Tardes de radioterapia				

Una semana en Radioterapia

- **Horario:** 8.30h a 17.00h
- **Sesiones lunes:** residentes. Caso clínico + revisión de literatura.
- **Sesiones martes:** técnicas especiales.
- **Sesiones miércoles:** Adjuntos. Sesiones bibliográficas.
- **Comités de tumores:** Entre 2 y 3 a la semana. De todas las patologías: tumores torácicos, genitourinarios, sistema nervioso central, sarcomas etc...
- **Consultas externas:** 2-3 días de consultas a la semana.
- **Guardias:** 4 guardias de Urgencias de Oncología al mes a partir de R3
- **Tardes** de radioterapia

¿Por qué venir a Vall d'Hebron?

Instalaciones y dotación tecnológica

Cuatro aceleradores lineales: Halcyon, Clinac, Truebeam (2) T
 técnicas: EBRT, IMRT, VMAT, SBRT, SRS (radiocirugía), HFSRT, breath hold inspiration, gating.

Centro de referencia nacional

Centro de referencia de patología compleja, gran volumen de pacientes.

CSUR de Retinoblastoma y tumores orbitarios, tumores extraoculares de la infancia (rabdomyosarcoma), sarcomas de la infancia, sarcomas y otros tumores músculoesqueléticos del adulto

Trabajo multidisciplinar

Comités de tumores con equipos multidisciplinarios

Investigación

os nacionales e internacionales, posibilidad de publicar en revistas de alto impacto durante la residencia.

Docencia y formación

Servicio docente, sesiones clínicas y bibliográficas, asistencia a cursos y congresos. Participación en ensayos clínicos

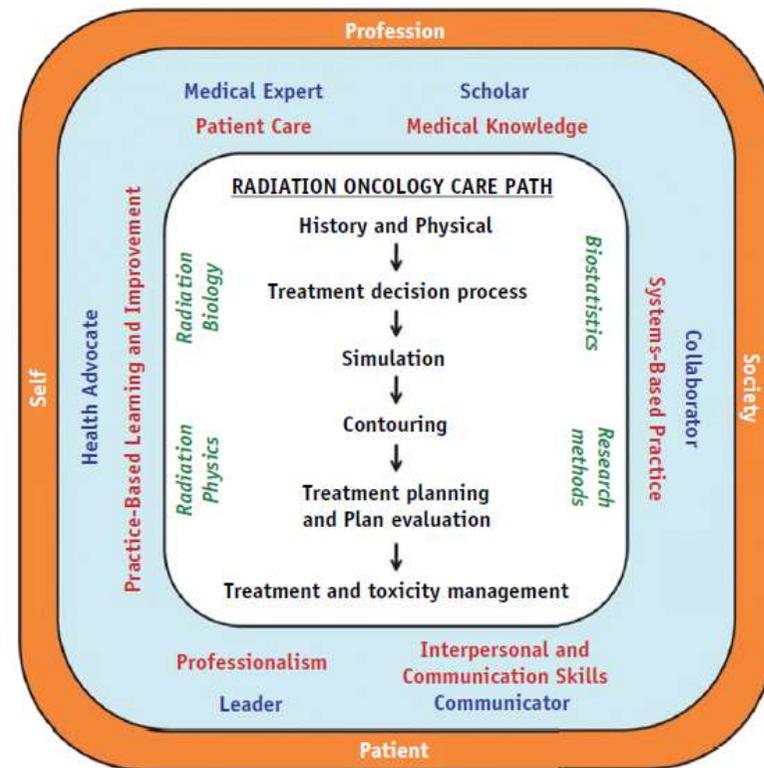


Durante: formación de educadores médicos profesionales

The Radiation Oncology “Medical Educator” Career Path

International Journal of
Radiation Oncology
biology • physics

www.redjournal.org



ACGME competency domains

CanMEDS competency domains

Durante: promoción de la investigación en cáncer

Rac
bic

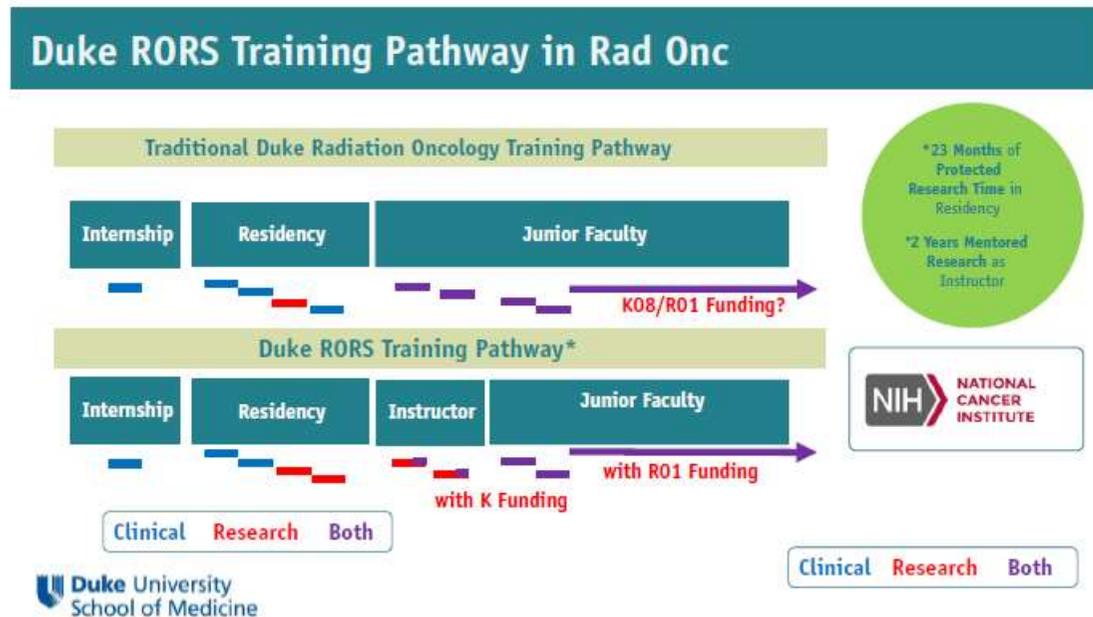
Scientific Letters

Fostering Radiation Oncology Physician Scientist Trainees Within a Diverse Workforce: The Radiation Oncology Research Scholar Track

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Post: promoción de fellowship/jefes de residentes

EDITORIAL

Empowering Residents into Independent Practice: A Single-Institutional Endeavor Aimed at Developing Resident Autonomy Through Implementation of a Chief Resident Service in Radiation Oncology

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 Ivy A. Petersen, MD,* Nadia N. Laack, MD,* Robert L. Foote, MD,*
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Table 1 Senior resident associate goals and objectives

Domain	Objective
Practice management	The SRA is required to do complete patient evaluations including appropriate workup and treatment recommendations.
Practice management	Billing of the patients should be completed by the SRA and should be appropriate for the evaluation performed.
Practice management	The SRA is responsible for full documentation of all the interactions with the patient.
Practice management	The SRA is the primary physician involved in the treatment planning for all of his or her patients undergoing treatment. He or she is responsible for the appropriate treatment planning and execution.
Leadership/communication	The SRA is involved in direct supervision of patients undergoing treatment, with timely ongoing evaluations and interventions (and involving appropriate parties when necessary; eg, nursing, therapists).
Leadership/communication	The SRA is required to participate in conferences with patient case presentations and directed discussion regarding some aspect of the patient's care.
Clinical	The SRA should familiarize himself or herself with the appropriate literature for his or her current patients.
Clinical	The SRA should demonstrate skills and knowledge regarding the evaluation, management, treatment, and follow-up care of his or her patients.

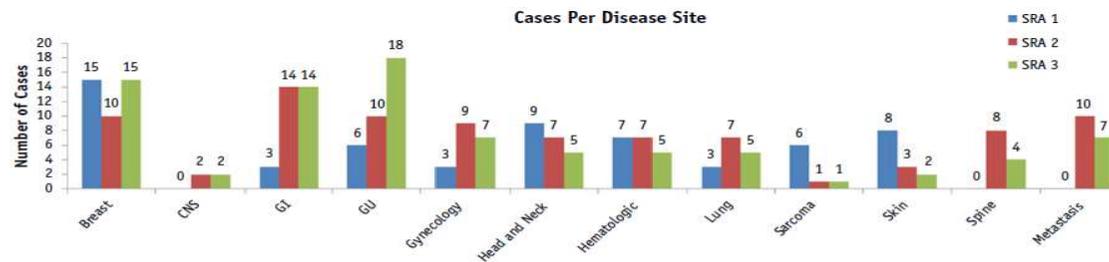


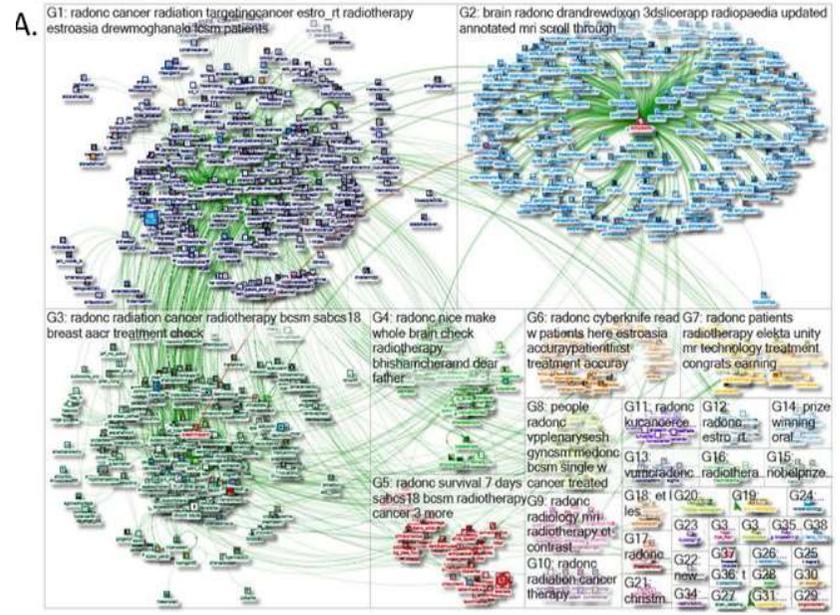
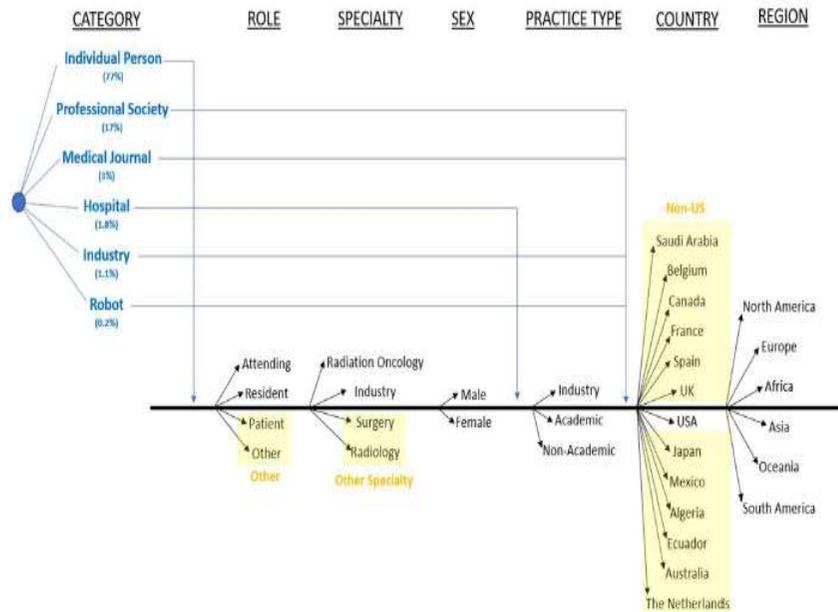
Fig. 2. Cases seen across disease sites per senior resident associate (2018-2019 class).

PRE/Durante/Post: presencia en redes sociales

Advances in Radiation Oncology: 2022

Twitter influencers in radiation oncology

3



Conclusión

Hemos de ser capaces de transmitir:

- **Conocimiento / rigor**
- **Emoción /orgullo**
- **Presencia hospital/sociedad**