Advances in Radiation Oncology Continuing Medical Student Education During the COVID19 Pandemic: Development of a Virtual Radiation Oncology Clerkship --Manuscript Draft--

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	Methods and Materials: We convened an advisory panel to design a virtual clerkship curriculum. We implemented clerkship activities using a cloud-based learning management system, video web conferencing systems and a telemedicine portal. Students completed assessments pre- and post-clerkship to provide data to improve future versions of the clerkship.				
	Results: The virtual clerkship spans 2 weeks and is graded pass or fail. Students attend interactive didactic sessions during the first week and participate in virtual clinic and give talks to the department during the second week. Didactic sessions include lectures, case-based discussions, treatment planning seminars and material adapted from the Radiation Oncology Education Collaborative Study Group curriculum. Students also attend virtual departmental quality assurance rounds, cancer center seminars and multi-disciplinary tumor boards. The enrollment cap was met during the first virtual clerkship period (April 27 through May 8, 2020), with a total of 12 students enrolling.				
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TITLE: Continuing Medical Student Education During the COVID19 Pandemic: Development of a Virtual Radiation Oncology Clerkship

SHORT TITLE: Virtual radiation oncology clerkship

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Summary

In response to cancelation of all in-person clerkships at our institution due to the COVID-19 pandemic, we designed a virtual radiation oncology clerkship. We fulfilled clerkship learning objectives using an array of digital education tools and were able to broaden our reach in educating medical students about our field.

Abstract

Purpose: Our institution cancelled all in-person clerkships due to the COVID-19 pandemic. In response, we designed a virtual radiation oncology medical student clerkship.

Methods and Materials: We convened an advisory panel to design a virtual clerkship curriculum. We implemented clerkship activities using a cloud-based learning management system, video web conferencing systems and a telemedicine portal. Students completed assessments preand post-clerkship to provide data to improve future versions of the clerkship.

Results: The virtual clerkship spans 2 weeks and is graded pass or fail. Students attend interactive didactic sessions during the first week and participate in virtual clinic and give talks to the department during the second week. Didactic sessions include lectures, case-based discussions, treatment planning seminars and material adapted from the Radiation Oncology Education Collaborative Study Group curriculum. Students also attend virtual departmental quality assurance rounds, cancer center seminars and multi-disciplinary tumor boards. The enrollment cap was met during the first virtual clerkship period (April 27 through May 8, 2020), with a total of 12 students enrolling.

Conclusions: Our virtual clerkship can increase student exposure and engagement in radiation oncology. Data on clerkship outcomes are forthcoming.

Introduction

On March 15, 2020, XX School of Medicine, with the guidance of the Association of American Medical Colleges, suspended all on-site clinical clerkships because of the COVID-19 pandemic. To provide alternative clinical learning opportunities, we created a virtual radiation oncology clerkship for XX medical students.

We aimed to fulfill the learning objectives of an in-person rotation in our department by leveraging a broad array of e-learning tools. We report here our experience with designing and implementing this virtual clerkship.

Methods

We convened an advisory panel of key stakeholders including the medical student clerkship director (XX), the residency program leadership (XX,XX) the associate dean of medical school admissions (XX), the medical student clerkship coordinator (XX), and other faculty and residents interested in medical education (remaining authors). The panel met weekly during the design phase to create course objectives and curriculum.

Canvas (www.instructure.com), XX's primary cloud-based learning management system, hosts the clerkship and provides the integrated calendaring and syllabus system, communication stream, built-in web conferencing functionality, and assignment modules. Synchronous didactic sessions, chart rounds and tumor boards are held using Zoom or WebEx, commercially available video web conferencing systems. Virtual clinic visits are facilitated via a secure cloud-based telemedicine portal using Epic Systems, which allows remote multi-party connections.

The panel continues to meet weekly during the implementation phase of the clerkship to troubleshoot issues that arise. In addition, students are required to submit anonymized pre- and post-clerkship assessments to provide data to improve future versions of this clerkship.

Results

Students attend didactic sessions led by faculty, residents, and dosimetrists during the first week of the clerkship. During the second week, students participate in virtual clinic and give talks to the department (**Table 1; Figure 1**).

Didactic sessions include lectures, case-based discussions, treatment planning sessions in Eclipse and Precision, and lectures adapted from the Radiation Oncology Education Collaborative Study Group curriculum material¹. Faculty and resident speakers are encouraged to integrate Zoom features such as polling (**Figure 2**) and chat into their sessions to engage students. A resident moderator co-hosts every session to help answer chat questions while the primary speaker leads the session. The sessions are password-protected, require attendee registration to track attendance, and are recorded so that students can review the material later. In addition, medical students attend departmental quality assurance rounds, cancer center seminars, and multi-disciplinary tumor boards that do not conflict with clerkship activities, which are all currently offered in a virtual environment.

For the virtual clinic experience, students are assigned to different services in teams of 2. Students work with the resident and faculty of their assigned service to see and present virtual clinic patients during the second week of the clerkship.

At the end of the clerkship, students give a virtual journal club talk to the department on a recently published oncology paper. **Table 2** shows course objectives and requirements. The clerkship is graded on a pass/fail basis.

The enrollment cap was met during the first virtual clerkship period (April 27 through May 8, 2020), with a total of 12 students enrolling. **Table 3** shows demographics and pre-clerkship self-assessment responses of the first cohort. Over half of the cohort (58%) were female. Only one student had prior exposure to radiation oncology.

Discussion

We radically restructured our medical student clerkship program due to the COVID-19 pandemic. To allow medical students to maximize their educational opportunities during these uncertain times, we created a virtual radiation oncology clerkship.

Medical students receive little exposure to radiotherapy even though it is a key component of multidisciplinary cancer care. Of the approximately 90 medical students per graduating class at XX, only 4 XX medical students have rotated through our department from July 2018 to March 2020. Our virtual clerkship generated much more interest, with the enrollment cap met almost immediately after the course was offered. Given the paucity of competing in-person clerkships, some of the students taking our virtual clerkship may not have the same level of interest in radiation oncology as prior rotating students. However, 67% of the cohort did express interest in "learning more about radiation oncology," with 92% having had no prior exposure to radiation oncology. Further, over half were women. This virtual clerkship broadened our reach, providing an important opportunity to address female trainee underrepresentation and declining overall numbers of applicants in radiation oncology²³.

We included in our virtual clerkship educational activities that medical students have previously ranked as important and are key components of our 4-week in-person clerkship. These include structured didactics, treatment planning sessions, and the opportunity to (virtually) see and present clinic patients and give a formal talk.^{4–6} Because our virtual clerkship can accommodate more students than an in-person clerkship, we divided the students into smaller teams assigned to specific services to preserve the important interpersonal components of an in-person clerkship.

Our virtual clerkship is currently offered through the end of June. We plan to present full results, with student and faculty feedback of the educational value of the clerkship, after several cohorts complete the clerkship. We will also examine how this clerkship ultimately impacts recruitment to our specialty. Future efforts will focus on allowing students from other institutions to take the virtual clerkship. Having this option can increase access to students who may not be able to pursue an away rotation at our institution⁷.

COVID-19 has challenged us to adapt and innovate quickly in our daily work, which includes the education of our trainees. Our virtual clerkship can facilitate the integration of radiation oncology education into the medical student curriculum and increase student exposure to our field and interest in radiation oncology as a career.

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Figure 1. Front-end student view of virtual clerkship schedule on the Canvas web application. Students can directly access Zoom lectures and assignments using this interface.

Figure 2. Poll feature on the Zoom platform allows students to answer questions in real-time during synchronous didactic sessions.

	Monday	Tuesday	Wednesday	Thursday	Friday
	8:00-8:30	8:00-9:00	7:30-10:30	7:30-8:30	8:00-9:00
Week 1:	Orientation to the	Cancer Center	Resident Education ^b	Chart Rounds ^c	Resident Education ^b
Lecture	Clerkship (FAC)	Seminar ^a or			
Block		Pediatric Tumor	10:30-11:30	1:00-2:00	9:00-10:00
	8:30-9:00 History of	Board	Approach to Clinic Notes <i>(FAC)</i>	Basics of Prostate cancer/Brachytherapy	Head and Neck Cancer and
	Radiation	10:00-11:00		(FAC)	Treatment Planning
	Oncology (FAC)	Introduction to	1:00-2:00	(1710)	(FAC)
		Radiation for	Virtual Department	4:30-6:00	(1710)
	9:00-10:00	Breast Cancer	Tour (RES)	Head and Neck Tumor	10:30-11:30
	Introduction to	(FAC)		Board	CyberKnife
	Radiation	()	3:30-5:00	200.0	Treatment Planning
	Oncology (RES)	11:00-12:00	GI Tumor Board		(FAC)
		Radiation			(-)
	1:00-2:00	Treatment			1:00-2:00
	Introduction to	Planning			CNS Tumor Board
	Radiation Physics	(FAC and			
	(RES)	dosimetrist)			
		2:00-3:00			
		Thoracic Tumor			
		Board			
	Virtual Clinic ^d	Virtual Clinic ^d	Virtual Clinic ^d	Virtual Clinic ^d	Virtual Clinic ^d
Week 2:	Virtual Cirric	Virtual Chinic			Virtual Chinic
Virtual	8:00-9:00	8:00-9:00	7:30-10:30	7:30-8:30	8:00-9:00
clinic	Lymphoma Tumor	Cancer Center	Resident Education ^b	Chart Rounds ^c	Resident Education
and	Board	Seminar ^a or		onarchoundo	
student		Pediatric	3:30-5:00	8:30-9:30	8:30-9:30
talks		Tumor Board	GI Tumor Board	Journal Club Student	Journal Club
				Talks	Student Talks
		2:00-3:00			
		Thoracic Tumor		4:30-6:00	1:00-2:00
		Board		Head and Neck Tumor Board	CNS Tumor Board

Table 1. Sample student schedule for 2-week radiation oncology clerkship

 Abbreviations: faculty-led (FAC); resident-led (RES); central nervous system (CNS); gastrointestinal (GI)

^aWeekly seminar on an oncology topic given by faculty speakers from various departments in the cancer center. ^bScheduled didactics for residents; these are lectures on various disease-sites and radiation topics led either by faculty or residents.

^cChart rounds are weekly department quality assurance sessions where new patients' radiation treatment plans are reviewed.

^dVirtual Clinic hours and days varied based on assigned faculty's clinical schedule

Table 2. Course objectives and requirements

Course Objectives

- Introduce students to the field of radiation oncology and the history of Stanford radiation oncology
- Educate students on basic principles of radiobiology, medical physics, and general oncology along with multidisciplinary cancer management
- Participate in the assessment of cancer patients and basic radiation treatment planning

Course Requirements

- Complete pre-and post-course self-assessments
- Attend didactic sessions and complete post-lecture assessments
- Participate in virtual clinic and submit a completed consult note
- Give a journal club talk to the department

		Number (%)
Age (medi	27 (23-31)	
Gender	- /	· · · ·
Fe	male	7 (58.3%)
Ma	ale	5 (41.7%)
Race		, , , , , , , , , , , , , , , , , , ,
As	ian	4 (33.3%)
Ca	aucasian	6 (50.1%)
Bl	ack or African American	1 (8.3%)
La	tino, or of Spanish origin	1 (8.3%)
Clinical ex		· · · · ·
	st clinical year	12 (100%)
	econd clinical year	-
Degree tra	ck	
M		8 (66.7%)
M	D/PhD	3 (25%)
Ot	her	1 (8.3%)
First radiation oncology rotation		12 (100%)
Had prior exposure to radiation oncology		1 (8.3%)
	erest in radiation oncology	
No	ot interested at all	1 (8.3%)
W	ould consider oncology but not necessarily radiation oncology	3 (25%)
Co	onsidering learning more about radiation oncology	8 (66.7%)
Co	onsidering applying to radiation oncology residency	-
Lil	kely to apply to radiation oncology residency	-
Understan	ds daily responsibilities of a radiation oncology	
St	rongly Disagree	3 (25%)
Di	sagree	8 (66.7%)
Ne	eutral	1 (8.3%)
Ag	jree	-
St	rongly Agree	-
	s for enrolling in virtual clerkship	
	erest in radiation oncology	7 (58.3%)
Int	erest in learning with new technologies	7 (58.3%)
CC	DVID-19 restrictions	12 (100%)

 Table 3. Characteristics of first virtual clerkship student cohort (total n=12).

		🗧 😑 Polls		
		Poll in Progress	00:00:25	
	-	Attendees are now viewing questions 7 of 14	(50%) voted	
Poll # 3	Which of the following does not include a form of regional thera	1. Which of the following does not include a regional therapy?	form of	
A	Prostatectomy with radiotherapy to the prostate bed and pelvic h	Prostatectomy with radiotherapy to the prostate bed and (0) 0% pelvic lymph nodes		
B	Lumpectomy followed by chemotherapy			
c	Mastectomy with axillary lymph node dissection	Lumpectomy followed by chemotherapy (7) 1009		
D	Definitive radiotherapy to a tonsil tumor and the bilateral neck			
Poll # 4	In which of the following scenarios is radiation the definitive the	Mastectomy with axillary lymph node dissection	(0) 0%	
A	After a prostatectomy, a patient's PSA rises and they complete rac prostate bed and pelvic lymph nodes	Definitive radiotherapy to a tonsil tumor and the bilateral (0) 0% neck		
8	A 50 year-old with Non-Hodgkin lymphoma is treated with R-CHO with a complete response, followed by radiotherapy to the site of			
c	A 40 year-old with stage III nasopharyngeal carcinoma near the bi with chemotherapy to shrink the tumor, followed by chemoradiot			
D	A patient with thoracic spinal cord compression from a lung cance treated with emergent radiotherapy			
		End Poll		
	A 16			
ne Start Video	Security Participants Chat Share Screen	Polling Reactions More	End Meet	

