

The 5 essential cancer clinical experiences for medical students.

Australia developed an Ideal Oncology Curriculum in 1999 that was endorsed locally and internationally. However recent medical graduates still have important gaps in their cancer knowledge and skills.¹ For example, many medical students graduate having never examined people with the most common cancers, not knowing the ages at greatest risk of developing the commonest cancers, and not knowing whether 5 year survival rates are higher or lower than 50% for some of the commonest cancers.

Australian medical students are educated by a wide variety of models, including varying mixes of didactic versus self-directed learning, mandatory versus optional clinical experiences, urban versus rural settings, and undergraduate versus post-graduate intakes.

Many important clinical skills must be learnt by experience. All Australian medical programs include at least 2 years that are predominantly clinical, and are organised as a series of clinical attachments. The nature of these clinical attachments varies greatly, and is probably a major contributor to the variability in medical graduates' clinical skills.

The **aim** of this document is to describe the cancer clinical experiences medical students need before they graduate, as a first step towards helping medical faculties design and deliver clinical attachments that provide adequate training for medical students.

The 5 cancer clinical experiences that medical students need before they graduate

1. talk with and examine people affected by all stages of cancer
 2. talk with and examine people affected by all common cancers
 3. observe all components of multidisciplinary cancer care
 4. see shared decision-making between people with cancer and their doctors
 5. talk with and examine dying people
- examine: experienced the salient features (eg seen, felt etc)
 - talk with: have discussed symptoms, effects, plans and reflections
 - all stages of cancer: early, locally advanced, locally recurrent, advanced
 - all common cancers: breast, prostate, lung, colorectal, melanoma, gynaecologic, lymphoma, leukaemia
 - all components of multidisciplinary cancer care: includes people preparing for, undergoing, and having had cancer surgery, chemotherapy, radiation therapy, palliative care, and other supportive care

¹ Barton MB, Tattersall MHN, Butow P, et al. Cancer knowledge and skills of interns in Australia and New Zealand in 2001: comparison with 1990, and between course types.