



# MP 3.0 - Medical Physics Education: Overview of Challenges and Future Potential

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# **Outline**

- 1) Motivation driving MP 3.0 in education
- 2) MP3.0 Educational Goals
- 3) Current challenges in medical physics education
- 4) Who is already tackling the future of MP education?
- 5) Examples of current initiatives
- 6) Potential future initiatives, idealistic ideas







### Motivation for MP3.0 in Education

#### 1) It's who we are:

- "Research and being the scientist in the room is what sets us apart and has allowed medical physics to grow"
- "Physicists should be the vectors for translation of scientific fundamentals towards improving operations in the healthcare environment"
- "We are not just service providers"







### Motivation for MP3.0 in Education

#### 1) It's who we are: Professional pride and ethical duty:

- Ensure a high level of knowledge and skills is achieved to benefit patient care and safety
- Continue contributing to improvements in patient care by keeping pace with evolving scientific knowledge
- Promote excellence in training of our future colleagues in appreciation for those who trained us







### Motivation for MP3.0 in Education

#### 2) Sustainability and growth of the profession

- "Historically being a technician was enough but it won't be enough to sustain the profession in the future"
- Financial pressures in healthcare
  - Bundling of cost in reimbursements
  - Technology care can be commoditized and handed off to lower paid salaried professionals
  - ♦ Not enough to communicate our value → Administrators will still cut

Aim to expand into new territory rather than being on the defensive







### **MP 3.0 Education Goals**

**Goal:** Balance the needs of clinical specialization, accreditation, and certification with the need to be broad and future reaching as true leaders and "scientists in the room" in healthcare.

- 1. Need efficiency and effectiveness in Education
- 2. Need expansion of educational opportunities to diversify the MP workforce
- 3. Need improved integration with other healthcare decision makers

#### **Challenges**

- 1. What we are teaching
- 2. How we are teaching







# **Challenges in MP Education**

### 1. What we are teaching: Is CAMPEP curriculum enough?

- 48% of participants matched to a residency in 2017
- SDAMPP survey (2015-2016) found that
  - 30% of match applicants would not have applied to medical physics if they had known likelihood of getting into residency was so low
  - ⇒ >50% of directors believe this will affect quality of applicant pool
- Working Group to Promote Non-Clinical Career Paths (2015):
  - ♦ Over 60% of students did not feel knowledgeable about other options
  - ♦ 55% of program directors think AAPM/CAMPEP has responsibility to prepare students for non-clinical careers







# **Challenges in MP Education**

### 1. What we are teaching: Is CAMPEP curriculum enough?

- Looking to the past:
  - ♦ Fear loss of strong fundamental physics & deep scientific competencies
  - ♦ No infusion of new ideas
- Looking to the present:
  - ♦ Clinical versatility: strong in both radiation therapy and imaging
- Looking to future:
  - ♦ Immunotherapy, cancer & molecular biology, biostatistics, neuroscience
  - ♦ Computer science, big data and machine learning, virtual reality
  - ♦ Systems and process engineering, safety engineering
  - ♦ Leadership skills, business classes







# **Challenges in MP Education**

#### 2. How we are teaching: Students aren't getting it

There's a large gap between natural aptitude and competency

Natural *aptitudes* are the tools in your toolbox but *competency* is knowing how to use the toolbox to achieve good results.

- There has been overemphasis on passing exams and not on gaining competencies
- Can execute tasks but can't explain the why
- ♦ Can't problem solve or improvise in new situations

**Lecture only format is not effective** 







## Who is tackling these challenges?









### **AAPM Committees for education & training**

#### **Education Council, Science Council, and Professional Council**

- Improving Education
  - ♦ Committee on Medical Physicists as Educators
  - ♦ Working Group on Medical Physics Graduate Education Program Curriculum
- Improving Workforce diversity
  - ♦ Working Group to Promote Non-Clinical Career Paths for Medical Physicists
  - → Task Group 298: Alternative Pathway Candidate Education and Training
- Improving Professionalism training
  - → Medical Physics Leadership Academy Working Group (TG 295, TG296, TG297)
  - Continuing Professional Development
- Improving Research training
  - ♦ Working Group on Student and Trainee Research
  - → Task Group 278: Combined Residency and Research Training in Medical Physics
  - ♦ Working Group on Future Research and Academic Medical Physics







# Who is tackling these challenges?

#### **Educational Council: How we are teaching**

#### **Committee on Medical Physicists as Educators**

- 1. Wiki page (<a href="http://wikifull.aapm.org/index.php/MPESC">http://wikifull.aapm.org/index.php/MPESC</a>)
  - Educator resources
  - Teaching models and practices
  - Innovations in Medical Physics Education session
  - 2016 Education Council Symposium
    - Implementing project-based and flipped learning
    - 2. Incorporating active learning
- 2. 2018 Education Workshop: "Becoming a better medical physics teacher"







# Who is tackling these challenges?

# AAPM RPT249 (2013): Essential Guidelines for Clinical Medical Physics Residency Training Programs

- Leadership training, professional liability
- Administration (staffing models, budgeting, and billing)
- Develop knowledge of capital equipment procurement process (business plans, tender documents)
- Partnering with managers and providers to assess, coordinate, and improve health care
- Assimilate scientific evidence to improve patient care
- Apply radiation biology and epidemiology to clinical situations







# **Challenges in MP Residency**

#### How we are teaching

Time pressure - Treat residents as cheap labour and work horses of the dept.

- 1. Survival mode, take short cuts, train bad habits, make it pass mentality
- 2. No time to analyze the reason for the test
- 3. Training technicians rather than scientist.
- 4. Overemphasis on machines and technology, not on patient care

#### Time pressure - Push aside residents and do the work themselves

1. Lack problem solving opportunities/experience





Time



# **Challenges in MP Residency**

Teaching self-segregation and isolation cheap labour and work horses of the dept.

- Survival mode
- No time to analyze the
- Training technicians rather than
- from clinical decision making Overemphasis on machines and techno-

Time pressure - Push aside residents and do the wa

Lack problem solving opportunities/experience







#### **Increased clinical integration during residency training**

- Med Phys and RO residents:
  - ♦ Share same office space
  - ♦ Present at same clinical case conference (reverse roles)
  - ♦ Elective international residency rotation (Africa, Asia, Central America)
    - 1) RO and physics travel together, foster multi-disciplinary working relationships
    - 2) Improves problem solving, deal with limited resources
    - 3) Fosters interest in caring for underserved populations and global health
- Physics patient consult:
  - → Formal training on patient interaction and communication
  - ♦ Simulated scenarios







#### **Professionalism and administrative training**

- 1) Chair of department leads classes on the business of radiation oncology
- 2) Chief of physics leads sessions on reviewing papers, ethics, applying for jobs, real life situations
- 3) Agreement with business school where graduates can take classes
- 4) Administrators could get teaching credit to enhance their resume:
  - Run simulations and case studies
  - Critique physicist's business case and briefing notes for projects







#### **Expanding the field of medical physics**

- Integrated Biology and Physics of Radiation Oncology
- Medical Physics and Statistical Science Exploring Interfaces and Building Collaborations
- 3. Rapid Research Rounds







#### **Expanding the field of medical physics**

- 1. Integrated Biology and Physics of Radiation Oncology
- Wayne State University
- Funded by NIH/NCI R25 grant
- Unique emphasis on education and fostering multi-disciplinary collaboration
- Med phys, rad bio, clinical oncology
- Virtual hospital, protocol development, breakout sessions



An Integrated Course in the Biology and Physics of Radiation Oncology







#### **Expanding the field of medical physics**

- 2. <u>Medical Physics and Statistical Science Exploring Interfaces and Building Collaborations</u>
- Reduce cost of clinical trials
- Methods to shorten new patient recruitment
- Quantify direct & indirect costs of misdiagnosis and mistreatments
- Statistical process control to improve RT
- Implementing new technology and maintaining patient safety

#### **Medical Physics and Statistical Science**

**Exploring Interfaces and Building Collaborations** 

Field Institute, April 4-5, 2017

Sponsored by: Canadian Statistical Sciences Institute & Canadian Organization of Medical Physicists and the Universities of Toronto and British Columbia







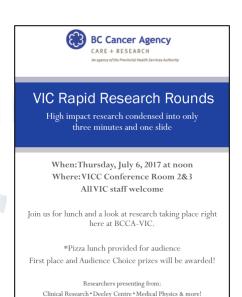




#### **Expanding the field of medical physics**

- 3. Rapid Research Rounds
- 3-4 min, 1 slide, judges and prizes
- Med physics, nutrition oncology, cancer immunology
- Future:

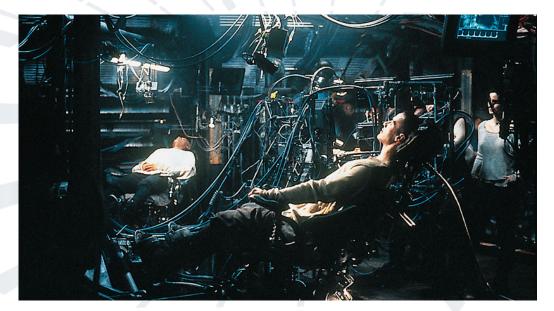
  - ♦ Experimental Therapeutics
  - ♦ Molecular Oncology
  - ♦ Genomic Sciences Centre
  - ♦ Integrative Oncology (radiation biology, imaging, genetics)







#### How to elevate everyone in the next 5 years?









#### How to elevate everyone in the next 5 years?

1) Modernize AAPM technology services

We are very behind on technology as a communication tool!

- a) Organization of content
- b) Delivery of content
- 2) Invest in AAPM Volunteer Services
  - a) Underutilizing our membership resources
  - b) Accelerate development of leadership pool







- 1) Modernize AAPM technology services
  - a) Organization of Content
  - Invest in the dissemination of knowledge

#### You don't know what you don't know

- ♦ Virtual library: tag with keywords
- ♦ Simulated education tools (wiki page hard to find)
- Miscellaneous thrown into links of interest
- Google analytics
  - ♦ Understand traffic flow, #users/page, flow of clicks
  - ♦ Want better usability, strong desire for education.







- 1) Modernize AAPM technology services
  - **b)** Delivery of Content
  - YouTube channel of "How To Videos"
    - ♦ E.g. Water tank leveling, Patient immobilization
  - Develop Apps: e.g. Radiobiology, FMEA
    - ♦ Outsource: e.g. UK, US, Canada, Australia, Phillipines, Ukraine
      - Design: 99designs.ca, designcrowd.ca
      - Coding: Freelancer.com, upwork.com
      - Miscellaneous: https://www.fiverr.com/ (e.g. Video & Animation, Infographics)







#### 2) Invest in AAPM volunteer services

- Hire a volunteer coordinator
  - ♦ Actually answer emails
  - ♦ Identify needs and design volunteer roles
  - ↑ Triage help requests
  - Match volunteers to their strengths
  - ♦ Build local mentorships
  - Build leadership experience





#### 2) Invest in AAPM volunteer services

- Larger experienced and skilled volunteer pool
- Build the capacity/bandwidth
  - ♦ Move away from 100% lecture format at meetings
  - ♦ Incorporate more workshops, debates
  - → Have unconferences
  - ♦ More outreach activities





### **Conclusion**

Take the initiative whether you're a teacher or trainee to make improvements in your educational environment.

Come by our booth and tell us your ideas!

Or take survey at https://www.surveymonkey.com/r/mp302

