

Should there be greater exposure to interventional radiology in the undergraduate curriculum? Medical students' perspectives

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Dear editor

We read with great interest the article by Ojha et al¹ highlighting the lack of exposure of medical students to interventional radiology (IR). As senior clinical medical students, we would like to offer our perspective on this issue and propose some additional strategies.

Firstly, we commend the authors for exploring the crisis in recruiting interventional radiologist trainees and concur that medical curriculums do not include sufficient IR education.

At our respective medical schools, lecturers sometimes include a couple of slides on an IR procedure relating to a specific specialty, for example, a coronary angioplasty following a myocardial infarction. This disjointed provision of information on IR leaves medical students with a lack of awareness of the job itself and the importance of interventional radiologists. Spiers et al² demonstrated that 1-day undergraduate courses in plastic surgery, another underrepresented field, can increase awareness of the specialty and improve student perceptions. We propose that medical schools should provide opportunities such as this in IR, and that having 1-day courses through simulations with virtual patients could also have similar effects.

The recent British Society of Interventional Radiology report³ reiterated the importance of interventional radiologists and how essential they are to medical teams. The current lack of interventional radiologists in the UK leads to patients undergoing major, as opposed to minimally invasive procedures undertaken by interventional radiologists, operations resulting in higher mortality rates. This reinforces that significant increases in exposure to this field at medical schools are necessary to close this profession gap and help reduce patient tragedies. Wright et al⁴ showed that 90% of medical students often have clinical role models within a specialty and they are influential factors in helping students decide on their specialty. Increasing clinical experience in IR could have this “role model” effect.

We agree with the authors' suggestion of having IR societies at medical schools. At our medical schools, numerous societies hold several events such as talks from key professionals within each field. Having IR societies at medical schools with current IR doctors sharing their life experiences would certainly help raise awareness. Additionally, use of social media platforms such as Twitter could also provide an alternative strategy. Benjamin and Royer⁵ piloted the use of an anatomy-related Twitter account which has shown successful results in terms of increasing followers and interest in the field. Similar methods could be replicated with IR to help connect students with

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medical professionals and give them greater insight into a fascinating career.

Disclosure

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