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OPINION

Reflection on a journey from the USA to Cape Town: the experiences of a radiation oncology resident

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Earlier in 2020, in a time before masks and social distancing that now feels like a lifetime ago, I boarded a flight from New York to Johannesburg, with a final destination of Cape Town. Though saying it was a one-way ticket would be more exciting, it was in fact a round trip, with my return home scheduled one month later, despite my denial of an imminent return to the US. I was headed for Tygerberg Hospital in Cape Town, specifically the Radiation Oncology unit, for a month-long clinical rotation to be spent primarily with the Gynaecological Oncology team.

As a registrar in Radiation Oncology at an academic institution in the Northeast United States, I had been looking forward to this experience for years, if not a lifetime. Early on in my university training, my love of gynaecological oncology declared itself. It became clear to me that my mission in life would involve women's health care, particularly with cervical cancer on a global scale. It was actually work of South African researchers that sparked my initial interest, so it seemed more than fortuitous that I'd have the chance to spend time in South Africa. Though I have spent approximately 1.5 years living in other settings abroad working and learning about healthcare systems and public health around the world, this was my first time abroad after obtaining an MD degree and beginning residency training.

The connection with the Radiation Oncology department at Tygerberg Hospital was through a consultant at my institution who had previously worked with a lead consultant at Tygerberg. My consultant facilitated the connection, and it was an honour to learn that the team at Tygerberg was willing to allow me into their clinical group for a month to meet them and learn from their expertise in gynaecological oncology in a much higher volume centre than my own.

From a clinical perspective, the first most obvious difference I noticed when joining the gynaecological oncology clinics and multidisciplinary team discussions was the patient demographics as compared to my experience in clinic at home. Whereas I had been used to a clinic seeing primarily older patients with endometrial cancer, I was now in a clinic where many patients were younger and with cervical cancer. I have minimal experience managing patients with HIV, so another learning experience was management considerations in those patients. Additionally, I have no experience in administering chemotherapy or any systemic therapy, as radiation oncologists are not trained to do this in the US, so this was also entirely new for me. Clinically, by the end of the month, I felt I had started to gain a skillset involving the comprehensive management of cervical cancer patients, by learning from all the members of the clinical team that I spent each day with. Through conversation with these people, I also gained an understanding regarding how the social determinants of health relate to cervical cancer in South Africa.

Another interesting insight was to experience what life as an oncology registrar is like in a different setting and compare and contrast that to what my life as a registrar is like at home. The training model was similar in that it was very much an apprenticeship model, where the registrar works largely one-on-one with a consultant for several months at a time and rotates through the different disease sites over the course of residency. The departmental academic sessions also were very similar, with weekly resident and consultant led educational sessions and journal clubs, and intermittent morbidity and mortality conferences. One main difference I noted is that at Tygerberg, each disease site team saw patients for at least half the day on several days of the week, whereas at my institution, we tend to have one or two full days of clinic per week, with the remaining days dedicated to contouring, plan review, etc. It seemed to me that for registrars, the volume of clinic patients and CT simulations performed is overall higher than what I typically see at home. The registrars at Tygerberg also see chemotherapy patients, which is not an aspect of my training. One difference that struck me was the level of autonomy given to registrars. In my institution, all patients that come through the clinic, whether consults or follow-ups, are typically seen by both the registrar and the consultant. The registrar sees the patient first, then signs out to the consultant, and then the consultant sees the patient to do an exam, reiterate the plan, etc. I noticed right away at Tygerberg that registrars are able to see patients independently without a consultant also seeing them.

Another difference is that at Tygerberg, the oncology service manages an inpatient ward, whereas at my institution, we do not run an inpatient ward. We see inpatient consults called in by other

services, but we do not have admitting privileges or manage inpatients as the primary team. An additional major difference I noted during my time at Tygerberg was how collaborative the different departments were with the management of oncology patients, as evidenced by the multidisciplinary team clinics (MDTs). This seemed to be a primary part of the educational experience each week for the registrar. While we have Tumor Boards that are similar in that patient histories are reviewed with radiology and pathology often reviewed by those respective specialists, the MDTs I saw at Tygerberg had the advantage of the different specialist teams actually seeing and examining each patient immediately after the multidisciplinary discussion. This was very different from my institution, where patients are not typically seen or examined on the same day of discussion, and typically are not seen by multiple specialists at one time to review the treatment plan. The MDT model seems to be a benefit to both patient care and registrar education.

Beyond the clinical skills is an entirely different yet incredibly important education not obtained from textbooks. I am referring to learning from others, not just about trials or dose constraints, but rather about their lives, motivations, perspectives, and experiences. Not a day has passed since leaving where I haven't thought about the registrars, consultants, and other team members I met at Tygerberg. Many of the trainees I met and worked with were international registrars, planning to return home to practise oncology after completing their training in South Africa. Learning about their stories and motivations was inspiring. I learned so much about and from them, and I can only hope to be even a fraction as interesting someday.

Though my intention was to write this piece shortly after my return home, it ultimately was delayed due to the Covid pandemic and resulting life upheaval felt across the globe. However, I think there is value in reflecting on an experience later on rather than immediately afterwards.

Each experience at Tygerberg and each person I met has influenced the way I see the world today. As a trainee myself, I believe one of the most important parts of training is being open to different perspectives and ways of practice and using different perspectives to form our own practice in the future. One way in which I have changed is my mindset on resource utilisation. As an MPH degree holder, I have always felt uneasy by what often feels like resource overutilisation in the US, and now more than ever after my month in Cape Town, this consideration is at the front of my mind when I think about how to manage patients. The term 'standard of care' has evolved to often encompass costly treatments unavailable to most, that sometimes provide only a minimal clinically significant benefit at best, especially in oncology. A conversation had with the registrars in Cape Town stands out to this day. When discussing a new therapy published to be the new 'standard in care' in a US-based journal, with a cost prohibitive to all but few, it was stated that access to that therapy is not 'real world.' I think about that often, especially when thinking about the bubble that medicine in the US can feel like, where the focus tends to be on the most 'advanced' technologies, expensive therapies, and extending life by any means possible.

In addition to reevaluating the way I view resource utilisation and the idea of 'standard of care,' I have also come to the realisation that if I wish to fulfill a dream of practising abroad, I will likely need further training. It was during my time in Cape Town that I first had exposure to oncologists who are trained in both radiation and medical oncology. It was an entirely new model for me, one which seems to be very beneficial to comprehensive patient care. Our system at home at times feels disjointed, and with that comes the loss of joy in actually caring for patients. This point also goes back to the importance of being open to other systems and ways of practice.

My month at Tygerberg Hospital is not something I will soon forget. It was a life-changing experience learning from the team of dedicated experts in oncology I spent time with. Those few short weeks changed the way I'll practise medicine forever and inspired within me that drive to continue to pursue the dream of gynaecological oncology on a global scale. I've made lifelong friends and even found a new idol. I hope life takes me back soon, maybe next time with a one-way ticket.