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Undergraduate Oncology Education in Nepal: A Single-Center Cross-sectional Assessment of Exposure, Confidence, and Curriculum Integration Among Medical Interns

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Abstract

Background

Cancer incidence in Nepal and worldwide is rising, but how well undergraduate training prepares physicians for oncology practice has not been well studied. This survey assessed clinical exposure, self-reported confidence, and perceived preparedness for oncology care among newly graduated medical interns.

Methods

A cross-sectional survey was conducted among 138 MBBS interns at a teaching hospital in Eastern Nepal, covering undergraduate exposure to oncology patients and lectures, self-reported confidence across ten core oncology domains, and views on curriculum integration. Associations between clinical exposure, lecture attendance, and confidence were tested using Pearson's chi-square tests and multivariate ordinal logistic regression.

Results

Half of the interns (n=69, 50.0%) reported encountering 10–20 oncology patients during undergraduate training, and 34% (n=47) reported exposure to more than 20 patients. Lecture attendance varied widely. Confidence was highest in multidisciplinary cancer management (83.3%, n=115), pain management (82.6%, n=114), and palliative care (81.2%, n=112), and lowest in immunotherapy (34.8%, n=48), surgical oncology (39.1%, n=54), and radiotherapy (42.0%, n=58). Greater clinical exposure and lecture attendance independently predicted higher oncology confidence (Nagelkerke pseudo-R²=0.18). Interns who had seen more than 20 patients were significantly more likely to report higher confidence (adjusted odds ratio [AOR]=1.76, 95% CI 1.18–2.64; p=0.006), as were those who had attended more than 10 lectures (AOR=2.04, 95% CI 1.25–3.33; p=0.005). Most interns supported earlier curricular integration and dedicated clinical postings in oncology.

Conclusion

Undergraduate oncology training in Nepal is inconsistent, with clear gaps in immunotherapy, surgical oncology, and radiotherapy. Both structured teaching and hands-on clinical

exposure were linked to greater self-reported preparedness, suggesting that introducing oncology earlier in the curriculum, paired with dedicated clinical rotations, could improve readiness among future physicians.

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