

## Viewpoints

# Teaching of medical students in dermatology

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I started my "teaching career" in the early 90's when I was promoted to consultant dermatologist. Honestly speaking, I did not have any great vision or mission in teaching at that time. I simply followed the footsteps of my predecessors who had done the same job since there was no academic staff in dermatology in both universities. After a period of more than one and half decades, things have changed both in my mind and in the medical education. As one of the witnesses of these changes, I would like to share my viewpoints with the readers in this light article.

### Changes in teaching venues

For those of my age or older, you will surely remember that the only teaching clinic in dermatology at that time was Sai Ying Pun Dermatological Clinic, while lectures were conducted in Queen Mary Hospital. As the number of medical students increased, teaching was streamed to other clinics, such as Li Kai Shing Dermatological Clinic for the Chinese University of Hong Kong (CUHK) students since the late 80's;

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Tang Shiu Kin Social Hygiene Clinic for the University of Hong Kong students since the early 90's and Yaumatei Dermatology Clinic for CUHK since 1994. With the increased number of teaching clinics, the medical students could be divided into smaller groups when they attended the clinics, and they had the chance to be exposed to more varieties of skin diseases and dermatological facilities. The environment of these new clinics was also better than that of Sai Ying Pun Jockey Club Clinic, which was older than a lot of us.

### Change in medical students

One of the most striking changes in medical students over the years is the increasing female: male ratio, which is now around 50:50. In fact, in CUHK, the female medical students often outnumber the males. We could still remember how small the number of female classmates in our era, who were so precious and adored in the class. While envying of the luck of the male medical students nowadays, men have to admit that women are as good as they are in studying medicine, if not better. Perhaps due to the love of skin aesthetics in their nature, during bedside teaching, I find that female medical students tend to be more enthusiastic and keen on learning dermatology.

Although overall, medical students, who were once regarded as "la crème de la crème", are still very disciplined during the bedside teaching,

occasionally some of them do behave differently from us in the old days. For example, late arrival to the teaching clinic tends to be more and more common now, and is almost becoming a "norm" to some students. Even more extreme, I have seen "courageous" students with chewing gum in his/her mouth while seeing the patients, something that we dare not think about and cannot imagine what would be the consequences in the era of late Professor A.J.S. McFadzean and late Professor G.B. Ong.

### **Change in teaching curriculum**

While medicine is developing in an almost unreachable pace, more and more new subjects are added to the medical curriculum to an extent that one cannot cope. With the introduction of the new curriculum, teaching in dermatology has been sacrificed to a certain extent. For example, the number of systemic lectures has been cut to almost a minimum; the number of bedside teaching in dermatology has been substantially reduced, and bedside teaching in sexually transmitted diseases is now non-existent. Many of us could still vividly remember while we attended the sexually transmitted diseases (STD) teaching clinic in Sai Ying Pun, the obedient patients were asked to stand in an unforgettable posture to

expose their private parts in front of a large group of astonished medical students. Whether we like it or not, the equilibrium of power between the doctors and patients has been completely reset. It is now almost impossible to obtain consent from a STD patient for examination by a large group of medical students.

### **Hope and reward from teaching**

As the years go by, my mind changes from simply fulfilling my obligation to enjoying teaching the medical students. As I understand it is through the passing of our knowledge and experience from generation to generation that medicine can survive and further advance. Although from time to time, there are criticisms from some senior colleagues that medical students now are not as smart as those in the past, such as lack of confidence and self-initiative; appearing passive, timid and hesitant when answering questions during bedside teaching, etc. But weren't we the same at their age! When I am looking into the faces of medical students, I see my old days some thirty years ago, a time when was full of happiness and bitterness. I can see hope in them, and I am convinced that one day they will all grow up and contribute to the society and medicine, just like we do.