Final Report

STINT Teaching Sabbatical at
Department of Surgery Chinese University of Hong Kong (CUHK)
Cecilia Engström Mattisson/Autumn 2022

Introduction

- "*Without feedback, mistakes go uncorrected, good performance is not reinforced and clinical consequences is achieved incidentally, or not at all*"
- "*Feedback in medical education is a) necessary b) valuable and c) with practice and planning is not as difficult as one might think.*"

Jack Ende from University of Pennsylvania, Department of Medicine wrote in 1983 about feedback in medical education. These quotes have meant a lot to me in my work as a teacher in the topic of medicine and surgery. I am an Upper GI senior consultant in surgery (MD PhD, Associated Professor) and have given courses in surgery at different academic levels. Since I also am the course examinator of the "The surgical semester" at the School of Medicine at Sahlgrenska University Hospital in Gothenburg, I have responsibility of the overall medical education of other specialties and subspecialities adjacent to surgery.
To see how students, both undergraduate and postgraduate, develop their knowledge and skills both in medical theory and in practical assessments is very encouraging. Therefore, I am grateful to have been able to further develop my competence as a teacher as a nominee from the Dept. of Surgery at Sahlgrenska Academy University of Gothenburg and with support from STINT (The Swedish Foundation for International Cooperation in Research and Higher Education).

The STINT teaching sabbatical was very interesting for me. I have long enjoyed teaching, including several non-medicine experiences that continue to have an influence on me. Once I got my degree in surgery, I joined the Faculty of Medicine as part of the Medical Education Program and was a teacher in surgery. Post-docs abroad in Adelaide (Flinders University Hospital) and several visits to UCLA (California, US, where my brother was Professor and Head of the Dept. of Orthodontics) had a big impact and showed me what and how internationalization and networking are so important.

I also liked that these events, and my STINT teaching sabbatical, are ways to show the Swedish way of teaching outside our country and to compare; how do we, both students and teachers, actually perform in an international comparison. Sweden is fairly modern in other frames of reference like working policies. I may also give my fellow colleagues and students abroad a possibility to reflect on their own teaching and learning, hence creating a network, as Gunnar Handal wrote of "critical friends" (Kritiske Venner). This means inviting fellow and co-teaching friends to give their perspective of your own teaching and vice versa.

Therefore, I chose not to give my own separate course at CUHK's Prince of Wales University Hospital; Department of Surgery; Team II Upper GI section. Instead, I co-taught with fellow surgeons in teaching the surgical clinical perspective on different levels in the clinical settings at the Prince of Wales University Hospital.

Me in the Operation Theatre

Preparation and Planning

The planning suffered a bit from the pandemic consequences. First, the possibility to enter Hong Kong was not clear. Secondly, there was a peak of covid-19 cases in Hong Kong in springtime 2022. The quarantine hotel period from the beginning of 2022 was three weeks. I decided to await a possible reduction. This all meant, that I could not go on the planning trip to Hong Kong 6 months ahead in order to meet my fellow teaching colleagues for planning my co-teaching. In addition, I could not look at suitable accommodations to find the best location for a reasonable cost. Living in Hong Kong is expensive. There was also a lot of bureaucracy to be able to stay more than 90 days, and to be able to enter the hospital areas, operation theaters, the university campus and meeting patients etc. Not even the medical students were earlier allowed to meet any patients. They had more or less just on-line teaching. That was also something to consider. Luckily, they opened up the "gates" for medical students during the summer of 2022.

I was invited from the department to work as a decision making and operative surgeon. But since the ability to even enter the country and the university hospital campus created much paperwork and was very time consuming, I appreciated the opportunity and their confidence in me. For only 4 months and on mainly teaching purpose, I chose not to apply for a clinical surgeon visa, only for teaching and ability for clinical auscultation. Retrospectively, I believe I did the right thing, since I could fulfil my duty as a surgical tutor and teacher without any problems.

I did my planning for the teaching on-line by two zoom meetings and by e-mail. I had great support from the administrative supporters in Fion Lai, Oliva Kwok together with Professor Philip Chiu and Professor James Lau. I really felt a warm welcome, that made me confident in preparing my STINT period on site.

Retrospectively, of course a face-to-face visit would have increased my ability to prepare even more, but since I was very happy just to be able to perform my Teaching Sabbatical during the pandemic, on-line meetings had to be sufficient.

Arriving to Hong Kong – Hotel- and home quarantine (3+4)

It is worth mentioning that the rules around COVID testing and quarantine were very strict. I had to spend 3 days locked in a hotel room in total quarantine. Leaving the hotel room and walking out in the hallway, risked a huge fine and years in prison. The quarantine meant; PCR-test before leaving Sweden; PCR-test when entering Hong Kong Airport, entering a hotel by the backdoor in a garage, food delivery at the door, exercise indoors in the room, several subsequent PCR- and Rapid Antigen tests… On day 3, I was discharged, a bit earlier than I thought, and I could move to my apartment in Hong Kong on the Kowloon side. I lived in the city center next to the Harbor promenade called Tsim Sha Tsui, very close to an MTR-station, that brought me directly to The Prince of Wales Hospital in 20 minutes, without even changing MTR station. This was very convenient.

Wearing a mask all my time here in Hong Kong, but since I am a surgeon, the mask was quite ok. You could only be without it at home, when eating or exercising. One had to perform in total 6 negative PCR-test before the LeaveHomeSafe Vaccine Pass code went from an *amber* to *blue* color. Blue code meant you could visit a restaurant, a museum, a concert etc. With the amber code, you were only allowed to buy food in supermarkets, buy take away, walk outside your home and go by public transportation. So, the turning to blue after one week felt really strange, but yet, so great!

Chinese University of Hong Kong and Prince of Wales Hospital (PWH) - who may enter Medicine Program

Hong Kong is a city with more or less as many inhabitants as in Sweden. There are several Hospitals here, but only two University Hospitals that host medical students. Chinese University of Hong Kong (CUHK) and Prince of Wales Hospital is one of them and also includes the Trauma Center of the city. The CUHK has a world ranking of # 38. To understand the student perspective, I believe I must try to explain the obstacles, the difficulties and pressure the students must pass in order to become a student at PWH.

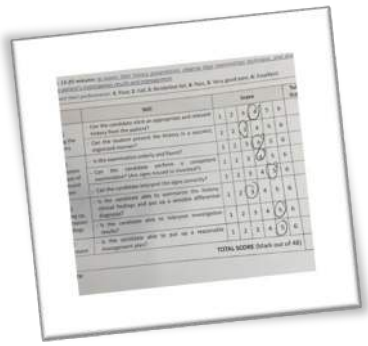
Before entering the JUPAS (The Joint University Program Admission System) to apply for Medicine Program, the student has to have a very high ranking in the HKDSE (Hong Kong Diploma of Secondary Education Examination). This is more or less the same as the well-known examination in Mainland China called the "Gaukao" i.e., the NCEE (National College Entrance Examination).
Graduating from a 6-year full-time Medicine Program and one year of internship, the student becomes registered medical practitioner in Hong Kong. The Medicine Program is the same as in Europe including three-cycle higher education system of bachelor´s, master´s and doctoral studies. In Sweden we have recently done a European adjustment and changed the Medicine Program; with abolishing the internship period of 18 months (AT) and prolonged the program from 5.5 years to a 6-year full-time Medicine Program. In Sweden education on all levels is paid by tax money, but in Hong Kong no education is free. Domestic university students pay approximately 6000 USD per year unless receiving a scholarship. To become a specialist (5 years of training and working as a doctor) you have to apply for a job; this is a similarity between Hong Kong and Sweden.
All education, examinations, official employee meetings and patient records are in English, even though communications between colleagues and some rounds are in Cantonese. Official documents for patients are written in both languages. Only a few of the doctors apply for even a higher postgraduate level as a PhD-student (or as they say here MD) and many doctors want to work in Private Hospitals. More or less 40% of all patients are treated privately, but private hospitals host no medical students. For another comparison, cancer treatment here in Hong Kong is done in Private and Public Hospitals. This is not the case in Sweden. All advanced surgical tumor treatment is done in Public Hospitals.

The Tsim Sha Tsui (TST) on the Kowloon side

Tasks, Responsibilities and Activities
I had many goals for my visit as Teaching Sabbatical. At home, I am involved in many specialties being the overall course examinator. Therefore, I tried not only just to focus on the upper GI section Team II, but also to make short visits in the Radiology department, the Trauma center, the Thoracic surgeons in the OT, the Colorectal, Endocrine and Hepato-biliary and pancreatic teams for example. Largely, I have been attached to my subspecialty Upper GI surgery and felt a warm atmosphere. They have been available for all my questions and have given me possibilities to "blend in" and to become equal colleague in teaching as well as in clinical interesting surgical case discussions even in the Operation Theater. I was also introduced and were able to co-teach in other teams at the hospital.

I have, for a somewhat clearer overview, registered my task assignments:

- given lectures
- giving tutorials
- hands on teaching in a) physical examination b) the medical history taking and c) follow up, both regarding admitted patients and patients in the out-patient clinic
- auscultation at Trauma Training Center
- simulating Clinical Skill Center teaching (see attached file below)
- tutoring and supporting surgeons and residents in the Operation Theater (OT)
- teaching in Ethics and Professionalism, including giving grades for reflection and summary
- teaching and explaining surgical procedures in the OT and by video sessions
- joined preoperative meetings (decision making of optimal surgical procedures)
- hands-on teaching in surgical techniques
- discussions during Grand round at the ward on a) potential diagnoses b) differential diagnosis c) further investigations d) treatments alternatives and e) on postoperative complications perspectives etc.
- Participation in OSLER examinations (Objective Structured Long Examination Record) (see attached file below)



The OSLER sheet…

…and the grade system

- Taking part of the student´s digital platform the so called "Black board" with on-line files and video materials
- Interviewed the academic staff regarding the final examinations and grades system
- Supporting students with answers and discussion on questions after grand round in order to clarify different clinical perspectives
- Being a substitute teacher, when the Team was short of manpower
- Joining evening meetings discussing complicated clinical cases
- Joining a research meeting
- Joining a national surgical meeting in Hong Kong
- Auscultations in the OT and the endoscopic department
- Giving a "grand round lecture" for the academic staff members, all the surgeons in all subspecialties at PWH as representative from the Upper GI Team II on Sweden, on Teaching Sabbatical Visiting Scholarship and on a clinical perspective of the Upper GI tract; Barrett´s esophagus.

The co-teaching team and colleagues

Tutorial with medical students

Comparison host and home - PWH and SU (Sahlgrenska University Hospital)
There are a lot of similarities in the teaching and the clinic perspective, which has helped me to "blend in" among the team members as a co-teacher. They are used to foreign visitors and many of the surgeons have been abroad themselves in similar situations outside Hong Kong. However, they have never had a visiting surgeon colleague for teaching purposes. The clinical decisions and surgical procedures are more or less the same, following international algorithms based on international publications, hence, no difference in basic surgical and medical treatment. Of course, some epidemiological differences in diseases made me customize my presentations regarding investigations and treatment modalities. That made me study more on an Asian perspective of different diseases, which increased my own perspective. Also, since the students had such high standard, were really study motivated and gave me some real tricky questions sometimes, I was forced to be even more up to date even outside my own specialty. This really encouraged me in my teaching.

The differences from Sweden as summary, were for example that many colleagues on high academic positions and clinical administration regularly taught students almost every week hands on; tutorials and at clinical grand rounds. But they also spend time during scheduled office hours in a private hospital, which was included in their employment at the Academy owned by the Chinese University of Hong Kong. Young colleagues were also rotating more around the operation table in the OT.

Another difference in clinical work was, that the doctors, nurses or students did not have rooms at the ward to co-work. The doctors did never sat down with the nurses discussing the managing of the patients. No inter professionalism was seen at the

ward. The students had of course tutorial rooms with high-tech digital possibilities but few rooms for "organized self-clerking" studying their designated patients in preparing for the Grand Round. The ward although mixed both acute and elective patients, which was good for the learning, since specific clinical problems in the subspecialty of for example Upper GI surgery are not included in the *core curriculum* of the 6th year of medical school. We had to focus on their level of understanding clinical problems. Sometime we raise the standards to resident-level theoretically and they seemed to have no big problem with this, by giving them time to understand the issues.
Regarding discussion on the grand rounds; all the doctors and the students performed the rounds in the morning. It could be many people walking around the ward. The patients were not so much involved in this process at this time. The Medical Officer took care of it outside the rounds. This was a very different way a working at the ward than in Sweden. The students presented each patient for all the others, standing in front of the actual patient. The other doctors addressed the students with questions on the medical summery, physical findings, management and so on.

There were no regular daily informal meetings like a Swedish "fika" a coffee/tea break during the day for social interaction. Mainly this happened after the Grand round on Fridays, in the canteen, eating congee, noodle soup etc. There were weekly lunch meetings at the endoscopy department, and the surgeons had a high competence in endoscopic intervention.

The tutorials were somewhat the same. Teachers liked to address the students with "this, you have to know on examination day". During tutorials, the teacher and students always had access to two microphones, one for the teacher and one for the students. The students passed the microphone to the next one in line. A very effective system to make every student interactive and also knowing who was going to be addressed for the subsequent question. Every student was equipped with an iPad for notetaking. They did not have huge rooms for team-based learning (TBL), but several lectures use interactive presentation software modalities.

What is the right level of core knowledge at each stage? This is a delicate balance question, where Sweden and Hong Kong maybe vary. Also, this could be a consequence of covid-19; enable the students to see surgical treatments, enter the OT or the A&E (Acute and Emergency department) during medical school.
In Sweden, students are more trained in clinical practice. This is even more important now, especially since the changed into a 6-year medical school. We will demand an even higher knowledge in practical but of course theoretical acquirements after graduation from medical school.

I believe that is one of my inputs to the teachers here; to practice more in how to give feedback and not in front of the patients and all other colleagues, and also to introduce practical skills at an earlier stage in the clinical setting; with a hands-on tutoring after having informed consents from the patient of course. But it all depends on, how you introduce the student/patient interaction. I always introduce the medical student as a future colleague and not as a student.

Relation student and teacher
This topic has already been addressed above. Entering the medical program and university overall in Hong Kong is only for those who receive top results in the final college examinations HKDSE. This means a selection of students eager to learn and who are primed for a high-performance rate and used to competition. Even so, the atmosphere among the students themselves seems very good. They easily interact and help each other on their different assignments.
The relationship between students and teachers, who may be potential examinators or employers or even CEO (Chief of Staff) is somewhat diverse. The ways feedback, correction, and discussion are conducted and delivered vary between Hong Kong and Sweden. These may be representative of differences in more vs flatter hierarchical systems.
All are expected to be well prepared for a teaching session; students as well as the teacher. All teachers are addressed as Professor (having a MD, PhD grade or not) and the surname.

Co-teaching in the outpatient clinic

Recommendations

My recommendations for further STINT-Teaching Sabbaticals are as follows;

- See if there is a recent STINT you may meet in person and perhaps even in the same place, when you are finally there, preventing having to "reinvent the wheel" all by yourself.
- Try to take advantage of the STINT financing available to visit the host university before hand, in order to introduce yourself and explore your mutual expectations.
- Leave as much work back home in Sweden as possible and focus on your STINT period (especially since this is an expectation of the STINT funding).
- Bringing your family is nice, but for me it was an advantage to be alone for the first period of time; to settle down, make pathways at the university and also have time to focus on the host university and your work. This allows you to use your me-time as and when you wish.
- There is a lot of bureaucracy, but it is worthwhile.
- Be inventive and search for other teaching possibilities. You may be able to contribute more than the initial plans.
- Offer your time for teaching in order to relieve your colleagues, it is much appreciated.
- Offer a "fika" now and then, colleagues seldom say no to a break with a nice conversation.
- Look *outside the box* and see what you may explore. Even if it is not in your field of expertise or in your comfort zone. Colleagues love to show how they teach the students. People who are interested in teaching are often inspiring and engaged.
- Buy some presents, when visiting someone´s home for a dinner party and when you leave your STINT period.
- Observe the dress code in Hong Kong. People often wear "smart casual or business casual" at work in senior positions. And (male or female) …sneakers are not something you wear after 6 pm at a dinner party, a meeting or at a conference. I just love that, by the way.

Hong Kong has not only sky scrapers, but lovely beaches

Important lessons for a future perspective

With this possibility; to teach and co-teach in Hong Kong, I have been able to put my own teaching and the medical program in Sweden in a broader perspective. It has given me a chance to focus and scrutinize my own teaching and knowledge. In comparing Sweden and perhaps even Europe to an Asian perspective, I have discovered, we do many things right but that there is always room for improvement. There are pros and cons to every system.

We have to deliver a structure and clarify the expectations we have for the students, as on the clinical teachers. A) Students with differences in knowledge may encounter problems, but eventually we have to create a doctor with a higher level of professionalism in many perspectives. B) We create learning in higher education by teachers on a high academic level and subsequently more credit must be given to those, who perform and deliver excellent education. C) We are modern in our teaching and in our relation to the students which also are advantages. This, we should use much more, in a scene of student reliability and with much higher expectancy and with several more non-dramatic intermittent control systems than we have at the moment.

At present, the university is paid for the number of graduations based on the number of students entering the programme. The society in general needs more doctors. But the quality of graduates for a license to practice medicine should remain high and even higher. We have no grading system at the faculty of Medicine in Sweden except: *No pass / Clear pass*. If we base the level of graduation, not only on 2-grades but instead 3 grades: *No pass / Clear pass / Good pass* following other faculties outside the Faculty of Medicine. We may then, subsequently, increase the quality of graduates and also improve the professionalism in different perspectives of Medical Higher Education.

//C Engström Mattisson January 12, 2023

Acknowledgements

- STINT – The Swedish Foundation for International Cooperation in Research and Higher Education

At Chinese University of Hong Kong (CUHK) Prince of Wales Hospital (PWH));

- Professor James Lau (Chairman at Faculty of Medicine)
- Professor Philip Chiu (Head of Division of Upper GI and Metabolic Surgery at Department of Surgery)
- Professor Enders Ng (Chief of Service of Upper GI and Metabolic Surgery at Dept of Surgery)
- Professor Shannon Chan (Upper GI)
- Professor Kaori Foutaba (Colorectal)
- All Surgeons and Colleagues at Team II (Upper GI and Metabolic surgery)
- Olivia Kwok (STINT local representative at Campus
- Suki YL Yu (Administrative support at Dept. of Surgery)

At Gothenburg University (GU) and Sahlgrenska University Hospital (SU)

- Professor Eva Angenete (Consultant and Head of Institution)
- Lisa Broadwell (International Administrative Officer)
- Slavica Janeva (Consultant and substitute course leader during my Teaching Sabbatical)
- Erik Johnsson (Head of Dept of Surgery at Sahlgrenska University Hospital), Svein Olav Bratlie (Head of section) and all colleagues at Upper GI surgery Team
- T8 course administration; Birgitta Sjöberg (chief course administrator), Suzanne Hedberg (Consultant) and Professor Ralph Peeker (my fellow-Examinator)

And of course;

- My family and friends; for the support of being away during my STINT period
- SWEA (Swedish Woman´s Educational Association), its´ President Emelie Wahlstedt and all the members of the "Lucia choir" in Hong Kong
- The Swedish Consulate General in Hong Kong for the possibility of network on site

Me singing in front of and with the Lucia Choir in St John´s Cathedral in Hong Kong.