SARS and its effect on medical education in Hong Kong

SARS has disappeared and its scars are healing, but the fear of a winter return remains. We can only hope that, by the time this article is published in December, SARS will have gone for good and that no other 'super-spreader' visits Hong Kong.

SARS affected medical education in Hong Kong physically – yes, physically – when 17 medical students at the Faculty of Medicine at the Chinese University of Hong Kong came down with the virus after a visit to a ward with an index patient who was not known to be suffering from SARS at the time. Students at the Faculty of Medicine of the University of Hong Kong were lucky to escape the disease but had to go through the same anxieties and agony as their counterparts across the harbour.¹ (Hong Kong has 2 medical schools; one on Hong Kong Island and the other in New Territories). Both schools had to implement contingency plans quickly in order to maintain continuity in medical education.

The authorities soon became aware of the catastrophe that was to endanger Hong Kong

At noon on 18 March 2003, the suspension of clinical teaching was ordered. The authorities soon became aware of the catastrophe that was to endanger Hong Kong, and on 28 March 2003, they announced the suspension of all teaching activities in primary and secondary schools, followed by the closure of the universities. This was the beginning of what seemed to be an entry into the unknown. The final MBBS

examination was completed just before SARS took its hold. However, dates for other examinations could not be confirmed. Four plans – A, B, C and D – were put in place in case the situation dragged on indefinitely. 'Make good use of the time to do revision,' was the advice given to students. Fortunately, we didn't have to go beyond plan A.

The outbreak of SARS provided an opportunity to introduce and integrate information technology further into the teaching and problem-based learning (PBL) methodologies at our medical school. As gathering large numbers of students in a lecture hall was considered to be a high risk activity, PowerPoint files containing the lecturer's voice were made available on the faculty website. These proved successful as students did not have to rush to attend their 08.00 hours whole-class sessions and they could re-visit the lecture as many times as they wished. For students, falling asleep or daydreaming in class were no longer considered problems! A plan for holding PBL tutorials through chat rooms on the web did not need to be put into action as SARS declined. All of this, although helpful, was, of course, a far cry from face-to-face interaction between students and tutors.

Although students were given a break from formal teaching on the wards in order to avoid direct patient contact, they were keen to play their part in the fight against SARS. In April, over 200 medical and nursing students came together to launch a public health information campaign at mass transit railway stations in support of the massive efforts of various other organisations in Hong Kong.

The 'astronauts' became an instant hit and were a major attraction around the hospital

On 5 May 2003, when reports of new cases had ceased and SARS was

considered to be under control, the students – who had stayed away from all wards for more than a month – were at last allowed to visit nominated wards and patients, wearing personal protection equipment. 'Wear mask, wash hands and control SARS' was a slogan most frequently used to remind everyone visiting or working in hospitals. In practice, however, what it meant for medical students was that they should: 'Wash hands, wear gown, put on cap, mask and eye-shield and look like an astronaut to control SARS'. These 'astronauts' were an instant hit and were a major attraction around the hospital, particularly with the patients, who were more than happy to talk to such extremely well protected medicos.

A solution was worked out whereby the vivas were conducted by telephone conference

The Year 3 MBBS summative examination was postponed and students gave up their 2-week summer vacation to return for examinations. Due to a prior engagement in Europe, the external examiner could not attend the examinations during the week of the reassigned examination. There was no difficulty in sending him random samples of written papers and MCQ/EMQs and scores of marks for evaluation. However, regulations require that an external examiner must participate in distinction vivas. A solution was worked out whereby the vivas were conducted by telephone conference. A connection was made to a hotel room in France where external examiner Professor Ronald Harden, from Dundee, was staying at the time. Because there were 8 candidates, and the possibility of telephone line interruption could not be ruled out, the first part of the viva was

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conducted by Prof Harden with candidates responding to his questions in front of 3 internal examiners. All went well for this part. However, a short time into the second part, while Prof Harden was listening to other examiners' questions and the candidates' answers, the line from France appeared to go completely silent. One of the internal examiners gently remarked, 'I think the line has gone. Perhaps Professor Harden got bored and hung up, or has gone somewhere else.' Ron Harden's response came back instantly, 'No, I am still here and can hear everything loud and clear.' (Moral: Take care; silent telephones also have ears!). This was one of the few lighter moments during the scourge of SARS.

In their commitment to duty and care four doctors succumbed to the virus and sacrificed their lives

All health care professionals countered the terror and challenge of SARS with immense dedication and commitment. There are tales of triumph and stories of sorrow. Scientists at the Faculty of Medicine, University of Hong Kong were first to identify the Coronavirus as the cause of SARS. In their commitment to duty and care, 4 doctors succumbed to the virus and sacrificed their lives. A medical student wrote: 'I learned the true meaning of duty,

dignity, discipline and dedication.' An intern who recovered from SARS expressed his sentiments thus: 'Having survived an illness with an unpredictable outcome ... my approach to patients' needs has been radically altered ... What may appear to be minor to us as doctors might be a major event for the patient. They will have my understanding and sympathy – always.'

We wish you all a happy and safe Christmas and a peaceful New Year.

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Reference

- 1 SARS: *Special Issue*. <http://www.hku.hk/facmed/newsletter>