

OPINION ARTICLE

## Dermatology and University Education

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Tackling the subject of dermatology and university education, in terms of formulating an opinion on what the relationship between the two should be and contributing new insights, is no easy task, and I imagine that there are many who would nod their heads in agreement. My immediate response is that there should be a close and fulfilling relationship between the two; another matter is whether the relationship as it stands in 2009 is satisfactory.

Looking back over the history of the dermatology discipline in Spain, we find that its inclusion as a university subject in its own right (ie, not bundled up with another subject) is relatively recent. It featured for the first time, in 1902, as a mandatory subject—called dermatology and syphilography—in medical degree courses in Spanish universities. The first university chairs in dermatology were not appointed until 1936, and then only in the medical schools of Madrid, Granada, and Barcelona.

Throughout the 20th century, the position of dermatology in universities gradually improved. Sadly, however, dermatology has recently begun to lose ground in medical degree curricula in many Spanish medical schools. This is due to a number of complex factors, many not directly associated with the discipline as such, but related generally to the distribution of credits for different clinical subjects in medical degree programs—a distribution which, historically, has indirectly reflected the relative ranking of academics representing different departments.

In 2008, dermatology was taught as a mandatory core subject in all 28 Spanish medical schools, with the course load valid for between 5 and 7 credits (50 to 70 hours), and with varying proportions of hours allocated to theory and practice: this seemed too much for some, but was considered insufficient by others. We should not overlook the fact that dermatology credits are also awarded in other university degrees (such as odontology, podology, and

nursing), for optional dermatology subjects, and in master and doctoral degrees.

In the upcoming months, Spanish medical schools (along with other university schools) will need to conclude the process of designing and obtaining approval for new curricula, to be implemented in 2010 at the latest, in accordance with the directives governing Spain's participation in the European Higher Education Area (EHEA). The EHEA, which was launched in 1999 by the Bologna Declaration, will basically lead to a gradual harmonization of the university systems of the different member states of the European Union. Participants in the EHEA are obliged to adopt a comprehensible and comparable system of qualifications structured according to a common system of credits; furthermore, teaching is required to be organized in accordance with certain principles of quality, mobility, diversity, and competitiveness. All this will require changes, not only in teaching methods but also in learning. Apart from awarding credits on the basis of student work assessment, the future European credit transfer system will reward skill-based training, pan-European mobility and cooperation, and lifelong learning; furthermore, it will lend a Europe-wide dimension to higher education, and will lead to the development of close ties between the EHEA and the European Research Area.

One of the most innovative aspects of the EHEA is that new curricula must be centered on a description of the skills associated with a particular job—in our case, physicians—defined in accordance with their professional profile.<sup>1</sup> Teaching skills in the discipline of dermatology will also need to be redefined to include not only theoretical knowledge but also specific skills, attitudes and aptitudes.

If we want to ensure satisfactory learning by the students in our medical schools, we need to avoid the temptation to merely make over existing curricula and be prepared to take on board the need for profound changes. Such changes are likely to involve a reduction in scope, an updating of knowledge, a review of content, changes and improvements in methodologies, and coordination with other subjects in the medical curriculum. All this is likely to ensure that medical students adopt a rational attitude towards dermatology problems; academic plans need, therefore, to be designed in accordance with specific aims that point to the dermatological knowledge that a physician will require—but bearing in mind that most

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medical students will not become dermatologists.<sup>2</sup> We need to strike a balance between what it seems we should teach and what is really important, and, in this way, foster more effective learning.

If we propose an overly broad-based dermatology curriculum that draws on many information areas, medical students will have difficulty in recognizing what is truly important or essential.

Logically, the implementation of the new-format undergraduate and master degrees represents an excellent opportunity for dermatology to take the fast train to modernity and ensure that Spanish students can compete with graduates from the best European universities.

Another issue in the relationship between dermatology and the universities is that the latter need to be more involved in the training of dermatology specialists. As matters stand at present, we can hardly talk of a relationship—despite our best efforts—other than in terms of sporadic, one-off activities. The training of undergraduates—currently the responsibility of the Ministry for Science and Innovation—is divorced from the training of postgraduates and specialists—the responsibility of the Ministry for Health and Consumer Affairs. These 2 ministries need to collaborate more closely and create an exchange and participation platform (as exists in most European countries) that will foster mutual understanding and go a long way to improving training for future dermatologists. The abyss that separates what is taught in universities from what physicians need to know in order to do their job will be bridged by medical schools, from the outset, focusing on training students to meet the demands of society and on developing the skills they will need to practice—in our case, as dermatologists.

It is incongruent that, although specialist medical training is the responsibility of the Ministry for Health and Consumer Affairs, the specialist qualification awarded on completing medical residency is issued by the Ministry of Education. While not denying the importance of medical residency training for specialists and its contribution to better quality medical training in Spain, all parties need to work together closely in order to arrive at a consensus in relation to how specialist training is managed.

Dermatology professors, moreover, need both to encourage medical residents to take up doctoral studies and to foster research during training. Introductory courses on research should, in fact, form part of undergraduate courses—an issue that is being pursued in many Spanish medical schools at present.

When it comes to clinical training, it is well nigh impossible to disassociate the issue of day-to-day patient care from academic activities. Academics affiliated to university departments and involved in teaching undoubtedly need to have their academic merit recognized—and mechanisms need to be sought to ensure this. University professors, however, also need their academic role to be formally linked with their patient care role, as a clinical subject will only be properly taught if the professor is active in patient care and research. We need to insist on job stability for university teachers, but also on academic hiring processes that ensure quality dermatology academics, given that positive attitudes among academics and quality teaching will ensure the enthusiasm of future generations of dermatologists. A major challenge is ensuring that dermatology is not downgraded but continues to be recognized as a top-ranking and reputable medical specialty that is very much in demand; this demand should not arise because dermatology might be considered to be a “safe” specialty, but because it is seen to be a broad-ranging medical specialty with many varied and complementary facets, whether medical, surgical, pathological, immunological, genetic, etc. In sum, dermatology should continue to be attractive to some of our best medical students—who are likely to be our best dermatologists of the future.

As matters stand at present—with proposals for core subjects in specialist training emanating from the corresponding ministries—we need to make ourselves heard from the universities, in order to guarantee the continuity of dermatology as a medical specialty, to defend the reputation that dermatology has carved out for itself and that it deserves within medicine, and to prevent it from ever being downgraded to a subspecialty.

#### Conflicts of Interest

The author declares no conflicts of interest.

## References

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