



July 2021

About me

My name is Ian Tin Yue Wong and I am a PGY-4 Chief Dermatology resident at the University of British Columbia (UBC).

I was born and raised in beautiful Vancouver, British Columbia. At UBC, I received my Bachelor of Science in Pharmacy and practiced as a community pharmacist. Then I received my Doctor of Medicine at UBC's Faculty of Medicine, Vancouver-Fraser Program.

Why I chose Dermatology

In Dermatology, there is never a dull moment with the vast array of dermatologic conditions that patients can present with.

Starting clinic, you may be treating severe acne to prevent disfiguring scarring and restoring a patient's self-confidence in their appearance. Next patient, you may be surgically removing a life-threatening skin cancer. Finishing clinic, you may be treating a patient's debilitating chronic skin condition like psoriasis and restoring a patient's quality of life.

The toolkit for a Dermatologist is no longer limited to just topical corticosteroids. With the advent of biological therapy, state-of-the-art medical devices, novel medications and new diagnostic tests in recent years, Dermatologists have asserted themselves among the forefront of tailored patient care.

Ultimately, Dermatologists are equipped with a keen diagnostic eye, medical knowledge base, and surgical skill to serve patients alongside colleague specialists and primary care providers.

Clinical Life

What does a typical day of clinical duties involve?

A Typical Day	
08:00-09:00	Inpatient Consults. Communicate with the Dermatology resident on weekend/evening call for the week in the morning to see if there are any pending Dermatology consults waiting to be assessed or if there were any new patients added to the inpatient Dermatology patient list requiring ongoing management.
09:00-12:00	Rapid Access Dermatology Clinic. Patients from the community requiring urgent Dermatology evaluation are assessed and their dermatologic condition is acutely managed and stabilized before transitioning back to their primary care provider or community Dermatologist, if needed.
12:00-16:00	Inpatient Consults. During the daytime from 0800 to 1700, attend to Dermatology consult requests received from various referring services throughout the hospital (e.g. Emergency, Internal Medicine, Surgery).
16:00-17:00	Review. With the staff Dermatologist on daytime call, new consultations and patients on the Dermatology inpatient list are seen, reviewed, and management plans are formulated.



Every patient presentation is like a puzzle with different pieces. ...Dermatologists are equipped with a keen diagnostic eye, medical knowledge base, and surgical skill to serve patients alongside colleague specialists and primary care providers.”

Weekly Schedule at a Glance							
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
06:00							
07:00					Journal Club		
08:00		Rapid Access Clinic	Combined Dermatology & Rheumatology Clinic, and Inpatient Consults	Dermatopathology	Inpatient Consults	Rapid Access Clinic	
09:00				Skin Cancer in Transplant Clinic			
10:00							
11:00			Review with Staff On Call		Dermatology Grand Rounds		
12:00		Inpatient Consults	Academic Half Day (Morphology Session, Dermatopathology, Staff Lecture, Core Textbook Chapter Review)	Inpatient Consults			
13:00					Staff Lecture		
14:00							
15:00					Inpatient Consults		
16:00		Review with Staff On Call		Review with Staff On Call	Review with Staff On Call	Review with Staff On Call	
17:00		Resident Academic Study Hour (RASH) Lecture Series			Procedural Dermatology Lecture Series		
18:00							
19:00							
20:00							
21:00							
22:00							
23:00							
00:00							

What kinds of rotations are required in your program?

Dermatology is both a medical and surgical field of medicine where patients treated can include babies, children, adults and the elderly. As such, the early foundation years of Dermatology training in PGY-1 and PGY-2 involves internal medicine, general pediatrics, rheumatology and infectious diseases. In addition, early in Dermatology training involves surgical and acute medicine such as plastic surgery, critical care medicine and emergency medicine.

After the foundation years of training, core Dermatology training focuses on the many practices of Dermatology including general medical Dermatology, dermatopathology, pediatric Dermatology, and surgical Dermatology.

Which of your personality characteristics are particularly helpful in your field?

Embracing the role of a skin inspector is particularly helpful in Dermatology where each clue in the patient history and clinical exam are key to arriving at a final diagnosis. To be a successful skin inspector in Dermatology, one needs to be detail-oriented, logical and prepared. These personality characteristics allows one to gather all the necessary clues to piece together a particular dermatological disease or syndrome in a systematic and efficient manner.

What are the best aspects of your residency?

Generating a list of differential diagnoses and diagnosing skin conditions clinically is one of the most satisfying experiences in Dermatology. Just by the clinical exam alone, Dermatologists can already start formulating a plan on how to help a patient physically whether through counseling, monitoring, medical or surgical therapy. However, it is the opportunity to serve patients beyond their physical skin condition and to treat their self-esteem, self-image and quality of life which is truly a privilege.

What are the most challenging aspects of your specialty?

Mastering Dermatology is hard work. Dermatology is often quoted as having the most disease entities amongst the various fields in medicine. As such, Dermatology training to foster the Dermatology foundational knowledge base can be akin to climbing a mountain. However, in Dermatology, we are fortunate to be a tight-knit and collegial specialty across the country with senior residents, staff mentors that have climbed their own mountains and go above and beyond to support the Dermatology training of the next generation of Dermatologists.

What is one question you're often asked about your decision to pursue your specialty?

“Why is there a significant emphasis on Internal Medicine training within Dermatology?”- Often times, dermatologic manifestations are the first signs of internal, systemic diseases. For example, individuals with cutaneous psoriasis are at risk of developing psoriatic arthritis. By rotating through rheumatology training, Dermatology trainees develop an appreciation for the skin-deep manifestations of disease such as the erosive arthritis seen in psoriatic arthritis. Thus, awareness of systemic disease that initially presents on the skin allows for prompt communication with appropriate specialties to manage a patient's internal disorder.

Can you describe the transition from junior to senior resident?

During the core Dermatology years (PGY-3-5), the transition from a junior resident (PGY-3) to a senior resident (PGY-4 or 5) is graduated and well-supported. During the junior year, you are paired up with a senior resident during in-patient services where they model how to take and address Dermatology consults and focus relevant reading around the cases. As a result of the collegial relationship between junior and senior residents, there is constant communication as to what the expectations are in terms of knowledge base, clinical performance with each passing year towards achieving Royal College competency.



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Will you be pursuing further training or looking for employment? What resources are available to you for future planning?

Going forward, the future at this time is open and that is the beauty of Dermatology. If I pursue further training, I will be further equipped with additional skills and knowledge to help my patients. If I start my practice out of residency, I will be able to immediately support and provide dermatologic care to my community and serve my patients. Mentors within the department of Dermatology, especially our program director, and senior residents have been a valuable source of wisdom and guidance on future planning.

Non-Clinical Life

What are your academic interests?

I am passionate about patient education. Throughout medical school and Dermatology residency, I have served patient societies including the Canadian Skin Patient Alliance (CSPA) and the Eczema Society of Canada (ESC). I have collaborated with many expert Dermatologists and published numerous patient-friendly magazine articles that on topics that are timely and of interest to skin patients and the general public. By promoting health literacy and empowering the patients with knowledge and awareness, I believe that it ultimately results in improved patient care and promotion of a collaborative relationship between health care providers and patients.

What is your work-life balance like, and how do you achieve this?

My work-life balance starts with my wife. She is my foundation who provides me with the most love and support to get through the rigors of residency.

My interest in cooking is both my hobby and my nutrition for my soul literally and figuratively. After a long day of clinical work and study, I look forward to crafting a dish in the kitchen and enjoying the meal with my wife. In addition, I am able to share my recipes and creations with the public on my website (www.chefwongy.com) and cooking Instagram page (@chef.wongy).

Impact of COVID-19

RDoC recognizes the ongoing impact COVID-19 has had on residency. We wish to raise awareness of its effects on residents' day-to-day lives.

How has COVID-19 impacted your required rotations (clinical, research)?

Dermatology training is not as easy as “read from a textbook and memorize the facts”. Learning Dermatology is best when you can associate a personal clinical case/experience to a skin condition. Therefore, having a high volume of patient cases in clinic or on consults in-hospital are important in Dermatology residency to expand a trainee's knowledge base. COVID-19 has restricted the number of allowable patients in clinic per day due to spacing requirements and logistical constraints.

Although this has led to a decrease in patient encounters, COVID-19 has prompted other learning opportunities to fill in the teaching gaps. The Resident Academic Study Hour (RASH) Lecture Series and Procedural Dermatology Lecture Series are two initiatives led by the Canadian Dermatology Association to address teaching gaps due to COVID-19. In both initiatives, Dermatology residents across Canada are fortunate for the many wonderful staff lecturers across Canada that offer their personal time to teach trainees over web conference since the beginning of the pandemic.

Due to COVID-19, what are the biggest differences you've experienced compared to previous years in residency?

Due to COVID-19, a major difference that I have experienced compared to previous years in residency is the challenge in fostering a collegial relationship between medical students, co-residents and other health care professionals. Given the restrictions in gathering, one cannot simply go for a coffee/tea with another to catch up on life or connect like before. Also, transition from in-person medicine to virtual care has been a challenge for both the health care provider and the patient. With virtual care, there can be difficulties with not only comprehensive patient assessment, but also, difficulties with technology. However, despite the hurdles COVID-19 has put forth, I am impressed by our community's resilience through patience, understanding and empathy.

How has COVID-19 impacted your work-life balance?

COVID-19 has allowed my wife and I to continue to grow closer to one another as we cannot meet up with friends or family. I feel fortunate that my love for cooking as my outlet for stress was embraced since the restaurant restrictions due to COVID-19. They say practice makes perfect, I can say that since the start of the pandemic, I have had a lot of practice cooking dinner.

Disclaimer: These specialty profiles illustrate some aspects of the lives of individual residents, and convey their personal perspectives on the challenges, opportunities, and rewards of their chosen fields. These views may not be shared by all residents, as there is tremendous diversity in lifestyle, experience, and interest among the residents in each specialty.