



食物及衛生局局長高永文醫生
提字祝賀本會三十周年



生命邊緣的守護者
出版心情

Hong Kong Journal
of
Emergency Medicine

編輯香港急症醫學期刊
點點滴滴

三十而立



30th Anniversary of the Hong Kong Society for Emergency Medicine & Surgery
Commemorative Book
香港急症醫學會三十周年紀念特刊

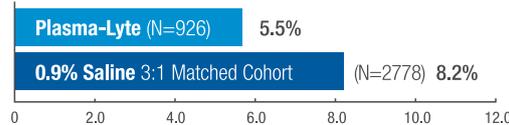
Plasma-Lyte A



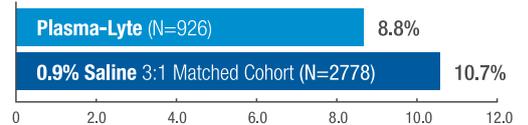
FLUID CHOICE MATTERS!

In a retrospective observational study of 31,920 patients undergoing major abdominal surgery, Plasma-Lyte (PL) delivered fewer complications than normal saline¹

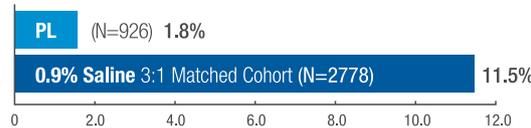
Post-operative infection rate ($P < 0.05$)



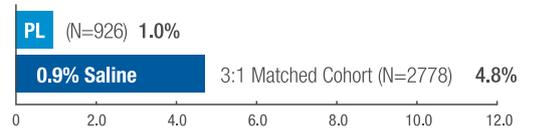
Electrolyte disturbance rate ($P < 0.05$)



Blood transfusion rate ($P < 0.001$)



Dialysis rate ($P < 0.001$)



Charts adapted from Shaw study of abdominal surgery patients (N=3704 in the matched cohort)¹

The key metabolic features of Plasma-Lyte A:

- Physiological chloride, sodium, potassium and osmolarity^{6,8}
- Formulated without
 - Calcium, therefore can be administered before, during or after blood transfusions^{6,9}
 - Lactate, therefore can be administered in patients with hepatic dysfunction^{6,10,11,12}
- Levels of magnesium that minimise the risk of hypomagnesaemia^{13,14} and the need for additional supplementation¹⁴, essential for cardiac function¹⁵

	mEq/L								Osmolarity (mosmol/l)
	Cations				Anions				
	Na ⁺	K ⁺	Ca ⁺⁺	Mg ⁺⁺	Cl ⁻	Acetate	Lactate	Gluconate	
NaCl 0.9% ²	154	-	-	-	154	-	-	-	309
HARTMANN'S ^{3,7}	131	5.0	4.0	-	111	-	29	-	278
RINGER'S LACTATE ⁴	130	4.0	3.0	-	109	-	28	-	273
RINGER'S ACETATE ⁵	130	4.0	4.0	2.0	110	30	-	-	277
PLASMA-LYTE A ⁶	140	5.0	0	3.0	98	27	-	23	295
PLASMA ^{7,8}	136 - 145	3.5 - 5.0	4.4 - 5.2	1.6 - 2.4	98 - 106	Bicarbonate 21 - 30			280 - 300

Annotations for Plasma-Lyte A:
 - Physiological levels of sodium and chloride (Na⁺, Cl⁻)
 - No calcium (Ca⁺⁺) - Compatible with blood
 - Dual bicarbonate precursors acetate and gluconate
 - Physiological osmolarity

Please review Product Information before prescribing.

PLASMA-LYTE Injection abbreviated Prescribing information

Name and Composition: Plasma-Lyte A solution for infusion. Sodium Chloride 5.26g/l. Potassium Chloride hexahydrate 0.30g/l. Sodium acetate trihydrate 3.68/l. Sodium Gluconate 5.02/l. **Indication:** As sources of water, electrolytes and calories or as alkalinising agents. **Dosage and Administration:** As directed by the physician. Dosage is dependent on age, weight, clinical condition and laboratory determinations. **Precautions:** Congestive heart failure, oedema with sodium retention, hyperkalaemia, potassium retention, metabolic or respiratory alkalosis, severe hepatic insufficiency, diminished renal function, can cause fluid and/or solute overloading. Periodic clinical evaluations and laboratory determinations are necessary. Excess administration may result in metabolic alkalosis. **Adverse Effects:** Febrile response, infection at the site of infusion, extravasation, hypervolaemia, venous thrombosis, phlebitis. **See full PI for more details. Date of preparations:** November 2013.

REFERENCES: 1. Shaw AD, et al. Major complications, mortality, and resource utilization after open abdominal surgery: 0.9% saline compared to Plasma-Lyte. *Ann Surg.* 2012 May; 255(5):821-9. 2. Baxter NaCl 0.9% SmPC. 3. Baxter Hartmann's SmPC. 4. Baxter Ringer's Lactate SmPC. 5. Baxter Ringer's Acetate SmPC. 6. Baxter Plasma-Lyte 148 (pH 7.4) SmPC. Date of Preparation: April 2013. 7. Powell-Tuck J, Gosling P, Lobo DL, et al. British Consensus Guidelines on Intravenous Fluid Therapy for Adult Surgical Patients (GIFTASUP). March 2011. 8. Kratz A, Ferraro M, Sluss PM, Lewandrowski KB. Laboratory Reference Values. *New England Journal of Medicine.* 2004; 351:1548-63. 9. Dickson DN, Gregory MA. Compatibility of blood with solutions containing calcium. *S. Afr Med J.* 1980; 57:785-7. 10. Hadimioglu N. et al. The effect of different crystalloid solutions on acid-base balance and early kidney function after kidney transplantation. *Anesth Analg.* 2008; 107(1):264-9. 11. Shin WJ, Kim YK, et al. Lactate and liver function tests after living donor right hepatectomy: a comparison of solutions with and without lactate. *Acta Anaesthesiologica Scandinavica.* 2011; 55(5):558-64. 12. Hasman H, et al. A randomized clinical trial comparing the effect of rapidly infused crystalloids on acid-base status in dehydrated patients in the emergency department. *Int J Med Sci.* 2012; 9(1):59-64. 13. Chernow B, et al. Hypomagnesaemia in patients in postoperative intensive care. *Chest.* 1989; 95(2):391-7. 14. Young JB, et al. Saline Versus Plasma-Lyte A in initial resuscitation of trauma patients. *Ann Surg.* 2014 Feb; 259(2):255-62. 15. Lobo DN, Lewington AJP, Allison SP. *Basic concepts of fluid and electrolyte therapy.* Bibliomed - Medizinische Verlagsgesellschaft mbH, Melsungen (Germany) 2013.

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30th Anniversary of the Hong Kong Society for Emergency Medicine & Surgery
香港急症醫學會三十周年



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三十而立

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局長賀辭

Message from Dr. Wing-man KO, Secretary for Food & Health

香港急症醫學會三十周年紀念特刊

杏林翹楚
扶危救急

食物及衛生局局長高永文



MESSAGE FROM PRESIDENT, HONG KONG COLLEGE OF EMERGENCY MEDICINE

Every emergency physician in Hong Kong knows that HKSEMS is the 'mother' of Hong Kong College of Emergency Medicine (HKCEM). Without the foresight of a group of pioneer Accident and Emergency Department physicians and surgeons establishing HKSEMS in 1985, the specialty of emergency medicine could not have emerged in Hong Kong and the leading role of the specialty in Asia could not have attained. Emergency Medicine in Hong Kong is also quite well known internationally and in our motherland (mainland China) with respect to the quality our fellows and trainees provided to the citizens of Hong Kong.

2015 marks the 30th anniversary of HKSEMS. Apart from 'giving birth' to HKCEM, HKSEMS is also instrumental in the establishment of Hong Kong Emergency Nurse Association and the Hong Kong College of Emergency Nursing. HKSEMS is the only professional organization in Hong Kong linking most if not all the personnel and disciplines providing emergency care from pre-hospital setting to emergency department. The contribution and achievement of HKSEMS in bringing the level

of emergency care in Hong Kong to international standard is undisputable. I have full confidence that HKSEMS will continue to pay a key leading role in the development of emergency care in Hong Kong.

I, therefore, would like to congratulate and thank HKSEMS at this memorable moment of 30th anniversary.



Dr. Hiu-fai HO
President

MESSAGE FROM PRESIDENT, HONG KONG EMERGENCY NURSES ASSOCIATION

On behalf of Hong Kong Emergency Nurses Association (HKENA), I am most delighted to extend my heartiest congratulations to the 30th Anniversary of the Hong Kong Society for Emergency Medicine and Surgery (HKSEMS).

Hong Kong Society for Emergency Medicine and Surgery has provided an invaluable contribution to emergency medicine. HKSEMS has been active in organizing and supporting international conferences to enhance the sharing of professional knowledge, experience and ideas in Emergency Medicine. HKSEMS has established an iconic reputation for the provision of high quality scientific meetings in emergency medicine.

HKSEMS works closely with HKENA in promoting professional training in emergency nursing. It is

our honour to be the partner of HKSEMS. On this memorable occasion, I would like to thank HKSEM for their unfailing support to our Association.

I take this opportunity to wish the Society every success in her future endeavors for many years to come.



Ms WAN, Suk Fan Vivian,
President

MESSAGE FROM PRESIDENT, HONG KONG COLLEGE OF EMERGENCY NURSING

It is our great pleasure to witness the 30th anniversary of the Hong Kong Society for Emergency Medicine and Surgery (HKSEMS). The organization has been an essential ingredient for the growth of the emergency medicine in the region and beyond because of her accomplishments in education of nurses and physicians and commitment in evidence based practice.

On behalf of HKCEN I would like to congratulate you all, the pioneers and the new young talents, that you have made the choice to work in the front door. It is one of the most excited jobs in health care: experts in emergency medicine.

Personally it has been an honour to be involved with the Society and its members whom I consider to be both my teachers and friends. I look forward to future collaboration, learning and friendship.

Congratulations!



Ms Li Ping, Serena, President

President's Remarks

Dr. Axel Siu 蕭粵中醫生 (2011-2015)



Dear Colleagues,

It is my great honor to invite you to join the celebration of the 30th Anniversary of the Hong Kong Society for Emergency Medicine and Surgery (HKSEMS). The birth of HKSEMS was greatly contributed a group of the pioneer emergency physicians in Hong Kong in 1985. The establishment of HKSEMS created a tight bonding among all the emergency medicine practitioners. As we witnessed the development of emergency medicine in Hong Kong, we also witnessed the growth of HKSEMS. In the past 30 years, there were a lot of great achievements accomplished by HKSEMS, including the introduction of the Advanced Cardiac Life Support (ACLS) course to Hong Kong, publication of the Hong Kong Journal of Emergency Medicine and hosting the 3rd Asian Conference on Emergency Medicine, etc.

This year, we are going to step through another decade in the history of HKSEMS. At this great moment, the council of HKSEMS will organize series of activities so that all our members can participate in to celebrate. With the contribution from all our Past Presidents and Council members, we have prepared this book to document the major milestones of HKSEMS in the past 30 years. I hope all of our members can take this opportunity to refresh our precious memory and prepare for the gorgeous future of the Hong Kong Society for Emergency Medicine and Surgery.





PRESIDENT (1985-1989)

Dr MP LEUNG 梁文甫醫生

At her thirtieth anniversary, Dr Leung would like to share with all of you the paths HKSEMS has gone through over the past years.

The Early years: Struggle for Survival: Beg, steal or borrow

In compliance with the UK Platt report, Casualty consultant posts were established in the late 70's in Hong Kong but by and large they were not filled. The only post that could be filled was at Tang Shiu Kin Hospital as there was some orthopaedic work with the post. It was naturally filled by Orthopaedic surgeons rather than career Casualty staff. The appointment of full time Casualty consultants did not materialize until 1981. Further consultants were "stolen" from other specialty departments. Attrition remained high and frequent due to uninteresting work and greener pastures outside government service. There was constant fear for the survival of the specialty from the very beginning.

Despite the appointments of consultants, there was no formal training program for junior doctors. The year of 1982 was a turning point when the Royal College of Surgeons of Edinburgh started a new FRCS (A&E) examination together and prescribed its minimum training requirements.

However, trainees still faced great difficulties in getting training jobs as other specialties had no interest in accepting trainees coming for short rotations. Only one candidate, Dr. Dickson Chang, was able to fulfill the dual specialty training requirements and he subsequently became the first doctor in HK to pass the FRCS Ed (A&E) examination. Some other trainees went for the traditional specialty training in Medicine and Surgery but understandably most chose to stay behind instead of returning to A&E for an uncertain career prospect.

Senior doctors were "borrowed" from specialty units to maintain some form of clinical supervision. Some of them came for periods as short as 3 months and naturally there was little incentive for staff training.

Adolescence: Unity, vision and Ingenuity

With the appointments of more consultants in subvented hospitals, a bigger group started to emerge by 1985. This small group of pioneers all longed for a vision for proper development of the specialty. After a short period of preparation, the group finally got together and formed the Hong Kong Society for Emergency Medicine and Surgery.

As there was no financial backing the initial activities were confined to a few clinical meetings only, taking advantage of existing internal sponsorships such as the Tung Wah Group of Hospitals sponsored overseas guest speakers. Sponsorships from pharmaceutical companies previously directed towards individual departments were channeled to create society-wide activities for the benefit of all members.

Furthermore, as a group, we were able to undertake some income generating work. We accepted the offer from the Government Nursing Officers Association to run courses for nurses on an income sharing basis. All the senior doctors contributed to the teaching sessions voluntarily and without remuneration. Over several years of hard work this enabled the Society to have a small reserve for the pursuit of

future activities.

In 1989, we were invited to play a minor role in the 4th World Congress in Emergency and Disaster Medicine held in Hong Kong. The donation we received at the conclusion of the Congress further strengthened our financial situation.

At the end of the decade, our strength and morale were considerably boosted with the recruitment of a number of middle rank doctors who had completed specialist training in various specialties. These doctors played an important role in the subsequent development of the specialty and indeed many of them still contribute actively in various positions in the profession.

In 1991 we invited the Justice Institute in British Columbia, Canada to Hong Kong and started the first local ACLS program. This proved to be hugely successful and also financially sustainable. The program is now a recognized core pre-requisite not only for our College fellowship but also in many others. Other programs of similar nature were to follow with equally good response and positive recognition by other Academy colleges as well. They also provided a healthy and sustained income for the society through the years.

Adulthood, Metamorphosis and coming of Age

Despite the setback in 1993 when the specialty did not achieve collegial status in the HKAM at its inauguration, we continued our academic and professional training programs vigorously and continued to lobby for recognition of our specialty status. We finally prevailed in 1997 and was recognized as an independent college of the Academy.

With a healthy financial status in the Society, the College was able to start her own examinations right away. Finally with the College firmly established the Society generously agreed to transfer the bulk of her financial assets to the College, ensuring her healthy development in the years to come.

With her historical mission completed, the society now focuses on the training and development of Emergency Medicine to all other professionals, true to the guiding principles laid down by her pioneers thirty years ago.

I look forward to her continued prosperity and vitality under the management of our young leaders to a better and brighter tomorrow.



PRESIDENT (1989-1993)

Dr CH CHUNG 鍾展雄醫生

For 30 years, we have been struggling to upgrade the standard of Emergency Medicine to the same status as other clinical specialties. We have achieved a lot in the past 30 years, including the establishment of the Accident & Emergency Training Centre in 1994, formal recognition as a specialty under the Hong Kong Academy of Medicine in 1997, index of the Hong Kong Journal of Emergency Medicine in 2004 and hosting of the International Conference on Emergency Medicine in 2014. All these imply that we have attained international standard and recognition in Emergency Medicine. In addition, the work of the Hong Kong Society for Emergency Medicine and Surgery laid the foundation for the establishment of Hong Kong College of Emergency Medicine – the youngest college in Hong Kong Academy of Medicine.

Because of the innate nature of the case mix and practice of Emergency Medicine itself, emergency departments are always crowded, diluting real emergencies with minor ailments. Case attendance is unpredictable. Training by simulation, preferably in training centres, is the solution. The

same also applies to prehospital care. The Society has been actively involved in training in the past 30 years, not only for doctors, but also nurses, ambulance crew, firemen, police, first aiders and other healthcare providers. In addition, the Society has remarkable contributions towards subspecialty development, such as resuscitation, toxicology, disaster medicine, sports medicine, wilderness medicine, transport medicine, prehospital care and emergency ultrasonography. However, we should not be complacent as there is still a long way to go before we can obtain high respect from colleagues of other specialties and the general public. Nevertheless, I can see the enthusiasm and impetus of the new group of office bearers and council members of the Society and I have full confidence that they can bring the specialty a great stride forward in the near future.

Congratulations to all who work for the advancement of Emergency Medicine in Hong Kong.



PRESIDENT (1993-1995)

Dr TW WONG 黃大偉醫生

The Hong Kong Society for Emergency Medicine and Surgery was established in 1985, the year I joined the Accident & Department (ED) of Kwong Wah Hospital. In 1987, I became a Council Member of the Society and I have been fortunate to bear witness the growth and maturation of the specialty under the auspices of the Society.

The establishment of the Society is one of the most significant milestones in the development of Emergency Medicine (EM) in Hong Kong. It signified the birth of a new specialty with a group of dedicated practitioners who were eager to improve the quality of emergency care in local hospitals. For years, the ED (or Casualty before 1983) was considered a stepping stone by the newly graduated doctors to another specialty. Most of them would be transferred to another discipline within 6 months to one year. Supervision of junior doctors was minimal and organized teaching was non-existent. The Society had a mission: to organize training and education for doctors and nurses working in the ED. I was one of the organizers of the first induction course for new medical officers in 1991. From then on, we have produced much-needed training manuals in different aspects of emergency care. The manuals also helped to unify practices among different local emergency departments. Another notable achievement of the Society was the introduction of international life support courses to Hong Kong. The first ACLS course was introduced in 1991 as a joint venture with JIBC of Canada. This is an important venture as it raised our standards to international level and helped build up the image of the specialty especially in the area of resuscita-

tion.

The Society has yet another role, which it might not envisage at its inception. It gave birth to and nurtured a host of second generation organizations in emergency care. In 1993, as President of the Society, I was given the task to lead an ad hoc group to try to establish a College of Emergency Medicine under the newly formed Hong Kong Academy of Medicine. The College was inaugurated in 1996 and became an Academy College in 1997. In 2002, nursing colleagues within the Society thought it an opportune time to form Hong Kong Emergency Nurses Association. In 2011, almost a decade later, Hong Kong College of Emergency Nursing was established to promote better education in emergency nursing. The fact that the Society and its related organizations are still co-organizing local scientific meetings is a good indicator of the very close relationship. Indeed, it is still a very closely knitted family.

After the establishment of the College, the Society needs to take on new roles as specialist training will be the sole ambit of the College. I am glad to see that the Society is taking an active role in the promotion of interest in emergency medicine among other health professionals and the public.

On the 30th anniversary of the Society, I hope the Society will grow from strength to strength and remain, as always, a strong advocate of quality emergency cares for the local community.



PRESIDENT (1995-99)

Dr FL LAU 劉飛龍醫生

When I first joined the A&E specialty in July 1982, the A&E department was more like a casualty unit where patients with minor injury were treated and most other ill patients were admitted with minimal stabilization nor investigation. There was neither training for the doctors working there, nor any specific specialty examination available for the doctors who want to pursue further in the field.

It was the formation of HKSEMS 30 years ago that jump-started the development of the specialty with provision of systematic training, attracting more committed clinicians to join the field and paving way for the establishment of HKCEM.

When I joined the council of HKSEMS, I chaired the training subcommittee and initiated the induction course for all new A&E doctors in July 1991. During the same year, PWH, KWH and UCH took turns to organize the interdepartmental clinical meetings. A couple of years later, the meeting was extended to all the AEDs and continued non-stop as the college monthly joint clinical meeting. The initial induction course manual was later replaced by the Core Manual for Training in Emergency Medicine which

“serves as a quick reference for A&E doctors in their daily practice”.

It is also through HKSEMS that doctors and nurses in A&E work together to strive for a better A&E service with better training and career development. The society initiated “Emergency Nursing Course” which help to establish the high professional standard of the A&E nurses in Hong Kong.

Looking back, the current high quality A&E service and professional standard of emergency doctors and nurses in Hong Kong would not possibly be attained if HKSEMS had not played its vital role in the early development of Emergency Medicine. To look forward, the future role of HKSEMS would definitely be as important.

Best wishes for the continuous development of the Society.



PRESIDENT (1999-2003)

Dr Patrick WONG 王國良醫生

I am delighted to express my congratulation message to Hong Kong Society for Emergency Medicine and Surgery (HKSEMS) for celebrating her 30th Anniversary.

Thirty year ago when the specialty of Emergency Medicine was still at its infancy, not just in Hong Kong but also in more “developed areas” like the United Kingdom, our local group of doctors working in A&E Department (the “Casualty Department”) already had the forward wisdom of conglomerating the doctors and nurses working in this field to form HKSEMS for nurturing the academic and professional development in Emergency Medicine. This laid the foundation and paved the way for the subsequent formation of an independent College of Emergency Medicine under Hong Kong Academy of Medicine in 1997; and more recently in 2011, Hong Kong College of Emergency Nursing – the present organizations for the training, standard setting and continuous education for our Emergency Doctors and Emergency Nurses in Hong Kong.

In the past, we were usually being mocked by others

as being “admission officers” and were shy to tell others, including our relatives and close friends, that we are working in the field of Emergency Medicine. Nowadays we will not be ashamed to tell others that we are working in the specialty of Emergency Medicine; and many-a-times we are commemorated for working in the forefront of the healthcare system taking care of the acutely sick and urgent situations including disasters and diseases outbreaks. This will not be possible without the hard work of the Presidents and Office Bearers of HKSEMS in all these thirty years guiding the development and promotion of Emergency Medicine and leading the specialty to be recognized by our society. It is also encouraging to note that the HKSEMS is now playing an active role liaising with Emergency Medicine organizations in other countries and other areas of China, and hosting various joint academic conferences together with our counterparts.

At this time, congratulation to the 30th Anniversary of HKSEMS.... And I am confident that we will be celebrating the 40th anniversary, 50th, and etc. in the years to come.



PRESIDENT (2003-2009)

Dr MH NG 吳民豪醫生

Hong Kong Society for Emergency Medicine and Surgery (HKSEMS) was established in 1985 with the majority opinioned that its mission were to establish a College of Emergency Medicine and develop Emergency Medicine (EM) into a specialty which we could be proud of it. We made it! Hong Kong College of Emergency Medicine was set up in 1996 and the College was accepted by Hong Kong Academy of Medicine as a member College in 1997. Emergency Medicine is a specialty in Hong Kong since then and Hong Kong Journal of Emergency Medicine came under the joint ownership of both HKCEM and HKSEMS, while the former being the prime administrator.

I was elected as the President of HKSEMS in 2003. At that time, the very important questions we had were, "what is the role of HKSEMS now?", or "have we completed our duty?" Our members (both inside and outside the Council) had lots of brainstorming for a possible answer. We decided to take up a different role. While HKCEM focused on training for doctors, service standard to our patients and research, HKSEMS should not confine ourselves to these roles only.

In 1999 and 2000, under Dr Patrick Wong's leadership, I managed to liaise with Prof Liao Xiao Xin from Guangzhou to make HKSEMS a participating organization for the Cross Strait Four Places Emergency Medicine Conference in Guangzhou in 2000. All our participants enjoyed the trip, both in meeting new friends and broadening our horizon. The Council decided that liaison and academic partnership with mainland EM organizations should be our important function. History proves that we were right, and this remains as our main activities today. I have witnessed friendly interactions with mutual benefits on both sides. We are now a regular partners of various EM conferences organized in mainland and locally.

We have been organizing training courses in EM for dentists with thankful appreciation. We extended this training role to other professions. We have organized the training for Chinese Medicine students at Baptist University, ambulance staff of Shenzhen 120, and EBM courses for doctors and nurses. Anyone interested in Wilderness Medicine, Sports Medicine, Off street Emergency Medicine, Mediation in Medicine can attend courses held in partnership with Federation of Medical Societies of Hong Kong. Dr Chan Kwok Hei has been coordinating training courses on psychological aspects in Medicine in last few years. I apologize for omitting various other training courses organized by our Society through the hard work of our members.

Collaboration with Asian Society for Emergency Medicine (ASEM) is another important role. To promote closer

relationship between Asian and local doctors, we decided to invite HKCEM to share one of the two seats in the ASEM council.

Emergency Nurses have been the backbone of our Society. We exchanged ideas with them on the setting up of Emergency Nurses Association (HKENA) and I am happy to see the Association is up and running. We handed over the ownership of TNCC to HKENA with pride; since we shall have one more comrade to advance emergency care together. Whenever there is need, we continue to organize courses in Emergency nursing.

In order to confine the financial liability of our Society, we transformed into a limited company in 2006. To ensure a smooth transition, I was elected as President in 2005. For a total of 6 years; I was able to be the President of HKSEMS proudly.

Longer than usual, a 6-year term as President of HKSEMS, has enriched my career, and indeed my life, significantly. I developed friendship with colleagues locally, with colleagues from Mainland China, Taiwan, Malaysia, Singapore, Korea, Japan and members of ASEM. I could feel and understand the dedication of various members in Emergency Medicine. Peter Pang from speaking no Putonghua to reasonable fluency, becomes a main bridge between Mainland and Hong Kong. Ma Hing Man and Siu Yuet Chung have always been the engine for any EM conference. Our past Presidents continue their passion to HKSEMS and remain as invaluable advisors.

30 years since the formation, part of our vision has made real and part is still in fantasy. I am sure the young doctors' dream can fly beyond. Panorama in Emergency Medicine is awaiting you, young Emergency doctors.



PRESIDENT (2009-2011)

Dr F NG 吳奎醫生

香港急症醫學會(HKSEMS)轉眼已成立了三十年。

子曰：「吾，十有五，而志于學，三十而立，四十而不惑，五十而知天命，六十而耳順，七十而從心所欲，不踰矩。」可見三十年是人生重要的里程碑。推而廣之，對HKSEMS來說，三十年來立足香港醫學界，見證急症專科由「孕育」、「出世」到壯大的過程，意義重大。香港急症科醫學院在1996年成立，並在翌年成為香港醫學專科學院的第十五個專科學院，負責培訓、考核及認證急症科專科醫生。香港急症科護理學院也在2011年成立，是臨時香港護理專科學院十四個創會成員之一，為急症科專科護士的培訓、考核及認證踏出重要一步。

HKSEMS會員包括了對急症有熱誠的醫生、護士、救護員等不同專業人士。我們通過HKSEMS可以整合在急症服務的不同專業，團結大家，提高急症服務的整體水平，彌

補香港急症科醫學院及香港急症科護理學院照顧不到的地方。HKSEMS也可以讓年青一代的急症醫護把不同的新思維、新意念引入，看看是否可行。HKSEMS也可以扮演一些工會的角色，為急症員工的工作環境及待遇發聲。

在這裡，我記起了岳飛的滿江紅：「三十功名塵與土，八千里路雲和月。莫等閒、白了少年頭，空悲切。」三十年前，HKSEMS為推動急症科的誕生而成立。三十年後的現在，急症專科已具規模，HKSEMS是否已完成使命？我看未必。擁有不同急症專業會員的HKSEMS在走了這三十個年頭和「八千里路」後，請「莫等閒」，讓新一代的醫護一起把香港的急症服務推向新高峰，使急症室再不只是把求診人士分流入院的地方，而是全方位照顧求診者，在穩定病情後，讓他們在最合適的地方診治及跟進。

Photo Gallery -- Hiking Activities



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HKSEMS
30th Anniversary



The Birth of Advanced Cardiac Life Support in Hong Kong – November 1991

Dr. CHUNG Chin Hung 鍾展鴻醫生

American Heart Association published its first cardiopulmonary resuscitation guidelines in 1974, which played a pivotal role in the development of Advanced Cardiac Life Support (ACLS) course started in 1975. ACLS is a practical, instructor-led, classroom course designed for healthcare professionals who either direct or participate in the management of cardiopulmonary arrest and other cardiovascular emergencies, enhancing the resuscitation skills in cardiac arrest, peri-arrest and immediate post-arrest care of adult victims. It also covers airway management and related pharmacology. It highlights the importance of team dynamics and communications. In this course, skills are taught in large, group sessions and small, group learning and testing stations where case-based scenarios are simulated and presented. ACLS rapidly emerged as the international standard for cardiopulmonary resuscitation training. It was only 16 years later that this course was first introduced into Hong Kong.

The Happening

The seed was sown on a fortuitous occasion. In September 1989, at the 6th World Congress on Disaster & Emergency Medicine held in Hong Kong, of which the Hong Kong Society for Emergency Medicine and Surgery (HKSEMS) was a 'co-organizer', Dr Charles Sun (Director, Medical Program, British Columbia Ambulance Service, Canada) met Mr. TS Pang (Chief Ambulance Officer, Hong Kong Ambulance Command) and close contact was thus established between the two parties.

Dr Dickson Chang (Vice President, HKSEMS) learned from Mr Pang that the Paramedic Academy, Justice Institute of British Columbia (JIBC), was interested in promoting ACLS teaching overseas and raised the issue in the 24th Council Meeting of HKSEMS on 6th September 1990, The Council appointed Dr Chang to explore the feasibility of such a project in Hong Kong to upgrade the local standard.

In January 1991, Mr. Pang received a letter from Mr. Tony Williams (Director, Paramedic Academy, JIBC) offering to send a team of specialists to Hong Kong to teach ACLS courses under the Heart and Stroke Foundation of Canada (HSFC) which had mutual recognition with American Heart Association.

At the 27th Council Meeting held on 2nd May



Souvenir presentation at the 10th Anniversary Celebration of ACLS in Hong Kong, Sheraton Hotel, 13th November 2000.

From left to right:

Dr KL Wong, President, Hong Kong Society for Emergency Medicine & Surgery

Dr CH Chung, President, Hong Kong College of Emergency Medicine

Dr Tony Williams, Director, Paramedic Academy, Justice Institute of British Columbia

1991, Dr KK Lai (Council Member, HKSEMS) reported that funds from the Hospital Services Department were available for staff to attend the proposed ACLS courses. This was very encouraging as the Society had very little financial reserve at those early years of its formation.

At the 28th Council Meeting on 11th July 1991, it was unanimously decided to go ahead with the ACLS project. From then onwards, correspondences were faxed to-and-fro across the Pacific Ocean. As almost all local doctors and nurses were not certified in Basic Life Support (BLS), it was also decided to add BLS-Level C courses in the evenings of the first days of ACLS courses to satisfy the requirement of ACLS certification. Course manuals, teaching equipment, manikins, and electrocardiogram rhythm simulators, were air-lifted from Canada to Hong Kong. Ms Sandy Barabe (ACLS and BLS Co-ordinator, JIBC) arrived in Hong Kong on 11th November 1991 to help the preparation and setup of this inaugural project.

A few days later, Mr. Tony Williams, with a team of experienced ACLS instructors - Dr Charles Sun, Dr James Christenson, Dr Christopher Rumball, Dr Sheldon Glazer, Dr Ken Buchanan, Dr Paul Zickler, and Dr Paul Assad - and BLS instructors - Mr Ian Dailly and Mr John Schinbein - arrived in Hong Kong. The project would not have been possible without Mr. Williams' efforts in securing a grant from the Government of British Columbia in promoting emergency health services in Asia and also sponsorship from Physio Control Ltd.

The courses were held at Tang Shiu Kin Hospital, Wanchai - a small casualty hospital with 120 beds. A vacant ward was used for setting up the skills stations. The Medical Superintendent's Office was turned into the Faculty Room. Three ACLS Provider courses, each with 24 students, were run on 18-19, 25-26 and 27-28 November 1991, and a combined ACLS Provider/Instructor course was strategically conducted on 20-22 November, to make provision for instructor-candidate monitored-teaching. Lunch, coffee and tea were sponsored by Goodwin Health Care Ltd. and Glory Electro-Medical Equipment Ltd.

The courses were exhausting but exciting, both for instructors and students, starting from 8 am and finishing at 7 pm on the first day, due to the additional BLS training. Although there were 91 registrations, there were only 89 students as 2 did not turn up. Ultimately, only 79 passed (59 doctors and 20 nurses). Six were successful as the first batch of certified ACLS instructors - Dr WL Cheung, Dr CH Chung, Dr CC Lau, Dr KL Wong, Dr TW Wong, and Dr SH Yip.

The Implications

The success of the ACLS project is a milestone of development in Hong Kong, not only for Emergency Medicine itself, but also for healthcare professionals as a whole. It engendered widespread influences on subsequent healthcare training in Hong Kong. First, this was

the first 'Advanced Life Support' course in Hong Kong, introducing a systematic, algorithm-based approach in training, emphasizing team work and communication. The teaching methodology was quite new to Hong Kong: team teaching, small group learning, electrocardiogram simulation, case scenario practice, clinical skill stations, and the 3-D instructional technique (Describe, Demonstrate, and Drill). More than 10 similar international courses were subsequently introduced into Hong Kong. Second, as ACLS was new to Hong Kong, for the first time doctors and nurses working in Accident & Emergency Departments became 'experts' in practicing systematic, standardized and up-to-date team resuscitation. Gone were the days of 'load and go' and 'no death certification in the Casualty'. Subsequently, doctors and nurses of other specialties joined the courses which became more and more popular among healthcare professionals, attesting to the pioneer and leadership roles of emergency physicians in the field of resuscitation.

In 1994, in response to the increasing demands and diversities in emergency training, Tang Shiu Kin Hospital established an Accident and Emergency Training Centre, the first of its kind in Hong Kong. Other specialties and hospitals soon followed, establishing similar training and simulation centres. Again, this attests to the pioneer and leadership roles of emergency physicians in the field of training.

HKJEM & Publication Donkey Work

FROM NO MAN'S LAND TO MULTI-NATIONAL INTEREST

Dr CW KAM 甘澤華醫生



The Birth of HKJEM in 1994

Emergency Medicine in Hong Kong in the 1990's was in her peri-natal period. There were only handfuls of innate emergency physicians qualified by the RCSEd Exam in A&E Medicine & Surgery together with a new small scale academic University EM Unit.

Most senior emergency doctors were converted from conventional specialties from Surgery, Orthopaedics & Internal Medicine. On one hand, service and academic research in Emergency Medicine were not attractive enough; on the other and, staff man-power & expertise could only primarily cater for the patient care & limited training.

The Vision of HKJEM

It was the collective wisdom of the HKSEMS Council to endorse the establishment of HKJEM in 1994.

As the Founder Editor-in-chief of the HKJEM in 1994, I had a DREAM! A DREAM to facilitate & to enable the local emergency doctors & other pertinent specialists to voice, share, discuss & critically analyze their clinical experience, data and experiments in a structured & organized manner with an easy collection, review, dissemination & archive system.

The Bitter Days at the Commencement

It was more than a challenge since the resources & support at the infancy stage of the HKJEM was very basic. There was no official publisher or printer. Both financial & clerical support was minimal. The Chief Editor boldly entered into the lone entrepreneurship & one-man band working status for a long period of time. The first task was to obtain the ISSN (International Series Serial Number) of 1024-9079 to commence the branding.

Tedious donkey work starts from paper writing, review, editing, and sending to printer, to the delivery of the printed journals to the 15 A&E Departments in the 1990's. However, these were also rewarding & fruitful for both academic advancement and professional development. Network gradually expanded to cover not only the whole Hong Kong but the nearby countries across the Pacific Ocean and later world-wide. Paper category promptly grew to include, but not limited to, Editorial, Original, Review, Research Methodology, Case, Quiz, Letter & Special Features to meet the expectations & interests of the growing readers.

Some Landmark & Milestone Articles

One of the important original work was on ETCO₂ increase associated with ROSC in cardiac arrest patient (Kam& Mak HKJEM 1994), which was later confirmed in larger scale study, leading to amendment of CPR guidelines by AHA in 2010.

The Journal Succession & Modernization

The Chief Editorship was subsequently succeeded by Dr KL Ong, Dr CH Chung (HKJEM changed to Joint Ownership by HKSEMS & HKCEM, the daughter association of the Society) & followed by Dr KL Tsui. The impact factor has tremendous advancement in the recent years after the inclusion into the EMbase index.

The current trend to operate a professional journal is by a Manuscript Tracking System (MTS). The authors would submit the papers & receive the reply for revision via a web-based system. The system is manned by an administrator who provides IT support to the Academic Editors & Managing Editors.

In the system, the Chief Editor can assign a paper to an Editor to coordinate the review. Subsequently, the Editor can choose potential Reviewers from the built-in database according to the subspecialty strengths or to invite his own preferred relevant Reviewers of his connection. Most MTS are configured with a time line & reminder function to complete the assignment though none offers a bonus feature to motivate the Reviewers. Besides, many MTSs provide free access to the literature database to facilitate reviews.

Since all the work are mediated by electronic means, it is very meticulous & streamlined so that every step is properly logged. Submission, approval, reply & most communication are very timely & can be instant unless the system is down or the approver is disconnected.

This MTS model can save tremendous amount of donkey work in Journal processing. I wish that sophisticated IT was born earlier in the 1990's to relieve my over-whelming workload, to reduce the sleepless nights to meet the publication target dates & to prevent the occurrence of the panda-liked dark circles of my already small eyes.

香港急症服務導向調查 2012

香港急症醫學會急症服務關注小組

2012年2月至3月，香港急症醫學會進行了一項香港急症服務導向問卷調查，收集了506份有效之問卷(佔整體急症科醫護人數之42%(506/1216))。

受訪者整體上覺得工作壓力很大，其中尤以對多不勝數的求診人士感到壓力。與病人接觸方面，大部份人都覺得不夠時間接觸病人，亦擔心沒有時間向病人說明病情。只有大概四分之一的受訪者覺得病人會被急症專科醫生診治，而大部份受訪者都不認為非專科醫生在處理就算是比較簡單的第四類(次緊急)和第五類(非緊急)病人時能像專科醫生一樣的好。大部份受訪者都認為急症專科醫生對急症服務有保障。

受訪者普遍認為急症服務的人手嚴重不足，而其中又以護士為甚。受訪者普遍認為急症專科護士應該予以肯定，超過九成的受訪者同意該等資歷應獲一個增薪點。大部份人都覺得自己的部門沒有足夠的助產士應付突發的緊急分娩，並有超過九成的人同意助產士在急症科應獲得一個增薪點。

無論是上級或下級，都覺得不能有效地在日常的工作中指導下級或獲得指導，亦有超過三成的受訪者表示，過去六個月中，培訓曾經因為服務的需求而遭取消。而缺乏培訓的結果，使到有超過一半的人表示害怕因為專業知識不足，而使其無法正確判斷病人的危急程度。同樣，只有少過一半的人覺得工作時能完美地發揮自己的專業。

受訪者普遍都是熱忱於服務病人的，而只要是能治癒病人的，他們都會努力去做。但受訪者並不認為自己是工作狂：雖然大部份的人都非常投入他們的工作，但他們並非只為工作而生活。有百分之七十的受訪者表示未來一年有可能離開急症室的工作(百分之五表示一定會離開)，而其中最多人表示的原因就是工作量過大。

解決雙非問題，可以減低雙非孕婦對急症室產子構成的壓力。實行特別酬金計劃(SHS)常規化，並劃分不同時段不同薪酬可解決部份夜班醫生不足的問題。定期培訓和重視培訓，可提升香港急症科水平，有利挽留人材和保障服務質素。減低工作間暴力亦可改善急症室的環境，有利於挽留員工。增加其他職級支援人手，是比較容易實行的短期措施，長遠也可減低醫護的工作壓力。提供溝通培訓，則有利於醫患溝通，間接加快流程、減少爭拗，亦可減少投訴。落實急症科為第二級每月定額津貼(Tier 2 Fixed Rate Honorarium)的待遇，可肯定急症科醫生的實時(solid hours)工作艱難情況，

提升士氣。落實五天工作天，對部份未實施的急症室，這只是與其他已實施五天工作天的看齊。增加對公眾教育及宣傳，如何正確使用急症室，使到真正有需要的病人可以得到最快的治療。加強基層醫療是不可或缺的一環，如基礎醫療不到位，急症服務只會被分薄作了部份的基礎醫療。延長藥房時間，是提升對市民的服務，同時可減少急症室派藥的風險。增加晉升，急症服務在過去二十年不斷發展，必須透過晉升去留住一些有經驗的員工，將來的趨勢也是以專科醫生專科護士為主的醫治團隊。基於有意見認為士氣低落，適量的康樂活動可增加員工的歸屬感。增強內部溝通，消除隔膜，有利於締造和諧的工作環境。增加長夜(Long-night Shift)是很多護士的訴求，而這亦有利於減少其他護士的夜班頻率。醫生的夜班安排，也可用一些新思維去構想一些新的方案，例如用”不同時段不同薪酬”的特別酬金計劃(SHS)去吸引人當額外的夜班。

長遠而言，急症科需增加人手(醫生、護士和健康助理)，並研究合理的人手編制。設立專科護士制度，鼓勵同事增加有關的專科知識。增加工作的彈性，考慮各種不同的彈性工作安排。設立非臨床工作時間，去因應實際的工作需求。多肯定員工的工作，有助改善工作間的氣氛。增加其他專科的支援，如精神科的支援。增加其他職系員工亦能有效減低專職員工的工作量。增撥資源，改善急症室的空間及設備。如此，香港的急症服務才能與時並進，滿足急速發展的香港社會的需要。



鳴謝 Now 新聞台

We are said to be living in an era of globalization now. In this new era of globalization, the global village is more interconnected and the world has shrunk and become flatter than before. We can all remember how SARS spread from Hong Kong to many countries thousand miles apart within a short period of time in 2003. Recently, the Ebola epidemic in West Africa also serves to remind us of our vulnerability in this globalized world. The liberalization of trade and rapid development of information technology also cause changes in our life styles. With a more westernized life style, non-communicable diseases, such as heart diseases, are becoming more prevalent even in less developed countries. Globalization also means that we are more interdependent in finding a solution to our health problems. Obviously, the spread of Ebola cannot be stopped by the affected African countries working by themselves.

Emergency Medicine, as a relatively young specialty, needs to find its niche in this new era of globalization. So, what is the role of Emergency Medicine (EM) in this new global health paradigm? How do we as a specialty respond to this new challenge of globalized health agenda?

First, how globalized is EM? According to World Health Organization (WHO) statistics, formal emergency physician (EP) training in the six WHO regions varies from less than 50% (South East Asia) to nearly 90% (East Mediterranean).⁽¹⁾ So, more efforts are needed to establish the discipline in more countries.

Second, what is the place of EM within the global health agenda? There are eight Millennium Development Goals (MDGs) which have been promulgated in the United Nations (UN) Millennium Declaration since 2000. Some of the goals are related to public health e.g. reduction of under-5 (Goal 4) and maternal (Goal 5) mortalities; tackle AIDS, malaria and tuberculosis (Goal 6).⁽²⁾ Many such programmes are run on a massive scale in a vertical manner, with focused, proactive, disease-specific interventions having one goal only. Emergency care thus is often not a focus or even a component of such vertical programmes. The weakness of such an approach is that it will not help the development of a robust health care delivery system. In the event of cri-

ses, e.g. disasters, the lack of emergency care capabilities will weaken the effectiveness of the response. Public health specialists have argued for a diagonal approach, which is aiming for disease-specific results through improved health systems. Under this new approach, emergency care system should be given a priority as emergency care can flexibly tackle different conditions, which can span from injuries to obstetrics, infectious and non-communicable diseases.⁽³⁾

The public health functions of an emergency care delivery system may not be obvious to us in HK. But we are an integral part of the public health system when we screen cases for potential infectious diseases, and report food poisoning cases to the Centre of Health Protection. In the setting of less developed countries, a robust emergency care network could contribute much more in public health initiatives.

The Millennium Development Goals will expire in 2015 and new initiatives are expected. As the global burden of diseases has changed, there will be more emphasis on non-communicable diseases. In 2013, the World Health Assembly of WHO called for a 25% reduction in deaths from cardiovascular diseases, chronic respiratory diseases, cancer, and diabetes in individuals aged 30–70 years by 2025. WHO has a Global NCD Action Plan and under Objective 4 it advises governments to strengthen and orient health systems to address the prevention and control of NCDs and the underlying social determinants through people-centred primary health care and universal health coverage. Within this broad framework, it is further suggested that such system should improve the availability of life-saving technologies and essential medicines for managing noncommunicable diseases in the initial phase of emergency response.⁽⁴⁾ So, EM can have a role in the secondary prevention of complications in relation to noncommunicable diseases. At the moment, there is still a lack of research to quantify the impact of EM on decreasing the burden of noncommunicable diseases. Road traffic injuries may be a good starting point. A good emergency response system to help injured victims may save lives and decrease disabilities. As road traffic injuries are a significant burden in many developing countries, the economic impact could be significant.

Third, how do we prepare ourselves to face the global challenges? EM is a young specialty and it should play a more active role in the global health agenda. The International Federation of Emergency Medicine (IFEM), which is the global representative of EM, has indicated its intention to collaborate with WHO in establishing and maintaining high quality EM in all countries.⁽⁵⁾ IFEM has already had a representative in the WHO's Trauma Care Committee. But, of course, there is a need for advocacy for EM in other global platforms e.g. United Nation, World Bank where the future of global health is to be framed. In order to advocate for EM, we must learn to speak the language of public health and be familiar with the rules in relation to global initiatives. We must overcome common misperceptions that emergency medical care must be expensive and high-tech and thus not suitable for low-income countries. There are emergency interventions that are basic and effective.⁽³⁾

In countries where EM is more mature, there is already a trend for the setting up of international EM programmes to help promote EM in less developed countries. The Australasian College of EM, for example, has an International EM Special Interest Group and they have been very active in promoting EM in the Pacific islands. Recently, the HK Academy of Medicine has established a HK Jockey Club Disaster Preparedness and Response Institute. This will also provide an opportunity for us to equip ourselves to participate in disaster and humanitarian relief works outside of Hong Kong. Hong Kong's EM community has been thriving in the last 30 years and it is perhaps a right time that we set our sights at the global stage. It is our duty to contribute towards the development of the specialty especially in the Asia-Pacific region.



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第四屆港深急診 高端論壇2013



第四屆港深急診高端論壇
籌委會主席 蔡振興醫生

第四屆港深急診高端論壇由香港急症醫學會和深圳市醫學會主辦，香港中文大學意外及急救醫學教研部及深圳市醫學會急診醫學專委會協辦，香港急症科醫學院、香港急症科護理學院、香港急症科護士學會、聖約翰救傷隊及深圳市急救中心為支持單位的第四屆港深急診高端論壇於2013年4月25至27日在香港中文大學威爾斯親王醫院舉行。是次會議的主題為「港深醫療合作」。

本屆會議為港深兩地急症醫學組織第四次聯合會議。首次的港深急症醫學論壇舉辦於2008年；第二次的會議舉辦於2009年。之後確立了機制，成為兩地每兩年一度的急診界盛事，並由兩地的急症醫學會輪替舉辦，提供一個平台給雙方的專家互相切磋，分享研究成果和急診醫學的實踐經驗，提高港深兩地急診服務的整體水平，還促進區域內醫療專業人士的相互了解及各學術機構之間的合作。近年隨着中國對外開放及經濟起飛，越來越多的外國專家也趁着這個機會與中港的急症專家互相交流。是次的會議尤其令人難忘，因為很多中國內地、台灣和亞太地區的著名嘉賓於大會發言及講課，其中包括許四虎（深圳市衛生和人口計劃生育委員會副主任）、李春盛（中華醫學會急診分會主委暨北京朝陽醫院急診科主任）、蔡維謀（台灣急診醫學會理事長暨馬偕紀



念醫院新竹分院急診醫學科主任）及蕭萊萊（新加坡陳篤生醫院急診高級顧問醫生）。

食物及衛生局局長高永文醫生也十分重視是次會議，除了在4月26號主持開幕典禮，更在4月25號晚上全程參與了大會的貴賓晚宴，而晚宴更是「大中華中毒救治培訓慈善基金」的成立典禮。「大中華中毒救治培訓慈善基金」是「香港急症科醫學院」設立的慈善基金，宗旨是為大中華區內的年青醫生提供津貼以來港接受臨床中毒救治之培訓，學習最新之毒理知識，加速大中華區臨床中毒之醫學發展，逐步完善區內之中毒資訊與救治系統。晚宴參與人數就超過110人，盛況可謂一時無兩。

是次參與會議的人數及地域也較之前三屆為多，打破了歷屆的紀錄：會議出席人數為277人，其中157人來自香港以外地區。參與的省市及地區計有北京、廣州、上海、西安、湖南、滿洲里、澳門、台灣、星加坡及加拿大。最後，除了得到食物及衛生局的肯定，及打破了以往與會人數的紀錄，更重要的是可以和國內不同地區的急症科專家聚首一堂，互相交流，為將來中港急症醫學的發展打下紮實的基礎。



本會赴深圳參加第五屆深港急診高端論壇

港深急診高端論壇是香港及深圳雙方輪任承辦的急症醫學學術研討會。2015年「第五屆深港急診高端論壇」由深圳市醫學會和本會主辦，深圳市醫學會急診醫學專業委員會、深圳市寶安區人民醫院及深圳市急救中心承辦。是次論壇已於2015年5月30及31日假深圳市寶安區寶立方會議中心舉行。

本港急症全寅赴會，與深圳及其他國內外的急症醫學代表聚首一堂，交流醫學教育、管理體制、臨床實踐及醫學模擬訓練等方面經驗及心得，同時亦參與一連串專題研討，範圍包括深港急症醫學跨境交流合作、院前急救模式、心肺復蘇、嚴重創傷及中毒治理、急症深切治療、心腦血管疾病及急診護理等。會後大會安排與會代表參觀附近深圳市寶安區人民醫院。





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3RD ASIAN CONFERENCE FOR EMERGENCY MEDICINE

The Asian Society for emergency medicine was founded in 1998 at its inaugural conference in Singapore with HKSEMS as one of the founding society member, other founding society members including EM societies from Singapore, Taiwan, Malaysia and Japan. In 2001 the 2nd ACEM was held in Taipei. As the president of HKSEMS, I was elected as the vice-president of the ASEM. Dur-



ing that conference, Hong Kong bid for the hosting of 3rd ACEM. As the most popular Emergency Medicine Conference, namely the International Conference of Emergency Medicine are held every 2 years during the even number years, our initial plan was to have our 3rd ACEM organized in Nov 2003 and the subsequent ACEM every two years thereafter. However, starting from the spring of 2003, while the preparation of 3rd ACEM was in full swing, Hong Kong had an outbreak of SARS. With Hong Kong labelled as an infectious disease outbreak city, we worried that most of the potential participants may be threatened off from coming to an outbreak city. Hence we made a bold decision to defer the conference one year to 7-10th October 2004.



Despite the conference was organized by the ASEM, it was co-hosted by the Hong Kong Society for Emergency Medicine and Surgery and the Hong Kong College of Emergency Medicine. The conference was held in the Hong Kong convention and exhibition center. Dr Wong Tai-wai and I was the co-chairman and Dr Leong Che-hung, President of the Hong Kong Academy of Medicine was the guest of honor. The plenary speakers of the conference included:

- 1) Dr. David Skinner, Dean of Faculty of A&E Medicine, John Radcliffe Hospital, and
- 2) Prof Yuen Kwok Yung, Head of Department of Microbiology, Faculty of Medicine, HKU.

In addition to the 3 days scientific program, we had 3 pre-confer-

ence workshop, namely clinical toxicology course, Retrieval Medicine and Trauma Nursing Core Course taking care of the need of the doctors, nurses and paramedics. The conference was successfully held with more than 300 local and overseas attendances. The scientific program was exciting and highly educational, the logistics were smooth and the social program interesting. Hence the conference won the compliment of participants from all over the world. At the end there was a significant positive balance that we donated a portion to the ASEM. With the successful running of the conference, I was "awarded" with the election of the President of the ASEM during that conference after the Founding President Dr V. Anantharaman of

Singapore and Prof. Lee Chen-hsen of Taiwan. Thereafter both HKSEMS and HKCEM had contributed a lot to the success of the subsequent ACEMs in various part of Asia.

Dr. LAU Fei-lung 劉飛龍醫生



生命邊緣的守護者

瑪麗醫院急症科副顧問醫生鍾浩然與商務印書館合作，為慶祝香港急症醫學會成立三十周年出版《生命邊緣的守護者》。本書結集十多位急症全寅披星戴月救急扶危的心路歷程，使公眾更了解他們日常生活中不為人知的一面。

「一葉落而知天下秋，急症室這塊小天地彷彿普渡浩瀚眾生跨越生老病死各種塵世磨難的縮影。急症科醫生深刻了解自己工作的意義，也倍感任重而道遠，故夙夜匪懈，痾瘵在抱。就是為了這些擁有不盡相同悲歡離合故事的病人，我跟其他的急症科同袍一道，即使這戰場日夜炮聲隆隆，仍願意每當衝鋒的號角再次吹響，就立刻披甲上陣，義無反顧。」

這是在即將於六月前出版的新書《生命邊緣的守護者》中的一篇文章《急症室醫生的一天》裏寫下的一段文字，希望借助文學的色彩塗繪出本港急症科方方面面的細緻景象。這本書是為了慶祝「香港急症醫學會」(Hong Kong Society for Emergency Medicine and Surgery)成立三十週年而集合當今急症界各方力量寫成的，參與其中的有急症科的醫生和護士，也有消防處、聖約翰救傷隊及醫療輔助隊的救護員，更少不了尚未畢業的醫科學生和急症室病人家屬，因此廣泛地涵括了與急症醫學相關的所有持份者的意見和心聲，所以在本地同類書籍中極具權威性和代表性。本人獲邀為該書的主編，與有榮焉。

這本書的寫作目的除了要向廣大市民灌輸急症科的正確概念和信息，以加深普羅大眾對這個專科的認識，在社會上為這行業樹立起鮮明的形象，同時亦負起為奮鬥於這個專業不同戰線的戰友鼓舞士氣，提升同袍之間歸屬感和凝聚力的重要任務。書中以諸多真實的緊急拯救案例作為引子，簡明地闡釋了急症科慣常的工作原則，更透過當事人第一身的敘述，剖析了不少本地急症界重要事件的內幕秘辛，包括香港政府飛行服務隊(GFS)的輔助空中醫療隊的創建過程、南丫海難中醫療支援隊的現場救援工作實況、以及醫管局海外醫療支援隊(HAOMST)歷次海外救援任務的經驗分享等。

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General 1	AST ALT BUN CREA ALP UA
General 2	AST ALT GGT CHOL GLU CREA HDL TG
General 3	AST ALT GGT TBIL CHOL ALB TP BUN CREA HDL TG ALP AMY
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Early academic experience in Emergency Medicine for Medical Students

HKSEMS offered opportunities for medical students to explore the world of emergency medicine and how robust is its development. Dr Yeung Chi-yeung received sponsorship from HKSEMS in 2011 to present his research in ACEM.

It was a great experience for me to join The 6th Asian Conference for Emergency Medicine 2011 held in Thailand in 2011 summer. Participating in international conference can give me a chance to meet experts in emergency medical fields all over the world and gain practical experience from them.

Medical technologies are advancing every minute, during the conference, I was very privileged to be able to recognize the latest development in emergency medicine including resuscitation equipments and vital signs monitors.



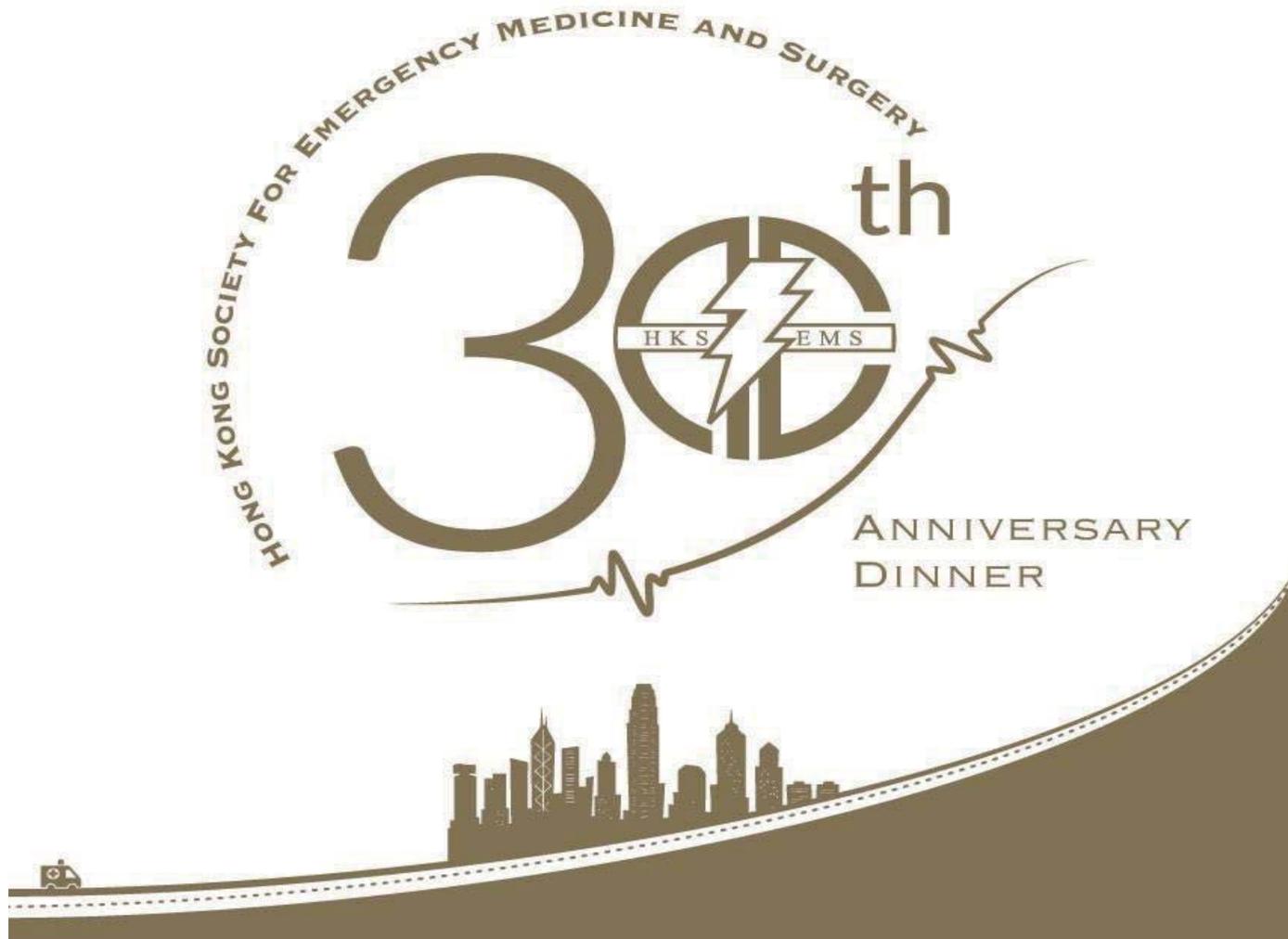
It also gave me a chance to listen to various duties as an emergency physician and make me greatly inspired by the variety of medical topics that involve in AED and the wide range of knowledge and skills that an emergency physician equipped. I was genuinely impressed by the fundamental role of an emergency physician in trauma care and their prompt crisis management skills in times of emergencies.

Researches are important in every specialty, in the way that they will help the development of that specialty and thus improvement of patient care. During this conference, I could have a chance to do an oral presentation of my study. That was an unforgettable experience during my life in medical school. Doctors and researchers from different countries showed their recent works in different aspects of emergency medicine. Experts in the field also shared with

us on resuscitation, natural disaster, toxicology & environmental poisoning and paramedic management etc. These are topics that I may not have a chance to know in details in the formal medical school teaching and I am glad that I could attend these symposiums.

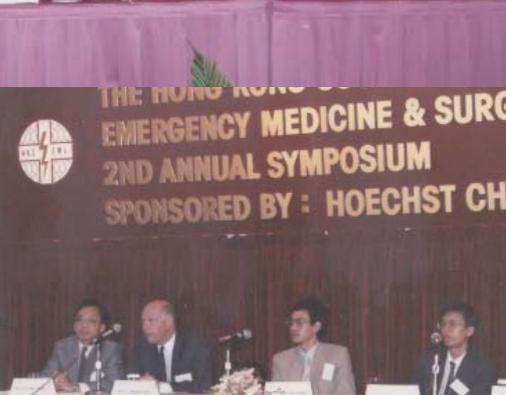
The conference enhanced my understanding and interest in emergency medicine and these were all fascinating experiences and have convinced me to pursue this specialty as a career.





賀三十周年

回首風雨珍珠情 踏出晴



“

希望借此機會能讓市民大眾對我們的專科有更深入的了解，為急症人建立一個鮮明的形象。鍾浩然醫生《生命邊緣的守護者—急症醫護最前線》主編

”

三十周年慶祝活動連環出擊

生命邊緣的守護者

年中無休、人氣旺盛的急症室，看似是醫院裏普通人最容易接觸的一處，卻是爭分奪秒、危癥繁多、最容易令病患誤解埋怨的場所。本書讓讀者有系統而多角度地了解香港急症室內救治、戶外急癥、災難事故等工作實況。解說不同的醫學常識與謬誤，並道出病榻間或奇趣或觸動的心情故事。

三十周年晚宴

本會將於2015年9月25日假香港跑馬地山光道48號香港賽馬會跑馬地會所舉行三十周年晚宴，各位歷年支持香港急症科醫學會的新舊好友聚首一堂，為本會的三十而立作一個見證。食物及衛生局副局長陳肇始教授及香港醫學專科學院院長李國棟醫生將撥冗為是次晚宴擔任主禮嘉賓。

公開醫學教育講座

香港急症醫學會與康樂及文化事務署香港公共圖書館合辦「居安思危—急救常識篇」系列講座共三節，以鼓勵市民大眾關注對長者疾病、家居事故及運動引致損傷等急救常識，藉着醫生講者的演講，參加者可以了解日常生活中可以應用的醫護知識。第一節由梁遠雄醫生主講「長者常見疾病急救知識」，已在2015年6月6日下午於九龍公共圖書館舉行。第二節由樊潔玲醫生主講之「長者家居急救知識」則已於2015年7月25日下午假土瓜灣公共圖書館舉行。2015年8月15日於九龍公共圖書館由梁展新醫生主講「運動急救知多點」。

心肺復甦馬拉松

如心臟病患者病發時，能及時施行心肺復甦法(CPR)，可大大增加患者的存活率。為推廣社區認識CPR，本會將於2016年初舉辦一項公眾參與的心肺復甦實習活動，詳情請留意本會通訊。

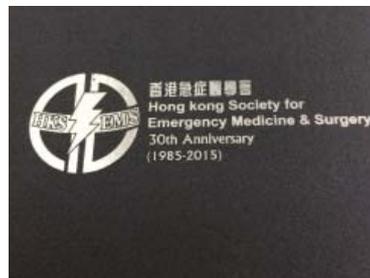


《生命邊緣的守護者》講座剛剛完結，現場出現索取簽名人龍。



市民踴躍出席早前於九龍中央圖書館舉辦的長者急救講座。

朗光明路



本會三十周年紀念品，彌足珍貴。

Introducing our redesigned website

Dr Rex Lam 林沛堅醫生



It is with great pleasure and excitement that we unveil the redesigned website of the Hong Kong Society for Emergency Medicine & Surgery. With a brand-new look and a user-friendly interface, the new website is simple to navigate. Designed to reach a wider audience, the content can be instantly switched between English, Traditional Chinese and Simplified Chinese. Everything you want to know about our society: the past, the present and the upcoming events are now at your fingertips.

Application forms for various sponsored activities can easily be downloaded with a simple click. This website also supports mobile devices so you can take the pulse of our society anytime anywhere. It is linked to our society's Facebook account as well such that you can keep track of the daily movements of our society. Come and take a look of our new information hub at <http://www.hksems.org.hk>. We hope the redesigned website can become a bridge between our members and give the public a fresh impression of our society at its 30th anniversary.



本會一直推廣急症醫學教育的角色不頻餘力。舉辦多年的「急症科醫生入門導引課程」(Emergency Medicine Induction), 近年已經獲醫管局支持成為急症科其中一門指定課程(Commissioned Training)。另外本會亦獲邀教導急症科護士及本港牙科及中醫本科學生。

針對近年來公眾對醫護人員溝通技巧的重視, 本會亦率先引入NLP(Neuro-linguistic Programming 身心語言程式學)執行師證書課程。多位本會會員亦於近年接受調解訓練, 考獲專業調解員資格。他們亦推動醫護調解教育, 以提升醫患溝通, 改善醫患關係。



NLP課程由陳國禧醫生主理, 受訓學員多不勝數。



本會因應日益增多的醫療糾紛, 分別邀請醫療保障學會(MPS)張明經醫生(Dr. TEOH Ming-Keng)、新加坡國立大學鄭瑞娟教授及香港大學廖雅慈教授主講醫務法律研討會。



本會早於九十年代率先獲醫院管理局邀請, 合作舉辦急症科護士專科證書課程。本圖攝於第一屆畢業禮晚宴。

精進日新的多元急症教育



Certificate Course on Healthcare Mediation 醫護調解課程

Objectives:

- To promote mediation skills in healthcare sector
- To reduce misunderstanding between healthcare workers and patients through the application of mediation skills
- To improve the interpersonal skills through systematic learning
- To understand the concept of mediation, win-win and interest-based resolution
- To communicate better with patients, relatives and colleagues

Jointly organised by

The Federation of Medical Societies of Hong Kong
Hong Kong Society for Emergency Medicine and Surgery

CERTIFICATE COURSE FOR GENERAL PUBLIC

Certificate Course on Wilderness Medicine 野外醫學

Jointly organized by

The Federation of Medical Societies of Hong Kong
香港醫學組織聯合會

Objective Hong Kong people are now keen to aim at providing the basic medical practical information related to the situation.

DATE 5 June 2008

TOPIC Introduction to Wilderness Medicine 野外醫學介紹

香港醫學組織聯合會多年來邀請本會合作舉辦各式各樣急症醫學及專業技巧課程。近年本會在醫護調解發展上積極與其他同業合作, 共同教授醫護人員如何透過醫護調解訓練改善與病人溝通技巧。

Certificate Course for Healthcare Providers and Allied Health Workers
General Public is also welcome if interested

Certificate Course on Sports Medicine and Emergencies

Title: Emergency Sports Medicine Files 運動醫學急症檔案

Jointly organised by

The Federation of Medical Societies of Hong Kong
Hong Kong Society for Emergency Medicine and Surgery

Objectives:

Sport injury is a common presentation to the Emergency Department. Different sports have their own pattern of injury. In "Emergency Sports Medicine Files", type of injuries and emergency conditions from six popular sports will be discussed. You will learn specific sports related emergency situation, preventive measures and their emergency management in this

Certificate Course for General Public Course No. C269 CME/CNE Course

Certificate Course on Off-Street Emergency Medicine 緊急情況下的急救治理證書課程

Objectives:

Emergency situation can occur anytime and anywhere. Prompt diagnosis and appropriate management can reduce the severity of the injury or harm caused. This series of lectures aim at providing a brief account on the causes and management of common emergencies for non-medical professional.

Jointly organised by

The Federation of Medical Societies of Hong Kong
Hong Kong Society for Emergency Medicine and Surgery



Making lifesaving faster, easier, better

Philips HeartStart FR3 Defibrillator

Philips, the worldwide leader in automated external defibrillators (AEDs), helped chart the course for the widespread use of AEDs to treat sudden cardiac arrest (SCA) among professional responders starting with the innovative ForeRunner and HeartStart FR2 AEDs. The HeartStart FR3 is Philips best professional-grade AED yet and is now making lifesaving faster, easier, better. As the smallest and lightest professional-grade AED available among leading global manufacturers, the HeartStart FR3 continues Philips legacy of providing AEDs that are designed to be rugged, reliable, and support you every step of the way.

Key advantages

- **Faster** – helping you start delivery of the right therapy faster
- **Easier** – helping make your job easier with the smallest and lightest professional-grade AED among leading global manufacturers*
- **Better** – helping support a culture of continuous improvement with data management solutions

PHILIPS

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Across the Board



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R Series®

The ZOLL R Series supports clinicians in delivering high quality CPR and improve clinical outcomes.



AED Pro®

Designed to perform in any environment, the AED Pro provides the ruggedness and advanced functionality that professional rescuers require.

Helping you deliver high-quality CPR

In systems that have focused on improving CPR quality, both in and out of the hospital, survival rates from sudden cardiac arrest have doubled, or even tripled.^{1,2,3} Delivering high-quality CPR is difficult. That's why ZOLL offers Real CPR Help®, See-Thru CPR®, and a revolutionary mechanical CPR device. When it comes to assisting rescuers in providing the best CPR possible, no one is more experienced or can offer you as much as ZOLL®.

¹ Davis DP, et al. *Resuscitation*. 2015;92:63-69.

² Bobrow BJ, et al. *Ann Emerg Med*. 2013 Jul;62(1):47-56.e1.

³ Sell RE, et al. *Circulation*. 2009;120 (18 Supplement): S1441.

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