

EM EXPRESS

Intensivist in Emergency Department



More Emergency physicians pursue their second fellowship training in critical care medicine in Hong Kong. An Emergency physician with such expertise can practice in intensive care units(ICU) as well. With the increase in patient's expectation and multidisciplinary development of the emergency medicine in Hong Kong, Emergency Department may be capable of providing very aggressive critical care and the Emergency Department with ICU will need these emergency department intensivists. Being the Chairman of the Intensive Care Subcommittee of our College, Dr. Yim Kin Ming, Anfernee is definitely going to take the lead.

It is my honour and pleasure to conduct this interview with Anfernee.

Q1. Can you tell us your vision and mission of the Intensive Care Subcommittee?

A1.

1) To arouse emergency medicine colleagues' interest in critical care medicine

2) To facilitate the implementation of elements of intensive care medicine in daily ED practice so as to empower ED colleagues to provide high quality care for critically ill patients

3) To facilitate ED colleagues in attaining dual specialties training in EM and ICM and the eventual development of sub-specialization of critical care in EM.





Intensivist in Emergency Department

There are reduction in the number of trainees who enroll in the field of emergency medicine. What will be your personal advice to our new trainees or even medical students who are devoted to emergency medicine?

A2. I had my elective attachment to the Department of Accident and Emergency, Queen Elizabeth Hospital in my medical student days for 6 weeks, that was 1998 summer holiday. It was a really amazing and valuable experience to me. It was how stimulating to a



medical student to see critically ill patients in resuscitation rooms, trauma calls, procedure rooms etc. After that attachment, I decided to be one of the emergency physicians and luckily, I was offered an opportunity to join this big family after my internship.

Development...

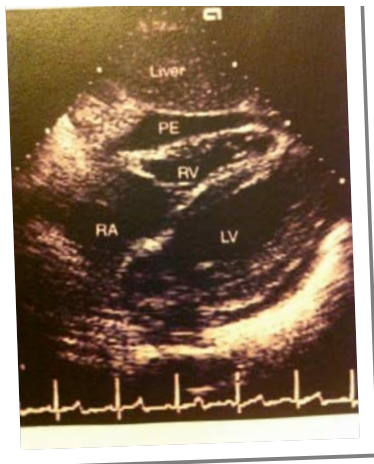
I did enjoy my junior days in this family, however, life was not easy. I felt burning out by those abusing cases, mis-understanding and criticisms even with my classmates from various specialties, lacking rapport and trust with our patients and many others. Nevertheless, I did believe we were doing our best and saved lots of lives. I know my interest was to take care critically ill patients.

I faced a big changes in 2009. I was offered a chance to receive formal training in intensive care medicine in one of the famous center but I have to start everything again from a baby phase. Eventually, I made such changes and it was really a hard time to learn all those basic sciences like physiology, pharmacology, microbiology and yet have to prepare core ICU stuffs for my second fellowship examination which supposed to be happened in about 2 years time. Luckily, I passed my second fellowship examination in late 2010. There was a discussion about the development of critical care elements in daily emergency medicine practice at that time and I got an opportunity to join the family again.





Now I am working in the intensive care unit for most of my clinical duties, and function as a bridge to explore and develop new models of collaboration between AED and ICU. E-ICU or ED-ICU is a hot topic worldwide nowadays, however, we are still in the fetal age. With the support from COC AED, COC ICU, colleges and all of you, I am sure our dream will come true in the short future. Emergency medicine is a growing young specialty, that's why we have lots of rooms for further development. I think no one had thought about emergency physicians running toxicology consultations for the whole territory, but we are doing it well now. No one had thought about emergency physicians running their own ICU, we may be able to do so in the future. If you do have a dream, EM is your choice to fight for your dream.



Working in a tertiary hospital like Queen Elizabeth Hospital, I think advanced critical care is within the purview of any emergency physician, so long as each of us has the dedicated time and support. What do you foresee the difficulties in the upcoming development of ICU in emergency department?

A3. With the manpower crisis in many of the emergency departments, any development is not easy. I know and can understand how difficult my colleagues are striving the balance between heavy workloads and advancement of clinical services, only a crystal clear direction or dream will back you up and give you extra energy to face your difficulties.

Another important barrier is to convince the administrative leaders about the needs and potential benefits in the development of this area. With more mutual understanding and collaboration between emergency physicians and intensivists, we are almost on the same line.

Expertise is another important issue that we have to address. As you can imagine, the production of such dual fellows needs quite a long period of time and effort, we do encourage any of you to join our pathway if you do share our dream as well.

Editor : Dr. Karen Chan



College Calendar

Jan - Apr 2012

January	February	March	April
1 Su PH	1 We JCM	1 Th	1 Su
2 Mo PH	2 Th	2 Fr	2 Mo
3 Tu	3 Fr	3 Sa	3 Tu
4 We JCM	4 Sa BLS	4 Su	4 We PH
5 Th	5 Su	5 Mo	5 Th
6 Fr BLS	6 Mo	6 Tu BLS	6 Fr PH
7 Sa	7 Tu ECG	7 We JCM	7 Sa PH
8 Su	8 We	8 Th	8 Su
9 Mo	9 Th PALS	9 Fr	9 Mo PH
10 Tu	10 Fr PALS	10 Sa	10 Tu
11 We	11 Sa	11 Su	11 We JCM
12 Th	12 Su	12 Mo	12 Th
13 Fr	13 Mo	13 Tu	13 Fr
14 Sa	14 Tu	14 We	14 Sa
15 Su	15 We	15 Th Airway	15 Su
16 Mo ACLS	16 Th	16 Fr	16 Mo
17 Tu ACLS	17 Fr	17 Sa	17 Tu
18 We	18 Sa	18 Su	18 We
19 Th	19 Su	19 Mo	19 Th ECG
20 Fr	20 Mo	20 Tu ISEM-A	20 Fr
21 Sa	21 Tu	21 We ISEM-C	21 Sa
22 Su	22 We	22 Th ISEM-B	22 Su
23 Mo PH	23 Th	23 Fr	23 Mo PALS
24 Tu PH	24 Fr	24 Sa	24 Tu PALS
25 We PH	25 Sa	25 Su	25 We ACLS
26 Th	26 Su	26 Mo	26 Th ACLS
27 Fr	27 Mo	27 Tu PALS	27 Fr
28 Sa	28 Tu ACLS	28 We PALS	28 Sa PH
29 Su	29 We ACLS	29 Th ACLS	29 Su
30 Mo		30 Fr ACLS	30 Mo
31 Tu		31 Sa	
January	February	March	April

College News

Membership Examination of the College of Emergency Medicine (MCEM) / Intermediate Examination (IEEM)

	MCEM/IEEM PART B (SHORT ANSWER QUESTIONS)	MCEM/IEEM PART C (OBJECTIVE STRUCTURED EXAMINATION)	CLINICAL
Date:	20 March 2012 (Tuesday) AM	21 March 2012 (Wednesday) AM / PM 22 March 2012 (Reserved)	

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