

23rd International Conference on Emergency Medicine, ICEM 2024 Preliminary Program at a Glance

Date	Time	Plenary Hall	R101AB	R101CD	R102	R103	R105	R201AF	R201BC	R201DE
D1 June 20	09:45-10:30	Opening Ceremony								
	10:30-11:00	Plenary 1 Reflections and Challenges of Post-Pandemic Emergency Medical Services								
	11:00-12:00	George Podgorny Lecture Connected World, Shared Experience, and Systems of Emergency Care								
	12:00-12:15		Lunch Symposium 1 (Sponsored by ADISON BIOMEDICAL CO., LTD)	Lunch Symposium 2 (Sponsored by BIOMERIEUX)				Lunch Symposium 3 (Sponsored by AstraZeneca)	Lunch Symposium 4 (Sponsored by Beckman Coulter)	Lunch Symposium 5 (Sponsored by Abbott Laboratories)
	12:15-12:45									
	12:45-13:15									
	13:15-13:30									
	13:30-14:10	Critical Management in Emergent Cardiovascular Events in ED	Competency-Based Medical Education (CBME) in Emergency Medicine: Global Perspectives and Strategies	Emergency Air Medical Transport	Re-evolution of Emergency Medical Quality and Patient Safety	Gender Equity in Emergency Medicine	Oral Session 1 Ultrasound/ Abdominal Emergencies/ Image	New Stethoscopes - Emergency Ultrasound-1	Climate Change and Healthcare	Strategies for Reducing Diagnostic Errors in Emergency Departments
	14:10-14:50									
	14:50-15:50	Coffee Break & Poster								
	15:50-16:30	Difficult Airway in Emergency Medicine	Entrustable Professional Activities (EPAs) in Emergency Medicine	Development and Innovation of Wilderness Medicine	The Advancement of Female Physicians in Emergency Medicine	REBOA in ED	Oral Session 2 Resuscitation/ Critical Care (15:50-17:30)	New Stethoscopes - Emergency Ultrasound-2	International EM Societies Networking: Future Scope and Challenges	Artificial Intelligence in Emergency Medicine-1
	16:30-17:10									
	17:10-17:40									
	17:40-18:10									
18:10-18:30										
18:30-21:00	Leadership Dinner (by invitation only)									

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Date	Time	Plenary Hall	R101	R102	R103	R105	3F, North Lounge	R201AF	R201BC	R201DE	
D2 June 21	08:00-08:40			Emergency Specialist Training and Career Development	Managing ICU borders in the ED	Oral Session 3 Artificial Intelligence (08:00-09:30)	Oral Session 7 Infectious Diseases/Toxicology/P harmacology	Evidence-based Emergency Medicine	Global Infectious Disease	Brought Remote Areas Closer to City in Service Quality	
	08:40-09:20										
	09:20-09:30										
	09:30-10:00			Plenary 2 Emergency Medicine in War, Disease, and Disaster							
	10:00-10:30			Plenary 3 Ten Tips for A Successful ED Airway Program							
	10:30-11:10	Coffee Break									
	11:10-11:50	Glocalization of OHCA Care in Worldwide EMS		Emergency Physicians in Hospital-At-Home	Transforming Learning in EM	Oral Session 4 ED Administration/ Patient Safety and Quality Improvement	Oral Session 8 Cardiovascular/ Pulmonary Disease/Pediatrics	Smart-ED	Glocalization - Disaster Medicine Education	Ethics and Law Issue In Emergency Department	
	11:50-12:30										
	12:30-13:00										
	13:00-13:30	Educational Marketplace									
	13:30-14:00										
	14:00-14:30										
	14:30-15:10	Medical Oversight and Advanced Life Support in EMS	PocusGame - Preliminary PocusGame - Final	Glocalization Toxicology: New Psychoactive Substance	Clinical Gestalt, Computer Vision, and AI: Can Machines Learn How Physicians Think/Perceive and Beat Us?	Oral Session 5 EMS	Oral Session 9 International Emergency Medicine/Rural Medicine/CBRN/ Disaster	Pediatric Safety, Child Abuse and Maltreatment	Glocalization - Sharing of Hospital Disaster Response Experience in Major Events	Fight with the Clots in Acute Ischemic Stroke:Intravenous Alteplase, Mechanical Thrombectomy or Alternative Reperfusion Therapy?	
	15:10-15:50										
	15:50-16:50	Educational Marketplace & Coffee Break		Educational Marketplace & Coffee Break							
	16:50-17:30				Natural Killers	Navigating Trauma Care: Innovations, Challenges, and Best Practices	Oral Session 6 Trauma/Risk Scores/Wilderness Medicine	Oral Session 10 Sepsis/Basic Science/Others	The Past and Future of Emergency Triage System	Glocalization - Community Disaster Preparedness & Response	Innovative Practices in Emergency and Critical Care
	17:30-18:10										
18:30-19:30											

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Date	Time	Plenary Hall	3F Banquet Hall	R101AB	R101CD	R102	R103	R105	R201AF	R201BC	R201DE	
D3 June 22	08:30-09:00	Plenary 4 30th Anniversary of TSEM: Important historical development and vision of emergency medicine										
	09:00-09:30											
	09:30-10:00	Plenary 5 Emergency Medicine in Geriatrics										
	10:00-10:30	TSEM Meeting	Coffee Break (10:20-11:00)									
	10:30-11:00											
	11:00-11:40	Artificial Intelligence in Emergency Medicine-2	TSEM Election (11:00-13:00)	Cutting-edge Operative Models in EMS	Glocalization of EM Education: from Global North to Global South	EM Society Development: How are Obstacles Overcome?	Transformation of the Emergency Department in the Future	Oral Session 11 Pre-hospital Emergency Care	Emergency Psychiatry	Managing Your ED	Inspiring Current and Future Leaders in EM	
	11:40-12:20											
	12:20-12:50			Lunch Symposium 6 (Sponsored by Abbott Laboratories)	Lunch Symposium 7 (Sponsored by Pfizer)				Lunch Symposium 8 (Sponsored by Teleflex)	Lunch Symposium 9 (Sponsored by Merck Sharp & Dohme (I.A.) LLC, Taiwan Branch)	Lunch Symposium 10 (Sponsored by Sanofi)	
	12:50-13:20											
	13:20-14:00	Refinement of Emergency Medicine Textbooks for the Future		Frontiers in Cardiac Arrest and Emergency Management	Advancing Emergency Physician Training: The Transformative Role of Cutting-edge Clinical Simulation in Medical Education	EMS for Special Needs and Special Environments	Emergency Cardiology 1	Oral Session 12 Acute Psychiatry/Geriatrics/P alliative and End of Life Care/Neurology	From Molecule to Clinical-Basic Research Associated with Emergency Medicine	Transcending Nursing Quality Workplace	Paediatric Critical Care Updates	
	14:00-14:40											
	14:40-15:40	Coffee Break & Poster										
	15:40-16:20	Glocalization - Trauma		Emergency Care of 5G New Generation	Artificial Intelligence in Emergency Medicine-3	How High can They Get	Emergency Cardiology 2	Oral Session 13 Teaching & Education & Simulation/Internation al Emergency Medicine/Rural	Delivering Excellent Care for Older Patients	Community Interventions in EMS	Paediatric EM Updates	
	16:20-17:00											
	17:00-17:30	Gala Dinner (12F The Grandball Room, The Grand Hotel Taipei)										
17:30-18:00												
18:30-21:00												

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Date	Time	Plenary Hall	R101AB	R101CD	R102	R103	R105	R201AF	R201BC	R201DE
D4 June 23	08:00-08:40		Difficult Decisions in Caring for Older People	Quality and Patient Safety in Emergency Medicine	Emergency Medicine as a Specialty in Asia	Leadership in EM	Award Session	Equity in Emergency Medicine	Evidence-based Trauma Resuscitation	
	08:40-09:20									
	09:20-09:50	Plenary 6 The Future of Resuscitation: Innovations in Cardiac Arrest Care								
	09:50-10:20	Plenary 7 The development of ultrasound and AI in emergency applications								
	10:20-11:00	Coffee Break								
	11:00-11:30	Plenary 8 A Systems View of Health								
	11:30-12:00									
	12:00-12:30		Lunch							
	12:30-13:10	You Heard It Here First! Around-the-world News from Emergency Medicine Regional Society Presidents		Trauma System Challenges	VITA Award Ceremony	The Effective Performance of Teamwork among Emergency Physicians and Nurse Practitioners	EM Research: Editor, Author, And Reader's Perspectives		The Future of Public Health	The Acute Care Continuum in Low Resource Settings
	13:10-13:50									
	13:50-14:20	Plenary 9 The Development of Emergency Medicine in Ethiopia, the challenges and opportunities								
	14:20-14:50	IFEM Award Ceremony & Closing Ceremony								
14:50-15:20										

日期	時間	主題	講座內容	會議廳
6/20	10:30-11:00	Reflections and Challenges of Post-Pandemic Emergency Medical Services(後疫情急診照護量能之反思與挑戰)	石崇良署長Dr. Chung-Liang Shih	Plenary Hall
6/20	11:00-12:00	George Podgorny Lecture	Prof. Sang Do Shin: Connected World, Shared Experience, and Systems of Emergency Care	Plenary Hall
6/20	13:30-14:50	Critical Management in Emergent Cardiovascular Events in ED	Moderator: Steven Hoon Chin Lim 1. Prof. Swee Han Lim: Combination of clinical factors and troponin levels in the risk stratification of Asian chest pain patients (20 min) 2. Dr. Takahiro Hara: Making Prefect Chains-of-Survival for Marathon Runners with OHCA: Experience from Japan (20 min) 3. Prof. Faith Joan Mesa-Gaerlan: Prehospital Critical Management in Neurologic Emergencies(20 min) 4. Dr. Elizabeth Anne Hunt: EtCO2: More than just CPR Quality and ROSC (20 min)	Plenary Hall
6/20	13:30-14:50	New Stethoscopes - Emergency Ultrasound-1	Moderator: Prof. Wei-Jun Lin, Prof. Wan-Ching, Lien, Prof. Beatrice Hoffmann 1. Prof. Beatrice Hoffmann: I can see now! Ultrasound in ocular trauma and acute vision loss (25 min) 2. Dr. Senad Tabakovic: Sorting out acute left lower abdominal pain. POCUS for diverticulitis kidney stones, hernias or ovarian torsion. (25 min) 3. Prof. Eftychia Polyzogopoulou: More fluids or Vasopressors? Use POCUS in hypotensive patients! (25 min) QA: 5 min	R201AF

日期	時間	主題	講座內容	會議廳
6/20	13:30-14:50	Emergency Air Medical Transport	Moderator: Dr. Ryukoh Ogino 1. Shin-Han Tsai: Evolving Role of Emergency Air Medical Service (EAMS) in Taiwan in Twenty Years (25 min) 2. Kazuhiko Omori: The Journey of Doctor-Helicopters in Japan: Past, Present and Future (25 min) 3. Julia, Ling-Yi Ling: Aeromedical transport operations for Taitung remote islands: A special endeavor (25 min) QA: 5 min	R101CD
6/20	13:30-14:50	Gender Equity in Emergency Medicine	Moderator: Dr. Mulinda Nyirenda (Malawi, Africa), Dr. Sowjanya Patibandla (India, Asia) 1. Dr. Kim Hansen: A Roadmap to Gender Equity (25 min) 2. Dr. Shefali Sharma: Women in EM (Indian Perspective) (25 min) 3. Dr. Kwong Po Yin: Gender stereotyping to mainstreaming, the HK experience (25 min)	R103
6/20	13:30-14:50	Competency-Based Medical Education (CBME) in Emergency Medicine: Global Perspectives and Strategies	Moderator: Arif Alper Cevik, Cheng Ting Hsiao 1. Chi-Wei Yang: The whole picture of implementing CBME: the core components (15 min) 2. Erin Simon: CBME of EM in US (15 min) 3. James Kwan: Pragmatic assessment (15 min) 4. Chen-Wei Micheal Lee: From EM to National competency-	R101AB
6/20	13:30-14:50	急診醫療品質與病人安全再進化Re-evolution of Emergency Medical Quality and Patient Safety	Moderator: Dr. Kuan-Ho Lin, Dr. Chung-Hsien Liu 1. Dr. Katherine Henderson: Do risk management methods reduce the likelihood of missing rare diagnosis or do you just have to be an excellent clinician everyday? (25 min) 2. Arif Mattoo: Human Factors in Quality Indicators and Conflict Management (25 min)	R102

日期	時間	主題	講座內容	會議廳
6/20	13:30-14:50	Strategies for Reducing Diagnostic Errors in Emergency Departments	Moderator: Siu Ming Yang (Hong Kong, Asia) 1. Michael Bullard: EM Success is Diagnosis: Keys to Avoid Failure (25 min) 2. Nan Liu: The Role of AI in Improving Patient Safety (25 min) 3. Grzegorz Waligora: AI-Enhance decision-making process in Emergency Department–impact on ED quality, safety, and outcome measures (25 min)	R201DE
6/20	13:30-14:50	Climate Change and Healthcare	Moderator: Dr. Lai Heng Foong, Dr. Simon Judkins 1. Dr. Brian O' Connell: Sustainability projects in ED (20 min) 2. Dr. John Bonning: Choosing wisely- rationalising investigations in ED (20 min) 3. Dr. Gayle Galletta: Modern Healthcare is Harming the	R201BC
6/20	15:50-17:10	Difficult Airway in Emergency Medicine	Moderator: Assoc. Prof. Shu-Chen Liao, Dr. Simon Chu 1. Prof. Sally McCarthy: Airway Challenges, findings from the ANZEDAR (20 min) 2. Dr. Evelyn Wong: NIV and the difficult airway (20 min) QA: 5 min 3. Dr. Adam Laytin: Panel discussion: the physiologically difficult airway across the ages 4. Prof. Gene Ong: Panel discussion: the physiologically difficult airway across the ages 5. Dr. Alison Hay: Panel discussion: the physiologically difficult airway across the ages 3+4+5: 30 min + 5 min QA	Plenary Hall

日期	時間	主題	講座內容	會議廳
6/20	15:50-17:10	New Stethoscopes - Emergency Ultrasound-2	Moderator: Prof. Wei-Jun Lin, Prof. Wei-Jing Lee, Dr. Kuo-Chih Chen 1. Dr. Eric Chin: Pneumonia, atelectasis, or pulmonary embolus? Making sense of consolidations on POCUS (25 min) 2. Dr. Young-Rock Ha: The sequence of multiple organ POCUS in shock (25 min) 3. Dr. Adi Osman: Resuscitative TEE in shock and dyspnea (25 min) QA: 5 min	R201AF
6/20	15:50-17:10	野外醫學的發展與創新Development and Innovation of Wilderness Medicine	Moderator: Dr. Ying-Hsin Chen, Dr. Ping-Wen Huang, Dr. Mingkun Huang 1. Jorge Perez and Christian Bredemeier: Application of drones in emergency medical treatment in the wild (25 min) 2. Dr. Ying-Hsin Chen: Sharing of development experience of Taiwan Yushan Medical Team (25 min) 3. Dr. Yu-Hui Chiu: MacKay Memorial Hospital Wilderness Medicine Center Practical Experience (25 min) QA: 5 min	R101CD
6/20	15:50-17:10	The Advancement of Female Physicians in Emergency Medicine	Moderator: Dr. Gayle Galletta, Dr. Wing Yee Clara Wu (皆同意) 1. Dr. Ffion Davies: The Advancement of Female Physicians in Emergency Medicine (20 min) 2. Prof. Judith Ellen Tintinalli: Bodacious: Women in Emergency Medicine (20 min) 3. Dr. Wan-Yin Kuo: Career Challenges of Female Physicians in Taiwan (20 min) 4. Dr. Yu-Che Chang: The Difference of Professional Identities between Male and Female Emergency Physicians (20 min)	R102

日期	時間	主題	講座內容	會議廳
6/20	15:50-17:10	Entrustable Professional Activities (EPAs) in Emergency Medicine	Moderator: Fremien Chihchen Chou (Taiwan, Asia), Erin Simon (USA, America) 1. Cheng-Ting Hsiao: Development and implementation of EM EPAs in Taiwan (15 min) 2. Tham Kum Ying: Development and implementation of EM EPAs in Singapore (15 min) 3. Julio Cesar Garcia Alencar: Implementation of EPAs in Emergency Medicine at Medical School: Experiences from	R101AB
6/20	15:50-17:10	Artificial Intelligence in Emergency Medicine-1	Moderator: Yildiray Çete (Turkey, Asia) 1. Nan Liu: Practical application of AI in the Emergency Medicine - 2024 updates (25 min) 2. Kendall Ho: Leveraging data science and artificial intelligence in emergency medicine: a joint Canada-Singapore Exploration (25 min) 3. Charles C.N. Wang: The Application of AI in Triage for	R201DE
6/20	15:50-17:10	REBOA in ED	Moderator: Dr. Jen-Tang Sun 1. Sung Wook Chang: REBOA in trauma, Why? (15 min) 2. Dong Keon Lee: REBOA in non-trauma, Why? (15 min) 3. Yosuke Matsumura: Partial REBOA, when and how? (15 min) 4. Chun-Yen Huang: Implementation of REBOA in ED, who and how? (15 min) QA: 20 min	R103

日期	時間	主題	講座內容	會議廳
6/20	15:50-17:10	International EM Societies Networking: Future Scope and Challenges	Moderator: Dr. Saleh Fares Al-Ali (UAE, Asia) 1. Dr. Yuet Chung Axel Siu: Asian Society for Emergency Medicine: From Nothing to Silver Jubilee (20 min) 2. Dr. Fergal Hickey: So you want to host the ICEM, what do you need to know (20 min) 3. Dr. Jesus Daniel López Tapia: Why was it necessary to create FLAME (Federación Latinoamericana de Medicina de Emergencias)? (20 min) 4. Prof. Janis Tupesis: IFEM's role in WHO initiatives: Partnership and Development (20 min)	R201BC
6/21	08:00-09:20	Brought Remote Areas Closer to City in Service Quality	Moderator: Stephen Gourley (Australia, Oceania) 1. Dr. Tigist Tesfaye Bedane: Development of systems in low resource settings (25 min) 2. Dr. Wing Yan Kwong: An EM physician in remote areas (30 min) 3. Yung Sung Yeh: Remote areas collaborate with medical centers through telemedicine for efficient cooperation (20 min)	R201DE
6/21	08:00-09:20	Evidence-based Emergency Medicine	Moderator: Dr. Chien-Hua Huang 1. Dr. Chih-Hung Wang: Evidence for post-cardiac arrest care (25 min) 2. Dr. J. Scott VanEpps: Current evidence for sepsis endotyping and implications for future changes in emergency practice (25 min) 3. Dr. Robert Schafermeyer: Status Epilepticus – Time is of the Essence (25 min) Discussion: 5 min	R201AF

日期	時間	主題	講座內容	會議廳
6/21	08:00-09:20	Global Infectious Disease	<p>Moderator: Edgardo Menendez, Shey-Ying Chen</p> <p>1. Dr. Takaaki Totoki: Management of Sepsis and Coagulopathy (20 min)</p> <p>2. Lam Pui Kin Rex: In search for a better sepsis care pathway in the emergency department - recent advances in Hong Kong (20 min)</p> <p>3. Dr. Gregory Luke Larkin: Emergency Ethical Issues Arising in the Aftermath of COVID-19 (20 min)</p> <p>4. Kuan-Fu Chen: Applying AI on clinical research: focusing on emergency and critical care for infectious diseases (20 min)</p>	R201BC
6/21	08:00-09:20	Emergency Specialist Training and Career Development	<p>Moderator: Janis Tupesis</p> <p>1. Prof. Siang-Hiong Goh : Singapore of Emergency Specialist Training and career Development (20 min)</p> <p>2. Dr. Simon Chu: Emergency Specialist Training and Career Development - an Australian Overview (20 min)</p> <p>3. Dr. Venkat Kotamraju: United Kingdom of Emergency Specialist Training and career Development (20 min)</p> <p>4. Cheng-Heng Liu: Emergency Specialist Training and career Development in Taiwan (20 min)</p>	R102

日期	時間	主題	講座內容	會議廳
6/21	08:00-09:20	Managing ICU boarders in the ED	<p>Moderator: Dr. Michael Jaung</p> <p>1. Dr. Sai Surendar Mohan: Evaluation and management for the patient with refractory shock despite initial management for sepsis or other cause (20 min)</p> <p>2. Dr. Analisia Gonzalez Stewart: Advanced strategies and maneuvers to improve noninvasive or mechanical ventilation (20 min)</p> <p>3. Dr. Evelyn Wong: High Pressure NIV for Complex Type 2 Respiratory Failure</p> <p>4. Dr. Sandeep Gore: How to evaluate and consider treatment initiation for the critically-ill ED patient who is a candidate for extracorporeal membrane oxygenation (ECMO) (20 min)</p>	R103
6/21	09:30-10:00	Emergency Medicine in War, Disease, and Disaster	Prof. Anthony Redmond	Plenary Hall
6/21	10:00-10:30	Ten Tips for A Successful ED Airway Program	Dr. Cliff Reid	Plenary Hall
6/21	11:10-12:30	Emergency Physicians in Hospital-At-Home	<p>Moderator: Dr. Chien-Chin Hsu</p> <p>1. Dr. Jared Conley: Technology-enabled Hospital at Home: Innovation for Acute Care at Home (20 min)</p> <p>2. Dr. Jean Mui Hua Lee: Beyond the ER; Transforming healthcare with Hospital at Home (20 min)</p> <p>3. Dr. Chien-Cheng Huang: Emergency Physicians' Key Role in Initiating Hospital-at-Home Care in Taiwan (20 min)</p> <p>QA: 20 min</p>	R102

日期	時間	主題	講座內容	會議廳
6/21	11:10-12:30	Transforming Learning in EM	Moderator: Erin Simon 1. Dr. Chun-wen Chiu: Harnessing the Power of artificial intelligence in education (15 min) 2. Dr. Elif Dilek Cakal : Unleashing potential: why optimizing your EM learning environment is vital (15 min) 3. Arif Alper Cevik: Transforming Emergency Medicine Education: Insights from Over 140 Team-Based Learning Sessions (15 min) 4. Dr. Andrew Singer: Striving to be better: improving the quality of your training program through peer accreditation (15 min) 5. Dr. Immad Shahnawaz Qureshi: Coaching in EM: How this can benefit the learner (15 min)	R103
6/21	11:10-12:30	Smart-ED	Moderator: Richard Henry Santos 1. Grzegorz Waligora: Hybrid Emergency Medicine Care–global perspective–2024 updates (20 min) 2. Kendall Ho: Supporting pre-hospital triage to decrease ED influx: sharing the Canada-Australian Experience (20 min) 3. Po-Lun Chang: To Be Or, Well, NOT SO to Be: Imaging the Future ED Avatar (20 min) 4. Ming-tse Tsai: The impact of digital health towards EM physicians: how will it influence your practice (20 min)	R201AF
6/21	11:10-12:30	Ethics and Law Issue In Emergency Department	Moderator: Hiu Fai Paul Ho 1. Chao-Hsin Wu: Best interests of terminal illness patients (40 min) 2. Kuan-Han Wu: TBD (15 min) QA: 25 min	R201DE

日期	時間	主題	講座內容	會議廳
6/21	11:10-12:30	Glocalization of OHCA Care in Worldwide EMS	<p>Moderator: Prof. Wen-Chu Chiang, Dr. Sabariah Faizah Jamaluddin</p> <ol style="list-style-type: none"> 1. Dr. Anne Creaton: First responders and the interface with advanced care. A link worth strengthening. (15 min) 2. Dr. Ki Jeong Hong: GRA_OHCA care in Seoul (15 min) 3. Prof. Hideharu Tanaka: GRA_OHCA care in Tokyo (15 min) 4. Dr. Sheng-Wen Hou: GRA_OHCA care in Taipei (15 min) <p>QA: 10 min</p>	Plenary Hall
6/21	11:10-12:30	Glocalization - Disaster Medicine Education	<p>Moderator: Chih-Hsien Chi, Arifumi Hasegawa</p> <ol style="list-style-type: none"> 1. Kavita Varshney: The education of disaster medicine in Australia (15 min) 2. Mohamed Al-Hadi Bin Mohamed Razhi: The education of disaster medicine in Malaysia (15 min) 3. Pek Jen Heng: The education of disaster medicine in Singapore (15 min) 4. Daniel Kollek: The education of disaster medicine in Canada (15 min) 5. Chien-hao Lin: Developing the contemporary disaster medicine education in Taiwan (15 min) <p>QA: 5 min</p>	R201BC
6/21	14:30-15:50	Clinical Gestalt, Computer Vision, and AI: Can Machines Learn How Physicians Think/Perceive and Beat Us?	<p>Moderator: Chu-Lin Tsai, MD, ScD (Taiwan, Asia)</p> <p>Opening and introduction: 5 min</p> <ol style="list-style-type: none"> 1. Wei Hao Lee: Clinician gestalt in diagnosing appendicitis in children (20 min) 2. Li-Chen Fu: Cognitive computing and computer vision (20 min) 3. Chiat Qiao Liew: Physician gestalt for ED triage (20 min) 	R103

日期	時間	主題	講座內容	會議廳
6/21	14:30-15:50	Medical Oversight and Advanced Life Support in EMS	Moderator: Dr. Sheng-Wen Hou, Dr. Chien-Yu Liu 1. Dr. Lin-Yi: Prehospital transfusion of fluid/blood (15+5 min) 2. Dr. Ying-Chih Ko: Prehospital vascular access (IO/IV) (15+5 min) 3. Dr. Hua Ho: Prehospital ultrasound (15+5 min) 4. Dr. Sattha Riyapan: Prehospital medical oversight by audio-video apps (15+5 min)	Plenary Hall
6/21	14:30-15:50	Glocalization - Sharing of Hospital Disaster Response Experience in Major Events	Moderator: Fuh-Yuan Shih, Kavita Varshney 1. Sang Do Shin: Seoul Halloween crowd crush 2022 (15 min) 2. Goma Bali Bajaj: Odisha train collision 2023 (15 min) 3. Arifumi Hasegawa: Fukushima nuclear accident 2011 (15 min) 4. Ming-Tai Cheng: Mass Casualty and Special Disasters - Hospital Preparedness and Experience in Taiwan (15 min) QA: 20 min	R201BC
6/21	14:30-15:50	Pediatric Safety, Child Abuse and Maltreatment	Moderator: Rodrick Lim 1. Dr. Frank Leigh Lu: The development of child protection medical centers and teams in Taiwan Hospitals (30 min) 2. Prof. Jui-Ying Feng: Abusive head trauma among infants and young children in Taiwan (30 min) QA: 20 min	R201AF

日期	時間	主題	講座內容	會議廳
6/21	14:30-15:50	Glocalization Toxicology: New Psychoactive Substance	Moderator: Dr. Chih-Chuan Lin 1. Dr. Cheng-Chung Fang: Analytically Confirmed Illicit Drug Users at the Emergency Departments in Taiwan (15 min) 2. Dr. Jessamine Soderstrom: EDNA (Emerging Drugs Network of Australia) (15 min) 3. Dr. Sze Hong Ng: Current drug situation in HK monitoring (15 min) 4. Dr. Venkat Kotamraju: Novel Psychoactive Substances - "A New Kid on the Block" (15 min) QA: 20 min	R102
6/21	14:30-15:50	Fight with the Clots in Acute Ischemic Stroke: Intravenous Alteplase, Mechanical Thrombectomy or Alternative Reperfusion Therapy?	Moderator: Dr. Te-Fa Chiu, Dr. Ming-Ju Hsieh 1. Dr. Li-Kai Tsai: The Latest Advancements in the Treatment of Ischemic Stroke (30 min) 2. Dr. Tasuku Matsuyama: How we combat strokes: Kyoto experience (20 min) 3. Dr. Ying-Ju Chen: How we combat strokes: Taipei experience (20 min) QA: 10 min	R201DE
6/21	16:50-18:10	Navigating Trauma Care: Innovations, Challenges, and Best Practices	Moderator: Dr. Ankur Verma (India, Asia), Prof. Sally McCarthy (Australia, Oceania) 1. Dr. Robert Stenberg: Ultrasound in Trauma (20 min) 2. Prof. Sally McCarthy: The trauma airway (15 min) 3. Prof. Erin Simon: Shocked trauma patient - best practice (15 min) 4. Dr. Ankur Verma: ATLS - Is it still relevant (15 min) 5. Prof. Anthony Joseph: Trauma research and best practice – are the two compatible (15 min)	R103

日期	時間	主題	講座內容	會議廳
6/21	16:50-18:10	Glocalization -Community Disaster Preparedness & Response	Moderator: Yawen Hsiau, Ali Haedar 1. Prof. Yasuhiro Otomo: Community Preparedness for Events/Disasters: Insights from the Japanese Experience (15 min) 2. Mototaka Inaba: The Role of NGOs in Disaster Medical Response: Insights and Innovations (15 min) 3. Ronald Ming Ren Tan: PAED considerations in a disaster (15 min) 4. Pei-Fang Lai: Development of the Disaster Medical Assistance Team in Hualien County, Taiwan (15 min) QA: 20 min	R201BC
6/21	16:50-18:10	Natural Killers	Moderator: Cheng-Chung Fang 1. Dr. Juan Manuel Gutiérrez Cruz: Handling Animal Bites In Ed (20 min) 2. Prof. Anthony T.Tu: Natural Killers in Chemical Weapons (20 min) 3. Dr. Chih-Chuan Lin: Snake Bites, What Else Besides Antivenom? (20 min) QA: 20 min	R102
6/21	16:50-18:10	The Past and Future of Emergency Triage System	Moderator: Dr. Zui-Shen Yen (Taiwan, Asia) 1. Dr. Chu-Lin Tsai: AI-assisted ED Triage (15 min) 2. Dr. Sowjanya Patibandla: commercialized AI triage (tentative) (15 min) 3. Dr. Cheng-Yu Chien: Innovative Triage: Navigating New Paths in the Challenges of Aging (15 min) 4. Bo-Yu Wang: To enhance emergency triage ability through diverse teaching approaches (15 min) QA: 20 min	R201AF

日期	時間	主題	講座內容	會議廳
6/21	16:50-18:10	Innovative Practices in Emergency and Critical Care	<p>Moderator: Dong-Keon Lee</p> <ol style="list-style-type: none"> 1. Yosuke Matsumura: The Hybrid Emergency Room System (HERS): A Novel Resuscitation System in Emergency Setting (20 min) 2. Kensuke Nakamura: Critical Care Nutrition and new Japanese guideline (20 min) 3. Cindy H. Hsu: The future of ECPR systems of care for out-of-hospital cardiac arrest (20 min) 4. Pauline Convocar: Critical Care in Emergency Medicine and/or Organ Donation Advocacy in the Philippines: the ED as a Missed Opportunity (20 min) 	R201DE
6/22	08:30-09:30	30th Anniversary of TSEM: Important historical development and vision of emergency medicine	<p>Moderator: Chip-Jin Ng</p> <ol style="list-style-type: none"> 1. Prof. Judith Ellen Tintinalli: Evolution of Emergency Medicine (20 min) 2. Prof. Michael Bullard: A Half Century of EM as Viewed Through a Canada/Taiwan Lens (20 min) 3. Dr. Chien-Chin Hsu: Current and Future of Emergency Medicine in Taiwan (20 mins) 	Plenary Hall
6/22	09:30-10:00	Emergency Medicine in Geriatrics	Dr. Jesica Valeria Bravo-Gutiérrez	Plenary Hall
6/22	11:00-12:20	Glocalization of EM Education: from Global North to Global South	<p>Glocalization of EM Education: from Global North to Global South</p> <p>Moderator: James Kwan (建議保留), Chih-Wei Yang</p> <p>Introduction: 5 min</p> <ol style="list-style-type: none"> 1. Fremen Chihchen Chou:Glocalization as a strategy of refining EM education (Taiwan) (15 min) 2. Elif Dilek Cakal: Experiences from UK (15 min) 3. Sushant Chhabra: Experiences from India (15 min) 4. Helio Penna Guimaraes: Experiences from Brazil (15 min) 	R101CD

日期	時間	主題	講座內容	會議廳
6/22	11:00-12:20	Artificial Intelligence in Emergency Medicine-2	1. Chun-Tat Lui: Artificial Intelligence and Data-Driven Operation of Emergency Department (25 min) 2. Rajadurai Meenakshi Sundaram: AI in Emergency Medicine and the way forward (25 min) 3. Chien-Chang Lee: Using Artificial Intelligence for Early Warning of Cardiac Arrest (25 min) QA: 5 min	Plenary Hall
6/22	11:00-12:20	Cutting-edge Operative Models in EMS	Moderator: Dr. Tai-Lin Huang, Dr. Chien-Hsiung Huang 1. Dr. Ming-tse Tsai: EMS ABC (AI, Bigdata, and Cloud) in the US (15+5 min) 2. Dr. Ng Yih Yng: OMNI system in Singapore (15+5 min) 3. Dr. Kuan-Chen Chin: Artificial intelligence-enhanced EMS dispatch system (15+5 min) 4. Dr. Ming-Ju Hsieh: Modern Advanced Prehospital Stroke Care (15+5 min)	R101AB
6/22	11:00-12:20	EM Society Development: How are Obstacles Overcome?	Moderator: Jim Connolly 1. Dr. Wing Yee Clara Wu: HKCEM Experience (20 min) 2. Dr. Rasha Buhumaid: ESEM Experience (20 min) 3. Dr. Christopher Kang: ACEP Experience (20 min) QA: 20 min	R102
6/22	11:00-12:20	Emergency Psychiatry	Moderator: Hao-Yang Lin (Taiwan, Asia) 1. Dr. David Hoyer: Depression in Papua, New Guinea ED Patients (20+5 min) 2. Prof. Shusen Sun: Medication therapy management in ED behavior health patients (20+5 min) 3. Dr. Gregory Luke Larkin: Psycho-epidemiology of suicide around the world (20+5 min)	R201AF

日期	時間	主題	講座內容	會議廳
6/22	11:00-12:20	Managing Your ED	Moderator: Chip-Jin Ng, Wei-Kung Chen 1. Chin-Han Lin: Geriatric Emergency Department (20 min) 2. Juan Manuel Gutiérrez Cruz: How to deal with overcrowding (20 min) 3. Quek Lit Sin: Embracing the “Grey Rhinos” in healthcare - How Emergency Medicine can maintain its relevance (20 min) 4. Hung-Jung Lin: TBD (20 min)	R201BC
6/22	11:00-12:20	Inspiring Current and Future Leaders in EM	Moderator: Dr. Sally McCarthy, Dr. Elizabeth DeVos 1. Dr. Cherri Hobgood: How Leaders Emerge (15+5 min) 2. Dr. Mulinda Nyirenda: Leadership Profile: Leading in A Growing Specialty (15+5 min) 3. Dr. Pauline Convocar: Leadership Profile: Leading a Multinational Organization (15+5 min) 4. All Speakers: IFEM Leadership Panel Discussion: Supporting Aspiring and Developing Leaders (15+5 min)	R201DE
6/22	11:00-12:20	Transformation of the Emergency Department in the Future	Moderator: Eddie Yuen (Hong Kong, Asia) 1. Jared Conley: Digital Transformation of Emergency Care (20 min) 2. Steven Hoon Chin Lim: Clinical Excellence with a Future-Ready Academic Emergency Medicine Unit (20 min) 3. T.S. Srinath Kumar: EM development in India- Past, present, and future (20 min) QA: 20 min	R103
6/22	13:20-14:40	Paediatric Critical Care Updates	Moderator: Dr. Chamy Cheuk Mei Lok 1. Prof. Gene Ong: Paediatric resuscitation guidelines across the world: Same, same but different (25 min) 2. Prof. Kam Lun Ellis Hon: Inborn errors of metabolism made ridiculously simple (25 min) 3. Prof. Takashi Araki: Severe head trauma in children - current directions (25 min) QA: 5 min	R201DE

日期	時間	主題	講座內容	會議廳
6/22	13:20-14:40	Advancing Emergency Physician Training: The Transformative Role of Cutting-edge Clinical Simulation in Medical Education	1. Hui Ting Wang: How do high-fidelity mannequins and virtual reality simulations have been integrated into emergency physician training programs? What benefits do they offer? (20 min) 2. Immad Shahnawaz Qureshi: How does clinical simulation enhance decision-making abilities and critical thinking skills of emergency physicians? Are there any studies or evidence supporting these claims? (20 min) 3. Abraham Ka-chung Wai: What is the impact of clinical simulation on the confidence and competence of emergency physicians in handling rare or complex cases? Are there any specific case studies or success stories to share? (20 min) 4. Sushant Chhabra: What is the cost-effectiveness of clinical simulation compared to traditional training methods? Are there any strategies to make simulation-based training more accessible to a wider range of medical institutions? (20 min)	R101CD
6/22	13:20-14:40	From Molecule to Clinical-Basic Research Associated with Emergency Medicine	Moderator: Dr. Prashant Mahajan 1. Yu-Hsiang Hsieh: Rapid, Point-Of-Care Molecular Diagnosis of Emergency Department Patients with Infectious Diseases – From Proof-Of-Concept, Assay Development, Performance Evaluation, to Clinical Validation, Utility, and Implementation (20 min) 2. Ming-tse Tsai: Medical Innovation: how to drive your idea into reality (20 min) 3. Yao-Chieh Hu: Healthcare and Digital Trust: How does Blockchain e-credentials be adopted across WHO, medical associations, and hospitals. (20 min) 4. Chih-Chung Hsu: Toward cybersecurity of federated learning (20 min)	R201AF

日期	時間	主題	講座內容	會議廳
6/22	13:20-14:40	EMS for Special Needs and Special Environments	Moderator: Dr. Ying-Kuo Liu, Dr. An-Fu Lee 1. Dr. An-Fu Lee: EMS in Yunlin: New innovation in Resource-limited Area in Taiwan (15+5 min) 2. Dr. Sébastien Perret: EMS in Laos: high-tech and high-touch on enhancing humanity (15+5 min) 3. Dr. Ali Haedar: EMS in Indonesia: from daily emergency to disaster in reomte islnads (15+5 min) 4. Dr. Yu-Xun Chang: EMS in Africa: challeges and oppertunities in low-socioeconomic areas (15+5 min)	R102
6/22	13:20-14:40	Emergency Cardiology 1	Moderator: Dr. Ching-Hsing Lee 1. Dr. William Brady: Beyond STEMI: High-risk ECG presentations in the ACS patient (35 min) 2. Dr. Lloyd Tannenbaum: A Dynamic Approach to Tachydysrhythmias (35 min) QA: 10 min	R103
6/22	13:20-14:40	Frontiers in Cardiac Arrest and Emergency Management	Moderator: Pairoj Khruekarnchana (Thailand, Asia) 1. Prof. Ichiro Takeuchi: Novel Strategies to Cardiac Arrest with VA-ECMO (25 min) 2. Pei I Su: E-CPR (25 min) 3. Sheng-En Chu: Resuscitative Transesophageal Echocardiography: An Emerging and Essential Skill for Future Emergency Physicians (25 min)	R101AB
6/22	13:20-14:40	創見護理優質職場Transcending Nursing Quality Workplace	Moderator: Shou-Ju Lin, Li-Chin Chen 1. TBD: The opportunity and challenge of Emergency Nursing in Taiwan (20 min) 2. Prof. Julia Crilly: Challenges and opportunities for the future of emergency nursing (20 min) 3. TBD: 4. Chin-Yen Han: Resilience in Emergency Nursing Professionals: From Theoretical Insights to Practice (20 min)	R201BC
6/22	13:20-14:40	Refinement of Emergency Medicine Textbooks for the Future	Prof. Judith Ellen Tintinalli: Do We Still Need Textbooks in Emergency Medicine	Plenary Hall

日期	時間	主題	講座內容	會議廳
6/22	15:40-17:00	Paediatric Emergency Medicine Updates	<p>Moderator: Dr. Rodrick Lim</p> <ol style="list-style-type: none"> 1. Dr. Suhaimi Mahmud: Designing a paediatric ED within a mixed ED – the Malaysian experience (20 min) 2. Dr. David Walker: Important PEM ECGs not to miss (20 min) 3. Dr. Shweta Tyagi: Paediatric Trauma Top Articles – A quick review of practice-changing articles for the last year (20 min) 4. Prof. Franz Babl: Global Research in Paediatric Emergency Medicine (15 min) <p>QA: 5 min</p>	R201DE
6/22	15:40-17:00	Delivering Excellent Care for Older Patients	<p>Moderator: Rosa McNamara</p> <ol style="list-style-type: none"> 1. Sai Surendar Mohan: Designing a System for GEM (20 min) 2. Mohd Idzwan Zakaria: Early identification in of frail older persons in an emergency department (20 min) 3. Tian-Hoe Tan: Supporting Safe Discharge- A novel model for home healthcare referral after ED discharge (20 min) <p>QA: 20 min</p>	R201AF
6/22	15:40-17:00	Artificial Intelligence in Emergency Medicine-3	<ol style="list-style-type: none"> 1. Marcus Ong: Data Science and AI in EM and EMS in Singapore (25 min) 2. Mayli Mertens: Self-fulfilling prophecies in ‘accurate’ outcome scores (25 min) 3. Ng Yih Yng: TBD (25 min) <p>QA: 5 min</p>	R101CD

日期	時間	主題	講座內容	會議廳
6/22	15:40-17:00	Community Interventions in EMS	Moderator: Dr. Hao-Yang Lin, Dr. Shang-Lin Hsieh 1. Dr. Kyoung Jun Song: The community HERO program in Korea (15+5 min) 2. Dr. Kentaro Kajino: Strategies for increasing utility of public-access defibrillators in Japan (15+5 min) 3. Dr. Pauline Convocar: Resuscitation and Resurrection: Organ-donation in the Phillipines (15+5 min) 4. Dr. Sabariah Faizah Jamaluddin: First Responders: Training and Challenges in Malaysia (15+5 min)	R201BC
6/22	15:40-17:00	Glocalization - Trauma	Moderator: Dr. Ali Haedar, Dr. Yuan-Yuarn Liu 1. Dr. Sabariah Faizah Jamaluddin: Trauma on women (15 min) 2. Prof. Sang Do Shin: Global trauma registry: PATOS past, now and future (15 min) 3. Dr. Chao-Wen Chen: Trauma registration in Taiwan: past, now and future (15 min) 4. Dr. Anthony Joseph: Management of Mental Health Disorders after serious injury (15 min) QA: 20 min	Plenary Hall
6/22	15:40-17:00	How High can They Get	Moderator: Dr. Hsien-Yi Chen 1. Dr. Jessamine Soderstrom: Tales of sleepy drugs (novel psychoactives) from EDNA (25 min) 2. Dr. Yen-Chia Chen: Synthetic cathinones-associated deaths in Taiwan: a case series and literature review (25 min) 3. Prof. Gene Ong: Unintentional recreational drug exposures in paediatrics - a big, small problem? (25 min) QA: 5 min	R102
6/22	15:40-17:00	Emergency Cardiology 2	Moderator: Dr. William Brady 1. Dr. Amal Mattu: Cardiology Literature Update 2024: The Articles You've Got to Know! (60 min) QA: 20 min	R103

日期	時間	主題	講座內容	會議廳
6/22	15:40-17:00	5G新世代急診照護 Emergency Care of 5G New Generation	Moderator: Chin-Yen Han 1. Ji-Wei Jiang: Technological digital medical innovation and development (20 min) 2. Li-Chin Chen: Intelligent monitoring management and value in emergency department (20 min) 3. Li Liu: Next generation AIOT medical care development (20 min) 4. Bo-Cyuan Wang: Virtual Reality VR Development Innovation (20 min)	R101AB
6/23	08:00-09:20	Equity in Emergency Medicine	Moderator: Constance LeBlanc (Canada, America) 1. Dr. Imron Subhan: Simple Methods and Strategies to Bring Gender Equity to your Emergency Department (25 min) 2. Drs. Georgina Phillips and Mangu Kendino: Women On the Frontline: Exploring the Gendered Experience for Pacific Healthcare Workers During The COVID-19 Pandemic (25 min) 3. Dr. Gayle Galletta: Intergenerational Equity: Intergenerational Equity: Healthcare's Harmful Effect on the Environment (25 min)	R201AF
6/23	08:00-09:20	Difficult Decisions in Caring for Older People	Moderator: Don Melady 1. Christina Shenvi: Delirium in older adults – diagnosis and safe management in the ED (20 min) 2. Bill Lukin: End of Life Care – recognising Dying (20 min) 3. Dr. Shweta Tyagi: Back to Comfort: Effective Strategies for Alleviating Lower Backache in Elderly Patients at the Emergency Department (20 min) QA: 20 min	R101AB

日期	時間	主題	講座內容	會議廳
6/23	08:00-09:20	Quality and Patient Safety in Emergency Medicine	<p>Dr. Saravana Kumar's Proposal (drsaravanakumar.ep@gmail.com)</p> <p>Moderator: Dr. Saravana Kumar, Dr. Kim Hansen (Australia, Oceania)</p> <ol style="list-style-type: none"> 1. Dr. Saravana Kumar: Quality Driven Leadership – Lessons from Aero space industry (15 min) 2. Dr. Kim Hansen: Providing Quality care in a virtual emergency department (15 min) 3. Dr. Brian Holroyd: An Innovative dashboard for emergency physician feedback and peer benchmarking (15 min) 4. Dr. Naga Nischal: Quality tools for Emergency Medicine Practice (15 min) 	R101CD
6/23	08:00-09:20	Leadership in EM	<p>Moderator: Dr. Lloyd Tannenbaum</p> <ol style="list-style-type: none"> 1. Dr. Amal Mattu: Everyday Leadership: Secrets of Great Minds Through the Ages (60 min) <p>QA: 20 min</p>	R103
6/23	08:00-09:20	Evidence-based Trauma Resuscitation	<p>Moderator: Anthony Joseph</p> <ol style="list-style-type: none"> 1. Dr. Indranil Das: Trauma resuscitation: Pearls and Pitfalls (15 min) 2. Dr. Ankur Verma: Advances in Trauma care beyond the ATLS (15 min) 3. Dr. Sudip Chakraborty: Pediatric Trauma Care in Low Resource Settings (15 min) 4. Dr. Erin Simon: Trauma in the geriatric population -best practice (15 min) <p>QA: 20 mins</p>	R201BC

日期	時間	主題	講座內容	會議廳
6/23	08:00-09:20	Emergency Medicine as a Specialty in Asia	Moderator: Dr. Pauline Convocar 1. Dr. Nilanka Mudithakumara: EM in Sri Lanka (South Asia) (20 min) 2. Dr. Kristina Wiraputri: EM in Indonesia (Southeast Asia) (20 min) 3. Dr. Khuong Quoc Dai: EM in Vietnam (Southeast Asia) (20 min) 4. Dr. Chip Jin Ng: EM in Taiwan (East Asia) (20 min)	R102
6/23	09:20-09:50	The Future of Resuscitation: Innovations in Cardiac Arrest Care	Prof. Robert Neumar	Plenary Hall
6/23	09:50-10:20	The development of ultrasound and AI in emergency applications	Dr. Rasha Bhumaid	Plenary Hall
6/23	11:00-11:30	A Systems View of Health	Prof. Marcus Ong	Plenary Hall
6/23	12:30-13:50	You Heard It Here First! Around-the-world News from Emergency Medicine Regional Society Presidents	Moderator: Dr. Saleh Fares Al-Ali (UAE, Asia), Dr. Ffion Davies 1. Dr. Michael Howlett (CAEP): Canada (9 min) 2. Dr. Christopher Kang (ACEP): United States (9 min) 3. Dr. Helio Penna Guimaraes (FLAME): Central and South America (9 min) 4. Dr. Jim Connolly (EUSEM): Europe (9 min) 5. Dr. Mulinda Nyirenda (IFEM): Africa (9 min) 6. Dr. Pauline Convocar (ASEM): Asia (9 min) 7. Dr. Stephen Gourley (ACEM): Australia and New Zealand (9 min) 8. Dr. Rasha Bhumaid (ESEM): Middle East (9 min) Panel Discussion: 8 min	Plenary Hall

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6/23	12:30-13:50	EM Research: Editor, Author, And Reader's Perspectives	Moderator: Prof. Wen-Chu Chiang 1. Dr. Gene Ong: An Editor's Tips for Getting your Work Published (25 min) 2. Prof. Robert Neumar: Keys to Developing a Successful Emergency Medicine Research Program (25 min) 3. Dr. Tou-Yuan Tsai: From Paper to Bed, How could I appraisal and applicate a study? (25 min)	R105
6/23	12:30-13:50	The Acute Care Continuum in Low Resource Settings	Moderator: Dr. Adam Laytin 1. Adam Laytin: Introduce panel, intro to EECC (10 min) 2. Dr. Tigist Tesfaye Bedane: Prehospital care and liaison office (right patient to right hospital) (15 min) 3. Dr. Ramyajit Lahiri: Developing a critical care setup, within the ED? (15 min) 4. Dr. Michael Jaung: Education programs and strategies across the critical care continuum in low resource settings (15 min) QA: 25 min	R201DE
6/23	12:30-13:50	The Future of Public Health	Moderator: Dr. Thiagarajan Jaiganesh 1. Dr. Lai Heng Foong: Domestic violence- a new approach using a Trauma framework (15 min) 2. Dr. Jamie Burrows: Modern Slavery in the ED- who are we missing? (15 min) 3. Dr. Simon Judkins: Preventive health is the solution to ED overcrowding (15 min) 4. Faith Joan C. Mesa-Gaerlan: Migrant Health (15 min) 5. Dr. Goma Bali Bajaj: Occupational Health- an ED framework (15 min)	R201BC

日期	時間	主題	講座內容	會議廳
6/23	12:30-13:50	Trauma System Challenges	<p>Moderator: Ankur Verma, Anthony Joseph</p> <ol style="list-style-type: none"> 1. Dr. Narendra Nath Jena: Trauma care in India (15 min) 2. Dr. Sharon Chekijian: Trauma systems development in Low-Middle Income Countries (15 min) 3. Dr. Shaarang Sachdev: Geriatric Falls - Facts, Prevention and Improving care (15 min) 4. Dr. Sally McCarthy: A WHO project to improve emergency and trauma care in low resource countries- data is key. (15 min) <p>QA: 20 min</p>	R101CD
6/23	12:30-13:50	The Effective Performance of Teamwork Among Emergency Physicians and Nurse Practitioners	<p>Moderator: Dr. Wen-Han Chang, President Heng-Hsin Tung, Dr. Li-Min Hsu, Founding President Shiow-Luan Tsay</p> <ol style="list-style-type: none"> 1. President Chien-Chin Hsu & President Heng-Hsin Tung: Welcome Speech (5 min) 2. Dr. Weide Tsai: The Performance of Smart Healthcare and Teamwork among Emergency Physicians and Nurse Practitioner (15 min) 3. Ms. Ying Chen: AI and Telemedicine: Digital Transformation in Healthcare (20 min) 4. Dr. YenChun Hsu & Ms. Ying-Ru Chen: Advanced Echo-Guided Fluid Strategy: Empowering Nurse Practitioners in the Precision Management of Critical Illness (20 min) 5. Dr. Chungyu Lin & Dr. Yi-Chen Wu: Revolutionizing Elderly Critical Care: Enhancing Nurse Practitioner Roles and Strategies in the COVID-19 Era (20 min) 	R103
6/23	13:50-14:20	The Development of Emergency Medicine in Ethiopia, the challenges and opportunities	Dr. Tigist Tesfaye Bedane	Plenary Hall

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6/20	10:30-11:00	Reflections and Challenges of Post-Pandemic Emergency Medical Services(後疫情急診照護量能之反思與挑戰)	Post-pandemic EMS faces resource strains, lingering mental health impacts on responders, and the need to adapt to new protocols while integrating telemedicine. Building resilience and preparedness is essential, as is addressing health inequities and engaging communities. Leveraging technology for efficiency and patient care will be vital in shaping more robust EMS for the future.	Plenary Hall
6/20	11:00-12:00	George Podgorny Lecture	In a connected world, shared experiences shape emergency care systems. The pandemic underscored the importance of global cooperation and information sharing among healthcare providers. International collaboration facilitated rapid dissemination of best practices and scientific knowledge, aiding in the development of effective response strategies. This interconnectedness emphasizes the need for standardized protocols and interoperable systems to ensure seamless coordination during emergencies, whether local or global in scale. Furthermore, it highlights the significance of equity in access to resources and healthcare services across borders, as disparities can impact the effectiveness of emergency response efforts. Building on this shared experience, emergency care systems must prioritize collaboration, data sharing, and innovation to enhance preparedness and response capabilities for future crises. By leveraging the collective expertise and resources of a connected world, emergency care systems can better address the evolving challenges of public health emergencies and ensure timely and effective care for all.	Plenary Hall
6/20	13:30-14:50	Critical Management in Emergent Cardiovascular Events in ED	We investigated an intensive care model for acute critically cardiovascular emergency patients in the emergency	Plenary Hall

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			department (ED) as compared with those in the coronary care unit (CCU) after ED visits.	
6/20	13:30-14:50	New Stethoscopes - Emergency Ultrasound-1	<p>We present a series of cases that illustrate the diagnostic value of emergency physician-performed resuscitative TEE in critically ill patients presenting with shock and dyspnea in emergency department.</p> <p>Why should an emergency physician be aware of this? As the use of point-of-care TEE during resuscitation continues to expand in emergency medicine, the evaluation of patients represents a novel application where this emerging modality can allow early diagnosis of these hemodynamically unstable patients.</p>	R201AF
6/20	13:30-14:50	Emergency Air Medical Transport	<ul style="list-style-type: none"> ● Evolving Role of Emergency Air Medical Service (EAMS) in Taiwan in Twenty Years <p>EAMS mandate is to transport critically ill and injured patients to higher level of care. It is an integral part of the overall health and emergency medical services (EMS) system in Taiwan. EAMS response is complex and based on patient need, access to higher care centers, and availability of appropriate modes of transport, which are in turn dependent on landing access, weather, and available ground ambulances.</p> <p>EAMS in Taiwan has undergone several times of restructuring since its commencement in 2002. Apart from Lanyu and Ludao Islands, it has been provided by contracted operators since 2018. It operates with the coordination of National Aeromedical Approval Center (NAAC), a physician-staffed center, on a 7/24 basis. There were on average 293 EAMS flights annually in 21 years since its establishment.</p>	R101CD

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			<p>Top five categories of patients transported by EAMS are: neurological, cardiac, pulmonary, other medical conditions and trauma. While EAMS crashes are rare, they are catastrophic. There was only one crash in these twenty years. This crashed occurred at night and take-off phase in February 2018. According to Taiwan Aviation Safety Council final report, the main cause of this particular crash was suboptimal training of pilots.</p> <p>EAMS in Taiwan is fully funded by government and gatekeeping utilization has been even more important. Due to the inherent risks of EAMS, service delivery must prioritize patient safety. For HEMS to be safe and effective, safety must be an ongoing part of the culture, in which all stakeholders openly participate. Performance measurement, consistent improvement, and a sustainable and stable funding agreement will all contribute to this vision.</p> <ul style="list-style-type: none"> ● The Journey of Doctor-Helicopters in Japan: Past, Present and Future <p>In this presentation, we will explore the evolution of Japan's Helicopter Emergency Medical Services (HEMS), known as Doctor-Helicopters. It began in 2001 following the Great Hanshin Earthquake and continues to have nationwide coverage with 57 helicopters, achieving comprehensive coverage in all 47 prefectures and executing approximately 30,000 missions annually. We will highlight historical milestones, including the critical roles played during major natural disasters, such as the Great East Japan Earthquake and the Kumamoto Earthquake, which have shaped the</p>	

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			development of HEMS in Japan. We will also focus on the shift from quantitative expansion to qualitative improvement, emphasizing innovative training methods, such as simulator-based courses, and the use of technology for enhanced communication and safety. This presentation aims to provide a comprehensive overview of Japan's Doctor-Helicopters' past, present, and future prospects, illustrating the advancements in pre-hospital emergency care and encouraging international collaboration and knowledge exchange in the field of HEMS. Through sharing Japan's experience, we hope to contribute to the worldwide enhancement of emergency medical services.	
6/20	13:30-14:50	Gender Equity in Emergency Medicine	<ul style="list-style-type: none"> ● A Roadmap to Gender Equity Despite equal numbers of men and women entering medicine, and laws preventing discrimination on the basis of gender, there remains unequal outcomes in terms of career progression and earnings. Healthcare organisations and their patients will benefit by enabling maximal opportunities for clinicians of different genders. How organisations can navigate through the unique challenges that females face, such as unconscious bias, increased harassment, childbearing, domestic burdens and leadership achievement. Only by having strategies to manage these issues will clinicians contributions to their workplace and their job satisfaction be maximised. ● Women in EM (Indian Perspective) Emergency medicine has been characterized by a predominantly male workforce. However, recent years have 	R103

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			<p>witnessed a noticeable influx of women choosing to pursue careers in this demanding field.</p> <p>The role of women in emergency medicine in India is evolving, with increasing numbers entering the field. Despite challenges such as gender biases and work-life balance issues, female emergency physicians contribute significantly to patient care.</p> <p>The talk will explore the current landscape, emphasizing the need for supportive policies and fostering a gender-inclusive environment to enhance women's participation in this critical medical specialty in India.</p>	
6/20	13:30-14:50	Competency-Based Medical Education (CBME) in Emergency Medicine: Global Perspectives and Strategies	<ul style="list-style-type: none"> ● CBME of EM in US <p>CBME is an outcomes-based approach to the design, implementation, and evaluation of education programs and to the assessment of learners utilizing competencies or observable abilities. The goal of CBME is to ensure that all learners achieve the desired patient-centered outcomes during their training. In the session we will describe the key learning points, which include understanding the shift from time-based training to a mastery-based model, emphasizing the achievement of predefined competencies. We will also explain how individualized learning plans and frequent assessments are essential to provide learners with targeted feedback to address specific areas of improvement. We will identify how integrating technology and simulation into training enhances the development of practical skills and decision-making abilities.</p>	R101AB

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6/20	13:30-14:50	急診醫療品質與病人安全再進化 Re-evolution of Emergency Medical Quality and Patient Safety	<ul style="list-style-type: none"> Do Risk Management Methods Reduce the Likelihood of Missing Rare Diagnosis or Do You Just Have to be An Excellent Clinician Everyday? Emergency Medicine (ED) is a specialty that carries a high risk of error and poor patient outcome. The ED sees a greater range of clinical presentations than any other area of the hospital and the patients who present are unselected and often unannounced. The work is high intensity both by patient volume and also often by severity and complexity. Job demands are high. A missed diagnosis can be devastating for both the patient and clinician involved as well as leading to complaints or litigation. Healthcare Risk management methodologies have been brought in to improve patient safety and reduce financial and reputational risks to organisations. 	R102
6/20	13:30-14:50	Strategies for Reducing Diagnostic Errors in Emergency Departments	<ul style="list-style-type: none"> EM Success is Diagnosis: Keys to Avoid Failure The ED is often crowded and stressful with unstable patients requiring stabilization or even consultation before a definitive diagnosis is made. For those patients as well as all stable patients, you will need to step back and determine the likely diagnosis and a confirmation strategy to ensure a correct treatment approach. Some of those cases where we are unable to make a definitive diagnosis, provide us with the greatest disposition challenges. Deciding whether the patient can be safely discharged with an appropriate and secure follow up plan including instructions regarding what should trigger an ED revisit, whether to request an ED consult, or is admission required to clarify diagnosis and 	R201DE

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			<p>treatment are the challenges of inability to diagnose. Misdiagnosis is an entirely different situation where decisions are made based on failed reasoning. Misses most often occur with incomplete clinical information for any reason. Unrecognized atypical presentations as well as rare diseases are very challenging in a busy ED. There are also conditions that are not within an EP' s knowledge base requiring a high level of awareness and a process for unravelling the unknown.</p> <ul style="list-style-type: none"> ● AI-Enhance Decision-Making Process in Emergency Department–Impact on ED Quality, Safety, and Outcome Measures <p>The main objective of this presentation is to highlight the potential role of Emergency Physicians in AI-ENHANCE DECISION-MAKING PROCESS IN EMERGENCY DEPARTMENT and its impact on the implementation of AI into the clinical practice. AI-enhance decision-making process may play a key role in ED quality, safety and outcome. Two major fields of AI: machine and deep learning are using with increased frequency in ED currently, with promising potential benefits: Application 1 – AI systems used to determine patients' acuity and triage – data from research, Application 2 – AI systems used to provide expert knowledge and prediction of medical condition – data from research, Application 3 – AI system used for Emergency Department management – It relates to all operations to smooth running of ED (to minimize overcrowding, poor allocation of resources and manpower) – data from research.</p>	

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			<p>There are however some LIMITATIONS – BARRIERS TO EFFECTIVE IMPLEMENTATION, when considering AI-enhance decision-making process, as follows: Limited transparency of AI tools - The “Black Box” Phenomenon, Lack of high-quality scientific evidence, Data input challenge - difficulties accessing high-quality data to develop AI tools, Potential bias in data used to develop AI, difficulties in scaling, Liability risk – uncertainty about liability of AI tools, Integration of AI into routine clinical workflow: barriers. Data from recent studies strongly suggest that we, as emergency physicians, can do a lot to make it happen, including: 1). Minimize or eliminate the “Black Box” Phenomenon 2). Produce high-quality scientific evidence 3). Accept fact, that AI tools can augment rather than replace human providers 4). We should encourage collaboration between developers and emergency physicians on AI technologies development 5). We should understand the importance and encourage policymakers to - develop or expand high-quality data access mechanisms, like cloud-based platform - to develop granular consent model 6). Emergency medicine experts and relevant stakeholders should establish best practices (standards for implementing AI in EM) for development, implementation, and use of AI technologies. 7). Advocate for improvement in AI tools education 8). Oversight clarity.</p>	
6/20	13:30-14:50	Climate Change and Healthcare	<p>Climate change has a disproportionate impact on the poorest and most vulnerable communities, exacerbating poverty, displacement, and lack of access to food and clean water. Neglected diseases, including leishmaniasis and sleeping</p>	R201BC

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			<p>sickness, will spread to new areas, affecting low- and middle-income countries the most.</p> <p>There is a pressing need to prioritize research and development for medicines, vaccines, and diagnostics for climate-sensitive diseases. However, the current medical and pharmaceutical ecosystem focuses on more profitable markets, resulting in inequitable development of and access to these life-saving prevention and treatment tools.</p>	
6/20	15:50-17:10	Difficult Airway in Emergency Medicine	<ul style="list-style-type: none"> Panel Discussion: The Physiologically Difficult Airway Across the Ages <p>Managing the airway of a patient can be complex and difficult during resuscitation. This session will provide insights from our speakers in how you can better prepare and manage your patient' s airway.</p>	Plenary Hall
6/20	15:50-17:10	New Stethoscopes - Emergency Ultrasound-2	<p>Although surface sonography has become an essential diagnostic tool in the evaluation of critically ill patients, important limitations of this modality include the evaluation of mediastinal pathology, such as blunt traumatic aortic in- juries (BTAI) or aortic dissection. As in other emergency applications where surface sonography can' t provide the information needed, focused transesophageal echocardiography (TEE) may represent a valuable diagnostic tool in the evaluation of hemodynamically unstable trauma patients with suspected thoracic pathology such as BTAI.</p>	R201AF
6/20	15:50-17:10	野外醫學的發展與創新 Development and Innovation of Wilderness Medicine	<p>Wilderness medicine courses tend to teach similar topics, but they can differ with respect to philosophy, teaching methods, and financing. Our not-for-profit course is academically based and is similar to other programs with regard to presentations of</p>	R101CD

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			didactic material and outdoor training, but there are also important differences in teaching methodology that are not used by other programs to date. Innovative methods, such as problem-based learning and use of the human patient simulator, which are unique to our program, have been successful in our courses and may be of use to wilderness medical education. We hope that sharing information about our program will help make wilderness medicine training more standardized and uniform.	
6/20	15:50-17:10	The Advancement of Female Physicians in Emergency Medicine	<ul style="list-style-type: none"> ● Bodacious: Women in Emergency Medicine Bodacious: unrestrained by convention- notable achievements- distinguished accomplishments. I can't think of a better word to describe the women of Emergency Medicine. Women have been leaders and problem solvers in a variety of emergency medicine roles. Their stories will serve as inspirations for us all. 	R102
6/20	15:50-17:10	Entrustable Professional Activities (EPAs) in Emergency Medicine	<ul style="list-style-type: none"> ● Walking the Talk: How Entrustable Professional Activities Can Transform Your Training Program Successful integration of domain dependent and domain independent competencies is required for evaluation in performing specific clinical tasks. Entrustable Professional Activities (EPAs) that are core clinical activities could bridge the gap between competencies and clinical practice through successful integration. This session aims to introduce EPAs and provide a constructive template to how EPAs can shape the curriculum and influence assessment throughout post graduate Emergency Medicine training. 	R101AB

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6/20	15:50-17:10	Artificial Intelligence in Emergency Medicine-1	<ul style="list-style-type: none"> The Application of AI in Triage for Prediction of Clinical Disposition in the Emergency Department Accurate triage is crucial for efficient resource allocation and reducing patients' length of stay. However, triage decisions are often subjective and vary among providers, leading to over-triage or under-triage of patients. This study developed machine learning models incorporating natural language processing to predict patient disposition and compared their performance to emergency physicians' (EPs) judgments. This retrospective study obtained data from emergency department (ED) visits between January 2018 and December 2019. Internal validation data came from China Medical University Hospital, while external validation utilized Asia University Hospital. Non-trauma patients aged ≥ 20 years were included. The models were trained using structured data and unstructured free-text notes. The primary outcome was death in the ED or ICU admission, and the secondary outcome was general ward admission or transfer to another hospital. Six machine learning models (CatBoost, light gradient boosting machine, logistic regression, random forest classifier, extremely randomized trees, gradient boosting) and one logistic regression model were developed and evaluated against EPs' predictions as reference. The machine learning models outperformed the reference model in predicting clinical outcomes. Integrating these models into triage systems may enhance triage processes and resource allocation by providing data-driven predictions of patient disposition. This study demonstrates 	R201DE

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			the potential of machine learning to improve clinical triage and resource utilization.	
6/20	15:50-17:10	REBOA in ED	<ul style="list-style-type: none"> Partial REBOA, When and How? Resuscitative endovascular occlusion of the aorta (REBOA) increases the proximal aortic pressure and regulates arterial bleeding but simultaneously induces distal ischemia and ischemia-reperfusion injuries (IRIs). Partial REBOA is the fundamental and most feasible management of REBOA to tackle with IRI. The definition of complete and partial REBOA should be clarified and reproducible. The tactile feedback could be inconsistent and induce overinflation. We suggest clinically feasible partial REBOA management and introduce three parameters to titrate partial REBOA. 	R103
6/20	15:50-17:10	International EM Societies Networking: Future Scope and Challenges	In the past two decades, emergency physicians have increasingly looked beyond their national borders to examine how emergency medicine is practised elsewhere in the world. A major result of their efforts is international emergency medicine, which can be defined as the area of emergency medicine concerned with the development and delivery of emergency medical care in the world. Several international trends are currently occurring in emergency medicine, including an increasing number of venues for information exchange, the spread of emergency medicine practice guidelines, an increasing number of international collaborations, and an increasing number of transnational special interest groups in emergency medicine. A closely related trend is the spread of the specialty model of emergency medicine, a key organizational system in which emergency	R201BC

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			<p>medicine is viewed as a uniquely integrated horizontal body of medical knowledge and skills concerning the acute phases of all types of disease and injury. Multiple challenges await those involved in international emergency medicine, including the need for internationally accepted definitions, a 'systems approach' to analysing emergency medicine systems, and more useful and affordable information. A related challenge is the need for effective consensus-based processes, including international standardization processes. Many of these challenges may be met through the effective leadership of international emergency medicine organizations.</p>	
6/21	08:00-09:20	Brought Remote Areas Closer to City in Service Quality	<ul style="list-style-type: none"> ● An Emergency Physician in Remote Areas Dr Kwong W.Y. is an avid humanitarian worker. Her determination to contribute was started since her medical school year. After spending one year in Cameroon, West Africa, she decided to complete her study and become a doctor who can contribute more to any communities in need. In order to pursue her goal, she chose to be trained in emergency medicine. She thinks the nature of work and the characteristics as an emergency physician allow her to apply in the humanitarian field the best. She had provided medical service in Ethiopia, Zambia, Nepal and most recently, the Mediterranean. How could an emergency physician contribute in remote areas and what are the reasons an EP could cope with the work well in this field? Dr Kwong would tell you more with her stories. 	R201DE

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6/21	08:00-09:20	Evidence-based Emergency Medicine	<ul style="list-style-type: none"> ● Evidence for Post-Cardiac Arrest Care The process of oxygen reaching and being used by the brain, known as the cerebral oxygen cascade, involves three main phases: (a) the overall transport of oxygen to the brain's blood vessels; (b) the movement of oxygen from the blood into the brain cells; and (c) the use of oxygen by cells for energy production. After a patient is resuscitated from a cardiac arrest, these phases can be disrupted, leading to hypoxic-ischaemic brain injury. Efforts to enhance the transport of oxygen to the brain by improving blood flow have been extensively studied as a way to mitigate hypoxic-ischaemic brain injury. Here, we will briefly review the studies investigating the influence of oxygen, carbon dioxide, and blood pressure on the post-arrest cerebral oxygen transport, and present key findings of relevant studies. ● Current Evidence for Sepsis Endotyping and Implications for Future Changes in Emergency Practice Sepsis has emerged as the number one cause of death worldwide, surpassing heart disease and cancer. Despite billions of dollars spent on sepsis research over the last few decades, with dozens of clinical trials performed, there are no new specific treatments. As such, sepsis care remains limited to antimicrobials and supportive care. Furthermore, the diagnosis of sepsis remains a challenge, with diagnostic criteria (e.g., Sequential Organ Failure Assessment or SOFA score) developed and revised by expert consensus rather than accurate detection of specific mechanistic disease pathology. Adding to these difficulties, the clinical syndrome 	R201AF

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			<p>of sepsis is extraordinarily complex and heterogeneous—at times involving every organ system. There is profound variability in physiologic and laboratory variables among patients and pathogens. Furthermore, for a given patient, many variables have the potential for rapid change over time. Therefore, it is not logical to expect that a single therapy would effectively treat all sepsis patients at all stages of illness. Indeed, specific phenotypes of sepsis, derived from typical medical record data have been identified and correlated with outcomes. Moreover, the recent rapid progression of molecular, 'omics' , and microfluidic technologies offer a substantial untapped resource to improve fundamental understanding and clinical care of sepsis. This presentation will describe the current state-of-the-art for platform technologies that have potential to provide sufficient physiologic granularity to achieve true personalized medicine approach to sepsis. Specific technologies include biomarker/cytokine profiling, transcriptomics, metabolomics, blood coagulation, bacterial diversity/microbiome, and oxidation/reduction (redox) potential.</p> <ul style="list-style-type: none"> ● Status Epilepticus – Time is of the Essence Status Epilepticus is a frightful site for family and friends. It is a life threatening emergency requiring immediate treatment. Time is of the essence as receptor dysfunction worsens the longer a seizure lasts. Right drug, right dose given as rapidly as possible saves brain cells, prevents other organ injury and may prevent death. Studies show that clinicians frequently 	

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			<p>underdose patients and do not give treatment in a timely fashion based on systematic reviews. Evidence supports first line drug treatment. Second and third line drug studies have mixed results as to best treatment options. All have benefits but also have significant side effects and contraindications. This presentation will discuss the systematic reviews and other review articles. Participants will be better prepared to give the right drug, doses at the right time. You will also be better prepared to choose your next line treatments.</p>	
6/21	08:00-09:20	Global Infectious Disease	<p>The twenty-first century has witnessed a wave of severe infectious disease outbreaks, not least the COVID-19 pandemic, which has had a devastating impact on lives and livelihoods around the globe. The 2003 severe acute respiratory syndrome coronavirus outbreak, the 2009 swine flu pandemic, the 2012 Middle East respiratory syndrome coronavirus outbreak, the 2013–2016 Ebola virus disease epidemic in West Africa and the 2015 Zika virus disease epidemic all resulted in substantial morbidity and mortality while spreading across borders to infect people in multiple countries. At the same time, the past few decades have ushered in an unprecedented era of technological, demographic and climatic change: airline flights have doubled since 2000, since 2007 more people live in urban areas than rural areas, population numbers continue to climb and climate change presents an escalating threat to society. In this Review, we consider the extent to which these recent global changes have increased the risk of infectious disease outbreaks, even as improved sanitation and access to health care have resulted in considerable progress worldwide.</p>	R201BC

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6/21	08:00-09:20	Emergency Specialist Training and Career Development	<ul style="list-style-type: none"> ● Singapore Emergency Specialist Training and Career Development The speaker will give a brief overview of changes and challenges in the Singapore Emergency Medicine Specialist Training system from when it was based on the UK system, to when it made the transition to an American Based ACGME-I system, and finally now when it is independent. There are pros and cons of each system. He will also speak on post graduate Career Development in Singapore ● Emergency Specialist Training and Career Development – An Australian Overview A possible Emergency Medicine career in Australia has evolved from our national college forming in 1984 to our government recognising Emergency Medicine as a specialty in 1993. This short talk will outline the current possibilities of training in emergency medicine, the current political climate in which medical training must align, and the future of ongoing training after attaining specialist qualifications. ● Emergency Specialist Training and Career Development in Taiwan This lecture aims to provide an overview of the training and career development opportunities available for emergency medicine specialists in Taiwan. It will cover the establishment of emergency medicine as a designated specialty, the training courses and licensure for emergency specialists, and the current state of emergency medicine in Taiwan. Additionally, the lecture will discuss the core competencies required for emergency physicians and the efforts being 	R102

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			made to improve the training system in Taiwan. Attendees will gain insights into the training pathways, career prospects, and ongoing developments in emergency medicine in Taiwan.	
6/21	08:00-09:20	Managing ICU borders in the ED	Emergency department boarding is the practice of caring for admitted patients in the emergency department after hospital admission, and boarding has been a growing problem in the United States. Boarding of the critically ill has achieved specific attention because of its association with poor clinical outcomes. Accordingly, the Society of Critical Care Medicine and the American College of Emergency Physicians convened a Task Force to understand the implications of emergency department boarding of the critically ill. The objective of this article is to review the U.S. literature on (1) the frequency of emergency department boarding among the critically ill, (2) the outcomes associated with critical care patient boarding, and (3) local strategies developed to mitigate the impact of emergency department critical care boarding on patient outcomes.	R103
6/21	09:30-10:00	Emergency Medicine in War, Disease, and Disaster	I will share my experiences of responding to sudden onset disasters, disease outbreaks, and wars over 35 years to illustrate the importance of the specialty of Emergency Medicine to the relief of suffering in humanitarian emergencies. While public health has long been recognised for its role in disease outbreaks, and surgery in conflicts and earthquakes, the importance of emergency medicine across all three has been increasingly recognised. In any large-scale emergency, the secondary consequences of disruption to essential healthcare provision can be as damaging to the population as the primary event. EM can	Plenary Hall

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			provide care not only to those directly affected by the crisis, but also to those presenting with coincidental conditions but to a now fractured healthcare system.	
6/21	10:00-10:30	Ten Tips for A Successful ED Airway Program	<p>This lecture will describe an approach to drug assisted intubation that is successfully run in-house by an emergency department team.</p> <p>The system has demonstrated year-on-year improvements in first pass laryngoscopy success rates that compare favourably to other critical care and anaesthetic services.</p> <p>Attention to training, governance, and human factors is the key, with standardisation of equipment and processes and emphasis on ownership by the multidisciplinary team who are all invested in shared learning and performance outcomes.</p>	Plenary Hall
6/21	11:10-12:30	Emergency Physicians in Hospital-At-Home	<ul style="list-style-type: none"> Emergency Physicians' Key Role in Initiating Hospital-at-Home Care in Taiwan <p>Due to the rising older population and diminishing family support, there is an increased demand for home-based medical treatment. Compounding this are issues such as emergency department overcrowding, a nursing shortage, and escalating healthcare costs, all of which place significant strain on the medical system. To address these challenges, the Taiwanese government has launched the Hospital at Home (HaH) program. This pilot plan comprises two protocols: Emergency Passed Admission (EPA) and Direct Home Admission. In the EPA protocol, emergency departments and their physicians are crucial for patient screening and providing transitional care. The focus of today' s speech is the pivotal role of emergency physicians</p>	R102

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			in pioneering the HaH Care initiative in Taiwan. Emergency physicians might find the HaH program not only as a potential subspecialty but also as a viable career option beyond traditional emergency department roles.	
6/21	11:10-12:30	Transforming Learning in EM	<ul style="list-style-type: none"> ● Transforming Emergency Medicine Education: Insights from Over 140 Team-Based Learning Sessions This lecture is about the potential transformative impact of team-based learning (TBL) on emergency medicine education, based on insights earned from over 140 TBL sessions. We will touch the specific pedagogical strategies that enhance learning outcomes, foster collaborative skills, and improve decision-making abilities. The session emphasizes the alignment of TBL with the dynamic demands of emergency medicine, sharing evidence-based results that demonstrate substantial improvements in both trainee engagement and competence. ● Striving to be Better: Improving the Quality of Your Training Program Through Peer Accreditation The Core Curriculum and Education Committee of IFEM has created a framework for the accreditation of training sites for Emergency Medicine. The Framework provides guidance to national societies on appropriate standards as well as best practice in accreditation processes. This presentation will discuss these standards and processes and how to improve your training program using accreditation. 	R103
6/21	11:10-12:30	Smart-ED	<ul style="list-style-type: none"> ● Hybrid Emergency Medicine Care–Global Perspective–2024 Updates 	R201AF

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			<p>The current model of emergency care is being challenged with increased demand. Traditional division of Emergency Care and Primary Care in many countries is perceived as binary, with strict demarcation line for responsibilities and institutional limits on care provision. At the same time, emergency medicine care globally is facing numerous problems ranging from lack of equal access to health care, difficult access, or overcrowding of ED in countries where is ED is developed. Because of the internal limitation, it appears that existing conventional model is not able to compensate the challenges, as is not designed to overcome ones. There is growing evidence that Hybrid care model (or hybrid emergency medicine) lack this internal limitation and may replace the conventional model in the future. The global evidence for the shift to the home care is growing. According to data from United Nations website, "Aging" , 20 Dec 2022, it is estimated that between 19% to 32% of care could be moved from the hospital to the home. Hybrid model concept combines the resources of both in-hospital care and outpatient treatment, mixing the virtual and physical presence. There is growing evidence that if we adopt different approach, re-design and future proof our emergency care delivery model with smart technology we can meet future demands. A structured review was performed of the literature using PubMed. Evidence from studies assessing effectiveness of different technology and system-based approach with the potential application in the hybrid care model of delivering emergency care showed</p>	

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			<p>promising results suggesting their usefulness in this model. Potential components of the analyzed hybrid emergency care system showed promising results based on separated components (Artificial Intelligence (AI) based ED triage algorithms, Emergency Radiology, Emergency Telemedicine, Computer vision-based AI in Emergency Department, Remote Photo Plethysm Ography (RPPG), Prehospital virtual consultation by emergency physician, Implementation of The Virtual Triage and Assessment Center (VTAC), Hybrid Hospital at Home Model). Evidence from all studies analyzed consistently showed the separate components of hybrid care model has great potential to be extrapolated to the concept of hybrid care in the very near future. It appears that hybrid model can positively change the way emergency care is delivered globally.</p>	
6/21	11:10-12:30	Ethics and Law Issue In Emergency Department	<p>When ethical issues arise in emergency medical practice, many emergency physicians turn to the law for answers. Although knowing when and how the law applies to emergency medicine is important, the law is only one factor to consider among many factors. Additionally, the law may not be applicable or may not be clear, or the ethical considerations may seem to conflict with legal aspects of emergency medical treatment. Situations where ethics and the law may seem to be in conflict in emergency medicine are described and analyzed in this article, and recommendations are offered. In general, when facing ethical dilemmas in emergency medical practice, the emergency physician should take into account the ethical considerations before turning to the legal considerations.</p>	R201DE

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6/21	11:10-12:30	Glocalization of OHCA Care in Worldwide EMS	<ul style="list-style-type: none"> First Responders and the Interface with Advanced Care.A link Worth Strengthening. We know that the actions of first responders in OHCA are critical. As experts in emergency care we should ask ourselves: How can we best support first responders to deliver rapid effective life saving care in OHCA? This talk will showcase the great work of first responders in different settings and discuss real cases of OHCA in Australia and Fiji. While cardiac arrest can occur at any time in any place we should always ask ourselves- who is most likely to respond? Which groups can we train, equip and motivate? How much more can we do? 	Plenary Hall
6/21	11:10-12:30	Glocalization - Disaster Medicine Education	<ul style="list-style-type: none"> The Education of Disaster Medicine in Singapore In Singapore, field medical teams are deployed from hospitals to the disaster site to augment the medical response. There, the teams carry out triage and treatment of casualties so they are stabilized for evacuation to the hospitals. In this session, Dr Pek will be sharing about how field medical teams are trained for their roles and responsibilities through participation in Disaster Medical Responder' s Course and simulation exercises. The learning outcomes are: 1) To describe the conduct of training for field medical teams in Singapore 2) To identify examples of education methodologies used in training for field medical teams in Singapore Developing the Contemporary Disaster Medicine Education in Taiwan 	R201BC

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			Taiwan, situated in the western Pacific Ocean, has a history marked by various natural and man-made disasters, including typhoons, earthquakes, floods, aircraft crashes, train derailments, and chemical emergencies. Since 2000, disaster medicine education has been progressively integrated into various medical professions. This education focuses on training for disaster medical assistance teams, managing chemical and radiological emergencies, and enhancing hospital emergency management. The development of disaster medicine education stemmed from a combination of emergency management concepts and past disaster response experiences.	
6/21	14:30-15:50	Clinical Gestalt, Computer Vision, and AI: Can Machines Learn How Physicians Think/Perceive and Beat Us?	<ul style="list-style-type: none"> Physician Gestalt for ED Triage Effective triage in the emergency department (ED) is a persistent challenge. Little is known about the effectiveness of physician gestalt in this critical process. This lecture encapsulates insights from a study aiming to unravel the efficacy of emergency physician gestalt when compared to the prevalent computerized triage system. 	R103
6/21	14:30-15:50	Medical Oversight and Advanced Life Support in EMS	<ul style="list-style-type: none"> Prehospital Medical Oversight by Audio-Visual Application In this presentation, we delve into the innovative realm of Prehospital Medical Oversight through the implementation of Audio-Visual Applications in the context of Thai Emergency Medical Services (EMS). The integration of such technology promises substantial benefits, including enhanced communication, a deeper understanding of emergency scenes, and the facilitation of more precise medical orders to EMS providers. 	Plenary Hall

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6/21	14:30-15:50	Glocalization - Sharing of Hospital Disaster Response Experience in Major Events	<ul style="list-style-type: none"> ● Fukushima Nuclear Accident 2011 Immediately after the Fukushima accident, we feared radiation and overestimated the risks, temporarily disrupting continuing medical care. If a serious emergency case involving radioactive contamination had occurred, we might not have been able to provide adequate medical care due to the presence of radioactive materials. From a public health perspective, we experienced deaths due to unscheduled emergency evacuations, increased mortality among evacuees during the subsequent six months of evacuation, increased incidence of lifestyle-related diseases and disuse syndrome, and accidental deaths due to excessive radiation protection. These situations cannot be explained by direct health effects due to radiation, but are considered to be indirect radiation effects caused by inadequate radiation protection. 	R201BC
6/21	14:30-15:50	Pediatric Safety, Child Abuse and Maltreatment	<ul style="list-style-type: none"> ● The Development of Child Protection Medical Centers and Teams in Taiwan Hospitals The development of child protection medical centers in Taiwan hospitals signifies a commitment to providing comprehensive holistic care for children facing various forms of maltreatment. As we established specialized medical centers and teams dedicated to addressing the unique needs of vulnerable children with concerning child abuse and neglect, we now have 12 child protection medical centers across Taiwan that had been setup gradually since 2014. These medical centers play a pivotal role in early detection, intervention, and rehabilitation of child abuse 	R201AF

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			<p>cases. And also serve as specialized hubs where multidisciplinary teams collaborate to address the medical, psychological, and social aspects of child protection. The teams typically consist of pediatricians, child psychiatrists, social workers, child clinical psychologists, radiologists, forensic pathologist and others, who work in tandem to ensure a holistic approach to the child's well-being. Furthermore, these centers serve as hubs for training healthcare and child protection network professionals in recognizing and responding to child abuse cases. Education and awareness programs are integral components of the initiative, equipping medical personnel with the skills and knowledge necessary to identify signs of abuse and engage in appropriate interventions, and also contributes to the broader societal effort to prevent child maltreatment.</p>	
6/21	14:30-15:50	Glocalization Toxicology: New Psychoactive Substance	<ul style="list-style-type: none"> Analytically Confirmed Illicit Drug Users at the Emergency Departments in Taiwan <p>Recreational Use of New Psychoactive Substances (NPS) has been a growing problem in these years and poses significant threats to human health and adverse societal impacts. More and more NPS are entering the market and it is difficult for emergency physicians to identify the patients using NPS and manage them properly. Furthermore, the concurrent use of multiple substances has further complicated the diagnosis. To address these challenges, the Taiwan Emergency Department Drug Abuse Surveillance (TEDAS) project was established in 2019. The TEDAS project provides a comprehensive analysis of NPS for nationwide emergency</p>	R102

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			<p>departments for examining urine samples from suspected illicit drug-using patients. The TEDAS project provides an epidemiological profile of recreational drug use in Taiwan. This speech will present the clinical characteristics of illicit drug use patients at emergency departments in Taiwan and the data of the TEDAS project from 2019 to 2023.</p> <ul style="list-style-type: none"> ● EDNA (Emerging Drugs Network of Australia) The Emerging Drug Network of Australia (EDNA) is a national registry of recreational drugs causing presentations to Emergency Departments around Australia. This is a collaboration between forensic laboratories and Emergency Departments. We will be describing the journey in developing this registry. The benefits of having a objective evidence and visual dashboard include research into novel psychoactive drugs causing harm. The additional benefits of active clinical translation of the research into the public health space in informing early warning systems around the country, policy and regulatory agencies and the prompt response network. It has transformed our approach to recreational drug poisonings from being simply reactive and chaotic to having a systematic, informed approach with the main aim of harm minimization. 	
6/21	14:30-15:50	Fight with the Clots in Acute Ischemic Stroke: Intravenous Alteplase, Mechanical Thrombectomy or Alternative Reperfusion Therapy?	Among patients who had an ischaemic stroke presenting directly to a stroke centre where endovascular thrombectomy (EVT) is immediately available, there is uncertainty regarding the role of intravenous thrombolysis agents before or concurrently with EVT. To support a rapid guideline, we conducted a systematic	R201DE

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			review and meta-analysis to examine the impact of EVT alone versus EVT with intravenous alteplase in patients who had an acute ischaemic stroke due to large vessel occlusion.	
6/21	16:50-18:10	Navigating Trauma Care: Innovations, Challenges, and Best Practices	<ul style="list-style-type: none"> ● Shocked Trauma Patient - Best Practice Best practices for managing trauma patients in shock involve a systematic and rapid approach to assessment and intervention to optimize outcomes. In this session we will describing why vital signs are not a good predictor of shock, how to control of life-threatening bleeding, the importance of point-of-care ultrasound, and rapid resuscitation of hemorrhagic shock. We will review common causes of terminal events in trauma patients and how to best avoid them. You will learn 5 easy steps to providing care to patients in hemorrhagic shock. 	R103
6/21	16:50-18:10	Glocalization -Community Disaster Preparedness & Response	<ul style="list-style-type: none"> ● The Role of NGOs in Disaster Medical Response: Insights and Innovations In disaster medical response, NGOs serve as a vital interface between government efforts and community needs. The 2024 Noto Earthquake in Japan exemplified this, where NGOs like Peace Winds Japan played a key role in complementing governmental efforts with rapid, adaptable, and comprehensive medical care. NGOs bring agility and specialized expertise to disaster scenarios. Their ability to operate independently and mobilize diverse resources is crucial, especially when public systems are overwhelmed. Peace Winds Japan's use of innovative assets like the "ARROWS" team and the "Power 	R201BC

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			<p>of Change" vessel illustrates how NGOs enhance response capabilities, reaching inaccessible areas and providing holistic care beyond immediate medical needs.</p> <p>Effective public-private partnerships, as seen in the Noto Earthquake response, demonstrate the synergy between governmental structure and the flexible approach of NGOs. These collaborations ensure more efficient resource utilization and broader impact, addressing the multifaceted challenges of disaster scenarios.</p> <p>Overall, NGOs are indispensable in disaster response. Their contributions extend from frontline medical aid to logistical support, showcasing a commitment to both national and international relief efforts. The integration of their unique strengths with governmental frameworks significantly elevates the quality and reach of disaster medical services, ultimately benefiting affected communities.</p>	
6/21	16:50-18:10	Natural Killers	<ul style="list-style-type: none"> ● Handling Animal Bites In ED A patient comes to you with a bite at the ER, What is the urgency? What's the risk? And what's the complication? Let's review what should be done from a mammal bite to a snake bite. Animal bite in the emergency room. 	R102
6/21	16:50-18:10	The Past and Future of Emergency Triage System	<ul style="list-style-type: none"> ● AI-Assisted ED Triage Emergency department (ED) triage is an effective way to risk-stratify undifferentiated ED patients. However, more than half of the ED patients are triaged to the middle level (e.g., level 3 out of 5 levels), and many of them may have been over- or under-triaged. To better risk-stratify ED patients, a new artificial intelligence (AI)-assisted triage is 	R201AF

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			<p>underway to address this problem. The “smart triage” uses deep-learning algorithms incorporating structured and unstructured triage information, producing new triage scores in less than a minute. With a high-resolution camera, we also recorded patients’ facial videos and produced AI-estimated pain scores for triage purposes. The new AI triage system has the potential to decrease the workload for triage nurses and streamline the ED workflow.</p> <p>By the end of this talk, attendees should have a better idea of how AI can facilitate the triage process in the future.</p>	
6/21	16:50-18:10	Innovative Practices in Emergency and Critical Care	<ul style="list-style-type: none"> ● The Hybrid Emergency Room System (HERS): A Novel Resuscitation System in Emergency Setting The Hybrid Emergency Room System (HERS) represents a revolutionary approach to emergency care, implemented in twenty-five institutes across Japan as of February 2024. This system allows patients to undergo resuscitation, CT scans, surgery, and angiography on the same table without needing relocation, streamlining the process and enabling rapid identification of accurate anatomical information. However, the simultaneous generation of a vast amount of information in HERS can overwhelm the resuscitation team if not managed effectively. Therefore, it is crucial to establish a transparent chain of command and ensure effective communication and coordination among multidisciplinary teams. ● Critical Care Nutrition and New Japanese Guideline Nutrition therapy in the acute phase, especially for critically ill patients, has been fraught with various chaos, with the fact 	R201DE

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			<p>that there are several clinical questions on which the recommendations of the two major international societies, ESPEN and ASPEN, differ in their opinions. However, the accumulation of evidence over the past decade has created a certain trend, and a form of critical care nutrition that contributes to (or detrimentally affects) prognosis is steadily taking shape. The latest chaos is the possibility of the collapse of the myth of early enteral nutrition, and we are entering an era in which critical care nutrition should be reevaluated in 2024. We are planning to publish the Japanese Critical Care Nutrition Guideline 2024 J-CCNG2024, as the most up-to-date guideline in the world with 34 clinical questions and a number of systematic reviews based on GRADEs. At the time of preparing the abstract, almost all EtDs have been created and voted on, and are being prepared for publication. In this presentation, we would like to share these trends in critical care nutrition and the ideal forms that can contribute to prognosis through our latest guideline.</p>	
6/22	08:30-09:30	30th Anniversary of TSEM: Important historical development and vision of emergency medicine	<ul style="list-style-type: none"> Emergency Medicine: Past, Present, and Future <p>The story of Emergency Medicine is a story of Serendipity: our early leaders saw what other medical groups and health care institutions couldn't see- the chaos of emergency rooms that needed organization, training, and improvement. Our specialty has unique characteristics that make us successful: adaptability, availability, energy, rapid decision-making.</p> <p>Over several decades, emergency medicine has become a</p>	Plenary Hall

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			<p>global leader in the provision and improvement of health care for populations. We will continue to expand our influence through expansion of our skills, and domains. We are the only Population-Based Specialty!</p> <ul style="list-style-type: none"> ● A Half Century of EM as Viewed Through a Canada/Taiwan Lens <p>As a final year medical student intern, I found myself drawn to the 'emergency room' (ER) as it was often termed in those days. There were no emergency medicine (EM) specialists, with only residents and medical students providing after hours care. On my nights off I often 'volunteered' to work with a moonlighting surgical resident only too happy to let me handle whatever I felt comfortable with. Even though EM was just a proposition, I had already determined that it was to be my future. To reach that goal many of us arranged our own training paths. Ten of my classmates also shared my vision and became emergency physicians.</p>	
6/22	09:30-10:00	Emergency Medicine in Geriatrics	<p>As the global population ages, the demand for specialized emergency medical care for the elderly becomes increasingly paramount. This presentation delves into the intricate world of Emergency Medicine in Geriatrics, offering a comprehensive overview of challenges, innovative strategies, and the crucial role of international collaboration in ensuring optimal care for older adults during emergencies.</p> <p>The presentation addresses the unique challenges posed by emergencies in the geriatric population, highlighting prevalent pathologies and specific hurdles faced by emergency healthcare</p>	Plenary Hall

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			<p>providers. Emphasis is placed on adopting a holistic approach to assessment and treatment, incorporating specialized tools and protocols to enhance efficiency and precision in care delivery. Furthermore, the session explores the significance of continuous education and training programs for emergency medicine professionals, focusing on the nuances of geriatric care. The audience will gain insights into successful experiences and valuable lessons learned from implementing educational initiatives tailored to emergency physicians.</p> <p>A key aspect of the presentation is the call for international collaboration in addressing emergency medicine challenges in geriatrics, advocating for a collective effort to improve emergency care for the elderly on a global scale.</p>	
6/22	11:00-12:20	Glocalization of EM Education: from Global North to Global South	<ul style="list-style-type: none"> Experiences from India <p>Glocalization is a key concept in education that aims to create curricula that are relevant, engaging, and culturally sensitive. In today's world, education has become a global phenomenon, with students and teachers becoming more aware of the wider cultural and societal contexts in which they operate. The concept of glocalization in education is becoming more and more relevant, especially in the education sector. This means that educators must be able to identify the key global trends and issues relevant to their students, while also incorporating local perspectives and knowledge into their teaching. In this talk, I will provide a brief overview of the concepts and strategies that can be used to implement the concept in the classroom and shall also discuss my experiences applying it in my own country.</p>	R101CD

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6/22	11:00-12:20	Artificial Intelligence in Emergency Medicine-2	<ul style="list-style-type: none"> ● Artificial Intelligence and Data-Driven Operation of Emergency Department With the widespread implementation of electronic health record, digitization of documentation and workflow in emergency departments (ED), there is well-formed data infrastructure of digital twin. However, data itself is not value-creating. Organized data platform serves as enabler for data visualization, development and implementation of artificial intelligence and big data analytic model to support clinical care and ED operations. Predictive models could be supportive to decisions on direct patient care, as well as resources allocation and management of ED. The implementation would be value-driven, bringing benefit to patient care and the institution, and address the service bottleneck or pain-points. The experience in implementing AI in ED in Hong Kong includes radiology AI to reduce perceptual errors of physicians, predictive models for deteriorating patients, models supporting demand-supply matching in hospital command centres to alleviate hospital access block. With the disruptive breakthrough in large language and multimodal models, it is foreseeable that artificial intelligence will induce digital tsunami to the healthcare industry. ● Using Artificial Intelligence for Early Warning of Cardiac Arrest Cardiac arrest in the Emergency Department (ED) presents a critical patient safety concern. Traditional warning systems relying on baseline demographics and comorbidity lack 	Plenary Hall

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			<p>precision in predicting the timing of potential events. Empirical rules such as NEWS or MEWS demonstrate suboptimal predictive accuracy.</p> <p>In this talk, we will share our recent work that employs a state-of-the-art approach by implementing a recurrent neural network with a self-attention mechanism to construct an artificial intelligence (AI) model. This model utilizes commonly available vital signs in the ED. Remarkably, our AI model exhibits the capability to predict cardiac arrest events as early as 6 hours in advance, achieving an accuracy rate exceeding 90%.</p> <p>Furthermore, we integrate the transformer algorithm to generate vital sign waveforms for the subsequent hour. This feature serves to alert healthcare professionals about potential deteriorations in specific vital signs, providing timely information to facilitate proactive interventions. The implementation of this system has the potential to significantly enhance patient safety in the ED setting, offering a groundbreaking approach to early detection and intervention for cardiac arrest events.</p>	
6/22	11:00-12:20	Cutting-edge Operative Models in EMS	<p>Cutting-edge operative models in EMS incorporate advanced technology, data-driven decision-making, and innovative care delivery methods to enhance efficiency and patient outcomes. One emerging model is community paramedicine, which expands the role of EMS providers to deliver preventive care, chronic disease management, and home-based services, reducing unnecessary hospital admissions and improving overall community health. Another innovative approach is the use of</p>	R101AB

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			mobile integrated healthcare, where EMS teams collaborate with other healthcare providers to deliver comprehensive care outside traditional hospital settings, including telemedicine consultations and on-site treatments. Additionally, some EMS agencies are implementing dynamic deployment strategies using predictive analytics and real-time data to optimize resource allocation and response times. Integrating unmanned aerial vehicles (UAVs) or drones into EMS operations for rapid delivery of medical supplies and equipment to remote or inaccessible areas is also on the horizon. These cutting-edge models emphasize proactive, patient-centered care and leverage technology to transform traditional EMS practices, ultimately improving outcomes and expanding access to high-quality emergency medical services.	
6/22	11:00-12:20	EM Society Development: How are Obstacles Overcome?	Obstacles to EMS society development are overcome through strategic planning, collaboration, and innovation. Firstly, building strong partnerships between government agencies, healthcare organizations, academic institutions, and community stakeholders fosters collective action and resource mobilization. By aligning priorities and pooling expertise, these partnerships can address systemic challenges more effectively. Secondly, investing in workforce development and training ensures that EMS providers are equipped with the skills and knowledge needed to navigate complex emergencies and deliver high-quality care. Continuous education and professional development programs enable EMS personnel to stay abreast of advancements in medical science and technology.	R102

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			<p>Thirdly, leveraging technology and data analytics enhances operational efficiency and decision-making within EMS systems. Implementing digital tools for resource management, patient triage, and performance monitoring streamlines workflows and improves response times.</p> <p>Lastly, fostering a culture of innovation encourages experimentation and adaptation to changing circumstances. By encouraging creativity and risk-taking, EMS societies can discover novel solutions to persistent challenges and drive continuous improvement in emergency care delivery.</p> <p>Overall, overcoming obstacles to EMS society development requires a multifaceted approach that addresses structural, operational, and cultural barriers through collaboration, investment, and innovation.</p>	
6/22	11:00-12:20	Emergency Psychiatry	<p>Emergency psychiatry encompasses the assessment, management, and treatment of individuals experiencing acute mental health crises in emergency settings. This specialized field addresses a wide range of conditions, including suicidal ideation, psychotic episodes, severe mood disorders, substance abuse, and behavioral disturbances.</p> <p>In emergency psychiatry, rapid evaluation and intervention are crucial to stabilize patients and ensure their safety. Emergency psychiatrists, along with multidisciplinary teams, conduct comprehensive assessments to determine the severity of the crisis, assess risk factors, and develop tailored treatment plans.</p> <p>Treatment modalities may include pharmacotherapy, psychotherapy, crisis intervention, and referral to appropriate community resources for ongoing support. Additionally,</p>	R201AF

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			<p>emergency psychiatrists play a key role in coordinating care with other medical specialties, law enforcement agencies, and social services to address complex cases and ensure continuity of care. Emergency psychiatry also involves advocating for improved mental health services and crisis intervention protocols within healthcare systems to enhance access and quality of care for individuals in psychiatric distress. By providing timely and compassionate care, emergency psychiatry contributes to the overall well-being and safety of patients experiencing acute mental health crises.</p>	
6/22	11:00-12:20	Managing Your ED	<ul style="list-style-type: none"> ● How to Deal with Overcrowding Have you ever felt that your service is overwhelmed? That you feel overwhelmed by congestion? That someone pressures you for cost overruns and downtime? You need to know how to solve congestion to achieve better efficiency and safety, join us to see how congestion can be worked. ● Embracing the “Grey Rhinos” in Healthcare - How Emergency Medicine Can Maintain Its Relevance Climate change and an aging population are intertwined grey rhino events with significant impacts on healthcare systems and society. The convergence of these challenges leads to: <ul style="list-style-type: none"> ✓ Climate Change and Health Impacts: Older adults face increased health risks from climate change-related events and climate-induced displacement affects older adults' access to healthcare and support networks, increasing social vulnerability. 	R201BC

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			<ul style="list-style-type: none"> ✓ Healthcare System Strain leading to Failures: Systemic failures within healthcare systems, including inadequate infrastructure, healthcare workforce shortages, lack of access to essential medicines and technologies, and inequities in healthcare delivery. These failures can compromise the ability to respond effectively to health emergencies and meet population health needs. ✓ Geriatric Training: Providing specialized geriatric training for healthcare professionals, including physicians, nurses, and allied health professionals, can improve their ability to address the unique healthcare needs of older adults effectively. ✓ Integrated Care Models ✓ Home and Community-Based Services ✓ Telehealth and Digital Health Solutions ✓ Caregiver Support ✓ Preparedness and Policy: Enhanced age-friendly policies and public health preparedness, advocacy for age-friendly and climate-resilient policies, and investment in research and innovation are crucial. 	
6/22	11:00-12:20	Inspiring Current and Future Leaders in EM	<p>Inspiring current and future leaders in emergency medicine (EM) involves fostering a culture of mentorship, innovation, and advocacy. Established leaders in the field can serve as role models by sharing their experiences, insights, and best practices with aspiring professionals. Mentorship programs provide opportunities for guidance, support, and professional development, nurturing the next generation of EM leaders.</p> <p>Encouraging creativity and innovation is essential for driving</p>	R201DE

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			<p>progress in the field. By empowering individuals to think outside the box, experiment with new ideas, and embrace change, EM leaders can spark innovation and propel the specialty forward. Furthermore, advocating for the needs of patients, providers, and the community is a hallmark of effective leadership in EM. By championing initiatives to improve access to care, enhance patient outcomes, and address systemic challenges, EM leaders can effect positive change at local, national, and global levels. Overall, inspiring leaders in EM involves cultivating a culture of mentorship, fostering innovation, and advocating for meaningful change, ensuring a bright future for the specialty and the patients it serves.</p>	
6/22	11:00-12:20	Transformation of the Emergency Department in the Future	<ul style="list-style-type: none"> ● Clinical Excellence With a Future-Ready Academic Emergency Medicine Unit <p>As the world faces unprecedented challenges, including rapidly advancing technology, shifting demographics, and global health crises, it is important for academic emergency medicine units to ask how they may ensure “future-readiness” while delivering clinical excellence.</p> <p>A part of the answer lies with innovating, designing care which is valuable for future patients and systems; another may be focused on training and education to equip and enhance the adaptability of emergency medicine clinicians who are facing emerging challenges. We will need to arm them with a globalized “secret sauce” that will allow them to excel in this dynamic healthcare environment.</p>	R103
6/22	13:20-14:40	Paediatric Critical Care Updates	<ul style="list-style-type: none"> ● Paediatric Resuscitation Guidelines Across the World: Same, Same But Different 	R201DE

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			<p>The International Liaison Committee on Resuscitation (ILCOR) reviews and evaluates the latest scientific evidence and publishes consensus on science along with treatment recommendations.</p> <p>These evidence-based recommendations are then utilised by Resuscitation Councils internationally to shape their paediatric life support guidelines. However, there are variations in these pediatric life support guidelines due to differences in the strength of evidence, interpretation, and resources available. This presentation provides an overview of the published paediatric life support guidelines from resuscitation councils internationally, highlighting both the similarities and differences. The implications of these variations will also be discussed, as they may aid in identifying important knowledge gaps in paediatric life support.</p>	
6/22	13:20-14:40	Advancing Emergency Physician Training: The Transformative Role of Cutting-edge Clinical Simulation in Medical Education	<ul style="list-style-type: none"> What is the Cost-Effectiveness of Clinical Simulation Compared to Traditional Training Methods? Are There Any Strategies to Make Simulation-Based Training More Accessible to a Wider Range of Medical Institutions? <p>Clinical simulation is a cost-effective training method in the medical field, offering numerous benefits over traditional methods. It allows for the rehearsal of complex medical procedures in a controlled environment, leading to better preparedness among medical professionals and potentially reducing medical errors and adverse events. The cost savings associated with preventing medical errors can be substantial, including reduced malpractice claims and</p>	R101CD

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			<p>related expenses. Clinical simulation also enhances training efficiency by providing opportunities for repetitive practice without risking patient safety, resulting in shorter learning curves. It also facilitates the standardization of training across different medical institutions, ensuring consistent and high-quality training. To make simulation-based training more accessible, medical institutions can collaborate, secure grants and funding opportunities, integrate it into medical school curricula, partner with technology companies, develop open-access simulation platforms, offer continuing education and training programs, and raise awareness through advocacy and awareness campaigns. By implementing these strategies, medical institutions can make simulation-based training more accessible and cost-effective, ultimately improving patient care outcomes and enhancing the quality of medical education.</p>	
6/22	13:20-14:40	From Molecule to Clinical-Basic Research Associated with Emergency Medicine	<ul style="list-style-type: none"> ● Rapid, Point-Of-Care Molecular Diagnosis of Emergency Department Patients with Infectious Diseases – From Proof-Of-Concept, Assay Development, Performance Evaluation, to Clinical Validation, Utility, and Implementation <p>Global emerging infectious diseases such as SARS, avian flu, and SARS-CoV-2, re-emerging infectious disease such as mpox and syphilis, and indolent unspecific infections such as HIV, HCV, and bacteremia are continuing to threaten people' s health and lives in the world in the 21st century. Thousands of individuals with or without suspected life-threatening infections seek care at EDs every day. Rapid and</p>	R201AF

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			<p>accurate diagnosis of infectious diseases in ED patients is critical for timely and proper life-saving care and treatment. The evolving user-friendly, cutting-edge molecular diagnostics near or at the bedside with 30 minute or even shorter turn-around-times are becoming increasingly available and will soon be routine permitting ED clinicians to rapidly diagnose varied infectious disease in minutes, rather than hours or even days.</p> <ul style="list-style-type: none"> ● Healthcare and Digital Trust: How Does Blockchain E-Credentials be Adopted Across WHO, Medical Associations, and Hospitals <ul style="list-style-type: none"> -Navigating Digital Trust Challenges in Today's Digital Landscape -Blockchain's Fundamental Solutions to Digital Trust Issues -Blockchain Applications in Healthcare: Real-Life Use Cases 	
6/22	13:20-14:40	EMS for Special Needs and Special Environments	<p>EMS for special needs and special environments requires tailored approaches to ensure the safety and well-being of individuals with unique requirements. In settings such as nursing homes, long-term care facilities, or group homes for individuals with disabilities, EMS providers must be trained to address the specific needs of residents or patients, including mobility issues, communication barriers, and medical complexities. Additionally, EMS personnel may encounter special environments such as remote or hazardous locations, where access to traditional healthcare resources is limited. In these settings, specialized training in wilderness medicine, tactical EMS, or disaster response is essential to provide effective care under challenging conditions.</p>	R102

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			<p>Furthermore, EMS agencies may implement specialized equipment, such as bariatric stretchers, communication devices for non-verbal patients, or personal protective gear for hazardous environments, to ensure the safety of both patients and providers.</p> <p>Collaboration with community organizations, healthcare providers, and emergency management agencies is critical to develop comprehensive protocols and resources for responding to emergencies in special needs and special environments. By tailoring their approach to meet the unique needs of diverse populations and settings, EMS providers can ensure equitable access to high-quality emergency care for all individuals.</p>	
6/22	13:20-14:40	Emergency Cardiology 1	<ul style="list-style-type: none"> ● Beyond STEMI: High-risk ECG presentations in the ACS patient This lecture will review high-risk ECG presentations in the ACS patient. These presentations are considered either pre-infarction patterns or STEMI-equivalent syndromes, either of which mandate urgent evaluation and management. We will discuss Wellens Syndrome, de Winter Syndrome, hyperacute T wave of early STEMI, isolated posterior wall AMI, First Diagonal of the LAD occlusion, and left main coronary partial obstruction. 	R103
6/22	13:20-14:40	Frontiers in Cardiac Arrest and Emergency Management	<ul style="list-style-type: none"> ● Novel Strategies to Cardiac Arrest with VA-ECMO. Globally, strategies for cardiac resuscitation are continually being upgraded. VV-ECMO, which garnered attention during the COVID-19 pandemic, is expected to see increased utility in the field of resuscitation, with VA-ECMO showing greater potential. However, Japan faces challenges 	R101AB

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			<p>in its aging society, with the increasing healthcare costs. In the future, consideration will be needed in terms of "which patients can benefit the most from its use," looking into indications and cost-effectiveness.</p> <p>In this presentation, I will discuss the current status and challenges of eCPR based on Japanese data, particularly from the SAVE-J II study.</p> <ul style="list-style-type: none"> ● Resuscitative Transesophageal Echocardiography: An Emerging and Essential Skill for Future Emergency Physicians <p>Transesophageal Echocardiography (TEE) is redefining emergency medicine as a minimally invasive imaging tool, providing unparalleled real-time insights into the heart, lungs, and great vessels during resuscitation efforts. Demonstrated to significantly improve diagnostic precision, prognostic evaluation, and guide procedures, TEE is rapidly becoming a cornerstone in emergency critical care. Our team's innovative research has further highlighted its potential – showing that TEE can accurately guide chest compressions, thereby potentially enhancing resuscitation quality, even buffing survival rates in cardiac arrest patients.</p>	
6/22	13:20-14:40	創見護理優質職場 Transcending Nursing Quality Workplace	<ul style="list-style-type: none"> ● Challenges and Opportunities for the Future of Emergency Nursing <p>The shortage of nurses, including emergency nurses, is of concern globally. This shortage, along with increasing patient presentation numbers to emergency departments, an ageing population, limited health budgets, and other stressors associated with the working environment can</p>	R201BC

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			challenge individuals, departments, systems, and professions. These challenges however create opportunities to rethink, reform, and respond in ways that best support and reflect an agile, sustainable workforce.	
6/22	13:20-14:40	Refinement of Emergency Medicine Textbooks for the Future	<p>Emergency Medicine continues to expand in knowledge, depth, application, and influence. Textbooks are one method of explaining the scope and reach of emergency medicine, and provide the definition and footing for the specialty. A text tells us What We Are.</p> <p>The variety of information delivery methods for emergency medicine, their usefulness and impact for our specialty and how books help us learn, will be reviewed.</p>	Plenary Hall
6/22	15:40-17:00	Paediatric Emergency Medicine Updates	<ul style="list-style-type: none"> Global Research in Paediatric Emergency Medicine This talk will provide an update on global pediatric emergency research with a focus on multi-center research conducted across existing pediatric emergency research networks. National or regional research networks collaborate through Pediatric Emergency Research Networks (PERN) which aims to address research topics of global reach and importance in pediatric emergency medicine and provide research support across networks. The talk will include results of recently completed network studies and flag ongoing large studies. 	R201DE
6/22	15:40-17:00	Delivering Excellent Care for Older Patients	<ul style="list-style-type: none"> Supporting Safe Discharge- A Novel Model for Home Healthcare Referral After ED Discharge In recent years, population aging has become a global challenge, and Taiwan is no exception. Having entered an aging society in 2018, Taiwan faces a significant demand for 	R201AF

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			<p>healthcare services, particularly among the elderly. The surge in elderly patients has strained emergency departments, leading to prolonged waits and shortages of beds.</p> <p>To address the congestion in emergency care, our hospital initiated a program last year that transitions eligible elderly and disabled patients from the emergency department to home-based medical care. Qualified patients are visited by emergency physicians at home to continue their treatment.</p>	
6/22	15:40-17:00	Artificial Intelligence in Emergency Medicine-3	<ul style="list-style-type: none"> ● Data Science and AI in EM and EMS in Singapore It has been said that data is the new 'oil' of healthcare, and by harnessing and using data, we can find new insights into disease, improve hospital processes, develop new tools for healthcare, improve patient outcomes and experiences and lower healthcare costs. In this lecture we will explore the concept of the 'Learning Healthcare System' , using the combination of data, scientific thinking, analytical methods and implementation science. We will look at the key components of a robust data science ecosystem, which include technology, talent, research pillars, data governance and implementation. We will describe some examples of how data science and artificial intelligence (AI) has been implemented in Emergency Medicine (EM) and Emergency Medical Services (EMS) in Singapore, including a blueprint for developing a long term plan in the context of Singapore EMS. ● Self-Fulfilling Prophecies in 'Accurate' Outcome Scores Prognosis in medicine can be self-fulfilling. In triage, 	R101CD

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			<p>predicting that a patient will not make it, ensures that they will not make it, even if it was a false positive and the patient would have survived had they been given sufficient care. The problem with self-fulfilling prophecies is that the false positives will never be discovered because the eventual outcome turns false positives true. This is not only the case for judgments of physiological futility but of normative futility as well. The prediction that cerebral performance category 3 is a good—or poor—outcome, makes it much more likely that the outcome will be (experienced) as predicted. Yet, accuracy is the golden standard of quality assurance for testing algorithms and the use of AI. As such, AI can invisibly exacerbate self-fulfilling feedback loops, tricking professionals further into judgments that appear to be correct but could, counterfactually, in absence of prediction, be wrong.</p>	
6/22	15:40-17:00	Community Interventions in EMS	<p>Community interventions in EMS involve proactive strategies to improve public health, enhance emergency preparedness, and reduce the incidence of emergencies. These interventions aim to engage communities in promoting health and safety, empowering individuals to take ownership of their well-being and prevent emergencies before they occur.</p>	R201BC
6/22	15:40-17:00	Glocalization - Trauma	<p>Glocalization in trauma care refers to tailoring global best practices to suit local contexts and needs. It involves adapting trauma management guidelines to account for cultural, economic, and infrastructural factors while maintaining high standards of care.</p>	Plenary Hall

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6/22	15:40-17:00	How High can They Get	<ul style="list-style-type: none"> ● Tales of Sleepy Drugs (Novel Psychoactives) From EDNA Drug overdoses are the leading cause of deaths in Australia. Opioids continue to be the most common drug detected in deaths from unintentional drug overdose. The sources of analytically confirmed opioids causing deaths in the community comes from coronial data whereas opioid related presentations to hospitals are derived primarily from medical records or self-reports. There has been limited research into analytically confirmed opioids causing presentations to the Emergency Departments. ● Unintentional Recreational Drug Exposures in Paediatrics - A Big, Small Problem? The burden of recreational drugs in the adult and adolescent populations has been well described in the literature. However, unintentional ingestion of recreational drugs, especially in the young paediatric population is less well studied. This talk reviews the scientific literature and highlights the importance and clinical burden of recreational drugs in the paediatric population. 	R102
6/22	15:40-17:00	Emergency Cardiology 2	At the University of Maryland Emergency Medicine Residency, members of the emergency medicine faculty each review a different organ system so that the department stays familiar with current literature. I enjoy emergency cardiology, so that is the topic I review. The articles for this review come from a database of more than two dozen American and European cardiology, emergency medicine, and internal medicine journals examined weekly. In addition, with other faculty members, we use several abstract services to ensure that we do not miss important articles	R103

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			from other journals. Altogether, we review several hundred articles, editorials, and reviews each month, which are selected because they reflect some important change in the standard of care. For the most part, these are all original research articles. Two final criteria are relevance to emergency medicine and conclusions that are supported by the data.	
6/22	15:40-17:00	5G 新世代急診照護 Emergency Care of 5G New Generation	Emergency care in the era of 5G technology brings opportunities for enhanced communication, data transmission, and patient management. With the ultra-fast speeds and low latency of 5G networks, emergency responders can access real-time patient data, transmit medical images and video consultations, and collaborate with specialists remotely.	R101AB
6/23	08:00-09:20	Equity in Emergency Medicine	<ul style="list-style-type: none"> ● Simple Methods and Strategies to Bring Gender Equity to Your Emergency Department This lecture deals with the principles of gender issues in EM. Listeners will be able to recognise the existence and look at examples of how gender related issues affect functioning of the emergency department and clinical patient care. One will learn simple and local methods of ensuring gender equality and empowering women that can be implemented effectively in emergency medicine. ● Women On the Frontline: Exploring the Gendered Experience for Pacific Healthcare Workers During The COVID-19 Pandemic Women comprise 90% of patient-facing global health care workers (HCWs), yet remain underpaid, undervalued, and under-represented in leadership and decision-making positions, particularly across the Pacific region. The COVID- 	R201AF

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			19 pandemic has exacerbated these health workplace inequalities. We sought to understand Pacific women HCWs experience from the COVID-19 frontline to contribute to policies aimed at addressing gendered gaps in regional health systems.	
6/23	08:00-09:20	Difficult Decisions in Caring for Older People	<ul style="list-style-type: none"> Delirium in Older Adults – Diagnosis and Safe Management in the ED Delirium in the older patient can be easy to miss. It is multi-factorial, usually hypoactive, and adds a layer of difficulty to getting an accurate history and physical. Delirium affects about 15% of older emergency department patients and 35% of admitted patients. Emergency physicians miss delirium in approximately two-thirds of all cases and may unknowingly discharge delirious patients home. This lecture will provide practical pearls to help clinicians rapidly diagnose delirium, optimize the management of delirious patients, and prevent delirium in at-risk individuals. 	R101AB
6/23	08:00-09:20	Quality and Patient Safety in Emergency Medicine	<ul style="list-style-type: none"> Quality Driven Leadership – Lessons From Aero Space Industry Quality driven leadership in ED prioritizes and emphasizes on delivering high quality process and outcomes in emergency departments and commitments to excellence and continuous improvement. Providing Quality Care in a Virtual Emergency Department The global pandemic oversaw a period of rapid innovation and agility in technology and medicine. This included the development of a number of virtual emergency care services. These come under a number of names including Virtual 	R101CD

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			<p>Emergency Departments, or emergency or urgent telehealth services. While the model of care varies, the central premise is that expert care is provided, at a distance, using technology. There are opportunities to improve patient satisfaction, cost, environmental impact and health care accessibility with these virtual models, as demonstrated by the literature. But how does a virtual service provide quality care within a framework? An example of a quality and patient safety framework for a virtual emergency department will be provided from the Metro North Virtual Emergency Department, from Queensland, Australia.</p> <ul style="list-style-type: none"> ● An Innovative Dashboard for Emergency Physician Feedback and Peer Benchmarking <p>A Tableau based dashboard was developed, using the provincial EHR as a data source, that provides the individual emergency physician with feedback on a variety of clinical metrics and the ability to compare themselves anonymously with their peers.</p> <p>Participants in this session will:</p> <ul style="list-style-type: none"> -Gain an understanding of the process of development of this dashboard and its' metrics, as well as lessons learned as the dashboard evolved. -Gain an understanding of how the dashboard and related activities support emergency physician credentialling and personal development. 	
6/23	08:00-09:20	Leadership in EM	Team leadership is a critical skill for emergency medicine physicians that directly affects team performance and the quality of patient care. There exists a robust body of team science	R103

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			research supporting team leadership conceptual models and behavioral skill sets. However, to date, this work has not been widely incorporated into health care team leadership education.	
6/23	08:00-09:20	Evidence-based Trauma Resuscitation	<ul style="list-style-type: none"> ● Trauma in the Geriatric Population - Best Practice Geriatric patients are more likely to experience trauma and to have worse outcomes after a trauma. Geriatric patients present unique challenges due to age-related physiologic changes and the presence of comorbidities. In this session we will describe why geriatric patients are more prone to trauma, identify tools that aid us in recognizing geriatric trauma, and to describe treatment differences when caring for geriatric trauma patients. 	R201BC
6/23	08:00-09:20	Emergency Medicine as a Specialty in Asia	We aim to examine the similarities and differences in areas of EM development, workload, workforce, and capabilities and support in the Asia region. Emerging challenges faced by our EM community are also discussed.	R102
6/23	09:20-09:50	The Future of Resuscitation: Innovations in Cardiac Arrest Care	The estimated annual incidence of emergency medical service (EMS)-treated out-of-hospital cardiac arrest (OHCA) is 30.0 to 97.1 patients per 100,000 population and this will increase with population aging. Although cardiopulmonary resuscitation (CPR) guidelines have been updated based on scientific evidence and implemented in clinical practice, no major breakthroughs have been made to improve the survival rate or neurological recovery of cardiac arrest patients. Recently, various trials have been attempted in the field of resuscitation with technological advances and system development. This commentary seeks to introduce the future of resuscitation in terms of cardiac arrest treatment and resuscitation science.	Plenary Hall

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6/23	09:50-10:20	The development of ultrasound and AI in emergency applications	With the miniaturization of ultrasound and the development of artificial intelligence, its application in disaster scenes and pre-hospital emergency care has become more and more common. This study summarizes the literature on portable ultrasound in pre-hospital emergency and disaster scene treatment in the past decade and reviews the development and application of portable ultrasound. Portable ultrasound diagnostic equipment can be used to diagnose abdominal bleeding, limb fracture, hemopneumothorax, pericardial effusion, etc., based on which trauma can be diagnosed pre-hospital and provide guiding suggestions for the next triage and rescue; in early rescue, portable ultrasound can guide emergency operations, such as tracheal intubation, pericardial cavity puncture, and thoracic and abdominal puncture as well as improve the accuracy and timeliness of operation techniques. In addition, with the development of artificial intelligence (AI), AI-assisted diagnosis can improve the diagnosis level of ultrasound at disaster sites. The portable ultrasound diagnosis system equipped with an AI robotic arm can maximize the pre-screening classification and fast and concise diagnosis and treatment of batch casualties, thus providing a reliable basis for batch casualty classification and evacuation at disaster accident sites.	Plenary Hall
6/23	11:00-11:30	A Systems View of Health	Global Emergency Medicine is facing unprecedented challenges including pandemics, war, increasing burden of trauma, inequities, impact of climate change, increasing demand due to an aging tsunami and chronic disease burden and still high infant mortality in many parts of the world. At the same time, we have to deal overcrowding in the Emergency Department, hospital	Plenary Hall

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			bed-block, rising costs of health care and limited health workforce and competing demands. This lecture will discuss how it is essential to take a system' s view of health, and work towards integration of emergency services into the greater healthcare system. We will also discuss the need to move to population health, from hospital to community, beyond quality to value and beyond healthcare to health. In particular, we will discuss the potential of health services research, implementation science, data science and artificial intelligence to help us address the challenges that are ahead.	
6/23	12:30-13:50	You Heard It Here First! Around-the-world News from Emergency Medicine Regional Society Presidents	Emergency Medicine Presidents Report: Telemedicine enhances remote care. Trauma protocol standardization in Europe improves patient outcomes. Asian disaster response training boosts preparedness. Africa expands rural access. Latin America tackles urban violence with prevention programs.	Plenary Hall
6/23	12:30-13:50	EM Research: Editor, Author, And Reader's Perspectives	EM research perspectives vary among editors, authors, and readers. Editors seek rigorous studies with clinical relevance for publication. Authors strive for methodological soundness and impactful findings. Readers value practical insights and evidence-based recommendations. Collaboration between these stakeholders fosters dissemination of high-quality research, advancing emergency medicine practice and patient care.	R105
6/23	12:30-13:50	The Acute Care Continuum in Low Resource Settings	In low resource settings, the acute care continuum faces unique challenges. Limited infrastructure, personnel, and supplies hinder timely diagnosis and treatment. Innovative approaches, such as task-shifting and community partnerships, optimize resource utilization. Emphasizing primary care, preventive	R201DE

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			measures, and health system strengthening is crucial. Collaborative efforts among stakeholders are essential for improving acute care outcomes in these settings.	
6/23	12:30-13:50	The Future of Public Health	The future of public health lies in proactive prevention, data-driven decision-making, and equity-focused approaches. Emerging technologies enhance surveillance, outbreak response, and personalized interventions. Addressing social determinants of health and health disparities is paramount. Interdisciplinary collaboration and global solidarity are essential for tackling complex health challenges.	R201BC
6/23	12:30-13:50	Trauma System Challenges	Trauma systems face resource constraints, access disparities, and coordination issues. Limited trauma center coverage, trained staff, and medical supplies hinder care delivery, especially in rural or low-resource areas. Addressing these challenges necessitates investment in infrastructure, workforce training, and collaborative efforts to ensure equitable access and quality care.	R101CD
6/23	12:30-13:50	The Effective Performance of Teamwork Among Emergency Physicians and Nurse Practitioners	Effective teamwork among emergency physicians and nurse practitioners (NPs) is vital for optimal patient care. Clear communication, mutual respect, and defined roles are essential components. Collaborative decision-making and shared accountability enhance efficiency and patient outcomes. Ongoing training and support promote cohesion and trust within the team, fostering a culture of collaboration and continuous improvement in emergency care delivery.	R103
6/23	13:50-14:20	The Development of Emergency Medicine in Ethiopia, the challenges and opportunities	The development of emergency medicine in Ethiopia faces challenges such as limited resources, infrastructure, and trained personnel. Inadequate funding, lack of specialized training programs, and inconsistent access to essential equipment hinder	Plenary Hall

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			progress. Addressing these challenges requires investment in education, infrastructure, and workforce development to build a sustainable emergency care system that can effectively respond to the country's healthcare needs.	