



October 2026

NEWSLETTER I

Emergency Medicine

Hong Kong College
of Emergency
Medicine



Quadriprte Medical Education Conference 2026

was held on 5-6th Sept at the HKAM. Dr. Ralph Cheung and Dr. Wong Oi Fung represented HKCEM who shared their experiences and HKCEM journey on Competency- Based Medical Education.



Dr. WONG Oi Fung represented HKCEM



Dr Ralph CHEUNG represented HKCEM



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Upcoming Events

The HKCEM Election Forum 2026

took place on 2nd Sept at JCM where nominee ran for each position: Dr. Matthew Tsui (President), Dr. Sam Yang (Vice President), Dr. Chan Yiu Cheung (Honorary Secretary), Dr. Chau Chi Wai (Honorary Treasurer), Dr. Wong Oi Fung (Council Member), Dr. Ben Wan (Council Member). They shared their views and vision for EM, talked about potential challenges we may face and ways to overcome them.





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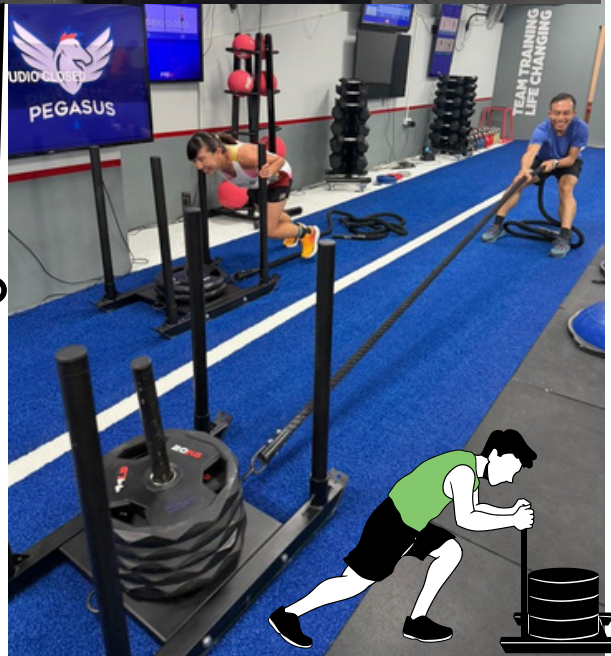
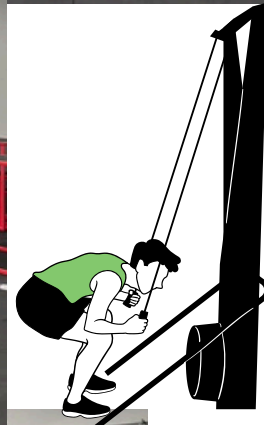
Upcoming Events



HyroX Experience Day



was held on 5th September 2026. A group of trainees, fellows and friends had a fun and sweaty time training with equipment specific for Hyrox competitions. Coaches gave valuable tips on how to improve their time and skills. Everyone walked out with less calories and more muscles! 💪



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JCM

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JCM AUGUST 2026



Case Presentation CMC
Dr LEUNG Chit Shing

Guest Speaker -
M&G Dr. CHAN Ngai Ho Tony



QUIZ NLTH Dr NG Lo Wa

Date: 5 August 2026 (Wed)

Time: 5:30- 7:30pm

Venue: Seminar Room, G/F, Block A, Queen Elizabeth Hospital

Program

5:30-6:15pm Case Presentation by AED, CMC

6:15-7:00pm "Prescription and polypharmacy in Geriatric patients" Dr CHAN Ngai Ho Tony,
POH Deputy HCE/POH/TSWH COS (M&G)

7:05-7:30pm Discussion on OSCE by AED NLTH

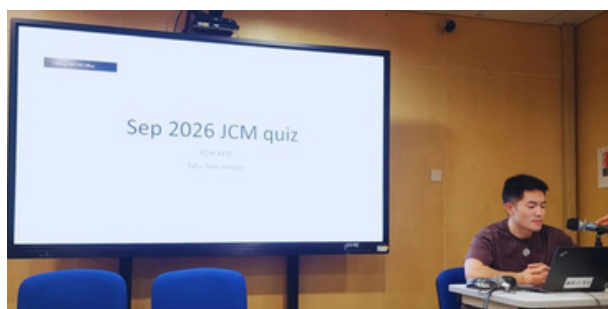


Guest Speaker -
M&T Dr. MOK Ho Fung, Corbin

JCM SEPTEMBER 2026



Case presentation -
Dr LEE Tsun Sing Case - QMH



Quiz (OSCE) YCH
Dr TAFU Yamamoto

Date: 2 September 2026 (Wed)

Time: 5:45- 7:45pm

Venue: H702, 7/F Block H, Princess Margaret Hospital

Program

5:45-6:30pm Case Presentation by AED, QMH

6:30-7:15pm Council Member Election Forum 2026

7:15-7:45pm Discussion on Quiz by AED YCH





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Upcoming Events

Digital Sub-committee

AI and Digital Technologies in Medical Education – Perspectives from Trainees and Educators

 **Dr LUI Chun Tat**



Artificial intelligence has moved from a curiosity to daily infrastructure in postgraduate training. For emergency medicine trainees juggling shift work, exams, and portfolios – and for supervisors trying to teach well in less time – the question is no longer whether to use AI, but how to use it safely and effectively. Here is a practical digest of the key ideas.

AI is everywhere – and medical education is no exception

AI is transforming every industry, and postgraduate medical education is a clear case: from how trainees revise for exams to how colleges design curricula, deliver feedback, and track competency. The challenge for our specialty is turning this transformation into genuine learning value rather than a shortcut around it.

How trainees are already using AI

Common, largely self-directed uses include:

- **Knowledge acquisition and memorization:** summarisation, flashcards, quiz and podcast generation
- **Clinical reasoning practice:** differential diagnosis exercises, AI virtual patient, cost-effectiveness care
- **Exam preparation:** AI examiner simulation, exam question analysis and prediction
- **Academic work:** research design, data analysis, and academic writing support
- **Literature engagement:** journal summaries and literature interpretation

How educators are using AI (locally and globally)

On the teaching side, AI is being embedded across the training cycle:

- AI-assisted Case-based Discussion (AI-CbD) for clinical and diagnostic reasoning
- AI virtual patient simulation and AI problem-based learning (AI-PBL)
- AI support for communication and empathy training, and for medical ethics reasoning
- AI in curriculum design and in assessment
- AI-driven learner profile analytics enabling "precision education"
- AI as a coaching tool that supports (not replaces) preceptor feedback

The unifying principle across all of these: **learning outcome and effectiveness must remain evidence-based**, not assumed.

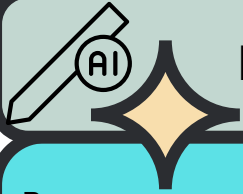


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Prompting well is now a core skill

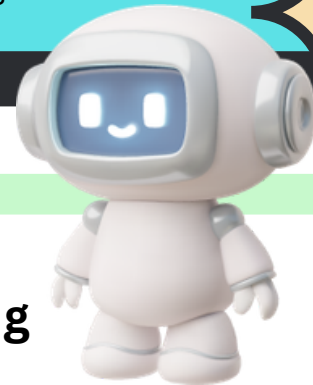


Because so much of this depends on how educators and trainees phrase their requests to LLM, there are structural framework of prompt engineering commonly used in different contexts. Here are some examples

- **5S:** Set the Scene (give the AI a role/persona and the learner's level) → Specify the Task → Simplify Language (match vocabulary to audience) → Structure the Output (bullet points, table, stepwise reasoning) → Share Feedback (iterate)
- **CLEAR:** Clear, Logical, Explicit, Adaptive, Reflective

Validation, refinement and iterations are essential for valid and reproducible outputs. You may also use AI to assist in the process of prompt engineering in complex scenarios.

A related technique, **persona-based prompting**, assigns the AI a specific identity — a standardised patient, an examiner, a coach — defining who it is, what it does and doesn't know, and how it should communicate (tone, health literacy level, language). This is what makes AI virtual-patient encounters feel realistic rather than generic.



AI virtual patients and empathy training

AI-generated patient personas — with lip-sync avatars, 2D/3D representation, sentiment analysis, and even VR — are enabling interactive, scalable practice in history-taking, differential diagnosis, and communication skills, paired with an "AI preceptor" that can grade performance and generate personalised feedback. There had been pioneer exploration on leveraging Real electronic health record (eHR/eMR), de-identified into "digital twin" patients for high-fidelity, true-to-life simulation.

This extends into softer but equally vital domains: AI tools are being used to teach virtue and ethical reasoning through simulated dilemmas, and GenAI avatars are now being trialled to practise and even assess empathy — a genuinely new frontier requiring careful human oversight.



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AI in assessment: real efficiency, real caution

In a cohort study led by our society and college, comparing ChatGPT-4o against human item-writers for high-stakes exam questions, AI substantially increased efficiency but still lacked the depth needed for complex, discriminating assessment items ([Law et al., BMC Medical Education 2025](#)).

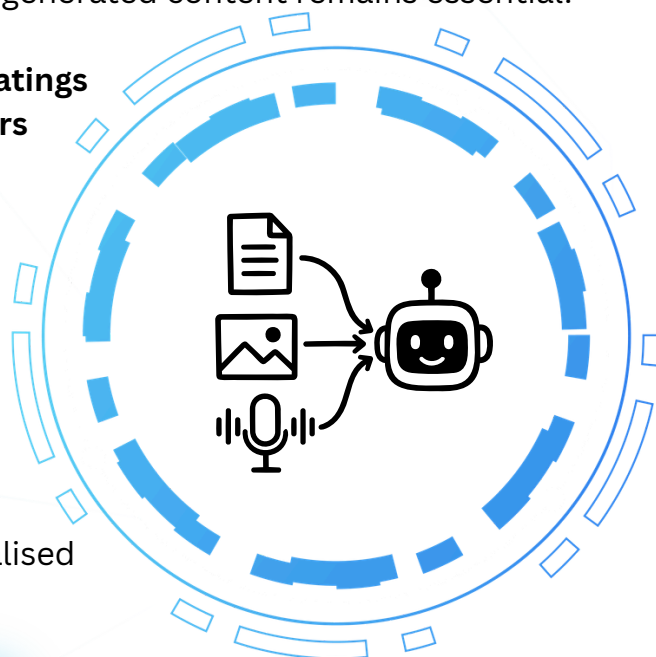
The practical takeaway for colleges and trainers: **AI plus human expert review outperforms either alone** – human oversight of AI-generated content remains essential.

This caution extends to feedback. **Unvalidated AI ratings and narrative feedback can genuinely harm learners** if trainees or examiners over-trust an AI's grade or comments without expert review. As AI is woven into workplace-based assessment, supervisor validation of AI output stays non-negotiable.

What's happening locally: HKCEM, HKAM and JCIMED initiatives

Several tools illustrate how this is being operationalised for Hong Kong trainees:

- **WBA Mobile App:** digitalises workplace-based assessments and EPAs (DOPS, Mini-CEX, CbD, MSF, and more) at the bedside across 15 HKAM colleges, with AI-embedded automatic speech recognition to speed up and facilitate feedback and educational analytics for precision education.
- **From e-Portfolio to Competency Dashboard:** trainee e-portfolio data is aggregated into a "trainee persona" or learner digital twin, visualised on an AI-powered competency dashboard (with supervisor-overseen AI preceptor feedback) – spanning undergraduate, specialist training, and CME.
- **VR simulation:** high-fidelity, team-based scenarios for rare but critical events – polytrauma, obstetric emergencies, airway emergencies – building situational awareness without patient risk.
- **AI virtual patient and preceptor pilots:** avatar-based, lip-sync encounters assessing history-taking, diagnostic reasoning, and communication, with AI-assisted evaluation always under trainer oversight.





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From digital literacy to AI competency

Multiple frameworks are converging on what trainees and faculty actually need to know about AI nowadays.

- The **AAMC CGEA AI Framework for Educators** (AAMC) and **AI-PACE** (McGrath et al., [npj Digital Medicine 2026](#)) for integrating AI into medical education broadly
- The **DECODE framework** for digital health competencies, an international Delphi consensus (Car et al., [JAMA Network Open 2025](#))
- **ALEERT-CA**, addressing AI-enhanced continuing professional development as a sociotechnical system (Hlede et al., [JMIR Medical Education 2026](#))



Locally, an **HKAM position statement** (forthcoming) on AI in postgraduate medical education – built on a literature-informed Delphi consensus – covers five pillars: AI literacy and capability expectations, curriculum and pedagogical strategies, assessment innovation, faculty development, and governance/ethics/organisational readiness.

The Medical Council of Hong Kong has already articulated related expectations for graduates: literacy in healthcare informatics and analytics for data-driven decision-making, the ability to interact with and make informed decisions about AI in care delivery, and awareness of the ethical, legal, and social issues – data security, privacy, bias – that come with it.

A practical **AI competency training module** will soon be published led by leaders in the Digital EM subcommittee of our college. It will leverage asynchronous online platform to be accessible by all trainees and fellows with agile deployment. However, experiential learning is required for bridging competency to practice.

Entrustable Professional Activities (EPAs) for AI competency had been advocated by some educationist – for example, observing whether a trainee critically appraises an AI-flagged sepsis alert, recognises potential algorithmic bias, and still communicates findings empathetically before acting.

One honest question raised for faculty development: **expertise in clinical teaching does not automatically equal competency in teaching AI or digital health** – meaning our most senior teachers may not always be the best-placed to lead this particular curriculum. A specific faculty building should be sought.



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The central tension: upskilling, deskilling, or neverskilling?

Perhaps the most important idea for trainees to internalise is this three-way split in how AI can affect clinical reasoning development ([Berzin et al., The Lancet](#)):

- Deskilling: physicians trained before AI may lose proficiency if they over-rely on AI answers instead of reasoning first
- Neverskilling: physicians trained after AI may never fully develop independent reasoning if they see AI output before forming their own hypothesis
- Upskilling: reasoning through the case yourself first, then comparing against AI reasoning and feedback – under trainer oversight – builds expertise faster than either extreme

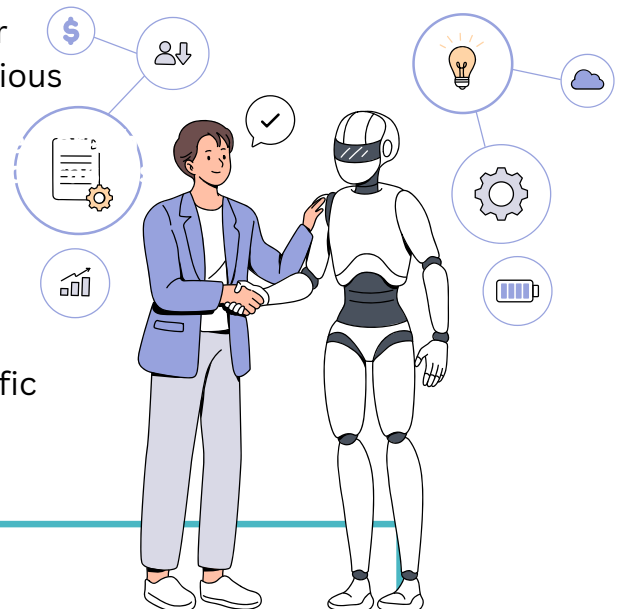
The scene and risk become imminent. Just like the AI CT brain to detect intracranial haemorrhage. If trainees rely on the 'answer' but not see the films themselves and double check and learn from AI, deskilling and neverskilling may already have occurred. By once where AI is not available, diagnostic errors may dramatically soar.

Progress in Hong Kong: Trials and Regulations

Hong Kong is actively testing autonomous vehicles under a clear new framework introduced in 2024. The Transport Department has granted pilot licences to operators like Baidu Apollo International.

As of January 2026, Baidu has successfully logged over 100,000 kilometers of testing with a record of zero serious accidents or major traffic congestion. [6]

Trials in North Lantau have expanded to include cross-district connections between Airport Island and Tung Chung, while also extending to areas like Sunny Bay and Kowloon East. These advancements demonstrate the stability of autonomous driving technology while adapting to Hong Kong's specific traffic regulations and busy urban settings.



Human values in AI for medical education

Stethoscope skills had been deskilled in emergency physicians with sophistication and accessibility of imaging and POCUS. Driving skills will likely be deskilled or never skilled in the next generations with popularity of autonomous vehicles. For AI in healthcare and medical education, we need to stick back to core values. The goal is AI to improve learning, not AI to replace learning. Whatever tools your department adopts – virtual patients, AI-assisted WBAs, competency dashboards, or exam-question generators – the enduring core of emergency medicine training remains reasoning, human touch, and empathy. Emergency physicians would need to stand for the social accountability of taking care of the sick and patients in need in our community.



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香港急症科醫學院 30 週年「擊活人生嘉年華」

FWD Insurance presents the HKCEM 30th Anniversary World Record Challenge Event and 'Spark our Lives' Carnival

活動內容

日期：2026 年 10 月 25 日（星期日）

地點：數碼港五期多功能會議廳

時間安排：

下午 12:30 – 下午 3:00：AED Logo 世界紀錄挑戰
（參加者需年滿 16 歲並須預先登記）

下午 3:00 – 下午 6:00：擊活人生嘉年華
（歡迎公眾參與）

Event Details

Date: 25 October 2026 (Sunday)

Venue: Multi-function Hall, Cyberport 5, Hong Kong
Time:

12:30 PM – 3:00 PM: AED Logo World Record
Challenge (Participants must be aged 16 or above
and pre-register)

3:00 PM – 6:00 PM: Revive Life Carnival
(Open to the public)

FWD Insurance 呈獻

香港急症科醫學院 30 週年

擊活人生嘉年華

日期：2026 年 10 月 25 日（星期日）
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下午 3:00 – 下午 6:00
擊活人生嘉年華（歡迎公眾參與）

活動詳情

主辦：香港急症科醫學院

主要贊助：FWD Insurance

媒體伙伴：MRM



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Upcoming Events



HKCEM

FREE PAPER PRESENTATION

Date: 02 Oct 2026

Time: 9am – 5pm

Venue: HKAM

This event provides a platform for trainees to showcase their academic research and fulfill the mandatory research requirements for the College Training programme, as stipulated by the Education Committee.

Please note that in the event of adverse weather, the presentation will be conducted virtually via Zoom. Besides, participation in this Free Paper Presentation is restricted to EM trainees only.

HKAM Council Dinner with Distinguished Young Fellows

The Council Dinner with HKAM Distinguished Young Fellows was held on 17th September, graced by the presence of Professor Rosie Young. We were delighted to celebrate this year's HKCEM nominee, Dr. Cheung Ying. The evening was filled with inspiring exchanges among fellows across specialties, making it a truly enjoyable and memorable occasion.





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JCM OCTOBER 2026

Date: 7 Oct 2026 (Wed)

Time: 5:30- 7:30pm

Venue: Seminar Room, G/F, Block A,
Queen Elizabeth Hospital

Program

5:30-6:15pm "A Good Squeeze is Not Always a Good Heart - Does Diastolic function change what we do in the ED? "

Dr Julina Md Noor, MD

- Associate professor in Emergency medicine & Consultant Emergency physician in Universiti Teknologi MARA (UITM) Malaysia
- President for the Society of Critical Care & Emergency Sonography Malaysia
- President for World Integrated Network Focused on Critical Sonography (WINFOCUS)

6:15-7:00pm Case Presentation by AED, HKU-SZH

7:05-7:30pm Discussion on Quiz by AED NLTH



Private Healthcare Facilities Ordinance (Cap. 633)



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