

# Special Topics

**T4.2****Training in Emergency Medicine****13:15 Convention Hall C****Emergency Physicians' Journey to Achieve Better Toxicology Service***Tsui SH<sup>1</sup>, Fung J<sup>2</sup>**<sup>1</sup>Accident and Emergency Department, Queen Mary Hospital, <sup>2</sup>Accident and Emergency Department, Pok Oi Hospital, Hong Kong*

In early era of emergency medicine, the mainstay of care provided by emergency physicians was mostly confined to resuscitation. The management of other clinical categories was far from either in-depth or in breadth, and that of toxicology was no different at all. Actually, appropriate management or specific treatment are crucial to the very first phase of caring toxicology patients. Besides, toxicology patients are very suitable to be managed in the Emergency Medicine Ward or a comparable setting. About a decade ago, a group of passionate emergency physicians, in response to these favourable factors, started their journey to sub-specialise and to improve the toxicology service in the Hospital Authority (HA).

To support an up-to-standard toxicology service, training is indispensable. Many Accident and Emergency Departments (A&Es) started organising inhouse courses and clinical meetings. Some A&Es hold inter-departmental meetings that serve additional purposes of enhancing understanding and collaboration between various stakeholders. At another level, the Hong Kong College of Emergency Medicine and Hong Kong Poison Information Centre hold structured courses at various levels, from basic to diploma, that open to all interested clinical staff (not limited to A&Es) within and outside the HA.

A toxicology team can form when a critical mass of trained emergency physicians and nurses accumulates in a particular hospital. As years passed, now a number of A&Es with toxicology teams have taken up the duty of care of toxicology patients presented to the hospitals from presentation to medical clearance. Emergency Medicine Ward is the hub for the care of such patients. Post-discharge followup are provided as required. Some departments have even set up toxicology outpatient clinic for outside referrals. Toxicology team members are also enthusiastic on research and knowledge sharing. In the past decade, the output to medical journals, from case reports to prospective trials, has been growing fast. Some reports are the first worldwide while some have widespread implications to clinical practice.

The changed paradigm of toxicology service provision illustrates how passionate clinicians have improved patient service by making self-advancement and implementing changes within the established system.