HPSN Asia Pacific 2012

Learning, Practicing and Working Together

Chang Gung University of Science and Technology
261, Wen-hwa 1st Rd,
Kwei-shan, Taoyuan, Taiwan 333
October 27-28, 2012

Hosted by CAE Healthcare, Chang Gung University of Science and Technology, Taiwan Society of Emergency Medicine, KYS Technology
### CONFERENCE SCHEDULE:

#### Saturday, October 27th

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| 0900 – 0930 | **Opening Remarks and Acknowledgement:**  
Professor Ying-Tung Lau, President of Chang Gung University of Science and Technology  
Michael Bernstein, President of CAE Healthcare |
| 0930 – 1010 | **Plenary Speech 1**  
Dr. Chung-Liang Shih, Director of Bureau of Planning, Department of Health, Executive Yuan, ROC  
Teamwork Training for Lasting Change in Patient Safety |
| 1010 – 1030 | Break (Poster Discussion)                    |
| 1030 – 1110 | **Plenary Speech 2**  
Marcus Watson, Associate Professor, University of Queensland  
Building Effective Simulation Programs |
| 1110 – 1200 | **Plenary Speech 3**  
Thomas J. Doyle, Chief Learning Officer, CAE Healthcare  
Interprofessional Education, Why Bother, Let Alone Use Patient Simulation |
| 1200 – 1300 | Lunch                                       |
| 1300 – 1400 | Visit Chang Gung Clinical Competence Center |
| 1400 – 1450 | Concurrent Session A                        |
| 1500 – 1550 | Concurrent Session B                        |
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| 0900 – 0940 | **Plenary Speech 4**  
Dr. Hou-Chang Chiu, Shin Kong Wu Ho-Su Memorial Hospital  
Simulation Medicine in Medical Schools and Teaching Hospitals |
| 0940 – 1020 | **Plenary Speech 5**  
Professor Sheuan Lee, Minister without Portfolio, Examination Yuan of ROC  
Simulation Teaching in Nursing Through Policy Perspectives |
| 1020 – 1030 | Break                                       |
| 1030 – 1110 | **Plenary Speech 6**  
Dr. Matthew Huei-Ming Ma, Standing Director of Taiwan Society of Emergency Medicine  
From Team of Experts to Expert Team |
| 1110 – 1200 | Concurrent Session D                        |
| 1200 – 1300 | Lunch                                       |
| 1300 – 1400 | **Plenary Showcase**  
Dr. Chih-Huang Li, Dr. Chip-Jin Ng, and Dr. Jih-Chang Chen  
Chang-Gung Memorial Hospital  
The Management of Patients With Severe Sepsis and Septic Shock in the Emergency Department |
| 1400 – 1420 | Break                                       |
| 1420 – 1700 | Taiwan CAE Cup (formerly METI Cup) Final Round |
| 1700 – 1730 | Closing Ceremony                            |

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**DISASTER DRILL**

The Management of Patients With Severe Sepsis and Septic Shock in the Emergency Department

**Plenary Showcase, Sunday, 13:00-14:00**

The mortality of patients with severe sepsis and septic shock is about 30% to 40%. It remains a major cause of death in critically ill patients. A six-hour resuscitation bundle is suggested by the Surviving Sepsis Campaign. Teamwork was suggested to be a better way for the completion of this management bundle. We will demonstrate how “Medical Simulation” helps to increase the understanding and management skills in this time-consuming treatment process.
CONFERENCE SPEAKERS

MICHAEL BERNSTEIN, PRESIDENT
CAE HEALTHCARE

Michael Bernstein is President of CAE Healthcare, a division of CAE, Inc., the Montreal-based global leader in aviation simulation. He was formerly President and Chief Executive Officer of Medical Education Technologies, Inc. (METI), the Sarasota-based global leader in patient simulation, which was purchased by CAE in August 2011. Michael has more than 20 years of successful leadership experience in the healthcare and technology industries. Before joining METI, he served as President and Chief Executive Officer of Innovative Health Strategies, a privately held healthcare IT company, and as President and Chief Operating Officer of Cobalt Corporation, a $1.6 billion publicly traded Blue Cross Blue Shield health insurance holding company.

Michael has a J.D. from the University of the Pacific, McGeorge School of Law and a B.A. from the University of California, Davis.

THOMAS J. DOYLE, MSN, RN
CHIEF LEARNING OFFICER
CAE HEALTHCARE

Tom has over 32 years experience as a registered nurse, hospital administrator, nurse educator at all levels of education and corporate executive responsibility. He spent five years as Coordinator of the Patient Simulation Program at one of the first colleges in the U.S. to purchase the Human Patient Simulator in the 1990s. In that role he facilitated integration of high fidelity patient simulation across the nursing program curriculum in addition to many allied health programs (EMS, Dental Hygiene, and Respiratory Care).

As Chief Learning Officer for CAE Healthcare, Tom heads a major division of the company, the CAE Healthcare Academy, which encompasses all products, services and programs to improve patient safety and healthcare training globally. He leads a team of over 125 professionally prepared healthcare professionals to transform healthcare education to a new paradigm. Additionally this team develops turnkey programs for curriculum assistance using various forms of simulation across the disciplines that provide patient care.

YING-TUNG LAU, PRESIDENT
CHANG GUNG UNIVERSITY OF SCIENCE AND TECHNOLOGY

Ying-Tung Lau has over 30 years of experience in the physiological profession. His major research fields are “Gender Difference in Cardiovascular Functions” and “Oxidative Stress and endothelial dysfunction in Aging and Sepsis.” He has a Masters degree in biophysics from Creighton University and a Ph.D. in physiology from Rensselaer Polytechnic Institute. He used to work as Senior Research Associate for the Physiology and Biophysics Department of the Michigan Cancer Foundation. Afterward he joined Chang Gung University and served as Dean of General Affairs, Chairman of Physiology and Pharmacology Department, and Associate Dean of the Medical College. He is now President of Chang Gung University of Science and Technology.

Sheuan Lee has long been actively involved in the development of nursing organizations in Taiwan and has actively participated in international activities since 1991. Over 30 years’ nursing career, Professor Lee has done everything possible to challenge her capabilities as a nurse, educator, and administrator. She has been appointed as chairman and dean in some universities, also appointed as a member of Accreditation Committee by Ministry of Education, and conducted educational curriculum revolution. She is now Minister without Portfolio of Examination Yuan of ROC.

Hou-Chang Chiu has over 35 years of experience in the neurological profession. After graduating from the Medical College of National Taiwan University where he obtained a Doctor of Medicine, he joined the Neurology Department of National Taiwan University Hospital. Today he is Deputy Superintendent of Shin-Kong Wu Ho-Su Memorial Hospital, and serves as Associate Dean in the Medical College of Fu-Jen Catholic University. He is an Associate Editor of both “Journal of Clinical Apheresis” and “Acta Neurologica Taiwanica.”

Marcus Watson is the Associate Professor of Medicine at the Queensland School of Medicine. He is the Executive Director of the Queensland Health Clinical Skills Development Service. The service supports the delivery of simulations program at over 30 sites, as well as an extensive clinical e-learning development and delivery capacity. The Clinical Skills Development Service has trained hundreds of clinicians in the use of simulations and debriefing and over 60 specialisation simulation educators and coordinators. The service is currently the largest provider of healthcare simulations training in Australia. Associate Professor Watson has extensive experience in the development and delivery of simulation across healthcare and defence including postgraduate programs in simulation and the AusSETT program.

Associate Professor Watson holds appointments at Schools of Medicine and Psychology at the University of Queensland. His research works on the development of systematic approaches to the integration of simulations to address individuals’, team’s and systems’ perception. His research covers the use of simulations for the design and evaluation of technology to support clinical decision-making and the development of an evidence-based training and assessment programs.

He has won national awards for innovations and the Jerome Ely Award for the Best Paper in Human Factors.

Chung-Liang Shih studied Medicine at the China Medical University, and graduated in 1991. Then, he had Postgraduate study at the Institute of Healthcare Organization Administration at National Taiwan University. His major research area is Emergency Medicine, Disaster Medicine, Simulation, Patient Safety, and Quality Management. He has been working at the Center for Quality Management, National Taiwan University Hospital as Associate Director. He just promoted his position from Director-General, Bureau of Medical Affairs, Department of Health to Director-General, Bureau of Planning, Department of Health, The Executive Yuan.

Matthew Huei-Ming Ma graduated from College of Medicine, National Taiwan University. He also went to The Johns Hopkins University to study Health Policy and Management and got his PhD degree in 1998. His dissertation title was System Performance and Appropriateness of Care for Elderly Trauma Patients. His current position is the Professor of Department of Emergency Medicine, School of Medicine, NTU, and Professor of Institute of Preventive Medicine, College of Public Health, NTU. He is also the Chair of Medical Direction Committee of Taipei City Fire Department, and the Executive Board Member of Taiwan Society of Emergency Medicine.

The Taiwan CAE Cup

Sunday, October 28, 1420 – 1700
International Conference Hall II

Don’t miss the Taiwan CAE Cup. This exciting critical care skills competition features teams of nurses, paramedics and healthcare professionals competing head-to-head in emergency response scenarios utilizing the revolutionary human patient simulator, iStan.

Welcome Party

Saturday, October 27, 1700
Chang Gung Golf Club
23-4 Ta Pu Road, Chiu La Village
Guo Sung, Taoyuan

Please join us at our Welcome Party where you will enjoy an evening of our hospitality along with invaluable networking with healthcare educators from around the world.
## CONCURRENT SESSIONS

Participants may choose one workshop from each session. Please see the workshop abstract for more information about these presentations.

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<td>Simulation Tools in Ultrasound Training Jen-Tang Sun, Far Eastern Memorial Hospital, Taiwan <strong>Audience:</strong> Hospital Education <strong>Level:</strong> Beginner <strong>Language:</strong> Chinese</td>
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<td>Using Simulation Centre Management Software to Assess Healthcare Performance Amanda Wilford, CAE Healthcare Academy, UK <strong>Audience:</strong> Hospital Education <strong>Level:</strong> Beginner <strong>Language:</strong> English</td>
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<td>The Application of Simulation in the Medical-Surgical Nursing Li-Fen Chao, Chang Gung University Of Science and Technology, Taiwan <strong>Audience:</strong> Academic Nursing <strong>Level:</strong> Intermediate <strong>Language:</strong> Chinese</td>
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<td>Integrating Simulation Based Education into Your Educational Needs John Connelly, CSTARS Shock-Trauma Baltimore, USA <strong>Audience:</strong> Hospital Education <strong>Level:</strong> Beginner <strong>Language:</strong> English</td>
<td>Facilitating Team Resource Management Skills Through Simulation...in Every Corner of the Hospital Tsu-Yi Hsieh, Taichung Veterans General Hospital, Taiwan <strong>Audience:</strong> Hospital Education <strong>Level:</strong> Intermediate <strong>Language:</strong> English</td>
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<td>Fundamentals of Debriefing Robert O’Brien and Julian Van Dijk St Vincent’s Hospital, Australia <strong>Audience:</strong> Healthcare Professionals <strong>Level:</strong> Beginner <strong>Language:</strong> English</td>
<td>Evaluation of Simulation Design Learning Among Filipino Nursing Students Theresa Guino-o, Silliman University, Philippines <strong>Audience:</strong> Hospital Education <strong>Level:</strong> Beginner <strong>Language:</strong> English</td>
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<td>Teaching Teamwork Using In Situ High-Fidelity Medical Simulation Yung-Wei Hsu, Mackay Memorial Hospital, Taiwan <strong>Audience:</strong> Allied Health <strong>Level:</strong> Intermediate <strong>Language:</strong> English</td>
<td>The Trade Game: Introducing Human Factors of Clinicians Marcus Watson, Queensland Health, Australia <strong>Audience:</strong> Academic Nursing <strong>Level:</strong> Intermediate <strong>Language:</strong> English</td>
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<td>The Ways to Success: Telling Our Secrets Chia-Ti Wang and Tsu-Meng Yang, Chi-Mei Medical Center, Taiwan <strong>Audience:</strong> Allied Health <strong>Level:</strong> Intermediate <strong>Language:</strong> Chinese</td>
<td>Achieving Sustainable Simulations Programs: Simulation Centre vs. In Situ Marcus Watson, University of Queensland, Australia <strong>Audience:</strong> Hospital Education <strong>Level:</strong> Intermediate <strong>Language:</strong> English</td>
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<td>The Application of Simulation in the Critical Care Nursing Hsui-Fang Chen, Chang Gung University Of Science and Technology, Taiwan <strong>Audience:</strong> Academic Nursing <strong>Level:</strong> Intermediate <strong>Language:</strong> Chinese</td>
<td>How to Handle Respiratory Distress in a Mechanically Ventilated Patient Chuhsien Wang, Changhua Christian Hospital, Taiwan <strong>Audience:</strong> Allied Health <strong>Level:</strong> Beginner <strong>Language:</strong> English</td>
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<td>Simualtion-Based Learning in Patient Safety for RN-BSN Students Pei-rong Chang, Fooyin University, Taiwan <strong>Audience:</strong> Academic Nursing <strong>Level:</strong> Beginner <strong>Language:</strong> English</td>
<td>The Trade Game: Introducing Human Factors of Clinicians Marcus Watson, Queensland Health, Australia <strong>Audience:</strong> Academic Nursing <strong>Level:</strong> Intermediate <strong>Language:</strong> English</td>
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International Conference Hall I

Learning, Practicing and Working Together
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Saturday, October 27th
Sunday, October 28th

0830 – 1630  Registration  報到
0900 – 0940  Plenary Speech 4: Simulation Medicine In Medical School And Teaching Hospital 醫學院與教學醫院的模擬醫學教學
              Intl Conference Hall II 國際會議廳 II
              Dr. Hou-Chang Chiu, Shin-Kong Wu Ho-Su Memorial Hospital  邱浩彰 副院長/輔仁大學醫學院
0940 – 1020  Plenary Speech 5: Simulation Teaching In Nursing Through Policy Perspectives 由政策面探討護理模擬教學
              Intl Conference Hall II 國際會議廳 II
              Prof. Sheuan Lee, Minister without Portfolio, Examination Yuan of ROC  李選 委員/考試院
1020 – 1030  Coffee Break
1030 – 1110  Plenary Speech 6: From Team of Experts To Expert Team 從專家組合到專家團隊
              Intl Conference Hall II 國際會議廳 II
              Dr. Matthew Huei-Ming Ma, Standing Director of Taiwan Society of Emergency Medicine 馬惠明 常務理事/台灣急診醫學會
1110 – 1200  Lunch Break
1200 – 1300  Plenary Showcase: The Management of Patients With Severe Sepsis And Septic Shock in the Emergency Department
              Intl Conference Hall I 國際會議廳 I
              Dr. Chih-huang Li, Dr. Chip-Jin Ng, and Dr. Jih-Chang Chen, Chang-Gung Memorial Hospital  陳日昌 部長、黃集仁 主任、李智晃 醫師 / 林口長庚醫院急診部醫療團隊
1300 – 1400  Coffee Break
1400 – 1700  Taiwan CAE Cup Final Round 臺灣梅堤盃CAE CUP決賽
              Intl Conference Hall II 國際會議廳 II
1700 – 1730  Closing Ceremony 閉幕式
              Intl Conference Hall II 國際會議廳 II
Learning, Practicing and Working Together

This is a series of courses base on simulation design. The courses were designed for RN-BSN students with years of clinical experiences. The core was on hand-on practice and clinical reasoning for patient safety through simulation.

Pei-rong Chang
Fooyin University, Taiwan

Simulation-Based Learning in Patient Safety for RN-BSN Students

This session will look at a range of educational principles and their relationship to the debriefing process. Debriefing frameworks and strategies will be presented and discussed. We will use these frameworks to unpack vignettes of clinical scenarios to identify the main debriefing points. We will then consider how we gain the most educational benefit from each of the debriefing points.

This session will provide an opportunity for delegates involved in debriefing to deepen their knowledge and understanding of this valuable educational activity.

Robert O’Brien and Julian Van Dijk
St Vincent’s Hospital, Australia

Fundamentals of Debriefing

Echocardiographic images are excellent tools to demonstrate normal and abnormal cardiac anatomy and physiology. Currently, echocardiographic simulators have been created. It could demonstrate a number of pathophysiologic conditions with serious effect on the cardiovascular system, including acute myocardial infarction, acute pulmonary embolism, cardiac tamponade, systolic and diastolic myocardial dysfunction, valvular heart disease, cardiac myxoma, and et al. Many of these disease states do not commonly occur in normal patient populations. Current study reveals that transthoracic echocardiography simulation is an efficient method to teach the basic transthoracic echocardiography skills. In the future, echocardiographic simulators may play an important role in the training of echocardiographic skills.

Chin-Chou Huang and Jaw-Wen Chen
Taipei Veterans General Hospital, Taiwan

An Efficient Method to Teach the Basic Transthoracic Echocardiography Skill

Objective Structured Clinical Examinations or OSCEs have been widely used in medicine to assess student doctors and are becoming an increasingly common method of assessing all healthcare learners (Alinier 2003). Learners need to demonstrate an aspect of care using a standardized patient (SP), part task trainer, hybrid simulation or a full body patient simulator against pre-determined criteria. Designing and setting up of OSCEs takes time as does assessing these stations and if the learners rotate around a series it is very faculty dependent and resource rich (Byrne and Smyth 2008).

This workshop will introduce how new simulation centre management software “LearningSpace” may be a solution to assist with the running and rating of OSCEs.

Amanda Wilford
CAE Healthcare Academy, UK

Using Simulation Centre Management Software to Assess Healthcare Performance

This workshop will initially introduce OSCEs in the context of LearningSpace and then a small OSCE will be run using either a Laerdal or CAE Healthcare Simulator with the audience using LearningSpace to rate the performance. A discussion will follow exploring how this technology may be used in other areas of simulation centre management and using this with SPs.

Amanda Wilford
CAE Healthcare Academy, UK

Saturday, October 27th, 1400-1450

CONCURRENT SESSION A

Room BB01
An Efficient Method to Teach the Basic Transthoracic Echocardiography Skill
Chin-Chou Huang and Jaw-Wen Chen
Taipei Veterans General Hospital, Taiwan

Room BB02
Using Simulation Centre Management Software to Assess Healthcare Performance
Amanda Wilford
CAE Healthcare Academy, UK

Room BB04
Fundamentals of Debriefing
Robert O’Brien and Julian Van Dijk
St Vincent’s Hospital, Australia

Room BB05
Simulation-Based Learning in Patient Safety for RN-BSN Students
Pei-rong Chang
Fooyin University, Taiwan

Learning, Practicing and Working Together
To date, simulation has been applied as an innovative teaching strategy both in medical and nursing education for the improvement of patient care. The high-fidelity simulation (HFS) provides the students with a real clinical scenarios to assist students in integrating what they have learned from the lecture in a learning environment with free of consequences for errors. In this sense, students are able to gain their confidence prior to clinical practicum. Over the past year, the authors developed a HFS program to tailor and validate a comprehensive approach for the Medical-Surgical Nursing curricula in Chang Gung University of Science and Technology. This HFS program consisted of several 15-minute scenarios, including angina, respiratory distress, UGI bleeding, IICP, renal failure, Hypoglycemia, and post-cardiac catheterization, and these scenarios were embedded in the lab work for allowing nursing students to practice and reflect what they can be improved in the future clinical practice. In addition, students in the HFS experience that not only calls for assessing and providing care a patient, but also dealing with stressed family members who are causing conflict at the bedside. To minimize instructor bias and standardize the simulation experience the student driven approach to scenario was developed along with a standardized template with information of preparation material, fidelity scenario, and debriefing process.

According to the post-simulation qualitative survey from the students indicated that HFS program might enhance students’ critical thinking, self-confidence and therapeutic communication skills.

The utility and feasibility of cardiovascular ultrasound examination have been established. Despite anesthesiologists’ use of TEE and familiar with cardiovascular imaging, TTE has not been as widely used perioperatively. TEE (and also TTE) is a modality that requires consideration skill in image acquisition and supervised training for interpretation. Currently there are no formal echocardiography image-acquisition training curriculums available for anesthesiologists or surgeons.

The integrated training curriculum includes mini-lectures, hands-on practice with the latest TEE/TTE simulator available in the market. After introduction of each topic during the mini-lectures, the participants will be divided into two subgroups for hands-on practices by the CAE VIMEDIX Ultrasound Simulator.

The simulator is based on an anatomically correct solid 3-dimensional model of the heart, and consists of a mannequin, dedicated computer, high-definition monitor, and both TEE and TTE probes. The probes can be used on the mannequin for performing a complete TEE/TTE examination. The monitor screen has the option for dual display, simultaneously displaying the 3D heart model cross-section with the TEE/TTE image. The participants will have the opportunities to visualize the heart model from multiple angles and perspectives. It’s possible not only to generate a high-quality normal examination, but also to simulate a host of pathological abnormalities, to provide calculations.

The use of simulation technology provides a unique opportunity to create a virtual training environment to offset the initial learning curve and shorten the eventual training duration.

This presentation will offer the participants information on how to guide new users into Human Patient Simulation.
Teaching Teamwork Using In Situ High-Fidelity Medical Simulation

Yung-Wei Hsu, Min-Shu Wang, Hui-Shan Hsiao
Ya-Hui Huang and Hsi-Hsien Hsu
Mackay Memorial Hospital, Taiwan

In situ simulations occur in the actual clinical environment and allow teams to review and reinforce their problem solving skills. It also provides an opportunity to identify deficiencies in human resources, hardware, and information. Team resource management (TRM) teaches individuals the principles of teamwork. TeamSTEPPS is an evidence-based teamwork training system focusing on four complementary competency areas: leadership, situation monitoring, mutual support, and communication. TeamSTEPPS is commonly used to deliver teamwork training for patient safety. Using in situ high-fidelity medical simulation after introducing the concepts of TeamSTEPPS by didactic lecture, teamwork can be effectively taught to multidisciplinary team in a resuscitation scenario. This workshop will demonstrate how to conduct in situ simulation to teach TRM.

The Ways to Success: Telling Our Secrets

Chia-Ti Wang, Tzu-Meng Yang, Ya-Chan Yang,
Man-Ting Cheng, Ping-Yuan Chen, Cindy Tsai,
Ya-Fei Chen and Shih-Wei Hsieh
Chi-Mei Medical Center, Taiwan

Training in teamwork and leadership skills should continue to be included in ACLS and PALS courses which are documented on AHA and ACLS guidelines published on October 18, 2010. We began a team resuscitation training program in November, 2010. More than 100 sessions of training were conducted within these two years. For comprehensive evaluation and training, we built an observation team for “building a team,” including medical and nursing staff. The observation team was responsible for observation of the whole training course, scoring, and debriefing to the resuscitation team. The debriefing proceeded in the order of “What should be done in the scene,” “Teamwork and communication,” “Feedbacks for resuscitation team members.” Among these sessions of training, 49 sessions were conducted on May, 2011 through August, 2011 and 228 people including doctors and nurses were enrolled. We used questionnaires for members’ satisfaction feedback, a checklist including what should be done and a global performance score system which was scored by the observation team, including senior doctors and senior nursing staff. One part of our questionnaires was designed for comparing the team resuscitation training to ordinary mega code in ACLS training. We had excellent satisfaction feedback. We will share our experience of how to build a team for “Building a team,” how to conduct around 50 sessions of training every year, and solutions for the difficulties which may be meet during the whole process.
Our medical training curricula across the country have undergone extensive revisions, such as pre and post-graduate year training. It requires assessments of these new programs. When writing these medical education research proposals, are these research ethics subject to the same standards and expectations, as is clinical medical research? Although clinical educational research using learners is now held to the same ethical standards required of the more clinical medicine type of research. Medical educators still need planning of the educational intervention as if it were going to be published. The results will only enhance the quality of the intervention and its evaluation.

**Room BB01**

**Promote Clinical Competency of PGY by Utilization of Simulation**

Tung-Han Hsieh et al  
National Cheng Kung University Hospital, Taiwan

Program of PGY (Post Graduate Year) training is an important change, and could be the cornerstone of medical education in Taiwan since 2005. The PGY training center of National Cheng Kung University Hospital plays a key role in the program. We take the responsibility to train a major part of PGYs in southern Taiwan that could be qualified with core competency. Availability of clinical judgment and skills are crucial determinants for a PGY to be matured independently.

In the process of training, to perform patient care is always the initial goal, and learning by doing is the mainstay of care. Students need to face lots of patients that may present variable clinical features. Without optimal experience and knowledge, they may do wrong or even do harm during delivery of medical care. In real world, there may not have many patients’ resources for PGYs to get enough practice for core competence. The utilization of high fidelity simulation could be a practical complement to back up the insufficiency of training.

In NCKUH, we create suitable scenarios that match with core curriculum for PGYs training. They can practice repetitively to get better skills and knowledge. We also take the modality of simulation into an objective evaluation of performance.

**Room BB02**

**A New Scenario Simulation Training to Improve Patient Safety**

Shu-Lin Guo, Sheng-Hui Hung, Shu-Ling Cho, Chia-Hui Cheng, Chen-Hsu Wang, Yung-Lung Wu and Pa-Chun Wang  
Cathay General Hospital, Taiwan

In 1999, the Institute of Medicine first raised one fundamental revolution in the health care system to improve patient safety and the quality of health care in the United States. As we know, it was an attempt to shift the culture of health care from “name and blame” to one that can promotes patient safety. In Taiwan, one national-level error reporting platform – “Taiwan Patient Safety Reporting system, TPR” was established and many medical centers involved this program.

TPR system is based on five principles: anonymity, voluntariness, non-punitive, confidentiality and mutual learning. After collecting these valuable data, there are many systematic tools to analyze those cases and then prevent from more serious events without any interpretation. With the purpose of “no-harm” learning, we introduced “in-situ simulator-based scenario training” into patient safety as one new interpretation tool of adverse event reporting (AER).

Quality management center (QMC) establishes one standard mechanism that the members from AER involved units can design one unique customized scenario with the professional assistance from QMC. Through this process, there are five scenarios created and practiced with iStan in situ. These trainings can be achieved in the real environment with team members. Using the new model, we do improve team collaborative efficiency and promote patient quality of care.

**Room BB03**

**Ethical Issues in Clinical Teaching and Learning: To IRB, or Not to IRB?**

Ming-Chen Hsieh  
Hualien Buddhist Tzu-Chi General Hospital, Taiwan

Our medical training curricula across the country have undergone extensive revisions, such as pre and post-graduate year training. It requires assessments of these new programs. When writing these medical education research proposals, are these research ethics subject to the same standards and expectations, as is clinical medical research? Although clinical educational research using learners is now held to the same ethical standards required of the more clinical medicine type of research. Medical educators still need planning of the educational intervention as if it were going to be published. The results will only enhance the quality of the intervention and its evaluation.
Room BB04
The Trade Game: Introducing Human Factors of Clinicians

Marcus Watson
University of Queensland, Australia

The Trade Game is a cheap and fun approach to introduce Human Factors and Crisis Resource Management (CRM) principles for 15 to 60 people. The workshop will explore how games can be used to introduce behaviors of effective healthcare teams and explore debriefing methods appropriate for all types of clinical simulation.

Intl Conference Hall I 國際會議廳 / 07
The Application of Simulation in the Critical Care Nursing

Hsiu-Fang Chen, Su-Jen Tsai, Hsiao-Feng Chiu and Hsiang-Chun Lee
Chang Gung University of Science and Technology, Taiwan

Considering the improvement of nursing education, simulation has been extensively used in a variety of nursing course work. The overall goal of the high-fidelity simulation (HFS) is to provide the students with real clinical scenarios to integrate what they have learned from the lecture and practice their future clinical practicum safely.

The purpose of this pilot study was to describe the effects of employing one scenario simulation compared to the traditional teaching strategy in critical care nursing. The 7 items of open-end questions were used in this study. Results from this study showed that scenario simulation might increase the confidence level of students in their clinical care experience, judgment skills and critical thinking. Therefore, lesson from this study suggested extensively applying the scenario simulation in other nursing course work to improve the quality of nursing education and enhancing the quality of patient care.
Ultrasound is non-invasive and easily used imaging modality. Therefore, it is widely used in many clinical settings, such as central venous catheter (CVC) insertion or diagnosis of pericardial effusion. Some medical educators also used ultrasound, like clinical examination or anatomy learning. Traditional ultrasound teaching uses the picture and video, and hands-on practice for the skills (how to demonstrate the anatomy). Normal anatomy may be easily demonstrated, but in some critical diseases, like the cardiac tamponade, students cannot practice on real patients due to lack of time and critical conditions. With technological improvement, we can use simulation tools for training, not only for normal structure, also in pathological conditions. We will briefly introduce the ultrasound use and training, especially the use simulation in this section.

Room BB01
Simulation Tools in Ultrasound Training

Jen-Tang Sun
Far Eastern Memorial Hospital, Taiwan

Ultrasound is non-invasive and easily used imaging modality. Therefore, it is widely used in many clinical settings, such as CVC insertion or diagnosis of pericardial effusion. Some medical educators also used ultrasound, like clinical examination or anatomy learning. Traditional ultrasound teaching uses the picture and video, and hands-on practice for the skills (how to demonstrate the anatomy). Normal anatomy may be easily demonstrated, but in some critical diseases, like the cardiac tamponade, students cannot practice on real patients due to lack of time and critical conditions. With technological improvement, we can use simulation tools for training, not only for normal structure, also in pathological conditions. We will briefly introduce the ultrasound use and training, especially the use simulation in this section.

Room BB02
Facilitating Team Resource Management Skills Through Simulation...In Every Corner of the Hospital

Tsu-Yi Hsieh
Taichung Veterans General Hospital, Taiwan

Improvements of clinical medicine are based on rapid and remarkable progress in different fields of medicine. Teamwork across different specialties is essential for optimal quality of care in current clinical care. However, teams might bring more problems than resolving problems if without adequate training. Team Resource Management (TRM) helps medical team staff facing this challenge. However, TRM skills are difficult to be trained, especially in considering patient safety in daily practice, or by traditional classroom TRM courses.

Room BB03
Evaluation of Simulation Design Learning Among Filipino Nursing Students

Theresa Guino-o
Silliman University, Philippines

A descriptive-correlational study over one year shows that the majority of 688 fourth year Filipino nursing students, rated the accomplishment of simulation design elements as satisfactory. Likewise, the majority rated the elements as very important and expressed satisfaction and high confidence levels after the experience. Spearman’s Rho analysis showed significant correlations among all variables. The results give a strong basis for the continued use of high fidelity human patient simulators for learning in Asian settings.

Human patient simulation has been used for many years for teaching purposes and was proved to be a very effective tool in procedural skill training. Although simulation training is in its infancy in the medical field and is most commonly focused on individual skills such as endotracheal intubation or central venous catheter placement, its use is likely to increase. Settings that are especially prone to errors are those that have high acuity (risk) or low frequency, and those that require teamwork.

In Taichung Veterans General Hospital (VGHTC), we tried to incorporate human patient simulators for facilitating TRM skill training, after establishing individual clinical skill teaching programs by simulation. Different departments and different clinical teams joined this program for TRM training, including ordinary neurosurgery ward, orthopedic ward, ICU, ER, operating room, and CT room of radiology. We developed new TRM training programs based on versatility and flexibility of high-fidelity human patient simulator, incorporated with traditional and modern clinical teaching skills, like standardized patient, small group discussion and immediate response system. By managing scenarios designed for low body temperature in ER, unexpected CPR during operation, and critical patient transport, our staff experienced more widened and deepened learning experiences in TRM skills. Here we present our work on exploring possibilities of improving TRM training through medical simulation in VGHTC.
Learning, Practicing and Working Together

Room BB04

**Achieving Sustainable Simulations Programs: Simulation Centre vs. In Situ**

Marcus Watson  
University of Queensland, Australia

This workshop will compare the delivery of simulation at dedicated centers with in situ programs in clinical areas. Examples from Queensland Health and The University of Queensland will be used to illustrate the benefits and challenges for sustainability for simulation centers and in situ simulations.

Participants will be invited to work in small groups to share their experience of simulation centers and in situ training. Groups will be asked to present back to the workshop on the barrier faced for sustaining their programs. The presenter will then work with the groups to identify possible strategies to develop sustainable solutions.

**Intl Conference Hall I 國際會議廳 I**

**How to Handle Respiratory Distress in a Mechanically Ventilated Patient**

Chuhsien Wang, Kuo-Sheng Lin, Yi-Chun Kao and Wan-Lin Hung  
Changhua Christian Hospital, Taiwan

王竹賢 主任、林國生 醫師、高怡君 護理師、洪宛琳 呼吸治療師 彰化基督教醫院

In this workshop, at first, we want to present to the teachers about the practical key points over iStan maneuver for endotracheal intubation, and conventional ventilator connected to the iStan manikin. Some preparation and modification will make the simulation more resemble the realistic variable clinical conditions.

The second part will contain two clinical scenarios about a mechanically ventilated patient presenting respiratory distress phenomenon in an intensive care unit. The onduty junior resident is called to evaluate the patient’s condition by the in-charge nurse. The tutor would like to challenge and instruct the junior resident how to assess the respiratory distress of a mechanically ventilated patient. What clinical fatal conditions should be excluded at first? We let the junior resident immersed in the simulated clinical condition with the iStan manikin, hemodynamic and physiological monitor, a mechanical ventilator with graph monitoring. The audience is welcome to participate as the on-duty junior resident.
Learning, Practicing and Working Together

Emotional Disclosure through Group Narrative on the Senior Undergraduates

Hsing-Yuan Liu; Sheam-Ming Wu & Ying-Mei Shu
Chang Gung University of Science and Technology, Taiwan

Using semi-structure questionnaires, including curriculum arrangement, teaching method, and assessment of the clinical skills were collected at the end of the last semester in the third year.

Results: Almost all the students were unanimous that the clinical skills curriculum for their clinical situation is helpful. The students, who got better performance scores in this course, expected more to practically care the simulated patients than writing paper report as a basis for assessing technology. And, the students emphasized more on the importance of interaction between nurses and the patients, therefore they had better scores on the examination of interacting with simulated patient.

Conclusion: The clinical teaching methods and skills of teachers were expected by students eagerly. The manpower of good teaching quality is also the cornerstone of good medical education.

Simulation in Nursing Education—An Exemplar from Tzu-Hui Institute of Technology, Taiwan

Yu-Kun Chiu; Chung-Ching Shang & I-Hsuan Tseng
Tzu-Hui Institute of Technology, Taiwan

Although interest in narrative research is increasing, little attention has been paid to how individual stories become a group narrative. This study focused on how a group story is created the emotion disclosure on senior undergraduates in the last learning stage. This study applied narrative research approach. Data was collected from group narration and observation among 45 senior undergraduates and was further analyzed in the perspectives of “Holistic-Content” and “Categorical-Content.”

Four major themes, including ‘performance the competence and independence’, ‘explore emotional box’, and ‘shadow self has been seen’, and ‘cure and healing’ were mainly described. This paper presents a view of emotions as social constructed phenomena operating via language and narrative. Group narrative is an essential process for understanding senior undergraduates’ psychological stress, how these stresses are developed and, finally, how they can be changed.

This study found that the senior undergraduates’ emotion as a tool for healing self and classmates. Thoughtful group narrative also seems to identify undergraduates’ awareness of their own emotion as not only promoting selftranscendence, but also promoting the healing process. The results of this study can be helpful for nursing education.

Objective Structured Clinical Examination Assessment Nursing Students in Nurse-Patient Communication and Care Skills

Hui-Ming Lo and Shu-Chuan Chang
St. Mary’s Medicine, Nursing and Management College and Tzu Chi University, Taiwan

Purpose: This study aims to analyze students’ communication skill, caring skill, and performance of clinical skill. The analysis will be a reference of students’ communication skill, caring skill in physical assessment course.

Methods: Researchers used a cross section research design. The objects of study were 96 third year nurse students from a nursing Objective structured clinical examination program at a nursing college in Taiwan.
Preliminary Discussion of High Fidelity Patient Simulation in Respiratory Therapy OSCE Application—Experience Sharing of Mackay Memorial Hospital

Chen, Su Ling; Wu, Ya Chi; Tseng, Yen Chao; Wang, Ming Shu; Hsu, Yung Wei & Hsu, His Hsien
Mackay Memorial Hospital, Taiwan

Purpose: The purpose of this study is to discuss the feasibility of using high-fidelity simulation in respiratory therapy training, particularly in the context of the Objective Structured Clinical Examination (OSCE). The focus is on the use of high-fidelity simulated patients to train and assess respiratory therapy practitioners, particularly those in the final year of training. The study aims to explore the effectiveness of this approach in enhancing the skills and knowledge of respiratory therapy practitioners.

Methods: A group of 14 incoming respiratory therapy practitioners were recruited for the study. A simulated patient scenario was designed, focusing on the use of nitric oxide (NO) in clinical practice. The scenario was structured in two parts, with the use of high-fidelity simulated patients to represent the clinical environment. Each participant was assessed using a scoring system that included both objective and subjective evaluations. The results were analyzed to assess the effectiveness of the simulation training in enhancing the participants' clinical skills and knowledge.

Results: The results showed a significant improvement in the participants' scores after the simulation training. The participants demonstrated a better understanding of the clinical application of NO inhalation therapy, as well as improved confidence in their clinical decision-making skills. The feedback from the participants was positive, with many expressing a willingness to incorporate simulation training into their future learning activities.

Conclusion: The use of high-fidelity simulation in respiratory therapy training has been shown to be effective in enhancing the clinical skills and knowledge of incoming practitioners. This approach is recommended for use in respiratory therapy training programs to improve the quality of clinical education and readiness of new practitioners for clinical practice.

The Effect Analysis of High-Fidelity Simulation in Respiratory Therapy Education: A Basic Respiratory Care Course

Chen, Su Ling; Hsien, Yi Chun; Hsu, Yung Wei; Su, Jian; Hsu, His Hsien & Yang, Shih Sing
Mackay Memorial Hospital, Taiwan

Purpose: The purpose of this study is to analyze the effectiveness of using high-fidelity simulation in respiratory therapy education, particularly in the area of basic respiratory care. The study aims to explore the impact of this approach on the learning outcomes of students in respiratory therapy education.

Methods: A group of 15 students in a basic respiratory care course were recruited for the study. A simulated patient scenario was designed, focusing on the management of a patient with respiratory distress. The scenario was structured in two parts, with the use of high-fidelity simulated patients to represent the clinical environment. Each participant was assessed using a scoring system that included both objective and subjective evaluations. The results were analyzed to assess the effectiveness of the simulation training in enhancing the students' clinical skills and knowledge.

Results: The results showed a significant improvement in the students' scores after the simulation training. The students demonstrated a better understanding of the clinical application of respiratory care, as well as improved confidence in their clinical decision-making skills. The feedback from the students was positive, with many expressing a willingness to incorporate simulation training into their future learning activities.

Conclusion: The use of high-fidelity simulation in respiratory therapy education has been shown to be effective in enhancing the clinical skills and knowledge of students in respiratory therapy education. This approach is recommended for use in respiratory therapy education programs to improve the quality of clinical education and readiness of students for clinical practice.
The Impact of Community-Based Service-Learning Course in Nursing Education

Hsing-Yuan Liu
Chang Gung University of Science and Technology, Taiwan

Recently service-learning has been greatly promoted by Taiwan Ministry of Education. Allied health education programs also invited prestigious partners such as Harvard University and Massachusetts Medical School to share their teaching experience in service-learning. The pedagogy of service-learning remains an emerging concept for many faculties and leads to their anxiety in challenging course effective. This study aimed to explore the impact of the community-based service-learning course in nursing education.

The study used a quasi-experimental and to understand the learning effects. The purpose sampling consists of 268 nursing students as experiment group and 241 nursing students as control group from a technology college in Northern Taiwan. Data was collected the civic attitudes and skills scale to explore the impact of the community-based service-learning course in nursing education.

The results showed there was significant difference in "interpersonal and problem-solving skills", "policy awareness", "leadership skills", and overall civic attitudes in civic action among the students who participate in service-learning courses and students not involved in the service-learning course.

The effects of the community-based service-learning course here offer further evidence. In nursing education, service-learning helps students build the skills, knowledge, and values they will need as they prepare to make a professional contribution to society, while helping communities address important health problem.

Zero Acute Care - Use Group Objective Structured Clinical Examination (GOSCE) to Elevate the Acute Abdominal Pain Care Skill of Students

Weng, Shu Chuan; Lo, Ching Ting; Hu, Ling Chen & Yang, Wen Chi
Foonyn University, Taiwan

本研究旨在探討GOSCE對護理科學生急性腹痛照護技能之培育情形。研究對象為南部某科大護理科五年級、第一次選修急症護理學學生，經立意方式取樣共取得85位研究樣本。研究方法採類實驗法設計，學生經過四週傳統課室教學後，進行GOSCE訓練、檢測，及觀察反思學習；六週後經20位學生之同意，再度進行GOSCE之檢測，透過前、後測成績及觀察反思成果來了解技能培育情形。研究結果發現GOSCE除了可以有效的培育學生之腹痛照護技能（p<0.01）外，尚可促使學生了解團隊分工精神、或覺得自己更進步或更有成就感等。

A Simulation-Based Approach to Improve Clinical Care Skills and Critical Thinking Among Nursing Students

Hsiu-Fang Chen, Hsiang-Chun Lee, Ching-Ching Tsai, Hsiao-Feng Chiu, Su-Jen Tsai
Chang Gung University Of Science and Technology, Taiwan

陳秀芳 講師、李香君 助理教授、蔡青青 講師、邱小鳳 講師、蔡素珍 副教授 / 長庚科技大學

Purpose: The purpose of this pilot study was to describe the effects of employing one scenario simulation compared to the traditional teaching strategy in the critical care nursing.

Methods: Data were collected from 169 baccalaureate nursing students in the critical care nursing program. The 7-item questionnaire and qualitative method were used in this study. Analytical methods included frequency and descriptive statistics.

Results: Results from this study showed that scenario simulation might increase the confidence level of students in their learning interest, understanding and integration of knowledge, clinical care skills and critical thinking.

Conclusion: This study suggested extensively applying the scenario simulation in other nursing course work to improve the quality of nursing education and patient care.

The Use of Human Patient Simulators and Simulated Clinical Experiences

John Connelly
CSTARS Shock-Trauma Baltimore, USA

Evaluation of a proposed newer generation replacement anesthesia machine using a HPS and Simulated Clinical Experiences.
Learning, Practicing and Working Together

The mortality of patients with severe sepsis and septic shock is about 30% to 40%. It remains a major cause of death in critically ill patients. A six-hour resuscitation bundle is suggested by the Surviving Sepsis Campaign. Teamwork was suggested to be a better way for the completion of this management bundle. We will demonstrate how "Medical Simulation" helps to increase the understanding and management skills in this time-consuming treatment process.

Sunday, October 28th, 1300-1400

Dr. Chih-huang Li, Dr. Chip-Jin Ng, and Dr. Jih-Chang Chen, Chang-Gung Memorial Hospital

The Management of Patients With Severe Sepsis and Septic Shock in the Emergency Department

The mortality of patients with severe sepsis and septic shock is about 30% to 40%. It remains a major cause of death in critically ill patients. A six-hour resuscitation bundle is suggested by the Surviving Sepsis Campaign. Teamwork was suggested to be a better way for the completion of this management bundle. We will demonstrate how "Medical Simulation" helps to increase the understanding and management skills in this time-consuming treatment process.
Learning, Practicing and Working Together

CAE Healthcare is pleased to host the 3rd Taiwan CAE Cup Competition held in Taiwan. This event, increasing in intensity and participation, utilizes the latest in human patient simulation provided by CAE Healthcare.

12 teams will go head-to-head at showing off their real time, real situation skills on CAE’s state-of-the-art patient simulators. Only 6 teams will make it to the final competition, which will take place in the afternoon of the 2nd day of HPSN12 A/P conference.

Judgement Team:
First Round:
Dr. Fong-Dee Huang (VGHKS), Dr. Fu-Chi Lai (TMU),
Dr. Wayne Chia (St. Paul’s Hospital),
Dr. Yueh-Ping Liu (Medical Affairs Division, Dept. of Health, Taipei City Government)

Final Round:
Dr. Chih-Wei Yang (NTUH), Dr. Fu-Chi Lai (TMU),
Dr. Wayne Chia (St. Paul’s Hospital),
Dr. Yueh-Ping Liu (Medical Affairs Division, Dept. of Health, Taipei City Government)

Sunday, October 28th, 1420-1700
Taiwan CAE Cup- Critical Medical Simulation Competition
Final Round

President: Huang Fong Dee  Dean, VGHKS / Department of Emergency Medicine
Chairman: Fu-Chi Lai  Member, TMU / Department of Surgery
Dr. Wayne Chia  Member, St. Paul’s Hospital / Department of Critical Care Medicine
Dr. Yueh-Ping Liu  Member, The Medical Affairs Division, Department of Health, Taipei City Government

Judgement Team:
First Round:
Dr. Fong-Dee Huang (VGHKS), Dr. Fu-Chi Lai (TMU),
Dr. Wayne Chia (St. Paul’s Hospital),
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Dr. Wayne Chia (St. Paul’s Hospital),
Dr. Yueh-Ping Liu (Medical Affairs Division, Dept. of Health, Taipei City Government)
Shuttle Bus Stops

Fullon Hotel Linkou  林口福容飯店
• Suttle bus will stop at Fullon Hotel at 08:30 AM to Chang Gung University of Science and Technology on Oct 27-28.
• After the Welcome Party the suttle bus will back to Fullon Hotel at 20:30.
• Shuttle bus will depart at 17:30 PM from the conference hall to Fullon Hotel on Oct 27-28.

Taipei Main Station, East 3 Exit  台北車站東三門
• 10月27-28日，早上08:00於台北車站東三門發車。
• 晚宴結束後，於晚間20:30亦有專車返回台北車站東三門。
• 10月27-28日，下午17:30專車往台北車站東三門。

Taiwan High Speed Rail  -Taoyuan Station  高鐵桃園青埔站
• 10月27-28日，早上08:25於高鐵桃園青埔站 5 號出口發車。
• 晚宴結束後，於晚間20:30亦有專車返回高鐵桃園青埔站 5 號出口。
• 10月27-28日，下午17:30專車往高鐵桃園青埔站 5 號出口。
1. 每天有交通車往返於長庚紀念醫院林口院區(病理大樓1樓候車)與林口長庚校區之間。
林口院區，另有汎航等客運班車，開往各地。
發車時間：
08:00(醫院) - 08:20(校區)
17:35(校區) - 17:50(醫院)
2. 台北長庚紀念醫院搭乘汎航客運至林口院區。
3. 在台北市北門搭乘三重客運公西線，或至承德路北門台汽站旁(第一高鐵前)搭乘汎航客運至林口長庚。
4. 在桃園、中壢火車站前搭乘汎航客運至林口長庚。
5. 於長庚紀念醫院林口院區教學大樓西側搭乘長庚校區交通車來校。
Route to Chang Gung University of Science and Technology and Chang Gung Golf Club

1. To Hotel & Highway
2. Chang Gung University of Science and Technology (CGUST)
3. Conference Hall for HPSN AP 2012
4. School bus stop between hospital and school
5. To Chang Gung Golf Club

→ To Chang Gung University of Science and Technology
→ To Chang Gung Golf Club
Map for Workshop Rooms
Second Education Building, B1 Floor
Organizing Committee Chairman 主席
Ying-Tung Lau
President, Chang Gung University of Science and Technology
樓迎統 校長 / 長庚科技大學

Organizing Committee 委員 (依英文姓名排列)

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Emergency Department, Chi-Mei Medical Center
王嘉地 醫師 / 台南奇美醫院

Chin-Chou Huang, M.D.
Department of Medical Research and Education, Taipei Veterans General Hospital
黃金洲 醫師 / 台北榮民總醫院

Chin-Yen Han
Leader, International Affairs and Academic Exchange Center, Chang Gung University of Science and Technology
韓晶彥 組長 / 長庚科技大學

Chuhsien Wang, M.D.
Chief, Clinical Skills & Simulation Center, Changhua Christian Hospital
王竹賢 主任 / 彰化基督教醫院臨床技能中心

Hsiang-Chun Lee
Leader, Office of Technology and Cooperation, Chang Gung University of Science and Technology
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Hsiu-Fang Chen
Lecturer, Department of Nursing, Chang Gung University Of Science and Technology
陳秀芳 講師/ 長庚科技大學護理系

Jen-Tang Sun, M.D.
Far Eastern Memorial Hospital
孫仁堂 醫師 / 亞東醫院

Ming-Chen Hsieh, M.D.
Department of Medical Education, Buddhist Tzu-Chi General Hospital, Hualien
謝明蓁 醫師 / 花蓮佛教慈濟醫院

Pin-Tarng Chen, M.D.
Department of Anesthesiology, Taipei Veterans General Hospital
陳品堂 醫師 / 台北榮民總醫院

Shu-Lin Guo, M.D.
Deputy Director, Quality Management Center, Cathay General Hospital
郭書麟 副主任 / 台北國泰綜合醫院品質管理中心

Tsu-Yi Hsieh, M.D.
Chief, Clinical Competence Center, Taichung Veterans General Hospital
謝祖怡 主任 / 台中榮民總醫院

Tung-Han Hsieh, M.D.
Department of Internal Medicine, Medical College and Hospital, National Cheng Kung University Hospital
謝棟漢 醫師 / 成大醫院

Ya-Chu Hsiao
Director, Office of Technology and Cooperation, Chang Gung University of Science and Technology
蕭雅竹 處長 / 長庚科技大學

Yi-Chien Chiang
Leader, Office of Technology and Cooperation, Chang Gung University of Science and Technology
蔣宜倩 組長 / 長庚科技大學

Yung-Wei Hsu, M.D.
Chief, Clinical Skills Training Center, Mackay Memorial Hospital
徐永偉 主任 / 淡水馬偕醫院
願以護理人員為榜樣
為醫院及病患盡心盡力

長庚醫學科技股份有限公司
Chang Gung Medical Technology Co., Ltd.

地址：10508 台北市中正區北安路201之24號11樓
電話：886-2-87122948 傳真：886-2-25140620
e-mail：cgmc@cgmco.com.tw
網址：http://www.cgmc.com.tw
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HPSN World 2013

San Francisco, CA USA


Our largest and most comprehensive event, HPSN World brings together healthcare simulation experts and novices from around the globe to share best practices and see new simulation technologies. HPSN World 2013 will be in San Francisco, and it’s a must for everyone who wants to optimize their simulation learning environment and see the latest in healthcare simulation technology.

What: HPSN World 2013
When: June 30 – July 2, 2013
Where: San Francisco Marriott Marquis
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