



Department of Emergency Medicine

Chang Gung Memorial Hospital, Linkou

1. Introduction to Chang Gung Memorial Hospital and the Department of Emergency Medicine

The Chang Gung Medical Foundation is one of the largest healthcare systems in Taiwan, founded in 1976 by Mr. Wang Yung-Ching, the founder of the Formosa Plastics Group. Guided by the spirit of "diligence and simplicity," the system is committed to providing high-quality medical services. It operates a comprehensive medical network with 10 hospitals, with the Linkou Main Branch as its hub. Branches are located in Taipei, Keelung, Taoyuan, Tucheng, Taichung, Chiayi, Yunlin, Kaohsiung, and Fengshan, with a total capacity of more than 10,000 beds, making it the largest healthcare system in Taiwan. From medical centers to regional hospitals, it provides comprehensive healthcare services to the public.

Linkou Chang Gung Memorial Hospital, the flagship hospital of the system, has been a cornerstone of Taiwan's medical care since its establishment in 1978. It is not only a medical center but also one of the largest hospitals in Asia. With more than 4,000 beds, it is staffed by top medical teams across all specialties, actively engaged in research and education, introducing advanced equipment, and delivering excellent medical services.

The Emergency Department of Linkou Chang Gung Memorial Hospital is one of the busiest in Taiwan, staffed by 81 full-time attending physicians and serving more than 200,000 acute and critical patients annually. The department operates 24/7, equipped with advanced resuscitation facilities and professional medical staff, and implements an efficient triage and care system to ensure that critically ill patients receive timely treatment. Whether trauma, cardiac disease, stroke, or other



emergencies, the department is dedicated to provide rapid and effective emergency medical care. (<https://www.cgmh.org.tw/eng>)

2. Program Objectives

- (1) To understand the role and working patterns of emergency physicians within Taiwan's healthcare system.
- (2) To gain insight into the development and current practice of emergency medicine subspecialties in Taiwan.
- (3) To establish potential future research collaboration opportunities with Emergency Department of Chang Gung Memorial Hospital.

3. Program Leadership

- (1) Director: Dr. Yi-Ling Chan, Chair, Department of Emergency Medicine
- (2) Training Program Supervisor: Professor Chung-Hsien Chaou

4. Training Content

(1) Orientation:

On the first day, a representative from the Education Committee introduces the ED layout, departmental structure, subspecialty areas, clinical workflow, responsibilities during the observership, and the electronic medical record system.

(2) Final Debriefing:

On the last day, a debriefing session hosted by the Education Committee will address challenges and experiences encountered during the observership.

(3) Training Duration:

International emergency medicine residents may rotate in the Emergency Department for four-week units, with flexibility for adjustment depending on the referring hospital and departmental discussions.



(4) Educational Activities (Weekday: 9:00 AM – 12:00 PM; 1:30 PM – 4:30 PM):

- A. Clinical Learning: Conducted in various ED areas including the resuscitation zone, medical zone, trauma zone, pediatric ED, observation units, ED ICU, Keelung Branch ED, and Tucheng Branch ED. Trainees will observe and shadow attending physicians and senior residents in patient care, participating in discussions on diagnosis and management.
- B. Subspecialty Learning: Exposure to departmental subspecialties such as critical care, toxicology, point-of-care ultrasound, prehospital emergency care, disaster medicine, medical education, hyperbaric medicine, and occupational medicine. Activities may include classroom teaching, small-group discussions, bedside learning, or off-site experiences. Training content is tailored by subspecialty directors to match trainee needs and level.
- C. Academic Activities: Weekly academic activities (mainly on 7:00–9:00 AM, Wednesday and Thursday mornings). Regular academic activities include:
 - a. Mortality and Morbidity Conference – case review and improvement discussion
 - b. Cardiac Arrest Meeting – review of OHCA/IHCA cases and team performance
 - c. 72-Hour Revisit Review – analysis of reasons for patient return visits
 - d. Weekly Core Curriculum – emergency medicine core topics, ethics, and law
 - e. Pediatric Case Discussion – monthly review of pediatric cases
 - f. Trauma Team Joint Conference – monthly trauma case review
 - g. Research/EBM Teaching – monthly sessions on research methods, EBM, and departmental research meetings
 - h. Cardiology Joint Conference – monthly STEMI case discussions and quality review



5. Evaluation and Feedback

The evaluation of international emergency medicine residents during their observership in the Emergency Department - including assessment items, content, timing, and methods - will adopt a diversified approach to measure educational effectiveness. As most international residents already have foundational competencies in emergency care, the evaluation focuses primarily on assessing their learning outcomes and growth during the observership.

Assessment Components:

- A. Subspecialty Director Evaluation & Feedback (40%)
 - B. Training Supervisor Evaluation & Feedback (40%)
 - C. Attendance (20%)
- (1) Timing of Evaluation:
- A. Subspecialty Directors provide oral and written feedback during the rotation.
 - B. Training Supervisor conducts periodic meetings and a final written evaluation.
 - C. Attendance is recorded and included in the final assessment.
- (2) Feedback Mechanisms:
- A. Trainees may provide and receive feedback anytime with supervising attendings and chief residents.
 - B. Each trainee is assigned a senior attending physician as a mentor, with regular meetings to review progress.
 - C. A final debriefing session is held before program completion to improve future training.
- (3) A certificate of completion will be issued after fulfilling evaluation requirements.



6. Eligibility

- (1) Applicants must be emergency medicine residents in their home country (any postgraduate year).
- (2) Must be in good health and academic standing.
- (3) As this is an observership program (not one-on-one supervised clinical training), basic proficiency in spoken Chinese is recommended to facilitate understanding of clinical interactions.

7. Application Process and Required Documents

- (1) Process:
 - A. Apply at least 4 months before the start of observership.
 - B. Applications reviewed by the hospital's Education Department and ED.
 - C. Review time approximately 6 weeks.
 - D. Once approved, an acceptance letter will be issued for visa application.
 - E. Final confirmation of participation is required at least one month before the start date.
- (2) Required Documents (subject to hospital requirements at the time of application):
 - A. Completed application form with photo.
 - B. Recommendation letter from a supervisor or training director of applicant's department.
 - C. Personal statement outlining learning objectives.
 - D. Curriculum Vitae (CV).
 - E. Copies of medical degrees and licenses.
 - F. Proof of residency training and clinical experience.
 - G. Passport photocopy.
 - H. Health certificate (including required tests/vaccinations).
 - I. Proof of travel and health insurance.
 - J. Additional documents as required by the department.



8. Applicant Responsibilities

- (1) Clinical practice is prohibited without a Taiwanese medical license.
- (2) Must comply with Taiwanese laws and hospital regulations.
- (3) Must complete a questionnaire and report for certification.

9. Visa

Short-term stays require a visitor visa.

10. Fees

- (1) For applications submitted in 2026, no observership fee will be charged. Fees for 2027 and beyond will be determined at a later date.
- (2) Travel and living expenses are self-funded.
- (3) Hospital dormitory accommodation available at own expense.

11. Contact

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長庚醫院急診醫學部 國際急診住院醫師見習計畫

一、長庚醫院與急診醫學部簡介

長庚醫療體系是台灣最大的醫療體系之一，由台塑集團創辦人王永慶先生於 1976 年創立，秉持「勤勞樸實」的精神，致力提供高品質的醫療服務。長庚醫療體系擁有完善的醫療網路，旗下設有 10 家醫院，以林口總院為樞紐，並涵蓋台北、基隆、桃園、土城、台中、嘉義、雲林、高雄、鳳山等分院，總床數逾萬張，是全台灣最大的醫療體系。從醫學中心到地區醫院，為民眾提供全方位的醫療照護。林口長庚紀念醫院作為長庚醫療體系的旗艦醫院，自 1978 年成立以來，一直是台灣的醫療重鎮。不僅是醫學中心，也是亞洲規模最大的醫院之一。院區設有 4,000 多張病床，擁有各領域的頂尖醫療團隊，並積極投入研究與教學，引進先進設備，提供卓越的醫療服務。

林口長庚急診是全國流量最高的急診部門之一，有 81 位專任主治醫師，每年服務超過 20 萬名急重症病患。急診部門全年無休，配備先進的急救設備與專業醫護人員，並實行分級醫療制度，確保危急病人能及時獲得救治。無論是創傷、心臟疾病、腦中風或其他急症，林口長庚急診都致力於提供迅速且有效的緊急醫療服務。
(<https://www.cgmh.org.tw/eng>)

二、計畫目標

1. 認識台灣急診醫學科於醫療體系中扮演之角色與醫師工作型態。
2. 認識台灣急診次專長目前發展。
3. 建立與長庚急診未來的研究合作機會。

三、計畫主持人

1. 急診醫學部詹逸凌部長
2. 訓練計畫負責醫師：趙從賢教授



四、訓練內容

1. 職前訓練：訓練第一天由教育委員會代表，介紹急診空間規劃、科部組織架構、次專長概況、醫療運作流程、訓練期間的職責，醫囑系統使用說明等內容。
2. 期末座談：訓練最後一天由教育委員會代表主辦座談會，討論實習期間遇到的問題與困難。
3. 訓練時間：國外急診住院醫師於急診輪訓以四週為單位，可依照委託訓練醫院與本科討論調整訓練期間。
4. 教學活動(早上 9:00 至中午 12:00，下午 13:30 至 16:30)：
 - (1) 臨床學習：學習地點為急診治療重症區(一區)、急診治療輕症區(二區)、急診創傷治療區(三區)、急診兒科治療區、急診各觀察區、急診加護病房、基隆長庚急診、土城長庚急診。臨床學習為跟隨主治醫師、資深住院醫師實際診治病人，討論病人之診斷與處置。
 - (2) 次專長學習：與科內次專長之臨床教師學習各項次專長內容。次專長包含但不限於重症、急診毒物學、急診超音波、院前救護、災難醫學、醫學教育、高壓氧、職業醫學。課程內容可能包含課室教學、小組討論、實際病患處置、院外見習等。次專長訓練內容由次專長負責人依受訓學員程度與需求進行規劃。
 - (3) 學術活動：本科每週舉辦多項學術活動，多集中於週三與週四早上。遇有科內教學活動(上午 7 點至 9 點) 均應參加。固定學術活動包括：
 - a. Mortality and morbidity conference—討論死亡病例及其處置可改進之處
 - b. Cardiac arrest meeting—討論每月 OHCA/IHCA 團隊急救流程
 - c. 72hr 返診檢討會議—討論每月回診病例返診原因及可能之陷阱
 - d. 每週三核心課程—內容涵蓋急診核心課程及倫理法律相關課程
 - e. 兒科病例討論會—討論當月兒科特殊病歷學習重點
 - f. 創傷小組聯合討論會—討論每月創傷病例及處置重點
 - g. 基礎研究或 EBM 教學課程—由本科研究中心每月舉辦之研究方法教學課程、EBM 教學課程、與每月急診科研究會議
 - h. 心臟科聯合討論會—討論當月 STEMI 個案處理及醫療品管數據



五、考核及回饋

國外急診住院醫師於急診學習時間內之評估考核項目、內容、考核時機與方式，以多元評量方式評估教學成效。多數國外急診住院醫師對於急診病患處置已具基本之相關能力，故考核目的在於瞭解其學習成效。

1. 評估考核內容

- (1) 次專長負責人評量與回饋(40%)
- (2) 訓練負責人評量與回饋(40%)
- (3) 出席狀況(20%)

2. 評估考核時機

- (1) 次專長負責人：於訓練期間由參與次專長之出席狀況與課內表現給予口頭回饋及書面評核。
- (2) 訓練負責人評量回饋：於訓練期間定期與受訓醫師會談並進行口頭回饋及完成最後之書面評核。
- (3) 出席情況：訓練結束後，由秘書統計完成率列入評核。

3. 回饋方式

- (1) 學習期間，可隨時與當班主治醫師、總醫師雙向回饋學習狀況。
- (2) 每位學員皆有指定一位資深主治醫師擔任導師，定期進行座談，了解國外急診住院醫師輪訓期間整體學習狀況。
- (3) 急診醫學部完訓前主辦座談會，反映實習期間遇到的問題與困難，加以改善。

4. 完成考核及回饋後，發給訓練證明



六、申請資格

1. 見習期間於所屬國家需為急診住院醫師身分，職級不限。
2. 健康與學習情況良好。
3. 本訓練計劃是臨床見習活動，非一對一專人教學，建議學員需具備基本中文聽說能力以便瞭解臨床問診過程。

七、申請流程與準備文件

1. 申請流程
 - (1) 最晚於見習開始前 4 個月提出申請。
 - (2) 申請文件需經醫院教學部與急診部審核通過。
 - (3) 預估審核所需時間為 6 週。
 - (4) 通過申請後將醫院提供同意申請書供申請簽證使用。
 - (5) 申請人須於見習開始前 1 個月，確認來院見習。
2. 準備文件(申請書範本與文件清單依申請當時醫院規定為準)
 - (1) 填妥之申請表 (需附照片)
 - (2) 申請人任職單位或訓練機構主管之推薦信。
 - (3) 個人陳述書，說明學習目標。
 - (4) 履歷表 (CV)。
 - (5) 醫學學位與執照影本。
 - (6) 住院醫師訓練及臨床工作經驗之證明。
 - (7) 護照影本。
 - (8) 健康證明 (含特定檢驗或疫苗接種紀錄)。
 - (9) 旅遊及健康保險證明。
 - (10) 其他科別規定之補充文件。



八、申請人配合事項

1. 未持有台灣醫師執照者，不得實際從事臨床工作。
2. 須遵守台灣相關法規及醫院規定。
3. 受訓人須完成問卷並繳交報告，以取得結業證書。

九、簽證

短期停留：需申請訪客簽證。

十、費用

1. 2026 年提出申請將免除見習費用，2027 年後費用另行討論。
2. 交通與生活費自行負擔。
3. 醫院可提供宿舍，費用自行負擔。

十一、聯絡窗口

聯絡人：莊小姐

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