American College of Emergency Physicians

Geriatric Emergency Medicine Section
Conference Call
MINUTES

December 14, 2016

Participants

Members participating for all or part of the call included: Ula Hwang, MD, FACEP, Chair; Marianna Karounos, DO, Immediate Past Chair; Christopher R. Carpenter, MD, FACEP, Alternate Councillor; Carrie Cregar, MD, FACEP, Secretary/Newsletter Editor; and.

Others participating in all or part of the meeting included: Thom Ringer, Medical Student; Julie Rispoli, Project Manager; and Sandy Schneider, MD, FACEP, ACEP Staff Liaison.

Agenda

Welcome and Introductions
Ideas for New Projects
Reminder for Next Calls

Major Points Discussed

Dr. Hwang welcomed everyone to the call.

The group discussed progress on the projects identified during the last conference call.

Social Media – Ms. Rispoli reported that the Geriatric EM Section FB page has been re-activated. Previously created and the section officers will be given Moderator status for the page. Content for the GEMS FB page was discussed. The FB page will remain open and not limited to the membership group so we can announce upcoming calls on the page. However we can’t publish the call-in number. We should add limited content to mirror the GEMS Microsite that is members only access. Consider adding some podcasts. Ms. Rispoli suggested adding some new content to the page before we try to drive members to the GEMS FB page. Dr. Carpenter has links to Geriatric EM related items that he posted to the Academy of Geriatric EM membership that has links to other sites. Dr. Karounos will send an email with links to other ACEP Section FB (peds, palliative, AWEP, NJ ACEP) pages for reference. She will lead this initiative and volunteers will be sought. Content that advertises about other organizations and their meetings needs to be run by Sandy Schneider.

Didactic – Members discussed Course Proposals for ACEP18 and Dr. Schneider gave some pointers for having your proposal selected. 1) You have to be a strong speaker. If you don’t have much experience and haven’t been ACEP faculty before, you will need a champion on the Educational Meetings Committee who has heard you speak. If you have lectured and your rating falls below 95% you will not be asked to return. 2) You need to suggest innovative ideas for topics. It also helps if you are a versatile speaker and can be tapped for several topics. Keep in mind that Educational Meetings may select your proposal, but choose someone other than you to present it. Ms. Rispoli will send a list of the 2016-2017 members of the Educational Meetings Committee that GEMS should connect with and determine if there are already pre-existing Education committee members that are good GEM speaking candidates. Speakers are often asked to give 2 presentations at the ACEP meeting. The requirements and Course Proposal form is here: https://www.acep.org/meetings-events/CourseProposal/. Drs. Cregar and Hwang will lead this and volunteers will be sought.
**Microsite** – A group will be created to review the GEMS Microsite and the general information on geriatrics contained on the main ACEP site that can include links from other programs and organizations. Content on GEMS Microsite is specific and limited to only GEMS members. Items to be added can include links to podcasts, FOAMed, and anything identified as a need based on the Section needs assessment survey (see below). Dr. Carpenter and Hogan will lead content review, with website administrative support from ACEP. Additional volunteers will be sought.

**GEMS Needs Assessment Survey** – GEMS leaders will develop a short needs assessment survey to see what section members would like from the section. The group discussed three audiences for separate small surveys. One survey would go out to the Section elist. The GEMS section members will get a survey with 3-4 questions such as, What do you want to see in the newsletter? We could also use EMPRN to send up to 5 questions. The third audience would be directed at those who like the GEMS FB page. Dr. Carpenter mentioned that the GEM Section has previously conducted surveys with the EMPRN group when fielding utility of the Geriatric Guidelines. Dr. Hwang will initiate a draft survey targeting section members and get feedback from officers.

**Council** – Dr. Hwang mentioned that she would like to see the section develop a Council Resolution or two on geriatrics for ACEP17. Ideas are being solicited.

The **Section newsletter** was discussed. Dr. Cregar is seeking ideas to get more people involved and interested in submitting articles for the GEMS newsletter. It was suggested that the leaders of the six workgroups will be asked to give brief updates that would be included in the newsletter. Dr. Cregar hopes to publish 2-3 newsletters this section year. Dr. Schneider mentioned a new thing that ACEP is doing for small state chapters where we provide a summary of new resources/policies/initiatives that have been completed within ACEP. These things are not necessarily specific to Geriatric EM, but would be of interest to any emergency physician. Other opportunities to engage writers for the newsletter included awards for best articles of the year (can articles like this be fast-tracked to ACEP Now with Kevin Klauer?), placing these into an e-book (videos, interactive calculators, archives, etc.)

**Other section items:**

EM Section grants are due January 2017. These section grants pay for a "study" or IT support for things like the creation of an e-book. Opportunity for 2018?

Section sponsor forms were due to ACEP in December. These sponsors provide coverage for speaker fees, food for section meeting. GEM Section requested practice group as sponsor for 2017 meeting.

Tentative GEM Section meeting will be 1st day of ACEP Scientific Assembly from 2-3:30p.

Everyone was reminded that the monthly GEMS calls will recur on the second Wednesday of each month at 2:00 pm ET/1:00 pm CT.

The call information is below:
January 11, February 8, March 8, April 12, May 10, June 14
2:00 Eastern; 1:00 Central; 12:00 Mountain; 11:00 Pacific
866.951.1151
Conf Rm # 238 255 663

The call was adjourned.