



RESOLUTION: 22(20)

SUBMITTED BY: Illinois College of Emergency Physicians
Massachusetts College of Emergency Physicians
Minnesota Chapter
Ohio Chapter
Pennsylvania College of Emergency Physicians

SUBJECT: State Media Training for Emergency Physicians

PURPOSE: Develop and promote media training for members with a focus on social media for ACEP chapters and sections and provide such training in conjunction with *Scientific Assembly* or other ACEP meetings..

FISCAL IMPACT: Approximately \$3,500 – \$5,000 for each hybrid training session for up to 100 participants that includes traditional media and social media would cost. Adding a training session to another meeting beyond *Scientific Assembly* will double the annual cost to \$7,000 – \$10,000.

1 WHEREAS, Emergency physicians are on the frontlines of the healthcare system; and

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3 WHEREAS, Emergency physicians frequently receive requests by media to educate the public on healthcare
4 related issues, including, but not limited to, public health and policy issues; and

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6 WHEREAS, Social media platforms have become a common place for the public to seek information related
7 to healthcare related issues; and

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9 WHEREAS, During pandemics, emergency physicians on the frontlines treat most of the patients affected by
10 pandemics; and

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12 WHEREAS, During pandemics, the public and the media frequently look to and trust emergency physicians
13 to report on their experiences in treating patients affected by pandemic diseases in an objective, unbiased manner; and

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15 WHEREAS, Many emergency physicians are asked by media at the state and local level to perform
16 interviews on television or radio, or on social media; and

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18 WHEREAS, ACEP has a national media training platform (“how to become a spokesperson”) mostly focused
19 on television and radio mediums; and

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21 WHEREAS, The ACEP national training platform does not explicitly market training in effective social
22 media messaging; and

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24 WHEREAS, Certain public health or policy issues are most impactful or important at the state or local level;
25 and

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27 WHEREAS, ACEP does not have dedicated media training for emergency physicians at the state or local
28 level, and

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30 WHEREAS, ACEP constituent chapters and sections may not have the financial resources to develop media
31 training individually; therefore be it

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33 RESOLVED, That ACEP develop a dedicated media training course for emergency physicians to respond to

34 requests from state or local media outlets via ACEP constituent chapters and sections with an emphasis on specific
35 talking points pertinent to the key issues affecting those physicians at that level; and be it further

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37 RESOLVED, That ACEP develop a media training course specifically focused on effective, unbiased, fact-
38 based social media delivery; and be it further

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40 RESOLVED, That ACEP partner with state chapters and sections to effectively market a media training
41 course for chapter and section leaders and encourage that chapter and section officers are offered the opportunity to
42 enroll in such training in conjunction with ACEP *Scientific Assembly* or other ACEP meetings.

Background

This resolution calls for the College to develop and promote media training for members with a focus on social media for ACEP chapters and sections and provide such training in conjunction with *Scientific Assembly* or other ACEP meetings.

Given the influx of media attention on emergency physicians because of the COVID-19 pandemic, there are new and influential opportunities for ACEP members and chapters to continue to elevate themselves, the College, and the specialty as thought leaders in public health crises and pandemic preparedness. While much of the conversations about the pandemic and general health care issues occur in mainstream news outlets, there are growing communications happening between the emergency medicine community, press, policymakers, and the public on social media platforms such as Facebook, Twitter, and LinkedIn. While ACEP does traditionally offer in-person media training during *Scientific Assembly**, that training has not previously included social media. Historically, the in-person training at *Scientific Assembly* meeting has been 90-120 minutes (the same training is offered twice to enable maximum participation) and includes the essentials of how to prepare and successfully conduct traditional media interviews. ACEP has not charged for members to participate in this training.

Moving forward, ACEP, could revamp the media training to decrease the focus on traditional media interviews and include social media strategy and best practices that would result in a higher level overview of both topics, or include an additional training (at additional cost) that would enable participants to do a deeper dive into traditional media and social media.

**Note: Funds for media training in the 2019-20 budget were eliminated because of budget constraints and media training was not provided at ACEP19. Funds for media training were restored in the 2020-21 and a virtual course will be held during ACEP20. It is not known at this time whether funds will be included in the FY 2021-22 budget.*

ACEP Strategic Plan Reference

Goal 1 – Improve the Delivery System for Acute Care

Objective C – Promote the value of emergency medicine and emergency physicians as essential components of the health care system.

Objective H – Position ACEP as a leader in emergency preparedness and response.

Goal 2 – Enhance Membership Value and Member Engagement

Objective C – Provide robust communications and educational offerings via the website and novel delivery methods.

Objective D – Increase ACEP brand awareness, growth, and impact internationally in a cost-effective manner.

Fiscal Impact

Approximately \$3,500 – \$5,000 for each hybrid training session for up to 100 participants that includes traditional media and social media would cost. Adding a training session to another meeting beyond *Scientific Assembly* will

double the annual cost to \$7,000 – \$10,000.

Prior Council Action

None

Prior Board Action

None

Background Information Prepared by: Maggie McGillick
Public Relations Director

Reviewed by: Gary Katz, MD, MBA, FACEP, Speaker
Kelly Gray-Eurom, MD, MMM, FACEP, Vice Speaker
Susan Sedory, MA, CAE, Council Secretary and Executive Director