Committee, Task Force, Interest Group, and Sections Policies & Procedures

Reference Manual
2021-2022

2021-2022 Reference Manual

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ABOUT AAEM

About the American Academy of Emergency Medicine (AAEM)

AAEM was established in 1993 to promote fair and equitable practice environments necessary to allow emergency physicians to deliver the highest quality of patient care.

For over 25 years, AAEM has been a leader in protecting board certification in emergency medicine and confronting the harmful influence of the corporate practice of medicine. We support fair and equitable practice environments that allow emergency physicians to deliver the highest quality of patient care.

Mission Statement

American Academy of Emergency Medicine (AAEM) is the specialty society of emergency medicine. AAEM is a democratic organization committed to the following principles:

1. Every individual should have unencumbered access to quality emergency care provided by a specialist in emergency medicine.
2. The practice of emergency medicine is best conducted by a specialist in emergency medicine.
3. A specialist in emergency medicine is a physician who has achieved, through personal dedication and sacrifice, certification by either the American Board of Emergency Medicine (ABEM) or the American Osteopathic Board of Emergency Medicine (AOBEM).
4. The personal and professional welfare of the individual specialist in emergency medicine is a primary concern to the AAEM.
5. The Academy supports fair and equitable practice environments necessary to allow the specialist in emergency medicine to deliver the highest quality of patient care. Such an environment includes provisions for due process and the absence of restrictive covenants.
6. The Academy supports residency programs and graduate medical education, which are essential to the continued enrichment of emergency medicine, and to ensure a high quality of care for the patient.
7. The Academy is committed to providing affordable high quality continuing medical education in emergency medicine for its members.
8. The Academy supports the establishment and recognition of emergency medicine internationally as an independent specialty and is committed to its role in the advancement of emergency medicine worldwide.

Vision Statement

A physician's primary duty is to the patient. The integrity of this doctor-patient relationship requires that emergency physicians control their own practices free of outside interference.

We aspire to a future in which all patients have access to board certified emergency physicians.

ABOUT AAEM

The Principles

1. The ideal practice situation in emergency medicine affords each physician an equitable ownership stake in the practice. Such ownership entails responsibility to the practice beyond clinical services.
2. Emergency physicians should have control over their professional fees and should not engage in fee-splitting.
3. The role of emergency medicine management companies should be to help physicians manage their practice. The practice should be owned by and controlled by its physicians and not by a management company.
4. Medical societies should actively encourage the creation and enforcement of statutes prohibiting the corporate practice of medicine.
5. Medical societies should not accept financial support from entities that do not adhere to the above principles.
6. Emergency medicine specialty societies should work towards the goal of establishing a workforce sufficient to ensure that all emergency departments in the United States and its territories are staffed by emergency physicians certified by either the American Board of Emergency Medicine or the American Osteopathic Board of Emergency Medicine.

AAEM HISTORY

1960s

The field of emergency medicine evolved out of the necessity of caring for a rapidly growing population of patients seeking immediate and unscheduled medical care for emergency conditions. By 1960, it became clear that the number of emergency department visits was rising across the United States. Physicians lacked the necessary emergency medical skills to properly care for these patients and were frustrated by the growing demand. In response, the Pontiac and Alexandria Plans were enacted in 1961. At Pontiac General Hospital (MI), 23 community physicians began working part-time to staff their emergency department around-the-clock. In Alexandria (VA), another group of physicians left their private patients to become full-time emergency physicians.

Though physicians began devoting varying degrees of their practices to emergency medicine, there was still a need for specialized training. In 1967, the American Medical Association (AMA) established a committee on emergency medicine, and in 1968 John Wiegenstein and seven colleagues founded the American College of Emergency Physicians (ACEP). ACEP's first Scientific Assembly was held in 1969.

1970s

In 1970, the University Association for Emergency Medical Services (UAEMS) was formed for scientific and educational purposes by medical school faculty practicing emergency medicine. Prior to its establishment, medical students were already choosing emergency medicine as a career path. The first university emergency medicine residency arose at the University of Cincinnati in 1970 where Bruce Janiak became the initial resident. Other sentinel university programs include those at Los Angeles County/University of Southern California Medical Center (1971), the Medical College of Pennsylvania (1972), the University of Chicago (1972), and the University of Louisville (1973). R.R. Hannas established the first community hospital emergency medicine residency in 1973 at Evanston Hospital (IL). The Emergency Medicine Residents Association (EMRA) was formed in 1974 to unite the initial residents in our field.

The road to specialty recognition was particularly challenging. A provisional Section Council in emergency medicine was established in the AMA House of Delegates in 1973 and became permanent in 1975. Also in 1975, the Liaison Residency Endorsement Committee, the forerunner to the Residency Review Committee for Emergency Medicine (RRC/EM) was created. In 1976, the American Board of Emergency Medicine (ABEM) was incorporated and the American Board of Medical Specialties (ABMS) finally recognized emergency medicine in 1979. Unlike the boards of other fields, ABEM was initially required to be conjoint with other medical specialties represented.

The emergence of osteopaths in the field occurred in 1975 when the American College of Osteopathic Emergency Physicians (ACOEP) became an affiliate college of the American Osteopathic Association (AOA). The first osteopathic emergency medicine residency began in 1979 and Gerald Reynolds became the initial resident at the Philadelphia College of Osteopathic Emergency Medicine. In July 1978, the American Osteopathic Board of Emergency Medicine (AOBEM) was established as an affiliate specialty board of the AOA. ACOEP's first Scientific Assembly was held in 1978.

AAEM HISTORY

1980s

ABEM administered the first emergency medicine board examination in 1980 and AOBEM followed suit in 1981. In 1982, the Accreditation Council for Graduate Medical Education (ACGME) approved special requirements for emergency medicine residency training programs.

In 1988, after a well-publicized 10-year grace period, ABEM eliminated the practice track and began to require emergency medicine residency training to qualify for the ABEM certification exam. Shortly afterward, a one-time exception was granted to about 100 academic emergency physicians boarded in internal medicine. The practice track for AOBEM certification is also effectively closed at this point since it is restricted to those who began emergency medicine practice prior to 1986.

The organization, Board of Certification in Emergency Medicine (BCEM), was formed in 1987 to create a loophole for those choosing to practice emergency medicine without formal training. That same year, BCEM certified the first group of physicians ineligible for ABEM or AOBEM certification.

In 1989, emergency medicine became a primary board by ABMS. This recognition was dependent on, among other things, closing the ABEM practice track. Also in 1989, UAEMS and the Society for Teachers of Emergency Medicine (STEM) merged to become the Society for Academic Emergency Medicine (SAEM). The Council of Residency Directors (CORD) was formed later as a separate entity representing residency program directors and their assistants.

1990s

The 1990s brought turmoil to emergency medicine. In 1990, Gregory Daniel, a general surgeon practicing emergency medicine in Buffalo, New York, filed suit against ABEM and other individuals and institutions in academic emergency medicine. He and numerous co-plaintiffs from the non-academic community alleged that ABEM's closing of the practice track was the result of an illegal conspiracy to enhance the economic position of board-certified emergency physicians. In 1991, the Association of Emergency Physicians (AEP), formerly called the Association of Disenfranchised Emergency Physicians, was formed with the goal of reopening emergency medicine board certification for non-EM residency trained physicians. Dr. Daniel served on the AEP Board of Directors.

In 1992, under the alias "The Phoenix," James Keaney published his notable book, which detailed corruption that negatively impacted patient care. He maintained that exploitation of emergency physicians was rampant. Many "leaders" in the field were siphoning significant profits through unfair business tactics and hiring unqualified emergency physicians willing to work for less pay. This wake-up call beckoned the formation of the American Academy of Emergency Medicine (AAEM).

AAEM was established in 1993 to promote fair and equitable practice environments necessary to allow emergency physicians to deliver the highest quality of patient care. Its first Scientific Assembly was held in 1994. AAEM initially defined a specialist in emergency medicine as board-certified by ABEM and this

definition was later expanded to include those certified by AOBEM, pediatric emergency medicine (by ABEM or the American Board of Pediatrics) and the Royal College of Physicians and Surgeons of Canada.

The 1994 *Macy Foundation Report* entitled The Role of Emergency Medicine in the Future of American Medical Care emerged from a conference requested by SAEM and chaired by the president of the National Board of Medical Examiners. It was initially recommended that emergency medicine board certification be required by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) to certify comprehensive emergency departments. Unfortunately, the term "board-certified emergency physician" was replaced by "qualified emergency physician" after vigorous lobbying by ACEP to prevent dividing its membership. Some interpret "qualified emergency physician" as a physician trained in any field that chooses to practice emergency medicine.

In contrast, AAEM requires board certification in emergency medicine of each and every full voting member. Currently, the only means of acquiring this is to complete an emergency medicine residency or pediatric emergency medicine fellowship.

Beyond 2000

The aforementioned Daniels lawsuit was dismissed in 2005, after an unsuccessful appeal by the plaintiffs. AAEM continues to lead efforts preventing the erosion of board certification by unrecognized organizations that hold themselves out as equivalent to ABEM and AOBEM. As of the current printing of the Committee Reference Manual, we are working in California, Florida and Kentucky on this issue.

Since the end of the millennium, there has been a steady rise in the number of large contract management groups (CMGs) acquiring emergency physician contracts. At this time, about one-third of all practicing emergency physicians work for one. This degree of "corporatization" far surpasses any other medical specialty and creates a tenuous situation for the future since emergency physician qualifications, working conditions and professional compensation are tied to the bottom line of an economically volatile industry.

AAEM believes that corporate ownership of emergency department contracts represents a violation of the public protections afforded by state prohibitions of the corporate practice of medicine. Additionally, emergency physicians may unwittingly risk their licensure by aiding and abetting the unlawful corporate practice of medicine. The Board of Trustees of the AMA has provided a comprehensive review on the issue as it relates to practicing physicians. AAEM became involved with legal challenges regarding the corporate practice of medicine with large corporations, TeamHealth in California and EmCare in the state of Minnesota. AAEM also participated in a successful action related to the corporate practice of emergency medicine in California involving Catholic Healthcare West.

AAEM has raised concerns with the Office of the Inspector General and the Attorney General's Office in various states that such corporate employment arrangements may involve prohibited fee-splitting activities under current state and federal statutes. AAEM members are cautioned about accepting employment with corporate groups and AAEM suggests that hospitals examine such an arrangement with due diligence.

AAEM HISTORY

AAEM believes that emergency physicians must remain free of corporate influence because of their difficult role as advocates for the under and uninsured patient. The AAEM firmly believes it is in the best interest of the patients to have emergency physicians unencumbered by the profit concerns of a corporation. AAEM is always willing to assist in this matter in order to help emergency physicians secure a physician-owned group, which is the best model for professional satisfaction and care quality.

In 2010, there were 157 allopathic and 37 osteopathic emergency medicine residency programs, which collectively accept about 2,000 new residents each year. Studies have shown that attending emergency physician supervision of residents directly correlates to a higher quality and more cost-effective practice, especially when an emergency medicine residency exists. The resident section of AAEM, which was formed in 1999, became an organization independent of AAEM in 2005 called the AAEM Resident and Student Association (or AAEM/RSA). Its purpose is to provide EM residents a forum and a means to specifically address resident concerns and issues, develop their own programs and services and have a representative that can impact on the direction and mission of AAEM.

AAEM ORGANIZATIONAL CHART

STRUCTURE OVERVIEW

Board of Directors
The Board of Directors shall consist of the Academy's president, immediate past president, president-elect, secretary-treasurer, past presidents council representative, president of the AAEM Resident and Student Association, and no more than nine other directors, including a Young Physicians Section (YPS) member director. The Board of Directors is responsible for the direction of the Academy and long-term planning. The Board of Directors shall also include the current JEM and Common Sense editor as an ex-officio and non-voting board member**.**

Executive Committee
The Executive Committee shall consist of the AAEM president, immediate past president, president-elect, secretary/treasurer and past presidents' council representative. The Executive Committee shall have the authority to act on behalf of the Board of Directors subject to ratification by the Board. The Executive Committee shall meet at the call of the AAEM president, president-elect or secretary/treasurer. A report of its actions shall be given to the Board. Any tie vote of the Executive Committee may be decided by the AAEM president.

Committee
Established through the AAEM Bylaws as a collection of AAEM members in good standing appointed by the AAEM president/president-elect, in consultation with the Board of Directors liaison and the current committee chair, on an annual basis to accomplish well defined, ongoing objectives that impact the Academy on a continuous basis. These committees will address broad-based issues and may be in existence for many years. They will advise the Board on issues important to the Academy. Each committee will have a chair responsible for its direction, productivity and meetings. This chair and members will be appointed by the AAEM president/president-elect.

Task Force
Established by the Board of Directors as a collection of AAEM members in good standing to address specific issues over a specific time interval. Goals will be determined by the AAEM president/president-elect. A Board liaison will be appointed by the AAEM president/president-elect. Each taskforce will have a chair responsible for its direction, productivity and meetings. When assigned goals are met, task forces are typically dissolved at the discretion of the Board. Taskforce committee chair and members will be appointed by the AAEM president/president-elect.

Special Interest Groups
Established by the president and/or Executive Committee as a group of AAEM members who have a common interest that impacts both the Academy and Emergency Medicine as a specialty not covered by either a committee or taskforce. Dues will be determined by the AAEM BOD and will be used to support productivity and communications of the group such as included Listserv access, mailings and a meeting room each year at the Scientific Assembly. A BOD liaison will be appointed by the President and/or Executive Committee. Each Special Interest Group will have a Chair responsible for its direction, productivity and meetings. This chair will be selected by the Interest Group by a majority vote.

Sections
The Board of Directors of the Academy may approve the formation of membership sections by members of the Academy. Establishment of a new section must be approved by a majority vote of the Board of Directors. Each section will have their own bylaws that conform to the bylaws of the Academy and be governed by a section board. The section board will consist of a section chair, section immediate past chair, section chair-elect and secretary-treasurer. Additional members of the board will be defined by their bylaws.

STRUCTURE OVERVIEW

Chapter Divisions

The Board of Directors of the Academy may approve the formation of Chapter Divisions in a state or region by members of the Academy. Chapter Divisions complete an agreement to establish a Chapter Division within AAEM. As a division of AAEM, a Chapter Division exists and operates under the ultimate auspices and control of AAEM. Membership to a Chapter Division does not require or equate to membership of the Academy. Each Chapter Division will have their own bylaws that conform to the bylaws of the Academy and be governed by a Chapter Division board. The business and affairs of Chapter Division shall be managed by its Board of Directors, the power and authority of which shall be subject to such coordination, oversight and control by AAEM as it may determine in its discretion from time to time. The initial officers and directors shall be appointed by AAEM Board and shall hold office for a term of one (1) year or until their successors are duly elected and qualified. Thereafter the term of a president, vice-president, secretary, treasurer and directors is one (1) year. No officer or board member may hold more than one position on the board at a time. Term limitations of two (2) consecutive terms are established for Board of Directors Officers and Members at Large.

BOARD OF DIRECTORS

In AAEM, any individual Full Voting or Emeritus member can be nominated and elected to the Board of Directors. Any YPS member can be nominated and elected to the YPS director position. YPS membership is open to all Associate or Full Voting members who are within the first five years of professional practice after residency or fellowship training.

EXECUTIVE COMMITTEE

LISA A. MORENO, MD MS MSCR FIFEM
President
New Orleans, LA

JONATHAN S. JONES, MD
President-Elect
Jackson, MS

ROBERT FROLICHSTEIN, MD
Secretary-Treasurer
San Antonio, TX

DAVID A. FARCY, MD FCCM
Immediate Past President
Miami Beach, FL

WILLIAM T. DURKIN, JR., MD MBA MAAEM
Past Presidents Council
Alexandria, VA

BOARD OF DIRECTORS

PHILLIP DIXON, MD MPH FAAEM CHCQM-PHYADV
At-Large Board Member
Columbus, OH

AL O. GIWA, LLB MD MBA MBE FAAEM
At-Large Board Member
Brooklyn, NY

L.E. GOMEZ, MD MBA
At-Large Board Member
Annapolis, MD

ROBERT P. LAM, MD FAAEM
At-Large Board Member
Colorado Springs, CO

BRUCE LO, MD MBA RDMS
At-Large Board Member
Virginia Beach, VA

TERRENCE MULLIGAN, DO MPH
At-Large Board Member
Baltimore, MD

VICKI NORTON, MD
At-Large Board Member
Boca Raton, FL

CAROL PAK-TENG, MD
At-Large Board Member
Summit, NJ

FRED E. KENCY, JR., MD FAAEM
YPS Director
Madison, MS

LAUREN LAMPARTER, M
AAEM/RSA President
Chicago, IL

EX-OFFICIO BOARD MEMBERS

STEPHEN R. HAYDEN, MD
Editor, *JEM*
San Diego, CA

ANDY MAYER, MD
Editor, *Common Sense*
New Orleans, LA

COMMITTEES

Committees are established through the AAEM bylaws as a collection of AAEM members in good standing appointed by the AAEM president, in consultation with the Board of Directors liaison and the current committee chair, on an annual basis to accomplish well-defined, ongoing objectives that impact the Academy on a continuous basis. These committees will address broad-based issues and may be in existence for many years. They will advise the Board on issues important to the Academy. Each committee will have a chair responsible for its direction, productivity and meetings. The chair and members of committee's will be appointed by the AAEM president/president-elect.

Academic Affairs
The Academic Affairs Committee provides leadership in the area of academic advocacy. They serve as the liaison to CORD, SAEM, AACEM, NAEMSP and other EM organizations for joint interests and projects. Academic Affairs works with academic departments of EM and in particular EM residency programs in order to establish a connection with AAEM at the early stages of resident training and to provide the resources necessary to develop an understanding of the goals of the Academy.
Leadership: Chair: Joshua Joseph, MD MS FAAEM; Vice Chair: Leslie Ann Bilello, MD

Clinical Practice
The focus of the AAEM Clinical Practice Committee is to write evidence-based clinical practice statements on current issues that impact emergency medicine physicians. View all Clinical Practice Statements.
Leadership: Chair: Michael Abraham, MD FAAEM; Vice Chair: Grzegorz Karol Waligora, MD

Diversity, Equity and Inclusion
The mission of the DEI is to strive for increased diversity throughout the practice of emergency medicine and to reduce inequity beginning at AAEM and extending to all of our affiliate institutions and beyond.
Leadership: Co-Chairs: Paul Peterson, MD FAAEM and Joanne Williams, MD MAAEM FAAEM;
Co-Vice Chairs: Brianna Wapples, MD and Italo Brown, MD

Education
The purpose of the Education Committee is to develop and coordinate the Annual Scientific Assembly, oral and written board courses as well as explore new venues to provide AAEM members with the best possible educational resources including access to online services, journals and meetings. In addition, the committee explores collaborative efforts with other local, national and international EM organizations to provide educational resources and meetings to AAEM members.
Leadership: Chair: Teresa Ross, MD FAAEM; Vice Chair: David Carlberg, MD FAAEM

Education Subcommittees

ACCME
The ACCME Subcommittee is responsible for ensuring AAEM stays accredited to provide CME activities and approves directly, jointly, and recommended CME activities.
Leadership: Co-Chairs: Tamara Dildy, MD FAAEM and Indrani A. Sheridan, MD FAAEM; Vice Chair: Sara A. Misthal, MD FAAEM

Oral Board Review Course
The Oral Board Review Course Subcommittee is responsible for planning each series of AAEM's Pearls of Wisdom Oral Board Review Courses, one series in the spring and one in the fall. These courses prepare physicians to sit for their oral board examinations.

COMMITTEES

Leadership: Advisor: Mitchell Goldman, DO FAAEM; Chair: Frank Christopher, MD FAAEM; Vice Chair Michael C. Bond, MD FAAEM FACEP

Scientific Assembly
The Scientific Assembly Subcommittee is responsible for planning AAEM's Annual Scientific Assembly program.

Speaker Development Group
The Speaker Development Group matches emerging interested individuals who would like to be national speakers with a mentor who is a nationally recognized AAEM speaker. The goal for the Speaker Development Group is to help mentees become confident, polished, and engaged speakers.
Leadership: Chair: Kevin Reed, MD FAAEM

Written Board Review Course
The Written Board Review Course Subcommittee is responsible for planning the online and in-person AAEM Written Board Review Course. This course prepares physicians to sit for both their Qualifying and ConCertTM Exams.
Leadership: Co-Chair: Michael Silverman, MD FAAEM FACP and Michael Winters, MD MBA FAAEM; Vice Chair: Laura Bontempo, MD Med FAAEM

Emergency Medicine Workforce Committee
The AAEM EM Workforce Committee is one of the most active committees of AAEM. They are actively engaged in advocacy issues that speak to the mission of AAEM and affect EM physicians on a daily basis. The work of this committee impacts the environment of emergency medicine for our residents as they graduate.
Leadership: Chair: Julie Vieth, MBChB FAAEM; Vice Chair: Josh Bucher, MD FAAEM

Ethics
The Ethics Committee reviews the AAEM Code of Ethics on an annual basis and makes recommendations to the AAEM Board of Director for any changes. They also investigate any disciplinary issues or allegations of unethical behavior brought to the Academy and make a recommendation to the AAEM Board of Directors. The committee also writes position statements that deal with ethical issues.
Leadership: Chair: Al O. Giwa, LLB MD MBA MBE FAAEM; Vice Chair: Jennifer Gemmill, MD FAAEM

Geriatric
The Geriatric Committee promotes geriatric emergency medicine education for all emergency physicians through a collaborative national and international exchange of ideas.
Leadership: Co-Chairs: Danya Khoujah, MBBS FAAEM and Richard D. Shih, MD FAAEM

Government and National Affairs Committee
The Government and National Affairs Committee directs and coordinates AAEM's advocacy efforts in Washington. They assist AAEM's "watch dog" activities with regard to governmental activities and public health issues that may affect AAEM members and monitor the activity of other national medical organizations as it pertains to the practice of emergency medicine.

COMMITTEES

Leadership: Advisor Andy Walker, MD MAAEM FAAEM; Chair: Kevin H. Beier, MD FAAEM; Vice Chair: Philip Dixon, MD MPH FAAEM CHCQM-PHYADV

International
The International Committee is a liaison to international EM societies and organizations on common issues affecting the AAEM membership and the specialty of EM. They analyze and develop opportunities for exchange of information, education and ideas with international EM societies and organizations.
Leadership: Shahram Lotfipour, MD MPH FAAEM

International Conference
Members of the International Conference Committee review requests to AAEM for AAEM's participation as a partner/affiliate in any international EM meeting and make a detailed recommendation to the AAEM Board of Directors. They assist with the development of international meeting/congress that AAEM has an official affiliation with under the direction of the AAEM Board of Directors appointed Executive Chair. They review recommended conference applications of any international meeting and make a recommendation to the AAEM Board of Directors for approval or denial. They Identify and develop new opportunities for AAEM to positively impact international emergency medicine education and make recommendations to the AAEM Board of Directors for implementation.
Leadership: Chair: Joanne Williams, MD MAAEM FAAEM; Vice Chair: Ashika Jain, MD FAAEM FACEP

Learning Management System (LMS)
The Learning Management System (LMS) Committee develops policies for what content will be housed on the AAEM Online and work with other Education Subcommittees as needed. They develop a process for submitting content onto the LMS and ensure that the content on the LMS is reviewed periodically and removed per the policy. They also provide ongoing oversight of the LMS and content.
Leadership: Chair: Molly K. Estes, MD FAAEM FACEP; Vice Chair: Jason Hine, MD FAAEM

Legal
The AAEM Legal Committee monitors the emergency medicine legal arena to provide information to members regarding medical legal matters as it relates to the administrative and clinical practice of emergency medicine. They provide research and legal opinions/interpretations to the Executive Committee and board of directors on specific medico-legal issues. They also write white papers and/or articles for Common Sense on current/recurring medico-legal issues that impact AAEM members.
Leadership: Chair: Michael Walters, MD JD FAAEM; Vice Chair: Andrew T. Pickens IV, MD JD MBA

Membership
The AAEM Membership Committee is responsible for overseeing AAEM membership by evaluating the membership dues structure, making suggestions to the board regarding the dues structure, recruiting new members, and finding ways to increase membership retention. Since membership retention is important, the committee will contact non-renewal members personally to encourage continued support. In addition, they define guidelines which govern the use of the AAEM membership list by other organizations as approved by the board of directors.
Leadership: Chair: Brian Potts, MD MBA FAAEM; Vice Chair: Marc B. Ydenberg, MD FAAEM

COMMITTEES

Operations Management
The Operations Management Committee creates resource catalogs for operations management best practice processes. They collect operational best practices and make them available as a resource tool for groups interested in these initiatives. The committee also creates a data warehouse for ED metrics and operational benchmarks: Make available operational data to AAEM's members, including solicitation of AAEM membership for data to populate the warehouse. They develop the curriculum for the yearlong ED Operations and Management certification program, which includes a pre-conference course at the AAEM Scientific Assembly.
Leadership: Committee Chair: Kraftin Schreyer, MD CMQ FAAEM; Vice Chair: Anthony R. Rosania, MD FAAEM

Pain and Addiction
This Pain and Addiction Committee provides guidelines for the administration of safe, effective and efficient analgesia and procedural sedation in the ED, and addressing and treatment of addition that are patient-centered, evidence-based and commercial-bias free format. The committee disseminates knowledge by creating pain management guidelines, promoting advanced concepts in pain management and sedation, and by multi-specialty collaborations.
Leadership: Co-Chairs: Sergey Motov, MD FAAEM and Reuben Strayer, MD FRCP FAAEM; Vice Chair: Zachary Repanshek, MD FAAEM

Social EM & Population Health
The Social EM & Population Health focuses on the emergency physicians who are the front line providers for under-served patients and witnessing the downstream effects of social determinants of health every day. Social EM is an emerging niche that explores the social forces that impact our patients and how these forces intersect with systems of emergency care. This committee focuses on advocacy, education about self-diminishing of health and research in service of our patients and communities.
Leadership: Chair: Megan Healy, MD FAAEM; Vice Chair: Faith C. Quenzer, DO

Social Media
The Social Media Committee assists AAEM in getting more involved on online platforms such as Facebook, Twitter, and any other medium that could be used to get our message out to members and potential members.
Leadership: Chair: Zachary Repanshek, MD FAAEM; Vice Chair: Matthew D. Zuckerman, MD FAAEM

Wellness
The Wellness Committee studies root causes of burnout and promote wellness and career longevity for AAEM members.
Leadership: Committee Chair: Robert Lam, MD FAAEM; Vice Chair: Alice A. Min, MD FAAEM

INTEREST GROUPS

Interest Groups are established by the president and/or Executive Committee as a group of AAEM members who have a common interest that impacts both the Academy and emergency medicine as a specialty not covered by either a committee or task force. Dues will be determined by the AAEM BOD and will be used to support productivity and communications of the group to include Listserv access, mailings and a meeting room each year at the Scientific Assembly. Each interest group will have a chair responsible for its direction, productivity, and meetings. This chair will be selected by the interest group by a majority vote.

Palliative Care Interest Group
This interest group provides resources for the development of competence relevant to emergency physicians across all levels of experience.
Leadership: Chair: Jessica Fleischer-Black, MD FAAEM; Vice Chair: Austin J. Causey, MD

SECTIONS

The Board of Directors of the Academy may approve the formation of membership sections by members of the Academy. Establishment of a new section must be approved by a majority vote of the Board of Directors. Each section will have their own bylaws that conform to the bylaws of the Academy and be governed by a section council. The section council will consist of a section chair, section immediate past chair, section chair-elect and secretary-finance chair. Additional members of the board will be defined by their bylaws.

Critical Care Medicine Section

Critical care is an ever-revolving field with major advances, and the goals for this section are to keep you up-to-date by writing guidelines or position statements, networking, developing a job database, and providing mentorship. The Critical Care Medicine Section (CCMS-AAEM) aims to engage your clinical interests.

Leadership

Chair: Skyler A. Lentz, MD FAAEM
Chair-Elect: Alexandra June Gordon, MD
Secretary/Finance Chair: Elias E. Wan, MD FAAEM
Immediate Past Chair: Andrew W. Phillips, MD MEd FAAEM
Councilors: David Hirsch Gordon, MD; Tsuyoshi Mitarai, MD FAAEM; Matthew A. Roginski, MD MPH FAAEM; Jonas R. Salna IV, DO
Resident Representative: Daniel Zumsteg

Emergency Medical Services Section

This section was founded to foster the professional development of its members and to educate them regarding emergency medical services. They act as a liaison with other national EMS societies and provide consolation to government agencies.

Leadership

Chair: Brett A. Rosen, MD FAAEM
Chair-Elect: C.J. Winkler, MD FAAEM
Secretary/Finance Chair: Nicholas P. Kelley, DO
Immediate Past Chair: Joseph M. Weber, MD FAAEM
Councilors: Bret T. Ackermann, DO MSS FAAEM; Neal Nettesheim, MD FAAEM; Dustin St. George, MD; Christopher M. Voigt, MD FAAEM
AAEM/RSA Representative: Joshua A. Sawyer, DO

Emergency Ultrasound Section

This section was founded to foster the professional development of its members and to educate them regarding point of care ultrasound.

Leadership

Chair: Melissa Myers, MD FAAEM
Chair-Elect: Allison Zanaboni, MD FAAEM
Secretary/Finance Chair: Alexis Salerno, MD FAAEM
Immediate Past Chair: Michael Gottlieb, MD FAAEM RDMS
Councilors: Neeharika "Neha" Bhatnagar, MD; Jared Cohen, MD; Joshua Guttman, MD FAAEM; Mark Newberry, DO FAAEM
AAEM/RSA Representative: Maria Loren Eberle, MD

SECTIONS

Women in Emergency Medicine Section

The Women in Emergency Medicine Section (WiEMS-AAEM) is constituted with a vision of equity for AAEM women in emergency medicine and a purpose to champion the recruitment, retention, and advancement of women in emergency medicine through the pillars of advocacy, leadership, and education.

Leadership

Chair: Loice A. Swisher, MD MAAEM FAAEM
Chair-Elect: Vonzella Bryant, MD FAAEM
Secretary/Finance Chair: Elisabeth Calhoun, MD
Immediate Past Co-Chair: Vicki Norton, MD FAAEM
Immediate Past Co-Chair: Faith C. Quenzer, DO
Councilors: Danielle Goodrich, MD FAAEM; Rupal Jain, MD; Patricia Panakos, MD FAAEM; Sara Misthal, MD FAAEM
AAEM/RSA Representative: Kaytlin Hack, MD

Young Physicians Section

AAEM Young Physicians Section (YPS-AAEM) membership is open to all emergency medicine residency-trained Fellow-in-Training, Associate or Full Voting members of the American Academy of Emergency Medicine who are within the first five years of professional practice after residency or fellowship training.

Leadership

Chair: Cara Kanter, MD FAAEM
Vice-Chair: Jessica Fujimoto, MD
Secretary/Finance Chair: Moiz Qureshi, MD MBA
Immediate Past Chair: Danielle Goodrich, MD FAAEM
Councilors: Josh Bucher, MD FAAEM; Alveena Dawood, MD FAAEM; Priya Ghelani, DO FAAEM; David Nykin, MD; Alan Sazama, MD FAAEM
YPS Director: Fred Earl Kency, Jr., MD FAAEM
AAEM/RSA Representative: Haig Aintablian, MD

COMPOSITION, ELIGIBILITY, APPOINTMENTS & TERMS

Committees

- All committees shall have at minimum five members, some Committee's will have a member cap.
- Each committee will have a chair responsible for its direction, productivity and meetings.
- Committee Chairs/Vice Chairs
    - The AAEM President-Elect/President will appoint the Chairs/Vice Chairs of each committee and will be selected on the basis of his/her active participation, organizational skills, and evidence of leadership abilities within AAEM.
    - In addition, individuals fulfilling the above criteria, but who have not served as members of the committee, but have served in a similar capacity as a chair on a comparable committee or other comparable professional society, would be eligible to serve.
    - The Chair/Vice Chair will be invited to serve for a term of two years, regardless of the number of years he/she may have already served as a member of the committee. Committee Vice Chair term is two years, ascending to Committee Chair, which is a two-year term. Total leadership term is four years. The Chair of the committee will be limited to serving a maximum of one term at a time and will be eligible to serve again after a period of four years (i.e., two terms).
- Committee Members
    - All members of the AAEM and RSA in good standing are eligible to serve as members are eligible to serve on committees.
    - A call for committee nominations is sent to all AAEM members on an annual basis (typically in October).
    - Non-members may be asked to serve in an adjunct role on committees for a specific purpose or time period. These appointments must be approved by the AAEM president in consultation with the committee chair.
    - Committee Members will be appointed by the AAEM President-Elect/President and will be invited to serve for a term of one year.
    - On an annual basis, eligible members will have the option of being reappointed to a committee as long as they are active members of the committee.
    - The president/president-elect will consult the committee chair/vice chair, along with staff, regarding committee engagement prior to the renewal notification being sent. Each committee member will be considered as being active or inactive committee members.
      Active Committee Members: Active is defined as activity participation in committee meetings, meetings and projects.
      Inactive Committee Members: Inactivity is defined as non-participation in committee meetings, meetings and projects. Inactive committee members are not eligible to be reappointed to the particular committee.
- Advisors
    - May be appointed by the president and president-elect for a term of one year and may be reappointed for one addition term of one year (or two consecutive years).
    - The advisory role is a non-voting role and meant to act in a supporting role and as a source of historical knowledge and advisement.
- Board Liaison
    - A Board liaison will be appointed by the AAEM president.

COMPOSITION, ELIGIBILITY, APPOINTMENTS & TERMS

Task Forces

- Each task force will have a chair responsible for its direction, productivity and meetings.
- All members of the AAEM are eligible to serve on task forces.
- All task force chairs will be appointed by the AAEM president/president-elect.
- A Board liaison will be appointed by the AAEM president/president-elect.
- The terms of the chair and members is limited to task force charge. The expectation is that the group will disband when the goals have been completed.

Special Interest Groups

- All special interest groups will have a minimum of 10 members from the Academy.
- Special interest group members must be members of the Academy.
- Each special interest group will have a chair responsible for its direction, productivity and meetings.
- The chair will be selected by the interest group by a majority vote.
- A Board liaison will be appointed by the AAEM president/president-elect.
- Special interest groups can be dissolved if the number of members falls below the minimum required number or by a 2/3 vote of the Board.

Sections

- All sections will have a minimum of 50 members from the Academy. No section shall be created until the initial section bylaws are approved by the executive committee or the board of directors.
- Section members must be members of the Academy.
- A member may join any section for which they meet membership requirements providing the member pays any applicable dues for the section.
- The section chair will be selected by the section members by a majority vote.
- The term of all section chair members is one year. Term limitations are established at two consecutive terms for each office.
- Any section may be dissolved by a vote passed by at least two-thirds of the entire AAEM board of directors when the actions of a section are deemed to be in conflict with the bylaws, ethical principles, or the mission of the Academy.

GENERAL POLICIES & EXPECTATIONS

Communication on Behalf of AAEM

- According to AAEM's policies and procedures, any communication on behalf of the Academy shall be official, at the direction of the AAEM president.
- No communication, policy, statement or like either verbal or written, may be released without the approval of the AAEM president, who has the option to query the Executive Committee and/or Board of Directors.
- Verbal or written statements shall not be made that conflict with the mission or policy of the Academy.
- While the AAEM president is the official spokesperson of the Academy, individual members will be allowed to express their personal views in appropriate Academy forums.
- To control official communications stationery shall be for use of the staff and the AAEM president only.
- Staff will prepare letters sent on behalf of the Academy with a copy remaining in the office.
- Members of the Board of Directors committees or ad hoc task forces may not use AAEM letterhead. Exceptions may be made to this policy so long as the purpose of the communication is made known and approved by the AAEM president in advance. If the exception is approved, a copy of the communication shall be provided to staff within 24 hours of dissemination for permanent file retention.
- Any member receiving salary from an organization defined as a commercial interest by the ACCME is excluded from serving on any AAEM committee responsible for programming educational activities. This would include, but is not limited to, the Education Committee and its subcommittees.
- Members employed by industry may join any other committee; however, these members are not eligible to participate in the following activities:
    - Authorship or co-authorship of CPC statements
    - Planning or execution of any accredited CME activity
- Members affected by the above standards because of committee or other appointments should provide updated disclosure information annually.
- All committee financial requests require prior approval from the Board of Directors. For example, any committee projects that have a financial implication, including audiovisual, additional staff support for special projects, and food and beverage other than what is provided as part of the Scientific Assembly by the AAEM must be approved in advance by the Board of Directors.
- Committees, Subcommittees, Interest Groups, and Section Leadership must have equitable representation with regard to race, gender, gender identity, ethnicity, religion, practice setting, geography, and age.
- All requests for financial support must utilize the Board Proposal Form.
- MyAAEM online community is the preferred method of communication among other group members and/or AAEM Members.

General Expectations

Annually, each committee member is provided with a "Committee Reference Manual" that provides the purpose, duties, powers, and composition, as well as, appointment and operating procedures of Committees.

- All members who participate in an AAEM Committee, Task Force, IG and/or Section leadership role are responsible for reading, signing, and complying with the Code of Conduct & Ethics Policy.
- All members who participate in an AAEM Committee, Task Force, IG and/or Section leadership role are responsible for attending meetings as designated by each Chair.
- All members who participate in an AAEM Committee, Task Force, IG and/or Section leadership role are responsible for proper preparation and active participation in Council/Committee work.

GENERAL POLICIES & EXPECTATIONS

- All members who participate in an AAEM Committee, Task Force, IG and/or Section leadership role are responsible for professional and appropriate communication and interaction with Chairs and AAEM Staff.

Attendance Expectations

AAEM Committee, Task Force, IG and/or Section leadership members have a responsibility to participate in the work of their group. Members are expected to RSVP regarding their participation for meetings. If a member misses three or more meetings of the committee, that member may be asked to step down from their role.

Compliance

Should a member become non-compliant due to lack of participation or violation of the Code of Conduct & Ethics Policy, the AAEM Board of Directors may remove the member in question from their term of service and appoint a replacement member.

Disclaimer

The reference manual is intended to be a living document. If changes occur during a term, each Committee, Task Force, IG and/or Section leadership will receive a notification with a link to the updated reference manual.

GENERAL POLICIES & EXPECTATIONS

Code of Conduct Policy

Rationale
Principles and practices of the American Academy of Emergency Medicine (AAEM) Board of Directors, committee members, section council members and chapter division elected leadership to provide guidance and direction for effective governance.

Code
All members as outlined above are committed to observing and promoting the highest standards of ethical conduct in the performance of their responsibilities to AAEM. Members of these groups pledge to accept this code as a minimum guideline for ethical conduct and shall:

Accountability
- Faithfully abide by the articles of incorporation, bylaws and policies of the Academy.
- Exercise reasonable care, good faith and due diligence in governing and managing affairs.
- Fully disclose, at the earliest opportunity, information that may result in a perceived or actual conflict of interest.
- Fully disclose, at the earliest opportunity, information of fact that would have significance in board of directors, executive committee section and division decision-making.
- Remain accountable for prudent fiscal management to AAEM members, the nonprofit sector, and, where applicable, to government and funding bodies.

Professional Excellence - Integrity
- Maintain a professional level of courtesy, respect, and objectivity in all matters and activities.
- Strive to uphold those practices and assist other members of the board of directors, executive committee, committee chairs, section chairs and division leadership in upholding the highest standards of conduct.

Personal Gain – Self-Dealing
- Exercise the powers invested for the good of all members of the AAEM and the emergency medicine community rather than for personal benefit.

Equal Opportunity – Diversity, Equity & Inclusivity
- Ensure the right of all members to access benefits and services without discrimination on the basis of culture, gender, sexual orientation, geography, political, religious or socio-economic aspects.

- Ensure the right of all members to access benefits and services without discrimination on the basis of the Academy's volunteer or staff make-up in respect to gender, sexual orientation, national origin, race, religion, age, political affiliation or disability, in accordance with all applicable legal and regulatory requirements.

Confidential Information
- Respect the confidentiality of sensitive information and member contact information known to board and committee members and used for the purposes of governance and management. Understand and support the concept that what is learned or heard as a representative of AAEM will remain the intellectual property of AAEM.

Collaboration and Cooperation
- Respect the diversity of opinions as expressed or acted upon by the committees and membership, and formally register dissent as appropriate.

GENERAL POLICIES & EXPECTATIONS

Violations

- Violations of the Code of Conduct & Ethics Policy may result in disciplinary action in accordance with AAEM's governing documents. Discipline may include removal of a board member, executive committee member or committee member or other leaders from his or her position.

Acknowledgement of Receipt

DEADLINE: September 15, 2021

CLICK HERE to acknowledge receipt and review of policy

GENERAL POLICIES & EXPECTATIONS

Meetings

The majority of the work is done via zoom meetings, below are some tips to help optimize meetings conducted:

1. **Each member should "Accept" or "Decline" the calendar invite sent to him/her from the staff.**
   Responding to the meeting invitation will allow staff to communicate with the Chair regarding conference call participation.
2. **Prior to the meeting, each member should review the agenda and supporting materials.**
   The zoom meeting link/ID and passcode should be handy in order to facilitate timely access to the meeting. Timeliness for all members is essential to ensuring that committee business can begin in a timely fashion. Please communicate directly with the staff liaison and Chair if your plans for meeting participation change at any time. Individuals who are slated to speak and lead discussion about agenda items should anticipate potential questions and provide a plan for response.
3. **Mute your microphone**
   To help keep background noise to a minimum, make sure you mute your microphone when you are not speaking.
4. **Be mindful of background noise**
   When your microphone is not muted, avoid activities that could create additional noise, such as shuffling papers.
5. **Position your camera properly**
   If you choose to use a web camera, be sure it is in a stable position and focused at eye level, if possible. Doing so helps create a more direct sense of engagement with other participants.
6. **Limit distractions**
   You can make it easier to focus on the meeting by turning off notifications, closing or minimizing running apps, and muting your smartphone.
7. **Avoid multi-tasking**
   You'll retain the discussion better if you refrain from replying to emails or text messages during the meeting and wait to work on that PowerPoint presentation until after the meeting ends.
8. **Prepare materials in advance**
   If you will be sharing content during the meeting, make sure you have the files and/or links ready to go before the meeting begins.

Davis Rules of Order Summary

AAEM uses Davis Rules of Order as the governing rules for motions during meetings. Most often, committees, task forces, and sections hold discussions rather than making motions. However, this background will give you an idea about how the AAEM board of directors discusses proposals submitted by committees, task forces, and sections for funding, position statements, new events, etc.

GENERAL POLICIES & EXPECTATIONS

Davis Rules of Order

Table 1 *Rules Governing Motions*

	Interrupt Speaker?	Second Needed?	Debate Allowed?	Amend-able?	Motions to Which It Applies	Motions That Can Be Applied to It	Vote Required for Passage
Precedented Motions[a]							
Privileged Motions							
10. Adjourn	No	Yes	No	No	None	None	Majority
9. Recess	No	Yes	Yes[b]	Yes[b]	None	Amend[b]	Majority
Subsidiary Motions							
8. Postpone Temporarily (Table)	No	Yes	No	No	Main	None	Majority
7. Vote Immediately	No	Yes	No	No	Debatable	None	2/3
6. Limit Debate	No	Yes	Yes[b]	Yes[b]	Debatable	Amend[b]	2/3
5. Postpone Definitely	No	Yes	Yes[b]	Yes[b]	Main	Amend,[b] vote immediately, limit debate	Majority
4. Refer for Decision	No	Yes	Yes[b]	Yes[b]	Main	Amend,[b] vote immediately, limit debate	Majority
3. Refer for Report	No	Yes	Yes[b]	Yes[b]	Main	Amend,[b] vote immediately, limit debate	Majority
2. Amend	No	Yes	Yes	Yes	Rewordable	Vote immediately, limit debate	Majority
Main Motions							
1. a. The Main Motion	No	Yes	Yes	Yes	None	Specific main, subsidiary	Majority
b. Specific Main Motions Reconsider	Yes	Yes	Yes[b]	No	Main	Vote immediately, limit debate	Majority
Rescind	No	Yes	Yes	No	Main	Vote immediately, limit debate	Majority
Resume Consideration (Take from the Table)	No	Yes	No	No	Main	None	Majority
Incidental Motions[c]							
Appeal	Yes	Yes	Yes	No	Rulings of chair	Vote immediately, limit debate	Negative majority
Suspend Rules	No	Yes	No	No	None	None	2/3
Consider Informally	No	Yes	No	No	Main	None	Majority

[a] Precedented motions are indicated from 1 to 10 in increasing order of precedence.
[b] Limited use.
[c] Incidental motions must be decided immediately.
Note: The motion to recall, rarely used, has a precedence of 4+. It is handled exactly like either motion to refer except that it cannot be amended and it applies only to the motion to refer.

Table 4 *Rules Governing Requests*

	Interrupt Speaker?	Second Needed?	Debate Allowed?	Amend-able?	Motions or Action to Which It Applies	Motions That Can Be Applied to It	Vote Required for Passage
Requests							
Conditional Requests[a]							
Question of Privilege	Yes	No	No	No	None	None	Majority
Withdraw Motion	Yes	No	No	No	All	None	Majority
Division of Question	No	No	No	No	Main	None	Majority
Mandatory Requests[b]							
Point of Order	Yes	NA[c]	NA	NA	Any error	None	No vote
Parliamentary Inquiry	Yes	NA	NA	NA	All	None	No vote
Division of Assembly	Yes	NA	NA	NA	Indecisive vote	None	No vote

[a] Conditional requests must be granted or voted on immediately.
[b] Mandatory requests must be granted immediately.
[c] NA = Not applicable.

OVERVIEW OF ROLES & RESPONSIBILITIES

Overview of Board Liaisons:
A Board of Directors Liaison is assigned to each committee, taskforce, section, and interest group. The President appoints the Board Liaisons after the first board meeting at the Scientific Assembly. The role of the Board Liaison is to serve as a communication conduit between the Board and the committee, taskforce, section or interest group. Chairs should assure participation of their Board Liaison in all activities, including mailings, e-mails, and meetings. In addition, the chair should contact the Board Liaison whenever assistance is required or advice is sought.

Overview of Chairs:
The primary responsibility of each Chair is to complete the assigned objectives. Chairs should maintain communication with their members and the Board Liaison. Chairs should monitor progress of assignments and provide leadership to their members. Chairs may develop workgroups as needed to complete assigned objectives. It is recommended that the chair develop a timeline for the completion of objectives with the major components of the tasks outlined and with clearly stated deadlines. Assignments should be distributed and understood by all members. While formal meeting minutes are not required, brief reports are often valuable to document task assignments and progress. Chairs should convene and preside over meetings and other means of communication. They should ensure that all members are assigned to serve on workgroups to fully participate in the committee/task force/IG/Section activities. Chairs should promote leadership development by assigning increasing responsibilities to members who demonstrate leadership potential. Chairs must provide a written report prior to the Scientific Assembly for the Board's review. Chairs may also be asked by the President to provide an article for Common Sense to update the membership on a project or issue.

Overview of Vice Chairs:
The primary responsibility of each Vice Chair is to support the Chair and handle any tasks assigned by the Chair. If the Chair is not available for a meeting, the Vice Chair would preside over the meeting.

Overview of Committee/Task Force/IG and Section Council Members:
Members are expected to attend at least 75% the meetings of the committee, taskforce, section council or interest group. They should assist in completing objectives by accepting task assignments and meeting deadlines. Members should participate in discussion and offer constructive criticism, as well as suggestions for future activities.

Board Liaison

Board Liaison Appointments

- Board Liaisons are current Board of Director members.

Objectives of Board Liaison:

- To improve communication between the Board of Directors and Committees within AAEM.
- To help facilitate Committee work, especially when there is a need for Board of Director support or approval.
- To help identify any concerns raised at the committee level and support effective discussion with the Board of Directors to resolve any barriers or controversy.

Board Liaison Responsibilities

- Provide open communication for the committees with the AAEM Board of Directors, promptly informing the president or Executive Committee with any issues of any conflicts or significant concern of their committees, interest groups, and/or sections.

OVERVIEW OF ROLES & RESPONSIBILITIES

- Obtain from the Committee Chair a list of proposed goals/activities for the year and ensure they align with the AAEM mission and vision.
- Ensure the Chairs understand your role; Board Liaisons serve in advisory and communication roles. They convey the will of the board to the committee and the wishes of the committee to the board.
- Advise and assist committees who need to communicate with other councils, other committees or the Board of Directors. Request/communicate to the President and Executive Director when a Committee has an agenda item that requires approval from the Board of Directors.
- Review all proposed agenda items for the Board and have appropriate background information from committee prior to the Board of Directors meeting. Committee chairs should send any supporting materials to be included with the agenda item to the Executive Director no later than four weeks prior to the scheduled Board meeting.
- Present agenda items at Board meetings and lead the discussion.
- Report back to the committee via email regarding the discussion and any action(s) taken by the Board. Within one week of the Board decision.
- Be aware of any potential downfall within committees such as inactive committee members, stalled projects or committee dysfunction.
- Participate in committee activities in an advisory capacity:
    - The Board Liaison should actively reach out to help the committee to be productive.
    - The Board Liaison should only act in an advisory role; he/she is not part of the committee nor should he/she participate in the committee's work.
    - Monitor the level of committee involvement and ensure they are on target to reach their goals. Provide advice as needed. Help establish task deadlines as needed to meet Board deadlines.
    - Work closely with the Chair to ensure that the goals align with the overall AAEM mission.
    - Attend 75% of the committee, task force, interest group, and/or sections meetings.
    - Ensure Committee Chairs submit their Board Reports for Board of Directors meeting at the Scientific Assembly.

Committee/Task Force Chair

Committee Chair Appointments

- Must be AAEM members in good standing.
- The President and President-Elect appoints the Vice Committee Chairs.
- Typically ascends from the Vice Chair, if ascending from the, the president and president-elect must review and approve.

Section Council Chair

Section Chairs are elected by the section membership, terms are one year.

Interest Group Chair

Interest Group Chairs are selected by the members of the interest group, there are no term limits.

OVERVIEW OF ROLES & RESPONSIBILITIES

Chair Responsibilities

- Provide open communication for the group with the Board Liaison.
- Prior to the new term each year, provides the Board Liaison with the committee, task force, IG, section purpose/mission and goals.
- The Chair sets the date, time, and place of meetings and prepares the agenda with the help of the appropriate AAEM staff liaison.
- The Chair runs the meetings and guides the members through the agenda items. Assigning members with any "action" items that come from the meeting and ensures follow-up is done.
- Responsible for the submission of the committee/TF/Section/IG goals and status reports for the in-person Board of Directors Meeting.
- Responsible to carry out assignments of the Board and/or President.
- Monitor the member's engagement/involvement and communicate any concerns to the Board Liaison.
- Provide recommendations for committee vice chairs to the President, President-elect, and Executive Director when applicable.

Vice Chair

Committee Vice Chair Appointments

- Members must be AAEM members in good standing.
- The President and President-Elect appoints the Vice Committee Chairs.
- Vice Chair term is two year, progressing to Committee Chair, which is a two-year term. Total term is four years.
- Vice/Committee Chair must be (or have served previously) on the committee to be appointed Vice Committee Chair or in a similar capacity within AAEM or another EM Organization.

Vice Chair Responsibilities

- Provide support to the Committee Chair and offer assistance with fulfilling their responsibilities.

Committee Member

Committee Member Appointments

- Committee appointments will be made once a year by the President/President-Elect and the term will be one year (terms are determined by the dates of the Scientific Assembly, not on a calendar year).
- Active committee members may renew annually for four terms (ie. four years), after four terms they must rotate off for two terms before applying for reappointment.
- All committee members must be AAEM members in good standing.
- A call for committee interest will be sent and all applications must be completed online by the stated deadline, so that the committee assignments can be made by the President/President-Elect and accepted and confirmed by March 1st of the year in which the new term begins.
- The President/President-Elect may appoint committee members outside of the outlined process as needed.

Committee Member Responsibilities

- Understand the Academy's mission and vision.
- Support the Academy and its leadership through the activities of the committee, TF, IG, or Section.

OVERVIEW OF ROLES & RESPONSIBILITIES

- Fulfill the objectives of the committee, TF, IG, or section by accepting and collaborating with other members on specific tasks as assigned by the chair.
- Meet established deadlines in order to advance the objectives efficiently.
- Work to strengthen programs and services for members through the activities of the committee, TF, IG, or Section.
- Attend meetings and engage in discussion. Members are expected to RSVP regarding their participation for committee, TF, IG or section meetings*.
    - *If a chair, vice chair, or committee member misses 75% or more meetings of the committee (face-to-face, conference call, or electronic), that member may be asked to step down from the committee, non-renewable.
- Prepare for meetings by reviewing the agenda and supporting documents.
- Treat all information learned or shared at meetings as confidential and the intellectual property of the Academy.
- Work with staff as necessary to realize the goals of the committee, TF, IG or section. They are there to support and answer questions.

Advisors

Advisor Appointments

- The President/President-Elect may appoint advisors to a Committee in a non-voting position.
- Advisors serve for a 1-year term.
- All advisors must be AAEM members in good standing.

Advisor Responsibilities

- All advisors are non-voting positions and they do not have the power to propose or second a motion, cast an official vote towards a quorum, or preside at any of the Meetings.
- Advisors act in a supporting role as a source of historical and institutional memory.

2021-2022 OBJECTIVES & GOALS

To ensure each Committee, TF, IG, and/or Section is effective and achieving their objectives and goals, they will submit a work plan on an annual basis. The goals of the Committee, TF, IG, and/or Section should be closely aligned with achieving the purpose and task determined by the Board of Directors through strategic planning. Essentially, the work plans specify the operational goals of the committee, TF, IG, and/or Section for the year. The President may assign additional goals/tasks to committee, TF, IG, and or Sections as needed.

NOTE: Historically, this has been an informal request, it is now being implemented as a formalized process. As the Committees, TF, IG, and Sections submit their 2021-2022 objectives/goals, staff will update the below information. The formalized process will be fully implemented in 2022.

COMMITTEES

ACADEMIC AFFAIRS COMMITTEE
FORTHCOMING

CHAPTER DIVISION COMMITTEE
FORTHCOMING

CLINICAL PRACTICE COMMITTEE
FORTHCOMING

DIVERSITY, EQUITY AND INCLUSION COMMITTEE
1. To promote racial, ethnic, and gender diversity and advancement throughout our specialty at every level of leadership.
2. To actively support and mentor underrepresented minorities (and culture champions) facing challenges at various stages of education, training, and career, as well as, collaborate with reputable organizations that support such efforts.
3. To provide education to peers and other medical professionals regarding the impact of explicit and implicit bias on emergency medicine practice and our ability to care equitably for all of our patients.
4. To research and disseminate reliable information promoting understanding of the need for diversity through AAEM publications and lectures, including at AAEM Scientific Assembly, as well as, in collaboration with other national and international organizations.
5. To continue work with AAEM Women in Emergency Medicine Section to advocate for issues of justice and gender equity in the workplace.

EDUCATION COMMITTEE
FORTHCOMING

ACCME SUBCOMMITTEE
FORTHCOMING

SCIENTIFIC ASSEMBLY SUBCOMMITTEE
FORTHCOMING

ORAL BOARD REVIEW COURSE SUBCOMMITTEE
FORTHCOMING

2021-2022 OBJECTIVES & GOALS

WRITTEN BOARD REVIEW COURSE SUBCOMMITTEE
FORTHCOMING

EMERGENCY MEDICINE WORKFORCE COMMITTEE
1. Evaluate the impact of APPs in emergency medicine, which can include the following:
    - working with state/regional groups to find out how many of our members are affected by APP independent movement, become a resource for members, work with Williams and Jensen and AAEM Advocacy to put legislation bills at the state and federal levels on members' radar to encourage individual letter writing.
2. Evaluate the impact of the growth of EM residency programs and APP programs on the emergency medicine workforce including the following:
    - complete manuscript publication, investigate avenues to address the issue, including legal implications

ETHICS COMMITTEE
1. Update AAEM Code of Ethics.
2. Draft process to address any ethical complaints submitted to AAEM.

GERIATRIC Committee
FORTHCOMING

GOVERNMENT AND NATIONAL AFFAIRS COMMITTEE
FORTHCOMING

INTERNATIONAL COMMITTEE
FORTHCOMING

INTERNATIONAL CONFERENCE COMMITTEE
FORTHCOMING

LEGAL COMMITTEE
FORTHCOMING

MEMBERSHIP COMMITTEE
FORTHCOMING

OPERATIONS MANAGEMENT COMMITTEE
FORTHCOMING

PAIN AND ADDICTION COMMITTEE
FORTHCOMING

SOCIAL EM & POPULATION HEALTH COMMITTEE
FORTHCOMING

SOCIAL MEDIA COMMITTEE
FORTHCOMING

2021-2022 OBJECTIVES & GOALS

WELLNESS COMMITTEE

1. Examine the current state of EM physician wellness and burnout. Publish and disseminate this information.
2. Continue to monitor EM physician wellness and burnout and provide regular updates to the Academy.
3. Explore and examine possible causes degrading wellness and causing burnout.
4. Create best practice models for physician practices that best promote wellness, resilience and minimize burnout.
5. Create a physician self-assessment tool so Academy members may assess their current state of wellness and risk of burnout.
6. Create educational content on wellness, resilience, and burnout. This content should contain self-- directed activities, on-line resources, and live presentations and discussions for AAEM Scientific Assembly.
    - Recognize physician leaders who have resilient careers and inspirational emergency practices.
    - Create a mentoring program between physicians coping with burnout and resilient physicians leaders.
    - Create wellness and resilience activities for members at AAEM Scientific Assemblies.
    - Explore the correlation between wellness and burnout in different types of practice environments.

INTEREST GROUPS

PALLIATIVE CARE INTEREST GROUP

1. Educate emergency physicians on how to identify, manage, and refer palliative care eligible patients in the emergency department.
2. Build peer network for collaboration, mentorship, and research to advance palliative care in the emergency department.
3. Create professional development and leadership opportunities at both national and regional levels to build capacity in palliative care core competencies across all emergency department practice settings.
4. Share knowledge and best practices around alternative ED palliative care delivery systems and as well as personal career trajectories.
5. Advise AAEM advisory board on upcoming key palliative care challenges and opportunities within emergency medicine.

2021-2022 OBJECTIVES & GOALS

SECTIONS

CRITICAL CARE MEDICINE SECTION
FORTHCOMING

EMERGENCY MEDICAL SERVICES SECTION
FORTHCOMING

EMERGENCY ULTRASOUND SECTION
FORTHCOMING

WOMEN IN EMERGENCY MEDICINE SECTION
FORTHCOMING

AAEM YOUNG PHYSICIANS SECTION
FORTHCOMING

PROCEDURES

GENERAL

PROJECT PROPOSALS

Any new initiatives not included in the current AAEM approved budget will need to have a proposal submitted to the Board for consideration. The project template must be used and submitted 30 days prior to the Board Meeting the member would like it presented.

The template is available online to download, CLICK HERE to access the form.

AAEM™
AMERICAN ACADEMY OF EMERGENCY MEDICINE
CHAMPION OF THE EMERGENCY PHYSICIAN

AAEM PROPOSAL TEMPLATE

INSTRUCTIONS:

This template is the required proposal format and should be completed in full. Please type your responses within the provided area when developing your proposal. Please use one template for each proposal you are submitting. Proposals are due 30 days in advance of the Board Meeting it is being presented at.

Individual / Group submitting proposal: **Date submitted:**

Main Contact details (Name, Email):

Proposed project title:

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1. Will this project result in a paper or program?

2. State two (2) main objectives and three (3) goals of this proposal and how it meets the Mission of AAEM?

3. Provide a brief description of how your proposal will address an unmet need of AAEM.

4. Describe the target audience.

5. Please provide an outline of the project, including proposed contributors, format, and time schedule (half-day workshop, one hour didactic, etc.):

PROCEDURES

6. What is the budget for this project? (Please include all project expenses. Type them here, or append a budget to this form.)

Expense Item	*Cost*
Total	

7. If financial resources are needed, is external support/sponsorship expected? (If so, please suggest possible sources and contact details.)

8. What will be the volunteer time involved in the project? (Please include project leader(s), AAEM members involved in the project, on-site participants, and any time contribution required from the Board)

9. How much time and what skill sets does this project require from the AAEM Staff? (For example, administrative, marketing, web services, development.)

10. Are there any other comments you feel would help the Board of Directors in considering whether to approve this project?

BOARD REPORTS

Committees, TF, IG, and Sections will be required to submit at least one report to the Board of Directors for the in-person meeting held at the Scientific Assembly. Additional reports may be requested throughout the year by the President.

The Board of Directors template should be utilized by the Chair of the Committee, TF, IG, and/or Section.

The template is available online to download, CLICK HERE to access the form.

Board of Directors Committee/IG/Section Report

Committee/IG/Section Name

Leadership

Chair:
Vice Chair:
Board Liaison:
Staff Liaison:

Purpose

What are the 2020/2021 Goals:

Action Items:

Current Action Items

1.

Completed Action Items

1.

Work of the Committee/IG/Section is most frequently done by (ie. email, meetings, etc.):

Dates of meetings (past/scheduled):

Please add any additional comments relevant for board review:

MYAAEM

AAEM uses a platform called MyAAEM to manage all committee work. You can log in at my.aaem.org and view your current communities using your AAEM log in. Within MyAAEM, you can post to your group's discussion board, add files to your group's library, organize events and upcoming meetings, and communicate with other members one-on-one. To find your communities, you will go to the "Communities" tab after you log in. Then you can search by community type, or go to "My Communities" to see all of your communities in one place. If you think that you should see a community for a committee, section, chapter division, or interest group and you do not, please contact your staff liaison and they can assist you.

PROCEDURES

CLINICAL PRACTICE COMMITTEE

STATEMENT PROTOCOLS

Instructions for Authors

These general guidelines for the preparation of AAEM Clinical Practice Statements should be used when submitting to the committee for review. There should be no more than two primary authors. (Under certain circumstances, a third author may be considered.)

Overview of the Statement

In 2008, the Clinical Practice Committee was tasked with developing brief clinical policy statements on current issues that impact emergency medicine physicians. These statements should be limited to **two pages** excluding the reference and article-grading pages.

Since many of the statements have been submitted for peer review and publication in the Journal of Emergency Medicine, the authors have two options in writing their paper:

1. Work on the 2 page CPC paper alone.
2. Work on both the CPC paper simultaneous with an expanded format in preparation for submission to JEM for publication.

(The final product for CPC should be only a concise two-page statement.) *We strongly recommend doing #2 if considering JEM publication.

The statement should provide concise answer(s) around a single question with the following format.

- **Concise Medical Question to be Answered (Title of Statement)**
- **List Authors and Reviewers**
- **Recommendation/Answer to Medical Question**
- **Introduction**
- **Executive Summary**
- **Conclusion**

- **References and Article Grading**
  - Following the AAEM Clinical Practice Committee methodology for literature (see the attached Statement Search/Grading Process), a clinical question and search terms are decided and explicitly stated. The results of this inquiry should be presented in the executive summary.

Publications	Grade	Quality	Comments

Timing:

- The authors shall submit their paper for peer review by a subcommittee consisting of two to three committee members, within 12 weeks of receiving (and accepting) their assignment. The subcommittee will be chosen by the chair once volunteers have been solicited from the committee at large. The subcommittee will be provided with the initial draft to be critiqued during this time period.
- The CPC subcommittee will have ten business days to review the paper.

PROCEDURES

- Upon receiving the critique, if any changes are requested, the authors will make appropriate changes to the paper, or respond to the reviewers with a rebuttal as to why they feel changes are not necessary within an additional ten business days.
- At that time the final version will be submitted to the chair for submission to the board of AAEM.
- Any paper not completed within 12 weeks of assignment will be re-assigned at the discretion of the chair of the CPC.

Statement Literature Search /Grading Process
The process by which literature searches are performed to evaluate specific clinical questions can be quite labor intensive. Data which is most informative to clinical practice will often be reported in clinical trials and other prospective studies. When such research is well conducted and of high impact, it will likely be reported in major (or core as designated by PubMed) clinical journals. This document provides an algorithm to streamline the literature search process for the AAEM CPC to quickly identify the most relevant studies. This process should allow for greater transparency and efficiency for this portion of the CPC practice statement development.

AAEM Clinical Practice Committee – Statement Literature Search / Grading Process
Rationale: The process by which literature searches are performed to evaluate specific clinical questions
Proposed Process:
1. Clinical question and search terms are decided and explicitly stated.
2. The timing of the search should be pre-specified and may vary by type of question (example last 20 years for stroke thrombolysis studies.) In general, the initial search should be limited to the last 5 years. If inadequate results are yielded within 5 years, additional 5 year increments can be added at the discretion of the author.
3. Once a strategy has yielded an adequate number of published high quality research manuscripts, movement to lower tier evidence is not necessary.
4. For clinical treatment questions (addressed by trials) the following process can be employed. (All searches should be performed using Pubmed.gov, as it is freely available.) Other search engines may be used at the discretion of the author, assuming that the searches can be limited in similar fashion to below schema.

A. Tier 1: Search for systematic reviews. (Can add search term AND systematic[sb] {n.b. the sb in brackets alerts PubMed to search the study type field to determine whether it is a systematic review} or use the "Clinical Queries" choice on left hand side of menu on Pubmed.gov website.) All relevant, well designed systematic reviews should be included and added to citations revealed in lower tiers. **Be sure to remove systematic review (systematic[sb]) as search term for next search.**
B. Tier 2: Perform search with pre-specified search terms and add the following limits: Humans, English, Randomized Controlled Trial, and Core Clinical Journals. The latter two are under "Type of Article."
C. Tier 3: If B does not yield sufficient citations to review – change limits and remove the limit for "Core Clinical Journals"
D. Tier 4: If C does not yield sufficient citations to review – change limits and remove the limit for Randomized Controlled Trial and add a limit for "Clinical Trial"
E. Tier 5: If D does not yield sufficient citations to review – change limits and remove all except Humans and English.
F. If E does not yield sufficient citations – either sufficient evidence is not currently available or

search strategy needs to be revised.

G. In addition, the references from recent published guidelines or recent review articles relevant to the clinical question may be scanned for screening of additional relevant articles. Other strategies (such as Google Scholar or another "forward search" that provides articles that have cited the ones identified in this process.)

5. When clinical questions are not well addressed by randomized trials certain types of epidemiological studies may be of the highest yield. The below process can be used when the type of question is not likely to be addressed by a clinical trial (example: association between smoking and lung cancer). This algorithm places higher weight on multi-center observation studies and cross sectional studies. The searches should be performed with pubmed.gov or other appropriate search engine.

A. Tier 1: Search for systematic reviews. (Can add search term AND systematic[sb] or use the "Clinical Queries" choice on left hand side of menu on pubmed.gov website.) All relevant, well designed systematic reviews should be included and added to citations revealed in lower tiers. **Be sure to remove systematic review (systematic[sb]) as search term for next search.**

B. Tier 2: Perform search with the pre-specified search terms and add the following limits: Humans, English, Core Clinical Journals and under "Type of Article": Clinical Trial (included so as to evaluate relevant observational data on subject gained from clinical trials), Multicenter study, comparative study.

C. Tier 3: If B does not yield sufficient citations, remove Core Clinical Journals from the limits.

D. Tier 4: If C does not yield sufficient citations, remove all "Types of Articles" from limits (effectively a keyword search limited to Humans and English language publications.)

E. If D does not yield sufficient citations – either sufficient evidence is not currently available or search strategy needs to be revised.

F. In addition, the references from recent published guidelines or recent review articles relevant to the clinical question may be scanned for screening of additional relevant articles. Other strategies (such as Google Scholar or another "forward search" that provides articles that have cited the ones identified in the above process.)

Examples:

Using the above strategy (4 a – g) with the keywords acute ischemic stroke thrombolysis yields the following (raw numbers from pubmed – not necessarily all relevant manuscripts):
Tier 1(Systematic Reviews): 38
Tier 2: 30
Tier 3: 53
Tier 4: 148
Tier 5: 699

Using the above strategy (5 a – f) with the keyword "Taser" yields the following (raw numbers from pubmed).
Tier 1: 0
Tier 2: 2
Tier 3: 10
Tier 4: 70

Grading of evidence: The existing CPC process for evaluating the quality of included manuscripts will be used. For each reference identified above assign a grade of evidence using the following scale.

Grade A	Randomized clinical trials or meta-analyses (multiple clinical trials) or randomized clinical trials (smaller trials),directly addressing the review issue
Grade B	Randomized clinical trials or meta-analyses (multiple clinical trials) or randomized clinical trials (smaller trials), indirectly addressing the review issue
Grade C	Prospective, controlled, non-randomized, cohort studies
Grade D	Retrospective, non-randomized, cohort or case-control studies
Grade E	Case series, animal / model scientific investigations, theoretical analyses, or case reports
Grade F	Rational conjecture, extrapolations, unreferenced opinion in literature, or common practice

Then, assign a quality ranking for each above reference using the following scale.

Ranking	Design Consideration Present	Methodology Consideration Present	Both Considerations Present
Outstanding	Appropriate	Appropriate	Yes, both present
Good	Appropriate	Appropriate	No, either present
Adequate	Adequate with Possible Bias	Adequate	No, either present
Poor	Limited or Biased	Limited	No, either present
Unsatisfactory	Questionable / None	Questionable / None	No, either present

An example of this process can be found at the TASER statement.

Recommendation:
The authors should provide a recommendation based on the clinical question in one of the following three categories (please note that the exact phrasing of the recommendation will vary whether a treatment, diagnostic or other type of clinical question is being addressed):

- **Yes**, the clinical question is supported positively by the available high quality evidence.
- **No**, the clinical question is not supported positively by the available high quality evidence or significant high quality evidence exists to the contrary of the clinical question.
- **Neutral**, the available high quality evidence is conflicting and future additional data would be helpful to provide further guidance on this subject.

Validity of this methodology:
The validity of this methodology should be checked by comparing this process to literature searches performed on prior clinical questions such as pneumonia and determining the sensitivity and specificity for each strategy for studies of acceptable and good quality. We plan to examine the performance of this literature search strategy by comparing the overall yield of high quality evidence based on this to existing comprehensive strategies utilized by other medical organizations. The results of this, in combination with feedback from the CPC and clinical advisory authors will lead to further improvement of this strategy as appropriate.

Reference format following the JEM guideline
Type references double spaced and number them consecutively in the order in which they are first mentioned in the text, not alphabetically. Identify references in the text, tables, and legends by Arabic

numerals in parentheses. References cited only in tables or figure legends should be numbered in accordance with a sequence established by the first mention in the text of the particular table or figure. The authors are responsible for the accuracy and completeness of the references. For journal articles the following information should be included:
(a) all author names (if more than 6 authors, list the first 3 authors and et al.), surnames followed by initials without periods, (b) the title of the article with the same spellings and accent marks as in the original, (c) the journal title abbreviated as it appears in the Index Medicus or spelled out if it is not listed there, (d) the date of publication, (e) the volume number and (f) inclusive page numbers.
For books, be sure to include the chapter title, chapter authors, editors of the book, title of the book (including volume and edition number), publisher's name and city, year of publication, and appropriate page numbers. Examples of the correct format are as follows:

1. Noble BR. Toward a system of emergency medical care. N Engl J Med. 1976;294:609-11.
2. Kohl S, Pickering L, Dupree E. Child abuse presenting asimmunodeficiency disease. J Pediatr. 1978;93:466-8.
3. Goldfrank LR, Kirkstein R. Toxicologic emergencies: a handbook in problemsolving. New York: Appleton-Century-Crofts; 1978:43-7.
4. Haddad L. Lithium. In: Tintinalli JE, ed. A study guide in emergencymedicine. Dallas: American College of Emergency Physicians; 1980:4-18.

"Unpublished observations" and "personal communications" should not appear in the references, but should be inserted in parentheses in the text. Information obtained from manuscripts that have been submitted for publication but not yet accepted should be cited in parentheses in the text: include authorsand manuscript title followed by "submitted for publication." Manuscripts that have been accepted for publication but have not yet been published may appear in the reference list: include the authors, manuscript title, and name of journal followed by "in press" in brackets.

SUBMITTING A BOARD APPROVED CPC PAPER FOR JEM CONSIDERATION

1. Submit the paper in initial format as written by the author(s) to Dr. Gary Vilke, our *JEM* "expediter." He can send it to the appropriate editor for expedited review. (no sharing of authorship with this route and it is presumably not as involved as getting it published as an outsider sending it to *JEM* for publication)
2. Submit the paper to Dr. Gary Vilke for him and his fellows to “polish” before submitting to *JEM*. If substantial changes are required (i.e. in general, more than grammar and spelling changes), Dr. Vilke and his fellows will receive co-author credit.
3. Submit for publication in the AAEM white pages in *JEM*. The paper is not peer reviewed and does not count toward peer-reviewed authorship. The paper is not searchable on PubMed and other related sites. The turnaround time for publication of a CPC statement is much faster than for a peer-reviewed paper.

PROCEDURES

EDUCATION

ACCME SUBCOMMITTEE CME APPLICATION

To be eligible for CME through AAEM, an event must adhere to the below guidelines.

The program's target audience should include, but is not limited to, residency trained or board-certified (ABEM / AOBEM) physicians who are engaged in the practice of emergency medicine.
AAEM will not accredit a program that has content or sponsors that are judged not in keeping with the mission and principles of AAEM.
AAEM will not accredit a program that competes with its own existing or planned CME events in terms of content, time, or location.
AAEM will not accredit conferences if they fall within 30 days prior to or following AAEM conferences or meetings.
AAEM will not incur any financial liability for jointly provided programs unless previously stipulated in writing.
AAEM will not accredit a program that does not adhere to current AMA / ACCME sponsorship guidelines.
AAEM will consider accreditation only if:

1) The program director is a full voting member of AAEM or
2) The program is being organized by a recognized Academic Institution or Society, and at least one of the directors is a member of AAEM.

4 Months Before CME Event

CME application, $2,500 CME application fee payment (if applicable), and planning committee disclosures and content leader letters of agreement (LOA's) are due

- For live events or live webinars: The application is forwarded to the ACCME Subcommittee for their review and approval via email vote. Three committee member approvals are required.
- For online CME activities on AAEM Online: The application is forwarded to the LMS Committee for their review and approval.

When the CME application is approved and the schedule is received, AAEM staff calculate the number of CME hours and provide the accreditation statements and credit designation statements to the event planners for use in their marketing materials. In addition, the event planners receive the AAEM logo and a logo usage permission form, and the event is advertised in *Common Sense* and on AAEM's events page.

3 Months Before CME Event

Faculty member disclosures and LOA's are due via AAEM's online forms

2 Months Before CME Event

ACCME Subcommittee conducts faculty member disclosure review

1 Month Before CME Event

Sponsorship letters of agreement (LOA's) are due (if applicable). AAEM will draft the LOA.
Event planners and AAEM staff determine how the required CME information (accreditation statement, credit designation statement, and disclosure statements) be communicated to event participants?

- Handout / Program
- Email
- Holding slides displayed before educational content begins
- Event website

2 Weeks Before CME Event

AAEM staff supplies the required CME information to event planners for inclusion in handout / program, holding slides, or event website (if applicable.)

PROCEDURES

1 Day Before CME Event
AAEM staff sends an email to pre-registered attendees with the required CME information (if applicable.) A list of pre-registered attendees is to be provided by the event planners.

1 Week After CME Event
Event planners provide a full list of attendee names and emails to AAEM staff.

Within 30 Days After CME Event
AAEM staff sends an email to attendees with a link to an online CME portal where they can claim their CME credits, download/print their certificates, and complete an event evaluation.

3 Months After CME Event
AAEM staff provides the event planners with the responses to the event evaluation in the CME portal.

6 Months After CME Event
AAEM staff sends an email to attendees with a survey link asking them how their practice has changed as a result of the educational content they received at the event. The survey evaluates improvements in their knowledge, competence, performance, and patient care.

ACCME - DISCLOSURE REVIEW

4 Months Before CME Event

Upon approval of the CME application, the ACCME Subcommittee reviews the disclosures of planning committee members and determines: A. If the relationship is related to an ACCME-defined ineligible company (formerly known as a commercial interest), and B. If the CME content is related to the products or services of the ineligible company.

If a planning committee member has disclosed no relevant financial relationships, no further action is taken.

If a planning committee member has disclosed a financial relationship that is not related to the CME content (e.g. a planning committee member does contracted research with a drug company, but the event is a webinar on physician well-being), no further action is taken.

If a planning committee member has disclosed that they are the owner or employee of an ACCME-defined ineligible company and the CME content is related to the their products or services, the planning committee member must be removed from the planning committee or AAEM can no longer provide CME for the event.

If a planning committee member has disclosed a financial relationship (other than employee or owner) with an ACCME-defined ineligible company that is related to some of the CME content, the ACCME the Subcommittee determines if the planner should recuse him/herself or come up with a way to ensure the planner is not in sole control of planning. An example may be sending a letter to the planning committee member asking them to recuse themselves from making planning decisions regarding certain topics. See the sample letter below.

> Dear Dr. Smith,
>
> Thank you for serving as the vice chair of the planning subcommittee for the 27th Annual Scientific Assembly on March 6-10, 2021 at St. Louis Union Station in St. Louis, MO.
>
> As you are aware, AAEM is accredited by the Accreditation Council for Continuing Medical Education to provide CME credits to physicians. Our accreditation is important to us and we plan activities with the highest standards that meet the ACCME's expectations for our practice of continuing medical education.
>
> The activity we have asked you to organize as vice chair of the scientific program planning subcommittee is to identify topics and speakers based on our learners' need for cutting edge scientific knowledge,

reinforcement of current practices, and hands-on skills training; to determine the format of the program as a whole; and to make other planning decisions as needed to ensure a successful in-person educational event.

We appreciate that you have already provided a disclosure of your financial relationships that are relevant to this activity. Based on the information you have provided, the AAEM ACCME Subcommittee has determined that you have relevant financial relationships with ineligible companies that have the potential to create a conflict of interest with respect to your role in planning this activity:

[Full listing of ineligible companies, amounts received, nature of relationships, details, and topics.]

We will be disclosing this information to learners before the activity, and together have decided on the following strategies to resolve the conflict of interest:

1. You have been asked to abstain from reviewing educational proposals related to your research topics.
2. Planning decisions will be made with the input and agreement of the Chair, Dr. Joelle Borhart, to ensure that decisions were not influenced by your relationship with a ineligible company. Dr. Borhart has disclosed no relevant financial relationships with a ineligible company.
3. Prior to sending speaker invitations, Dr. Borhart will confirm with you and AAEM in writing that planning decisions were not influenced by your relationship with a ineligible company.

Thank you again for your service on the AAEM21 planning subcommittee. We value your input, time and expertise.

3 Months Before CME Event

Faculty member disclosures are due via an online faculty management system or AAEM's online disclosure form.

2 Months Before CME Event

The ACCME Subcommittee reviews the disclosures of faculty members and determines: A. If the relationship is related to an ACCME-defined ineligible company, and B. If the CME content is related to the products or services of the ineligible company.

If a faculty member has disclosed no relevant financial relationships, no further action is taken.

If a faculty member has disclosed that they are the owner or employee of an ACCME-defined ineligible company **and** the CME content is related to their products or services, the faculty member cannot speak at the event.

If a faculty member has disclosed that they are the owner or employee of an ACCME-defined ineligible company and the CME content is **not** related to the their products or services (e.g. a speaker is an employee of a drug company, but the lecture is about physician well-being), no further action is taken.

If a faculty member has disclosed a financial relationship (other than employee or owner) with an ACCME-defined ineligible company that is **not** related to the CME content (e.g. a speaker does contracted research with a drug company, but the lecture is about physician well-being), no further action is taken.

If a faculty member has disclosed a financial relationship (other than employee or owner) with an ACCME-defined ineligible company **and** their CME content is related to the products or services of the ineligible company, the ACCME the Subcommittee reviews faculty member's educational materials (slides, handouts) in advance. These materials are due no later than 6 weeks in advance of the content.

At least two subcommittee members must review and approve the disclosures.

If one subcommittee member requests to review a faculty member's educational materials, the other subcommittee members have two business days to agree or disagree as to whether the educational materials need to be reviewed.

If no agreement is reached within two business days, the subcommittee chair and vice chair will make the final decision.

6 Weeks Before CME Event

ACCME Subcommittee reviews educational materials (slides, handouts) of faculty members who have disclosed a relevant financial relationship with an ACCME-defined ineligible company and whose CME content is related to the products or services of the ineligible company. This review ensures that the educational content is free of marketing or sales of products or services, and that faculty are not promoting or selling products or services that serve their professional or financial interests during accredited education.

SCIENTIFIC ASSEMBLY PLANNING SUBCOMMITTEE (SAPSC)

The SAPSC is tasked with developing the scientific program/educational content for the Scientific Assembly. While objectives may vary from year to year, general requirements include creating a program that presents the most recent advances in emergency medicine, forward-thinking content, and a broad spectrum of general education topics for attendees. The SA Planning Subcommittee must maintain an appropriate representation of our members with respect to geography, gender, ethnicity, race, and practice setting. The SAPSC is a subcommittee of the Education Committee.

ALL individuals in any SAPSC role must provide their disclosure to AAEM and are subject to review by the AAEM ACCME Committee (CME).

The SAPSC follows the AAEM guidelines for appointments, however due to the timing and tasks, additional guidelines have been implemented.

SAPSC Co-Chairs

The AAEM president-elect will select the co-chairs in the year prior to beginning the presidential term (the co-chairs term will begin when the president-elect becomes president). The co-chairs of the SAPSC will either be selected on the basis of his/her active participation, organizational skills, and evidence of leadership abilities on the SAPSC. In addition, individuals who meet the above criteria, but who have not served as members of the SAPSC, but have served in a similar capacity as a chair on a comparable committee or other comparable professional society, would be eligible to serve. The co-chairs of the SAPSC will be invited to serve for a term of two years, regardless of the number of years he/she may have already served as a SAPSC member. The co-chairs of the SAPSC will be limited to serving a maximum of one term at a time and will be eligible to serve again after a period of four years (i.e., two terms).

SAPSC Members

Members of the SAPSC will be appointed by the AAEM president-elect/president and will be invited to serve for a term of one year. The Subcommittee will consist of a minimum of seven regular members and two co-chairs for a total of nine, but no more than 11 total.

SAPSC members should be composed of a mix of “new” members and members who have served on the preceding SAPSC. Members who have served on the preceding SAPSC should comprise no less than 25% but no more than 50% of the new SAPSC to assure continuity.

“New” members should be selected from the Education Committee.

PROCEDURES

SAPSC Advisors

The immediate past co-chairs (when applicable) will remain on the SAPSC for a term of one year in an advisory role. The president and president-elect may appoint additional advisors to the SAPSC for a term of one year and may be reappointed for one addition term of one year (or two consecutive years). The advisory role is a non-voting role and meant to act in a supporting role and as a source of historical knowledge and advisement.

SAPSC Ad Hoc Members

Ad hoc members of the SAPSC will be comprised of the AAEM Executive Committee, AAEM Board Liaison, and the chair and vice chair of the Education Committee. Ad Hoc members serve as advisors as needed. In addition, they approve the faculty and final Scientific Assembly program.

SAPSC Workgroups

The SAPCS Co-Chairs will select and appoint from the existing SAPCS members Workgroup Leads for the following:

- Breve Dulce Workgroup Lead
- Pre-Conference Workgroup Lead
- Small Group Clinic Workgroup Lead
- Competitions Workgroup Lead

Workgroup leads will be invited to serve for a term of one year. No Workgroup Lead can serve more than two consecutive one-year term (or two consecutive years).

Workgroup Leads may invite other AAEM members (they may or may not be part of the SAPSC) to assist with the planning for workgroup sessions. The SAPSC has oversight of the workgroups and the Workgroup Lead will provide updates during each SAPSC meeting.

Scientific Assembly Format

The Scientific Assembly is a five day conference, generally beginning with a half day in the afternoon, followed by two full days, and ending with a half day in the morning. Pre-conference courses are offered on the morning of the first half day of the Scientific Assembly. There are approximately 50 sessions offered during the Scientific Assembly by approximately 150 faculty. There are approximately 275-300 posters accepted each year and are viewable during two poster sessions (held on the two full days). In addition, there are six competitions (AAEM/JEM Resident and Student Research, AAEM/RSA & *Western Journal of Emergency Medicine* Population Health Research, Resident Breve Dulce, Photo, Open Mic, and AAEM Young Physician Section (YPS) Research).

The Scientific Assembly consists of types of sessions:

- **Keynote** (45 minutes) The keynote presentation encompasses the prevailing tone or central theme of the conference. A keynote speaker inspires, engages and ignites passion for physicians in the field of emergency medicine. *(Typically invited by SAPSC)*
- **Plenary Session** (45 minutes) The plenary session is topic focused, often highlighting updates in a specific field related to emergency medicine *(Typically invited by SAPSC)*
- **Track Session** (20-25 minutes) A didactic presentation style to share topics related to emergency medicine.
- **Breve Dulce** (10 minutes) A seven-minute presentation of an emergency medicine related topic within 25 slides. The time and number of slides are strictly enforced.
- **Small Group Clinic** (20 minutes) Small Group Clinic sessions are hands-on learning labs with five groups of six participants learning the content simultaneously (no audiovisuals, slides, group rotations or

presentations) within 20-30 minutes. Leader will recruit five facilitators (leader may be one of them) and collaborate with AAEM to bring supplies.

- **Pre-Conference Course** (4-12 hour course) An opportunity to provide hands-on, interactive learning and development opportunities that are directly managed by AAEM or organized in agreement with a partner group. Times and course fees will be determined by AAEM with partner group. Course must be self-sustaining and director(s) will work with AAEM to recruit faculty and provide course support materials.
- **Industry Sponsored Non-CME Session** (typically a 60 minute session that takes place at breakfast, lunch, and/or evening reception)

Planning Process Overview
Timeline

MONTH	DATE	ACTION
24 months in advance of SA		Co-Chairs Appointed by President-Elect
12 months in advance of SA		SAPSC Members Appointed by President/President-Elect
Onsite at SA	Onsite	SAPSC members meet on last day of SA to • review educational needs for next year • review topic areas for next year • identify pre-conference topics • discuss potential program for next year • review the speaker stipend policy for next year SAPSC Co-Chairs select Workgroup Leads
11 months prior	1st Week 1st Week	SAPSC Meeting to develop preliminary program grid Identify potential keynote and plenary speakers SAPSC Meetings – schedule/meet bimonthly thru SA
10 months prior	June 1 2nd Week	Call for Educational Proposal Submission portal opens SAPSC Chairs & Ad Hoc Members approve Keynote and Plenary Speakers
9 months prior	 1st Week 2nd Week 2nd Week	SAPSC Meetings – Meet bimonthly as scheduled Educational Proposal Submission Closes Education Proposal Submission Review by SAPSC Members Formal invite letters to invited keynote and plenary speakers
8 months prior	 2nd Week 2nd Week 3rd Week	SAPSC Meetings – Meet bimonthly as scheduled Education Proposal Submissions Review Deadline Deadline Invited keynote and plenary speakers to confirm invitation SAPSC reviews ranking of educational proposals and slots them into the grid
7 months prior	 2nd Week	SAPSC Meetings – Meet bimonthly as scheduled

PROCEDURES

	2nd Week 3rd Week 3rd Week 3rd Week 3rd Week	SAPSC Chairs & Ad Hoc Members meet to approve scientific program Identify speaker gifts Competition Submission Opens Prelim grid (schedule outline) and keynote and plenary speaker list due to Communications team for fall membership mailing insert Formal invite letters to concurrent and pre-con speakers Call for Competition Reviewers
6 months prior	1st Week 2nd Week 3rd Week 4th Week	SAPSC Meetings – Meet bimonthly as scheduled Deadline for invited concurrent and pre-con speakers to confirm invitation Formal invite letters to backup speakers Competition Submission Closes Preliminary grid 80 – 90% complete (speaker names, titles, times) and posted on SA website
5 months prior	November 1 2nd Week	SAPSC Meetings – Meet bimonthly as scheduled Registration Opens CME application due Preliminary program (speaker names, titles, times) due to Communications team for main membership mailing
4 months prior	1st Week 1st Week 3rd Week	SAPSC Meeting Notifications sent to submissions not accepted for educational proposals Moderator expectations reviewed/summarized
3 months prior	2nd Week 2nd Week	Learning objectives and lecture descriptions due Moderators invited/scheduled
2 months prior	1st Week 2nd Week	Faculty disclosure review by ACCME Subcommittee Faculty presentation slides are due if potential conflict of interest is identified by ACCME Subcommittee
1 month prior	1st Week 2nd Week	SAPSC Meeting – Meet to review upcoming SA Faculty Deadlines: • Presentation slides are due • Conference registration is due • Handouts are due Moderators confirmed and instructions sent
Onsite at Scientific Assembly		Co-Chairs provide conference highlights at opening remarks Co-Chairs Manage onsite speaker issues Leads manage their session

Program Topics

PROCEDURES

The SAPSC strives to include a topic from each category for inclusion in the scientific program based on requests and needs for learning by emergency medicine physicians. Related topics include, but are not limited to:

- Abdominal / GI
- Addiction Medicine/ Controlled Substance Prescribing
- Admin / Operations
- Advocacy/ Medico legal
- Cardiovascular
- Critical Care
- Cutaneous
- Diversity, Equity & Inclusion
- Domestic Violence
- Education
- EM Careers
- EMS
- Endocrine/metabolic/nutritional
- End-of-Life Care
- Environmental
- Geriatrics
- HEENT
- Hematology and Oncology
- Imaging
- Immune System Disorders
- Infectious Disease (including HIV/AIDS)
- International EM
- Musculoskeletal
- Neurologic Emergency
- OB-GYN
- Pediatrics
- Pharmacology
- Practice of EM
- Psychobehavioral
- Public Health
- Renal-Urogenital
- Risk Management / Patient Safety
- Rural / Community
- Sports / Event Medicine
- Technology
- Thoracic-Respiratory
- Toxicology
- Trauma
- Wellness

RESOURCES

Invited Faculty
The keynote speaker and plenary speakers are identified by notoriety and/or topic and are not selected through the educational proposal process. The SAPSC members will discuss and propose potential speakers and topics for these session types. The AAEM President will be consulted prior to the keynote speaker being proposed/invited. The SAPSC co-chairs will submit the recommendations of the subcommittee for approval from the SAPSC Ad Hoc members.

Educational Proposal Submission & Review Process
When selecting Educational Proposals for the Scientific Assembly, AAEM commits to being fair and transparent. Proposals will be blind reviewed by a minimum of three SAPSC members and will follow the pre-determined criteria and score each domain independently.

The CSPC review process begins approximately one week after educational proposal submission has closed; allowing time for AAEM staff to provide reports and finalize late submissions.

- Educational proposal Submission Closes
- AAEM staff sends the reviewer link to the Review Submission Portal
    - AAEM staff to send an email to solicit SAPSC members (5) preferred categories to review
    - Each SAPSC member is given an individualized list of educational proposals to review
    - SAPSC Co-Chairs and staff to determine which SAPSC members review each designated topic and staff assigns reviewers
- The SAPSC members will use the reviewer website to evaluate the educational proposals and assign scores as needed
    - ALL educational proposals will receive a score by each member assigned to review
    - If a reviewer has a Conflict of Interest (COI) the reviewer is to select the "COI" check box and AAEM staff will reassign the proposal to another reviewer
- All proposals will receive a numerical grade – the final score is the average of the reviewer scores
- Each educational proposal will be reviewed by three members of the SAPSC
    - In the event that a proposal is not reviewed by three members, one of the Co-Chairs will be assigned to review the proposal
- When all submitted proposals have been received; AAEM staff will generate reports for the SAPSC members
- A meeting of the SAPSC will be set to select the recommended educational proposals for the Scientific Assembly program.

Scoring Criteria
Relevance
2 Topic is highly relevant to emergency medicine
1 Topic is relevant to emergency medicine and of modest importance
0 Top is not at all relevant to emergency medicine and area has limited importance

Clarity of Learning Objectives
2 Well thought out learning objectives
1 Learning objectives were poorly stated
0 Unclear learning objectives

Choice of Approach
2 Proposed presentation modality is appropriate to the content
1 Proposed presentation modality is sub-optimal to the content
0 Proposed presentation modality is inappropriate to the content

Innovative Topic
2 Very Likely to stimulate interest
1 Moderately likely to stimulate interest
0 Not likely to stimulate interest

Educational Proposals are rank in ordered according to the sum of their scores. After considering the scores, individual reviewer recommendations, and comments from subcommittee discussion, the SAPSC will nominate the best-reviewed educational proposals for particular session type (track session, breve dulce, etc.) for the Scientific Program.

Scientific Program Approval

When the development of the Scientific Program is complete, the SAPSC Co-Chairs will meet with the SAPSC Ad Hoc members for review of the Scientific Assembly educational program and approval. Only after it is approved will the faculty invitation process begin.

Faculty Management

Faculty Invitation and Notification Process:

When the Scientific Program has been approved, the faculty invitation and educational proposal notification process can begin. The faculty invitation acceptance process is finalized when the invited faculty member has completed all required agreements and "confirmed" their status in the faculty database.

When the faculty database is prepared and has been adequately tested, staff will send a draft of the invitation email containing the link to the faculty database to the SAPSC Co-Chairs for approval.

Each faculty invitation email should contain information specific to their invited role and provisions (date, time, title, type of presentation, etc). Often, faculty will use this email for future reference and during the confirmation process to expedite accepting the invitation.

Faculty Invitation - Confirmation

The faculty portal and website will contain information related to the provisions for faculty participation and description of roles and responsibilities of faculty for the Scientific Assembly and pre-cons. Such information includes:

- Travel stipend (if applicable)
- Hotel information and instructions (if applicable)
- Registration information and instructions (if applicable)
- Faculty role definitions
- Faculty responsibilities
- AV policies and procedures
- Slide / presentation preparation
- Logo usage

Faculty Invitation - Declination

Upon notification of a declination, AAEM staff will utilize the Scientific Program Master to invite the backup faculty. The process of inviting a backup faculty is as follows:

- Staff will forward the declination email to the SAPSC Co-Chairs indicating the response.

PROCEDURES

- Staff will provide the session details to the Co-Chairs, and note the proposed faculty backup
    - It is advisable to note any confirmed faculty within the session details. The easiest and most efficient process for these notifications is to copy directly from the Master Document, as follows:

1. Bruce Lo (Bariatric Surgery Complication in the Emergency Department)
2. Diana Cimpoesu (Gastrointestinal Bleeding: A Cardiovascular Emergency?)
3. Monica Wattana (Oncologic Emergency Medicine: A New Subspecialty in the Making!)
4. Open Slot **DECLINED: Manu Ayyan** (Airway 2.0)
5. Charles Barbera (Community Paramedicine: Enhanced Access to Care for Heart Failure Patients)
BACKUP SPEAKER: Erin Setzer (Bedside US Findings that Change Management)
BACKUP SPEAKER: Eric Abrams (How to Ultrasound the Shortness of Breath Patient)

Faculty Invitation –Non-responders

If an invited faculty member has not provided a response by the requested deadline:

- Staff will send the invitation email again with a one-week response request
- If the faculty member has not responded or accessed the faculty database by the 2nd deadline, staff will notify the SAPSC Co-Chairs and ask if they would like to contact them personally
- If faculty member still doesn't respond, it will be assumed that the member is declining the invitation and the declination process will be followed.

Faculty Disclosure Review

Invited faculty and participants are required to provide a disclosure of relevant commercial relationships in order to participate in the Scientific Assembly.

The AAEM Education Manger will liaise with the ACCME Committee to perform the disclosure review. If any financial relationships are found to be "unresolvable," the SAPSC Co-Chairs will notify the faculty via formal letter indicating that they will be withdrawing the invite due to the potential COI. It is ideal to provide an alternative role for the individual in question, simply to soften the message that they can no longer participate in their confirmed role.

Refer to the ACCME disclosure review policy for further information.

COMPETITION PROCESS

Scientific Assembly Competitions Overview

Competitions are intended to highlight the research, writing, and speaking skills of students, residents, young physicians, and attending physicians at Scientific Assembly. CME is not available for competition presentations. There are six competitions that occur during Scientific Assembly.

PROCEDURES

Photo Competition: This competition features case reports and visual data that have educational value to the EM physician. Open to member and non-member students, residents, and attending physicians. Submissions must include chief complaint, history of present illness, pertinent physical exam, clinical questions and answers, case discussion, pearls, and at least one photograph of the patient, pathology specimens, Gram stains, EKGs, and radiographic studies or other visual data. Submissions rated at a score of 5.1 or higher are invited to present a poster. Posters are judged onsite by volunteer judges. The winner receives a plaque and a letter of recognition to their institution.

YPS Research Competition: This competition is designed to recognize outstanding research achievements by young physicians in emergency medicine. Open to AAEM members who are YPS members or YPS eligible (within the first 5 years post-residency.) Submissions must include objectives, methods, results, and conclusions. The top four submissions are invited for oral presentation; the rest are invited to present posters for display. The top three oral presenters receive a cash prize determined by YPS.

AAEM/*JEM* Resident and Student Research Competition (sponsored by the *Journal of Emergency Medicine*): This competition is designed to recognize outstanding research achievements by residents and students in emergency medicine. Open to member and non-member students and residents. Submissions must include objectives, methods, results, and conclusions. The top six submissions are invited for oral presentation; the rest are invited to present posters for display. The top three oral presenters receive a cash prize determined by the *Journal of Emergency Medicine* and a plaque.

AAEM/RSA and *WestJ*EM Population Health Research Competition (sponsored by AAEM/RSA and the *Western Journal of Emergency Medicine: Integrating Emergency Care with Population Health*): This competition is designed to showcase medical student and resident research, specifically in areas that affect the health of populations of patients in and around the ED. This competition is open to residents and paid student members of AAEM/RSA. Submissions must include objectives, methods, results, and conclusions. The top six to eight submissions are invited for oral presentation. The top three oral presenters receive a cash prize determined by the *Western Journal of Emergency Medicine: Integrating Emergency Care with Population Health* and a plaque.

Open Mic Competition: This competition is designed for new speakers to be heard and evaluated by a panel of judges and conference attendees. There are sixteen 25-minute speaking slots on the schedule; ten slots are selected from an online submission process, and six slots are filled via onsite sign-up. Open to AAEM members and AAEM/RSA resident members. Submissions must include a lecture description and two learning objectives. The top-rated presenters (up to two) are invited to present a full-length concurrent talk (20 – 30 minutes) at the next Scientific Assembly and receive a plaque. If a resident is selected as a winner, the invitation to present at the next Scientific Assembly will be held until they have completed residency.

AAEM/RSA Resident Breve Dulce Competition: This competition is designed for AAEM/RSA resident speakers to be heard and evaluated by a panel of judges. The number of speaking slots are determined by the AAEM/RSA Resident Breve Dulce Competition Lead. Slots are filled via an online submission process. Open to AAEM/RSA resident members. Submission requirements vary based on a theme set by AAEM/RSA. The top three winners receive a cash prize determined by AAEM/RSA.

Roles and Responsibilities

Competitions Workgroup Lead

The SAPCS Co-Chairs will select and appoint a Competition Workgroup Lead. The Competition Workgroup Lead will be a regular member of the SAPCS.

PROCEDURES

Competitions Lead

The Competitions Workgroup Lead will select and appoint Competition Leads for the following competition categories:

Photo Competition
YPS Competition (sponsored by the Young Physicians Section)
Open Mic Competition (sponsored by the Young Physicians Section)
AAEM/RSA Breve Dulce Competition (sponsored by the AAEM Resident and Student Association)

The YPS Competition Lead and Open Mic Lead should be appointed based on the recommendation of the YPS Chair and Vice Chair.

The AAEM/RSA Breve Dulce Competition Leads should be appointed based on the recommendation of AAEM/RSA.

The AAEM/*JEM* Resident and Student Research Competition Lead is appointed by the *Journal of Emergency Medicine*.

The AAEM/RSA and *West*JEM Population Health Research Competition Lead is appointed by the *Western Journal of Emergency Medicine*.

Competitions Format

The format of competitions at Scientific Assembly varies based on the competition category and the ranking of the submissions.

Oral Presentations

Open Mic Competition
AAEM/RSA Breve Dulce Competition
AAEM/*JEM* Resident and Student Research Competition
YPS Research Competition
AAEM/RSA and *West*JEM Competition

Poster Presentations

Photo Competition
YPS Research Competition
AAEM/*JEM* Resident and Student Research Competition

Competitions Timeline

MONTH	DATE	ACTION
8 months prior	1st Week	Competitions Work Group Lead appoints Competition Leads
7 months prior	3rd Week 3rd Week	Call for Competition Submission Portal Opens Call for reviewers
6 months prior	3rd Week 4th Week	Call for Competition Submission Portal Closes Deadline for revisions and withdrawals
5 months prior	2nd Week	Reviewing begins

PROCEDURES

3 months prior	4th Week	Reviewing ends
2 months prior	1st Week 1st Week 2nd Week 4th Week	Reviewing scores tabulated and oral presentations placed on schedule Oral presentation schedule approved by Competition Leads Invitations for poster and oral presentations sent Deadline to confirm poster and oral presentations
1 month prior	1st Week 2nd Week	Poster placement determined Poster numbers and poster presentation instructions sent
Onsite at SA		• Poster judging takes place • Oral presentations judged and winners announced onsite
1 month after	1st Week 1st Week 2nd Week	Honorarium checks (prizes) sent to oral presentation winners Photo Competition scores tabulated Photo Competition winners announced

Competition Submission & Review Process
Competition submissions are "blind reviewed" by a minimum of two reviewers.

The review process begins approximately one week after the competition proposal submission has closed, allowing time for AAEM staff to assign reviewers and finalize late submissions.

- Competition submission period closes
- AAEM staff sends the reviewer link to the Competitions Review Portal
    - Each reviewer is given an individualized list of submissions to review
- The reviewers will use the reviewer website to evaluate the submissions and assign scores as needed
    - ALL submissions will receive a score by each reviewer assigned to review
    - If a reviewer has a Conflict of Interest (COI) the reviewer is to select the "COI" check box and AAEM staff will reassign the submission to another reviewer
- All submissions will receive a numerical grade – the final score is the average of the reviewer scores.
- When all submissions have been reviewed, AAEM staff will tabulate the results and invite the top scoring submitters to present at Scientific Assembly.

Scoring Criteria

AAEM/*JEM* Resident and Student Research Competition
YPS Research Competition
10 – Excellent, high quality research. Generally a well-designed laboratory or prospective clinical study analyzing an important question. Well-constructed abstract. You would expect publication as a full article.
9 – Important, well done research. May include important retrospective work, well designed and strong abstract. Publication expected.
8 – Clearly above average work. Can include above or case series. Relevant to EM and likely to be published.
7 – Above average; might be published. Topic gets your attention, pertinent to EM. Abstract with no major flaws.
6 – Average, possible publication. Topic of interest to EM but work or abstract with some minor flaws.

5 – Average. Applicable to EM. Would struggle to be published.
4 – Below average. Acceptable construct of abstract but topic does not grab your interest or design is lacking.
3 – Clearly below average. Significant flaws in design, abstract or relevance to EM.
2 – Unacceptable. Nothing to do with EM, major problems in abstract or design.
1 – Not recognizable as research.

AAEM/RSA and *West*JEM Competition
Please rate the submission on a scale of 1-10 (10=great, 1= poor).

1. Introduction/background frames research question well
2. Methodology appropriate for research question (more sophisticated and difficult study design= more points. Randomized controlled trial = 10)
3. Sample size enrolled (10s = 1, 100s= 5, 1000s =10)
4. Single site vs. multiple sites (single site gets =1)
5. Results presented clearly and completely
6. Appropriate statistical analysis
7. Conclusions supported by study/data
8. Quality of written presentation (1 = errors, 10 = perfectly written)
9. Importance of question to population health
10. Clarity of abstract presentation

Photo Competition
Clinical Value of Case

7 - 10	This case is particularly dramatic or shows a relatively uncommon disease or disease presentation which is important for emergency physicians to understand
4 - 6	This case is somewhat interesting, but offers minimal advancement of clinical practice and is unlikely to advance the practice of a board certified emergency physician
1 - 3	This is a typical presentation of a typical disease process and adds little to the knowledge of emergency medicine practitioners

Clarity of Images
Note: clinical photographs will be given preference over radiographic images, EKGs, etc.

7 - 10	Striking clinical finding apparent with minimal additional information; the image draws people to the presentation regardless of the topic
4 - 6	Adequate but suboptimal image: requires arrows or circles to see the clinical finding
1 - 3	Hard to understand the value of this image. The image is unclear, even after reading the presentation

Usefulness of Clinical Questions

7 - 10	The questions challenge the reader. They are well thought out and cause the learner to put some thought into developing an answer
4 - 6	The answers to the questions are not obvious, but require little thought to answer
1 - 3	The answers to the questions are obvious and do not require more than a reflex response

PROCEDURES

PRESENTER MANAGEMENT

Presenter Invitation and Notification Process:

When the reviews have been completed, the presenter invitation and submission notification process can begin. The presenter acceptance process is finalized once the invited presenter has completed all required agreements and "confirmed" their status in the faculty database.

Each presenter invitation email should contain information specific to their invited role and provisions (date, time, title, type of presentation, etc). Often, faculty will use this email for future reference and during the confirmation process to expedite accepting the invitation.

Presenter Invitation - Confirmation

The faculty portal and website will contain information related to the provisions for competition presenter participation. Such information includes:

- Hotel information
- Registration information
- Presenter responsibilities
- AV policies and procedures

Presenter Invitation – Declination

Upon notification of a declination, AAEM staff will invite the next ranked submission on the list.

Onsite Presentation Judging

Onsite competition presentations are judged based on their competition category and respective criteria.

Photo Competition

Each poster is reviewed and scored by one judge based on the following criteria:

Clinical Value of Case

7 - 10	This case is particularly dramatic or shows a relatively uncommon disease or disease presentation which is important for emergency physicians to understand
4 - 6	This case is somewhat interesting, but offers minimal advancement of clinical practice and is unlikely to advance the practice of a board certified emergency physician
1 - 3	This is a typical presentation of a typical disease process and adds little to the knowledge of emergency medicine practitioners

Clarity of Images - Note: clinical photographs will be given preference over radiographic images, EKGs, etc.

7 - 10	Striking clinical finding apparent with minimal additional information; the image draws people to the presentation regardless of the topic
4 - 6	Adequate but suboptimal image: requires arrows or circles to see the clinical finding
1 - 3	Hard to understand the value of this image. The image is unclear, even after reading the presentation

Usefulness of Clinical Questions

7 - 10	The questions challenge the reader. They are well thought out and cause the learner to put some thought into developing an answer
4 - 6	The answers to the questions are not obvious, but require little thought to answer
1 - 3	The answers to the questions are obvious and do not require more than a reflex response

PROCEDURES

AAEM/JEM Resident and Student Research Competition
YPS Research Competition
Presentations are judged by a panel of three judges, who review the written abstracts and observe the oral presentations. The presentations are judged based on the following criteria:

1-5 scale for the following categories (5 is best)

1. Introduction/background frames research question well?
2. Methodology appropriate for research question? *(More sophisticated and difficult study design= more points.)*
3. Conclusions supported by study/data?
4. Quality of written presentation? *(1 = errors, 5 = perfectly written)*
5. Clinical importance of question?
6. Clarity of abstract presentation?
7. Presentation Style and Delivery *(1-15 with 15 being the best)*

AAEM/RSA and *West*JEM Resident and Student Research Competition
Presentations are judged by a panel of three judges (including a judge from AAEM/RSA), who review the written abstracts and observe the oral presentations. The presentations are judged based on the following criteria:

1-5 scale for the following categories (5 is best)

1. Introduction/background frames research question well?
2. Methodology appropriate for research question? (*More sophisticated and difficult study design= more points. Randomized controlled trial* = 5)
3. Sample size enrolled? (*10s = 1, 100s=3, 1000s =5*)
4. Single site vs. multiple sites? (*single site gets "1")*
5. Results presented clearly and completely?
6. Appropriate statistical analysis?
7. Conclusions supported by study/data?
8. Quality of written presentation? (*1 = errors, 5 = perfectly written*)
9. Importance of question to population health?
10. Clarity of abstract presentation?
11. Presentation Style and Delivery (*1-15 with 15 being the best*)

Open Mic Competition
AAEM/RSA Resident Breve Dulce Competition
Presentations are judged by a panel of at least three judges, based on the following criteria:

5 = Strongly Agree, 1 = Strongly Disagree

1. Your opening remarks captured my interest and provided an orientation to your topic
2. Your educational objectives were clearly stated early in your presentation; you then met those objectives
3. Your key ideas were apparent and you cited credible sources or gave examples from your experience
4. Your transitions between topics were smooth and your ideas flowed logically, taking notes was easy
5. You delivered your material with sincerity and energy; you spoke with confidence and made good eye contact
6. Your voice, gestures, and appearance enhanced the effectiveness of your presentation.
7. Your slides enhanced your presentation and reinforced your ideas, and were not distracting

8. You managed time well and were not rushed; you left an opportunity for questions from your audience
9. Your conclusion was concise, but added impact to your overall presentation
10. This presentation will improve or reinforce the way I practice Emergency Medicine and improve patient care and outcomes. Yes / No
    If yes, please explain:
11. I felt that this presentation was biased. Yes / No
    Explain:
12. Were appropriate disclosures made by the presenter? Yes / No
13. One thing I learned from your presentation was_____
14. To improve this presentation, I suggest that you:
15. Other comments:

Winner Determination and Notification

The competition winners are determined, notified and announced based on their competition category and presentation type.

AAEM/*JEM* Resident and Student Research Competition
YPS Research Competition
AAEM/RSA and *West*JEM Resident and Student Research Competition
AAEM/RSA Resident Breve Dulce Competition

Winners are announced immediately following the oral presentations after a brief period for judges' deliberation.

Open Mic Competition

Winners are announced during Awards & Announcements on the last day of Scientific Assembly.

Photo Competition

Winner is notified via email after judging score sheets are tabulated.

SPEAKER DEVELOPMENT GROUP SUBCOMMITTEE

The Speaker Development Group matches emerging interested individuals who would like to be national speakers with a mentor who is a nationally recognized AAEM speaker. The goal for the Speaker Development Group is to help mentees become confident, polished, and engaged speakers.
The SDG program is MENTEE led - mentees are to contact mentors and provide mentors with deliverables without being prompted or reminded by mentors or AAEM staff. Mentees who meet the requirements are confirmed as speakers for the upcoming Scientific Assembly.

Eligibility
To be eligible as a mentee, the individual should have:

- Demonstrated initiative – The ideal candidate would lead and value the mentor relationship and take responsibility for at least four communication touch-points within the year and follow-up with mentor using available resources (Zoom, videos, streaming, etc.) if not matched within close geographical area.
- Current AAEM membership – participation in the AAEM Speaker Development Group is a member benefit. AAEM Full Voting, Associate, International and Fellow-in-Training members are eligible to apply.
- No formal speaking experience or training required.

2021-2022 Key Dates
August 2-30: Candidate application portal open

PROCEDURES

August 2-30: Candidates read text assignment
August 30: Candidate book summary due
September: Committee review and match candidates
September-October: Phase 1: Idea Set
October-November: Phase 2: Slide Design
November-December: Phase 3: Delivery and Review of Presentation
December-January: Phase 4: 2nd Delivery and Review of Presentation
February – Mentee / Mentor separate survey/check-in – how are things going
March 23: ~Milestone~ Go/No Go confirmation for speaking at AAEM22 Scientific Assembly*
March 23: Mentee to confirm travel arrangements (hotel, conference registration, flight arrangements, etc.

**To qualify to speak at AAEM22, mentees must actively submit materials on time and engage with their mentor for each activity noted. If a mentee does not meet the requirements, they will be released from the program and the invitation to speak at Scientific Assembly will be rescinded.*

Mentors
The Speaker Development Group leadership selects nationally recognized AAEM speakers to serve as mentors. The following individuals are mentors:

- Joelle Borhart, MD FAAEM
- Peter DeBlieux, MD FAAEM
- Haney Mallemat, MD FAAEM
- Joe Lex, MD MAAEM FAAEM
- Mimi Lu, MD FAAEM
- Amal Mattu, MD
- Corey Slovis, MD FAAEM
- Mike Winters, MD MBA FAAEM

Mentee Application Instructions:

1) Complete the application form.
https://www.aaem.org/forms/speaker-development-application.php
Application Deadline: August 30, 2021

2) Submit a video to AAEM's Google Account
Upload a video (MP4, MOV, or M4V format) to the. Please name the file with your Last Name, First Name (i.e. Jones, Jamie). Applicants are required to submit a video with the following information:

- Your name and institution and a brief summary of your training and passion in emergency medicine
- Previous speaking experience
- Mentoring experience or summary on what have you done to improve your public speaking skills
- Expectations/what you hope to gain from the Speaker Development Group

The video should be no more than 4 minutes in length.
Upload Deadline: August 30, 2021

3) Submit a proposal to speak at AAEM22 at https://www.aaem.org/aaem22/program/
Mentees in the Speaker Development Group program are offered a Breve Dulce (7 minute talk / up to 25 slides) speaker slot at the next Scientific Assembly. To assist in the conference planning process, you are asked to submit a proposed talk title now. For ideas on previous Breve Dulce titles, please visit the AAEM21 Preliminary Program. Visit the AAEM22 website to learn more and complete the educational proposal form.
Submission Deadline: August 30, 2021

PROCEDURES

4) Complete a reading summary.

Applicants are required to read "Secrets of Successful Speakers: How You Can Motivate, Captivate, and Persuade" by Lilly Walters and provide a one page summary of three take-aways. Submit summary via email to Rebecca Sommer, AAEM Education Program Manager at rsommer@aaem.org.
Summary Deadline: August 30, 2021
AAEM will follow up with candidates in September 2021.

GOAL: Speak at Scientific Assembly: April 23-27: AAEM22 Hilton Baltimore

*To qualify to speak at AAEM22, mentees must actively submit materials on time and engage with their mentor for each activity noted.

Planning Process Overview

Timeline

Month	Action
One month after SA (May)	* Send Thank you letter to Mentees who recently completed program – ask for tips to improve the program * Send Thank you letter to mentors and confirm interest/availability to mentor again for the next year * Create new tab w/timeline with new dates for next year's program on SDG shared google drive https://docs.google.com/spreadsheets/d/1AlTJ5Xm_enx26dmgxmopIdCZaLepRdcJVkZPEbQsyHY/edit?usp=sharing * Update Website text: https://www.aaem.org/education/speaker-development-group * Recycle AAEM-0721-151: Speaker Development Group 2022 Application – results are available at www.aaem.org/admin page * Update AAEM-0520-233: AAEM: Speaker Development Group Activity Report * Set up Google Drive folder/link to accept videos AAEM's Google Account
10 months prior (June)	* Open Speaker Development Group Application Portal (open for 4 weeks) (in conjunction with SA Educational Proposals) * Promote on social media, website, Insights, MyAAEM, and with speakers who spoke at previous SA (with their evaluation results and invitation to submit a proposal for the next SA) * Midmonth – send Chair an update on how many have applied and set date for leadership review/matching.
9 months prior (July)	* Pull spreadsheet results from www.aaem.org/admin worksheet and load into shared google drive * load videos to Vimeo and load shareable link on shared google drive * Add candidate Breve Dulce submissions title, objectives, etc. to SDG shared google drive * Add candidate book summary to SDG shared google drive * Send leaders link to review/rank submissions and confirmed meeting date (often determined by Dr. Amal Mattu). * Follow up with any candidates who have not submitted each required criteria. Any candidates who do not submit required criteria by the time leaders meet are automatically disqualified from the review/matching process.
8 months prior (August)	* Match mentees w/mentors * Send Mentee Match Welcome Letter * Send Mentor Match Overview Letter
6-7 months prior (September-October)	Mentees working on Phase 1: Idea Set (**Idea set / refine title, topic, objectives of Breve Dulce talk, goals of program,**

PROCEDURES

4-5 months prior (Nov-Dec)	Mentees working on Phase 2: Slide Design (**firm objectives, draft slides for presentation / share slides with mentor for review & edits)**
2-3 months (Jan-Feb)	Mentees working on Phase 3: Delivery and Review of Presentation (**Give presentation / share video with mentor for review & tips)**
2 months	Menteees working on Phase 4: 2nd Delivery and Review of Presentation (**Give presentation 2nd time / share video w/mentor for review & tips)** Survey mentors – how is it going/recommend mentee to speak at SA Survey mentees – how is it going? Keeping up with milestones of program Staff denote * Rising Star for each mentee in program in SA promotional materials
1 month	(Hotel Cut-off) – Go/No Go for speaker to speak at SA (must have meet milestones and received recommendation from mentor to speak) (**MENTEE REQUIREMENT: If concerns, mentor to share submitted video for Review by SDG Committee to confirm)** * Staff create holding slide of 'this year's Speaker Development Candidates" * Staff update moderator introduction sheets of mentees to add that they are a mentee in this year's program
AT Scientific Assembly	* Mentee gives presentation

Mentee Submission Review Process
The Mentor review process begins approximately one week after educational proposal submission has closed; allowing time for AAEM staff to provide reports and finalize late submissions.

When reviewing submissions for the Speaker Development Program, each candidate's Educational Proposal submission is reviewed by the Scientific Assembly Planning Subcommittee in a blind review process. The results of the SAPSC review are then shared on the SDG shared Google Drive.

- The candidate videos are reviewed by the SDG Leaders using a
- Educational proposal submission closes
- AAEM staff sends leadership the link to the SDG shared drive
    - Each leader reviews all submissions and assign scores
    - If a reviewer has a Conflict of Interest (COI) the reviewer is to denote "COI" so other leaders know why the submission was not reviewed.
- All proposals will receive a numerical grade – the final score is the average of the reviewer scores
- Each submission will be reviewed by three leaders
    - In the event that a proposal is not reviewed by three leaders, one of the Co-Chairs will be assigned to review the proposal
- When submissions have been received; AAEM staff will summarize numerical scores and sort shared drive in order of highest scored on top for matching.
- A meeting of the leaders will be set to match the top candidates with a mentor.

Scoring Criteria
3=Excellent
2=Good
1=Fair
0=Poor / Not Applicable

PROCEDURES

1. Speaker clearly stated their name and institution
2. Speaker gave a brief summary of training and passion in emergency medicine
3. Speaker shared previous speaking experience
4. Speaker shared mentoring experience or summary on what they have done to improve public speaking skills to date
5. Speaker clearly defines expectations/what hopes to gain from the Speaker Development Group
6. Presentation was clearly organized
7. Time was used effectively (not more than 4 minutes)
8. Content was clearly defined/followed directions
9. Delivery was engaging
10. Use of humor and creativity

Educational Proposals are rank in ordered according to the sum of their scores. After considering the scores, individual reviewer recommendations, and comments from subcommittee discussion, the leaders will rank the best-reviewed submissions for matching with a mentor.

INTERNATIONAL CONFERENCE

APPROVAL OF RECOMMENDED INTERNATIONAL CONFERENCES

CME is not available for international conferences with limited exception for AAEM's joint international partners. International conferences may submit an application for AAEM to recommend and endorse their event.

AAEM will use the following guidelines when considering recommendation of outside conferences and courses related to the specialized practice of emergency medicine.

AAEM will not recommend or support a program that has content or sponsors that are judged not in keeping with the mission and principles of AAEM.

AAEM will not recommend or support a program that competes with its own existing or planned CME events in terms of content, time, or location.

AAEM will not forward requests for recommended conferences if they fall within two weeks prior to or following AAEM conferences or meetings.

AAEM will not incur any financial liability for recommended or supported programs.

AAEM will not incur any financial liability for co-sponsored programs unless previously stipulated in writing.

AAEM will not recommend or support a program that does not adhere to current AMA / ACCME sponsorship guidelines.

In order to verify the above criteria, the following documents may be requested:

- Advertising brochure

- Program evaluations by past attendees

- Agenda or proposed topics

3 Months Before Event

Recommended conference application and application fee payment (equal to registration fee for one physician) are due via AAEM's Recommended Conference application online form.

PROCEDURES

Application is forwarded to the International Conference Committee for their review and approval via email.

Approval from three committee members is required.

When the application is approved, the event planners receive the AAEM logo and a logo usage permission form, and the event is advertised in *Common Sense* and on AAEM's recommended events page.

LEARNING MANAGEMENT SYSTEM (LMS)

APPROVAL OF CONTENT FOR THE LMS

The LMS Committee will utilize the policies and processes of the ACCME Subcommittee to approve content for the LMS.

SOCIAL MEDIA

SOCIAL MEDIA REFERENCES

There can be much value in creating an online presence on a social media platform. The policies below are designed to provide guidance for AAEM.

Standard Account Requirements

1. All AAEM posts on social media platform shall adhere to applicable state, federal and local laws, regulations and policies.
2. Each AAEM account on social media platforms shall clearly identify the profile as an official AAEM publication.
3. All AAEM profiles on social media platforms shall clearly indicate that any articles and any other content posted or submitted for posting are subject to public disclosure.
4. Where appropriate, AAEM posts on social media platforms should link back to the AAEM website for additional information.
5. All AAEM profiles on social media platforms shall clearly indicate they are maintained by AAEM and shall have contact information or AAEM website prominently displayed.
6. By utilizing all AAEM social media accounts, users release AAEM from any liability that may result from use of the site.
7. AAEM shall focus its posts through three main profiles, AAEM, AAEM/RSA, and AAEM-YPS. Other committees, sections, and chapter divisions can request posts from these three overarching profiles to reach specific demographic audiences.
8. AAEM shall focus its social media presence through the following platforms: Facebook,Twitter, and Instagram. AAEM/RSA shall focus its social media presence through the following platforms: Facebook, Twitter, LinkedIn, and Instagram. AAEM-YPS shall focus its social media presence through Facebook, Twitter, and Instagram.

Account Administration Recommendations

It is important to establish who will be responsible for the management and administration of the AAEM accounts on a social media platform. These policies aim to provide guidance in creating an administrative framework for AAEM accounts.

PROCEDURES

1. Administrative access for AAEM accounts on social media platforms will be shared among multiple client staff members. For those platforms that allow multiple administrators (e.g. Facebook, LinkedIn), at least two staff members shall have administrative access. For those platforms that use a single login (e.g. Twitter and Instagram), the login information will be shared with the client staff member's supervisor.
2. AAEM staff and members who review content and posts should have a thorough understanding of AAEM and any applicable social media policies.
3. AAEM staff shall monitor the posts regularly to ensure that all material is in compliance with all applicable social media policies.
4. AAEM staff who have been designated to represent AAEM shall manage the addition of content to AAEM social media accounts. AAEM members should notify the staff if inappropriate content is posted. Only AAEM staff should manage the removal of content from AAEM accounts.
5. AAEM staff and AAEM/RSA members who have been designated to represent AAEM/RSA shall manage the addition of content to AAEM/RSA social media accounts. AAEM/RSA members should notify the staff if inappropriate content is posted. Only AAEM staff should manage the removal of content from AAEM/RSA accounts.
    1. AAEM/RSA members designated to represent AAEM/RSA on social media are limited to the AAEM/RSA President, the AAEM/RSA Publications & Social Media Committee Board Liaison, and the AAEM/RSA Publications & Social Media Committee Chair and Vice Chair.
6. AAEM staff and YPS-AAEM members who have been designated to represent YPS-AAEM shall manage the addition of content to YPS-AAEM social media accounts. YPS-AAEM members should notify the staff if inappropriate content is posted. Only AAEM staff should manage the removal of content from AAEM/RSA accounts.
    1. YPS-AAEM members designated to represent YPS-AAEM on social media are limited to the YPS-AAEM Chair and the YPS-AAEM Social Media Committee Chair.

Account Monitoring Recommendations

An essential part of managing a presence on a social media platform is monitoring that presence to ensure that all content posted is appropriate. These policies address circumstance under which content may be removed.

These policies are not intended to represent the full scope of content that should be removed.

1. AAEM reserves the right to monitor the platform for inappropriate posts, edit, restrict or remove content that is believed to be factually incorrect, in violation of any applicable social media policy or in violation of any applicable law.
2. Any content or comments posted to AAEM's profiles or posts on a social media platform containing any of the following items shall be removed:
    1. Profane language or content;
    2. Content that promotes, fosters or perpetuates discrimination on the basis of race, creed, color, age, religion, gender, marital status or with regard to national origin, physical or mental disability or sexual orientation;
    3. Sexual content or links to sexual content;
    4. Solicitations of commerce that is not approved by AAEM;
    5. Content that encourages restraint of trade or other violations of antitrust;
    6. Content that is not in line with the AAEM mission or the organization's values;
    7. Content that is political in nature, but not sanctioned by the organization as a whole;
    8. Conduct or encouragement of illegal activity.
3. Any communications shared through social media must be consistent in tone, style, and message content. All posts shall adhere to the AAEM brand guidelines.

PROCEDURES

4. AAEM staff shall follow all applicable social media policies when monitoring content on social media accounts.

Social Media Etiquette

Whether using social media personally or on behalf of AAEM, it is important to be mindful of the way comments can be construed. These guidelines are designed to capture some of the more common practices when it comes to social media etiquette.

General Recommendations

1. Always express ideas and opinions in a respectful manner.
    1. All communications should be in good taste;
    2. Be sensitive when linking to outside content as redirecting to another site may imply endorsement of its content;
    3. Be cautious not to denigrate or insult others.
2. Be transparent.
    1. When posting content to a social media site without official approval from AAEM to act as a spokesperson, add a disclaimer to the effect of: "The opinions and positions expressed are my own and don't necessarily reflect those of AAEM."
    2. Only individuals authorized by AAEM may use the AAEM logo in communications.
3. Protect confidential information and relationships. Online postings and conversations are not private; therefore,
    1. Avoid identifying and discussing others, including employees, members, exhibitors and supporters, Posters should obtain permission prior to posting;
    2. Obtain permission before posting pictures of others, logos or other copyrighted information;
    3. Never discuss proprietary information, or anything considered confidential;
4. Express your points in a clear, logical way. Given the nature of social media, a single comment can become a dialogue. When confronted with a difference of opinion, be careful to stay calm, correcting mistakes when warranted. Only ignore comments when it is clear that someone isn't interested in interacting with you and only wants to be inflammatory.
5. Attempt to add value. The posted content adds value if it improves the knowledge or skills of site users if it builds a sense of community or if it helps to promote AAEM's values.

Privacy

1. Be careful with personal information; do not post any content that contains personal health information, including but not limited to patient images.
2. Be familiar with the privacy settings on the social media platform, and make use of them to protect your information and content.
3. Never post something that would be offensive, hurtful, damaging or inappropriate if it were stated publicly.
4. AAEM staff and members are prohibited from collecting or storing, or attempting to collect or store, personal data about third parties without their knowledge or consent.

Posting Guidelines

1. Posts should be used to:
    a. Inform users of deadlines, member benefits, changes in policy, or other information that is necessary to their membership.
    b. Be an educational resource.
    c. Promote upcoming AAEM events.

PROCEDURES

2. Tone of posts:
    a. Can be relatively informal to promote engagement, but still professional.
    b. Shall appear to come from AAEM as an organization rather than an individual.
    c. Shall use we/AAEM rather than I.
3. Refrain from posting:
    a. Medical advice or medical commentary.
    b. Any material (by uploading, posting, email or otherwise) that contains software viruses, worms, disabling code, or any other computer code, files or programs designed to interrupt, destroy or limit the functionality of any computer software or hardware or telecommunications equipment.

Any product or service endorsements or any content that may be construed as political lobbying, solicitations or contributions, or positions on issues on any legislation or law that AAEM has not decided as an entire organization to support.

RESOURCES

AAEM Staff

Missy Zagroba, CAE | Executive Director
Contact with questions about: AAEM Board Activities, AAEM Physician Group, AAEM Locum Group, Policy and Procedures, AAEM Foundation, AAEM LEAD-EM, , and general questions regarding AAEM oversight.

Kay Whalen, MBA CAE | Executive Director Emeritus
Contact with questions about: History of AAEM, Board Activities, and overall questions regarding AAEM.

Madeleine Hanan, MSM | AAEM Senior Administrative Manager & AAEM/RSA Executive Director
Contact with questions about: AAEM Resident and Student Association, Medical Student Council & Committees. Staff Liaison for : EM Workforce, Diversity, Equity, and Inclusion, Legal, and Government & National Affairs Committees.

Roxanne Dobbs | Program & Administrative Manager
Contact with questions about: the Job Bank, General Committee questions, Residency Visits, Certificate of Workplace Fairness, and MyAAEM. AAEM Staff Liaison for: Wellness Committee.

Erica Pollnow | Membership Manager
Contact with questions about: Member Benefits, Member Recruitment & Mailings, 100% Group & Residency Program Memberships, Membership Renewals and Engagement Opportunities, Journal of Emergency Medicine (JEM) Medicine Subscriptions, Merchandise and Book Orders. Staff Liaison for: Membership, Geriatrics, and Social EM and Population Health Committees.

Forthcoming | Senior Communications & Membership Manager
Contact with questions about: Common Sense Member Magazine, Advertising, Media Inquiries & Press Releases, and AAEM Awards. Staff Liaison for: International and International Conference Committees.

Forthcoming | Website & Digital Content Manager
Contact with questions about: Digital Communications, Website Information, Insights Newsletter, and Podcast Series. Staff Liaison for: Social Media Committee.

Kathy Uy, MS CMP | Senior Meetings Manager
Contact with questions about: Logistics pertaining to the Scientific Assembly. Staff Liaison for: Critical Care Medicine, Emergency Medical Services, Emergency Ultrasound, Womein in EM, and Young Physicians Sections.

Rebecca Sommer | Education Manager
Contact with questions about: Programing pertaining to the Scientific Assembly, Online Education, CME Activities, and Certificates & Reports. Staff Liaison for: ACCME , Speaker Development , and Written Boards Subcommittees; Learning Management System (LMS) Committee.

Tom Derenne | Program Manager
Contact with questions about: Oral Board Review Courses. Staff Liaison for: Academic Affairs, Clinical Practice, Ethics, Pain and Addiction Committees; Oral Boards Subcommittee.

RESOURCES

Elizabeth Mueller | Administrative Manager
Contact with questions about: Starting a new Chapter Division. Staff Liaison for all Chapter Division: California, Capital Region, Delaware Valley, Florida, Great Lakes, Louisiana, Missouri, New York, Tennessee, Texas, Uniformed Services, India, Lebanese Academy of EM, and Mediterranean Academy of EM Chapter Divsions.

Stephanie Burmeister | Journal Administrative Manager, WestJEM (AAEM)
Contact with questions about: the Western Journal of Emergency Medicine, including department and chapter division subscriptions, article processing, and advertisement logistics.

Leah Skogman | MEMC Meeting Manager
Contact with questions about: Mediterranean Emergency Medicine Congress.