

- 00:35:06 Laura Stabler, GEDC: Welcome Everyone
- 00:38:25 Heather Wojtarowicz | GEDC: <https://gedcollaborative.com/>
- 00:38:39 Heather Wojtarowicz | GEDC: <https://gedcollaborative.com/membership/>
- 00:40:45 Sue Harvey: AMS is dementia, even if not in the medical history (They probably just don't know they have dementia.)
- 00:40:55 Conor Sullivan: Yes witnessed I told people they would like to be spoken to with respect.
- 00:41:06 Conor Sullivan: Tess Hogan Univ of Chicago
- 00:41:09 Aaron Malsch: Accepting cognitive and functional deficits as normal for older adults
- 00:41:11 Carmen Lee: ER mistaking delirium for dementia
- 00:41:29 Heather Wojtarowicz | GEDC: <https://www.johnhartford.org/>
- 00:41:42 Heather Wojtarowicz | GEDC: John A Hartford Foundation's Reframing Aging Initiative: <https://www.reframingaging.org>
- 00:41:49 Traci Corsones: Not having dementia or delirium screening in our ED. Working toward that currently. Naples FL
- 00:42:16 Stephen Meldon: over use of age as inclusion for medical intervention- e.g. PCI for STEMI
- 00:42:47 Ava Lester: Tampa , FL - work in operating room. Encounter talking to elderly patient as 'honey'. Redirect to identify patient in a respectful manner Mr or Mrs.
- 00:43:27 John Schumacher: "Oh, no another nursing home patient" Overheard in ED break room.
- 00:43:40 Joan Michelle Moccia: Recently a patient of mine was automatically not given an opportunity to have inpatient rehab post abdominal surgery. He is 97 years old. Staff did not taken into account he is his own decision maker, administers his own medications, does his own ADLS except for assistance he requires in the AL is help with showers. Advocacy is imperative.
- 00:44:14 Heather Wojtarowicz | GEDC: John A Hartford Foundation's Reframing Aging Initiative: <https://www.reframingaging.org>
- 00:44:47 Heather Wojtarowicz | GEDC: The Why and How of Reframing Aging Video: <https://www.youtube.com/watch?v=X6rqcHytmtQ>
- 00:44:56 Susan Bower: calling the older patient "sweet names" like honey, dear, etc.
- 00:46:19 Joan Michelle Moccia: Saying "you still drive" - "you still do"

- 00:47:48 Heather Wojtarowicz | GEDC: Reframing Aging Initiative Guide:
<https://www.reframingaging.org/Portals/GSA-RA/images/RAI%20Communication%20Best%20Practices%20Guide%20220328.pdf>
- 00:50:00 Heather Wojtarowicz | GEDC: Related videos:

Frame of Mind: Reframing Aging from Them to Us Video:
<https://www.youtube.com/watch?v=OMUnMAzEUew>

Frame of Mind: Starting Strong, Avoiding Traps Video:
https://www.youtube.com/watch?v=Z_4bm2kFpr4
- 00:53:06 Heather Wojtarowicz | GEDC: Age-Friendly Healthcare Quick Guide:
<https://changingthenarrativeco.org/wp-content/uploads/2021/12/CTN-Age-Friendly-Healthcare-Quick-Guide-Final-12062021.pdf>
- 00:53:16 Heather Wojtarowicz | GEDC: Changing the Narrative Ageism in Healthcare White Paper
https://changingthenarrativeco.org/wp-content/uploads/2021/02/JVAtCtN_AgeismInHealthcare_WhitePaper_FINAL012821.pdf
- 00:56:18 Heather Wojtarowicz | GEDC: JGEM Journal Strategies to Combat Ageism in Emergency Medicine:
<https://institutionalrepository.aah.org/cgi/viewcontent.cgi?article=1029&context=jgem>
- 01:01:48 Marcus Escobedo, The John A. Hartford Foundation: WHO Global Report on Ageism:
<https://www.who.int/teams/social-determinants-of-health/demographic-change-and-healthy-ageing/combating-ageism/global-report-on-ageism>
- 01:02:27 Heather Wojtarowicz | GEDC: I encourage you to interject with any comments to create a conversation between all the panelists!
- 01:02:31 Dyan Hagy: significant lack of research in elder mistreatment or abuse
- 01:06:09 Joan Michelle Moccia: Those points are excellent regarding signs/symptoms are different e.g. we see this with sepsis too.
- 01:06:20 Aaron Malsch: This really demonstrates the foundations of medicine are built on ageism (misaligned research, ineffective clinical standards, etc
- 01:09:15 Joan Michelle Moccia: Yes, DNAR does not mean no care.
- 01:10:52 Marcus Escobedo, The John A. Hartford Foundation: Most of us have biases against getting old! GED and age-friendly care help overcome those biases by focusing on evidence-based care (not assumptions) and by focusing on What Matters to the person and treating them as a human being.

- 01:12:03 Nida F. Degeys, MD (she/her), UCSF: Yes, not “atypical” at all! OMG @Tess, yes, I give many AFED lectures, and I strive to remove the term “atypical presentation”.
- 01:13:20 Don Melady: Dyan is really getting at the way that we can move on or improve on clinical practices. Offer more independence. Be supportive. Be promoting.
- 01:13:31 Don Melady: Educate yourself and your colleagues.
- 01:13:54 Joan Michelle Moccia: Focus on their priorities of care
<https://patientprioritiescare.org/>
- 01:14:13 Marcus Escobedo, The John A. Hartford Foundation: We can all take steps to change our language and framing like Dyan has challenged herself to. Here are 8 Reframing Aging recommendations:
- 1) use inclusive language free of age-bias
 - 2) highlight the diversity that exists among older adults
 - 3) talk affirmatively about changing demographics
 - 4) emphasize collective responsibility and social context
 - 5) talk about aging as a dynamic process that can benefit society
 - 6) define ageism
 - 7) include concrete, systems level solutions
 - 8) incorporate concepts of justice and ingenuity
- 01:14:23 Nida F. Degeys, MD (she/her), UCSF: One reason we call ourselves an “Age Friendly” ED rather than “Geriatric ED”, is because our patients also feel that the term geriatric is full of bias and that it would cause even more bias in treating older adults.
- 01:20:10 Nida F. Degeys, MD (she/her), UCSF: @Brittany I am teaching med students today about how to approach older adults, and not only am I going to employ @Tess’s recommendation to remove “atypical”, I am also going to include why older adults are just as wonderful as pediatric patients...
- 01:20:19 Don Melady: It’s often said that for clinicians, working with older patients allows you to “work at the top of your licence” — using all your skills and competence as an MD or RN or PT, etc.
- 01:21:15 Nida F. Degeys, MD (she/her), UCSF: While we started the trend at UCSF now several other UC’s are following suit. Feel free to start calling it AGE FRIENDLY 😊.
- 01:21:17 Pamela Martin: At Yale, we are now incorporating a 4 hour education session with new nurses. I am hopeful that this will help with the culture change and that they will hold their peers accountable. I did incorporate an ice breaker about ageism.

- 01:21:43 Marcus Escobedo, The John A. Hartford Foundation: Intergenerational activities and fostering exposure/interactions between younger and older people have very strong evidence for reducing ageism.
- 01:21:53 Joanna D'Elia: will you share your icebreaker @ pamelamartin
- 01:21:53 Nida F. Degeysys, MD (she/her), UCSF: @Pamela Martin, what type of ageism icebreaker?
- 01:22:33 Joan Michelle Moccia: Can you repeat that score please?
- 01:22:55 Pamela Martin: @ Joan Michelle Moccia AMPAC score
- 01:23:00 Nida F. Degeysys, MD (she/her), UCSF: AMPAC
- 01:23:56 Jennifer Clay: @Pamela Martin can you share your 4 hr training module
- 01:24:08 Joan Michelle Moccia: Thank you so much.
- 01:24:12 Don Melady: @Pamela Martin can you share your 4 hr training module
- 01:24:32 Nida F. Degeysys, MD (she/her), UCSF: At the same time because the s/s are different sometimes more tests are indicated
- 01:25:06 Nida F. Degeysys, MD (she/her), UCSF: I think the point is that if you wonder why a physician ordered something, ask. Maybe they know why, maybe they don't...
- 01:25:32 Sue Harvey: People who don't feel heard don't talk - age-sensitive care allows us to get the whole clinical picture when we get complete medical histories and med recs I feel people talk over older adults and rush- to our own detriment
- 01:25:49 Pamela Martin: @ Nida and @ Joanna I'm trying to add to slide to chat.
- 01:26:15 Nida F. Degeysys, MD (she/her), UCSF: Yes @sue, we need to slow down a bit and listen!
- 01:27:57 Nida F. Degeysys, MD (she/her), UCSF: @Aaron I want that UAB training
- 01:29:03 Laura Stabler, GEDC: <https://gedcollaborative.com/podcast/geri-immersive-simulation/>
- 01:29:17 Don Melady: If you are looking for additional accredited training for nurses and doctors about the essentials of ED care of older people: <https://gedcollaborative.com/course/geri-em/> FREE
- 01:29:51 Aaron Malsch: UAB's Geriatric Scholar program is amazing! There is sim lab is also great.

- 01:30:31 Laura Stabler, GEDC: Please visit [Gedcollaborative.com](https://gedcollaborative.com) for a Geeri Immersive Simulation Podcast @ <https://gedcollaborative.com/podcast/geri-immersive-simulation/>
- 01:31:11 Emily Simmons: @Aaron. Thanks for the shout out on our Geriatric Scholar Program. @Nida we would be glad to share with you information on our Geriatric Scholar Program and Aging Sensitivity simulation
- 01:31:29 Don Melady: Is there a link for this Geri Scholar Program?
- 01:31:32 Nida F. Degeys, MD (she/her), UCSF: nida.degeys@ucsf.edu
- 01:31:44 Laura Stabler, GEDC: How to create your own Geri Suits
<https://gedcollaborative.com/article/how-to-create-your-own-geri-suits-for-your-geriatric-emergency-department/>
- 01:31:44 Aaron Malsch: @Pam, both Michelle and I are on the ENA Geriatric committee...maybe we need to reach out to see where we can bulk up age friendly content in the residency program
- 01:31:50 Joan Michelle Moccia: Great pearls Pam
- 01:31:58 saket saxena: From a Geriatric Medicine perspective, Ageism is not easy to overcome; we are in this together - please consider partnering with your Geriatrician colleagues who are at the forefront of combating Ageism and can help you with policies/education.
- 01:32:46 Aaron Malsch: I will be 50 this fall!
- 01:32:55 Don Melady: I just stopped being a "junior citizen" last week!
- 01:34:18 Laura Stabler, GEDC: Happy to have just turned 59!!
- 01:34:41 Conor Sullivan | GEDC: An oldie but goodie....
https://www.youtube.com/watch?v=Ahg6qcgoay4&ab_channel=dothetest
- Awareness test. In our busy day to days the principle of selective inattention is a real obstacle to overcome. A consequence of our mind being able to choose/"filter" what we focus on. In the video if we are asked to focus on the team passing the ball, then our mind becomes preoccupied with that task and will filter out things that are not relevant. It is not a trick or a lie, rather a test of how your mind works. This applies to Ageism and awareness is a critical first step.
- 01:35:47 Ava Lester: Great viewpoints! Thank you to all for this important topic for more discussions to mitigate biases, etc.
- 01:35:49 Tess Hogan: Great talk everyone I learned a lot!

- 01:35:56 Debra Tomasino: I'm a PhD student and an almost senior citizen! I take advantage of my college student discounts and my AARP discounts! 😄
- 01:36:01 Heather Wojtarowicz | GEDC: JGEM Journal Strategies to Combat Ageism in Emergency Medicine:
<https://institutionalrepository.aah.org/cgi/viewcontent.cgi?article=1029&context=jgem>
- GEDC Blog on non-ageist language: <https://gedcollaborative.com/article/language-matters-the-power-of-words-in-the-ed/>
- Regional Geriatric Programme of Toronto guide to patient-centred language:
<https://rgptoronto.ca/resources-for-organizations/implement-person-centred-language-in-patient-documentation/>
- 01:36:44 Joan Michelle Moccia: Terrific webinar. Thank you.
- 01:37:03 Heather Wojtarowicz | GEDC: <https://gedcollaborative.com/membership/>
- 01:37:12 Laura Stabler, GEDC: Thank you Everyone!!
- 01:37:46 Vicki S.: Thank you all
- 01:37:48 Nemat Alsaba: Thank you everyone