

GERIATRIC EMERGENCY MEDICINE

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EDITORIAL

The European Curriculum of Geriatric Emergency Medicine: A collaboration between the European Society for Emergency Medicine (EuSEM) and the European Union of Geriatric Medicine Society (EUGMS)

Creación del Currículo Europeo de Medicina de Urgencias y Emergencias Geriátrica: Una colaboración entre la European Society for Emergency Medicine (EuSEM) y la European Union of Geriatric Medicine Society (EUGMS)

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The United Nations has agreed that 60+ years may define the old age (1). At the same time, the WHO recognized that the developing world often defines old

ning conditions like myocardial infarction or trauma. Since 1994, EuSEM spent a lot of energy and lobbying to convince that EM should become a primary spe-

<http://aeme.org.uk>

<https://geriemeurope.eu>

<https://www.bgs.org.uk/events/g4j-2019>

<https://www.eusemcongress.org/en/programme/precourses/geriatric>

<https://www.eugms.org/research-cooperation/special-interest-groups/geriatric-emergency-medicine.html>

Introduction

This document describes the mission, vision and goals for 2018-2019 of the European Task Force on Geriatric Emergency Medicine, consisting of members of EuSEM- Section of Geriatric Emergency Medicine and EuGMS – Geriatric Emergency Medicine Special Interest Group.

Mission statement

To develop sustainable clinically and cost-effective patient-centered health care systems that improve relevant outcomes for older patients in Emergency Medicine * across Europe

Vision

1. Due to complexity and multi-morbidity seen in older patients, a purely disease-oriented approach might not be appropriate. The process of care of older emergency patients should be focused around the older patients' specific needs, their experience and relevant outcomes.
2. Geriatric Emergency Medicine should be inclusive with respect to partnerships with other stakeholders in the care chain for emergency patients.
3. Care and interventions in Geriatric Emergency Medicine should be guided by the principles of evidence-based medicine.
4. All professionals working in the Emergency Medicine setting need to be able to deliver appropriate care to older patients.
5. The Emergency setting in which time and resources are limited, mandates that interventions should be pragmatic, feasible and proportionate to the Emergency Medicine setting. Nonetheless, the principles of Comprehensive Geriatric Assessment may commence in the acute setting.
6. Emergency Settings across Europe are different between care systems, therefore solutions or effective interventions may be different across systems. However, common principles do apply across Europe, like the need for evidence-based, patients centered and pragmatic solutions, which is the common basis for the Task Force activities.

* Emergency Medicine is a primary specialty established using the knowledge and skills required for the prevention diagnosis and management of urgent and emergency aspects of illness and injury, affecting patients of all age groups with a full spectrum of undifferentiated physical and behavioral disorders. This includes organizing the proper medical response for patients looking for urgent medical care. Time and timing in this setting may be critical either from a medical or from the patient's point of view. The practice of Emergency Medicine encompasses the in-hospital as well as out-of-hospital triage, resuscitation, initial assessment, telemedicine and the management of undifferentiated urgent and emergency patients until discharge or transfer to the care of another health care professional.

Taken from: <http://eusem.org/updated-definition-of-emergency-medicine-in-europe/>

