

SYLLABUS

Marrakesh, Morocco, November 12-17, 2011

XXth WORLD CONGRESS OF NEUROLOGY



SOCIÉTÉ MAROCAINE
DE NEUROLOGIE

WCN Education Program
Sunday, 13 November, 2011
09:00-18:00

ADVOCACY-AAN LEADERSHIP

Chairperson: **Mohammed Wasay**, *Pakistan*

09:00 **OPENING REMARKS AND FACULTY INTRODUCTIONS**
Mohammed Wasay, *Pakistan*

09:15 **WHAT IS ADVOCACY, WHY IS IT IMPORTANT?**
Man Mohan Mehndiratta, *India*

09:45 **TOPIC IDENTIFICATION BREAKOUTS**
Melissa Showers, *USA*

10:30 *Coffee Break*

11:00 **BASIC PRINCIPLES OF ACTION PLANNING**
Mohammed Wasay, *Pakistan*

11:30 **LOCATING AND USING ADVOCACY RESOURCES**
Wolfgang Grisold, *Austria*

12:00 **LEGISLATIVE TRAINING**
Tissa Wijeratne, *Australia*

12:30 *Lunch Break*

13:00 **COMMUNICATIONS AND MEDIA, DEVELOPING YOUR MESSAGE**
Walter Struhal, *Austria*

14:00 **FINALIZING YOUR ACTION PLAN**
Apoorva Pauranik, *India*

14:30 *Coffee Break*

15:00 **PRESENTING YOUR ACTION PLAN AND SOUND BITE**
Faculty

Locating and using Advocacy Resources:

Wolfgang Grisold
MD., Prof.

Wolfgang.grisold@wienkav.at

UEMS/EBN examination committee

WFN education committee

Donald M Palatucci AAN Advocacy Leadership forum

- Dinner with executive director and congressman
- Leadership vision
- Communication planning
- Media skills
- Program development
- „Mentorship“
- Ringel: 1 year with senator

AAN Leadership-Seminar 2004
Primärärztetreffen 11/2004

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The Donald M. Palatucci Advocacy Leadership Forum trains AAN members to advocate for their patients and the profession of neurology. Forum graduates go on to use their skills at the state, local, and national levels and have applied their advocacy action plans to:

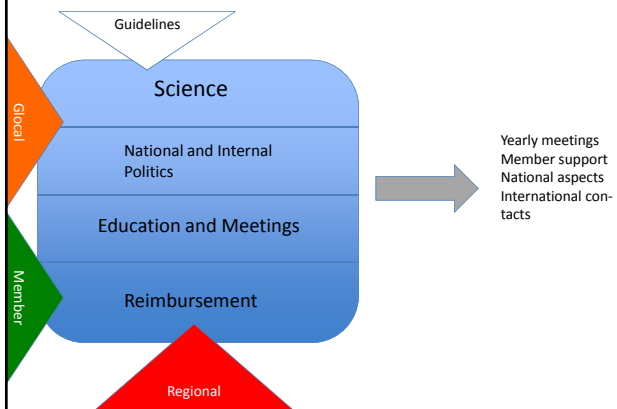
- Promote state and federal legislation
- Work with the media
- Obtain financial support for research
- Develop coalitions
- Organize state neurological societies
- Lobby for fair reimbursement
- Help draft position statements that affect future legislation

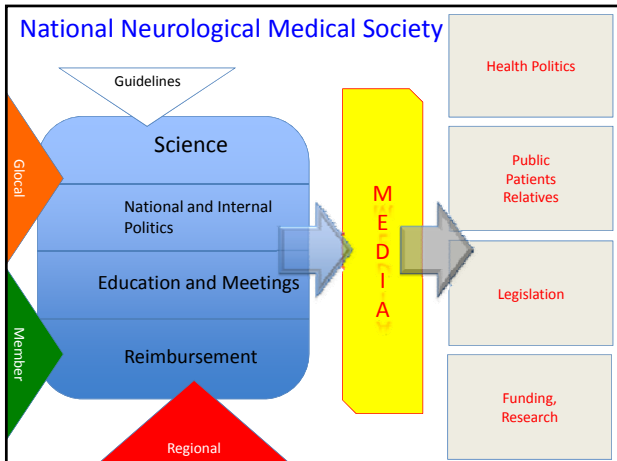
2011

„Everything is politics“

- Availability of advocacy training opportunities especially PALF
- Training material
- List serves, blogs
- Using you tube, face book, twitter for advocacy
- Using SMS, MMS
- Sharing ideas and efforts; group emails, World Neurology

National Neurological Medical Society





„Everything is politics“

Related structures

- The department
- Other departments
- Hospital
- Hospital owner
- Local politicians
- Government's health policy
- Patient organisations

Other influences

- Societies
- Guidelines
- International developments
- Ressources
- Funding

First Step

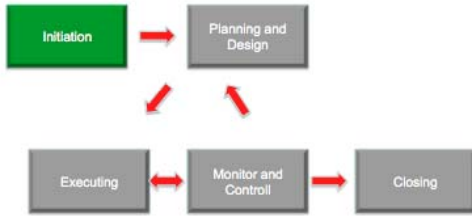
- Awareness of advocacy importance
- Everyone can be an advocate
- Importance of structures
- Be convinced of your mission

Training Ressources

- AAN - Palatucci Meetings
- WFN- advocacy meetings
- Regional societies ?
- National societies ?



Project development



(wikipedia: project management)

Why do we need Development ?



Product perfect
but
Technology out
of date

Politicians

- Important decision makers
- Local politics
- Awareness
- Regional politicians
- Legislation



BrainPAC is the American Academy of Neurology's political action committee (PAC) dedicated to representing the interests of AAN members in Washington, DC. Since 2007, BrainPAC has helped educate federal legislators on vital issues affecting neurologists and has increased the Academy's profile and influence among key congressional decision-makers. BrainPAC is an essential tool in the Academy's efforts to advocate on behalf of neurologists, their patients, and their profession.

BrainPAC facts:

- BrainPAC is the only PAC in Washington, DC, dedicated solely to neurology.
- Since its inception, more than 1,100 AAN members have invested over \$500,000 in BrainPAC.
- A bipartisan organization, BrainPAC has contributed more than \$300,000 to candidates on both sides of the aisle who support neurology's efforts, including eight physicians in the 2010 election.
- During the 2010 congressional election, 91 percent of candidates supported by BrainPAC went on to win their elections.

A strong BrainPAC will take neurology's influence to the next level during the 2011-12 election cycle.

[We invite US AAN members to learn more.](#)

For more information, contact Derek Brandt at dbrandt@aan.com.

The Forum gives Advocates the abilities to confidently answer tough questions.

Grassroots Training

- Understand the legislative outcome your issue requires by learning how government works
- Conduct mock legislative visits
- Learn how to effectively testify in front of a governmental body
- Build relationships with the right people





Advocacy

- [How We Advocate for You](#)
- [BrainPAC](#)
- [Contact Your Legislator](#)
- [Become a Key Contact in Your State](#)
- [Capitol Hill Report](#)
- [Palatucci Advocacy Leadership Forum](#)
- [Neurology on the Hill](#)
- [Health Policy Resources](#)
- [Viste Neurology Public Policy Fellowship](#)
- [Position Statements](#)
- [Legislative Issues](#)
- [Viste Advocate of the Year Award](#)
- [State Resources](#)
- [Webinars](#)
- [Advocacy Community](#)

Press und Media training

- Media: information leavelets, newspapers
- radio, TV
- Establish trustworthy connection
- Listen
- Make your point
- „Elevator message“

Media training

- Information
- Prepare for interview
- Come to the point
- Deliver message

Awareness

- Patient groups and interests
- Patient advocacy
- International patient groups

Social Media

- Facebook
- Twitter

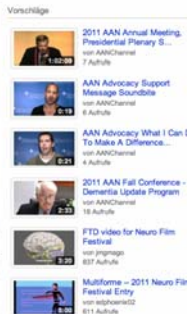


2011 Palatucci Advocacy Leadership Forum

AANChannel 95 Videos 3 Abonnieren



[Listen to AAN PALF information and experience](#)



Networking

- Palf
- YNT
- Create your national and international network

Danger

- Advocacy group , or Palatucci groups are good names.
- Avoid „Leadership“ meeting as leadership may induce fear and anxiety.
- One important Marchivelli quote: Do not burn a bridge , which you might need to cross again.

Sources

- AAN website
- Youtube
- Google
- Publications (Pubmed): 0

How do I work with administrators and legislature

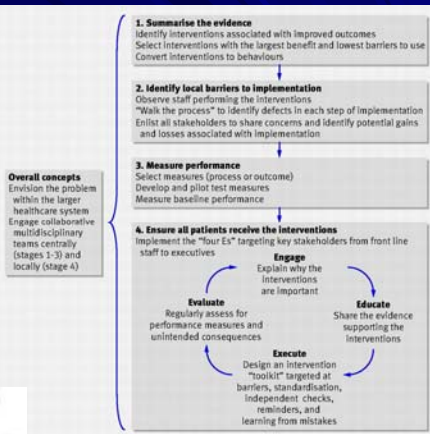
Tissa Wijeratne
Western Hospital
&

University of Melbourne
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Greetings From The World's Most Livable City 2011





Implement your proposal

- **Streamline the implementation process**
 - Recruitment of good personnel
 - Ensure transparency of funding, gain signing rights to budget expenditure
 - Communication to all key stakeholders
- **Write a protocols and procedures document**
 - Ensure that this document is readily available (i.e. Intranet)
- **Mock runs before starting**
- **Be available and quickly address teething problems**
 - Not a good time to go on leave
- **Avoid protocol violation**
 - You want wins initially, not disasters



Promote a feel good state

- **Showcase wins**
 - Stakeholders - reinforces commitment
 - Opponents - induces global aphasia (& resistance agnosia)
 - Administrators - increases probability of endorsement of future proposals
 - Colleagues/public - promotes service development by passive diffusion in other centres
- **Do this via**
 - Email - thank you to all
 - Patient letters of commendation - if a patient/family commends your service request that they put it in writing and send to your general manager
 - Public forums
 - Departmental meetings
 - Media
- **Always acknowledge support of administrators**
 - Public endorsement for administrators by clinicians generates **political currency**
 - The more you generate the more you will be accommodated with future proposals.
 - (opposite holds true for inflammatory comments)



Ensure Longevity

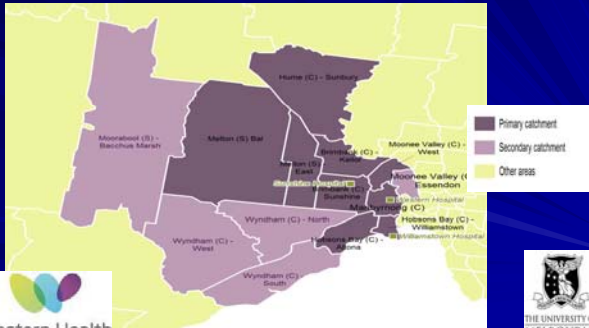
- **Collate and feed back KPI's to administrators**
 - Administrator relevant
 - **Reward key stakeholders**
 - lunches, feedback sessions, acknowledgement, sponsor PD activities to key staff
 - **Audit and refinement**
 - Patient focussed to ensure best practice.
- ... often leads to further resource request and thus the cycle begins



Western Health Story



Western Health Catchment



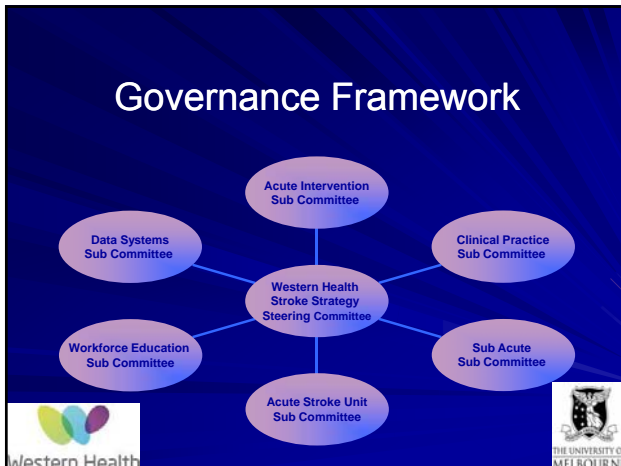
Western Health

- Catchment area of 700,000
- 900-1000 strokes
- 300 – 400 TIAs
- Stroke 84% managed by Neurology
- TIA 62% managed by Neurology – Admit 93% of all TIA's
- 25 bed neurology unit with four part time neurologists (1.7 EFT)



No formal stroke thrombolysis

Characteristic	Element	Level 1	Level 2	Level 3
-SERVICES: -Medical / Nursing	-Neurosurgery services	-	+	+
-Onsite = +	-Interventional neuroradiology	-	+	+
-Offsite Access = -	-Stroke physician	+/-	+	+
	-Stroke nursing - Stroke Care Coordinator	-	+	+
-Allied Health	-Neuropsychology	-	+	+
	-Occupational therapy, speech pathology & dietician	-	+	+
	-Physiotherapy & Social work	+/-	+	+
-SPECIALISED DIAGNOSIS / TREATMENT	-Rapid triage of stroke/TIA	-	+	+
	-Computerised Tomography	-	+	+
-Yes = +	-Magnetic Resonance Imaging of Digital Subtraction Angiography	-	+	+
-No = -	-Capacity to deliver stroke thrombolysis	-	+	+
	-Dedicated thrombolysis clinic	-	+	+
-SERVICE CARE ORGANISATION & PHYSICAL FACILITIES	-Multi stroke care on location in specialist ward	-	+	+
	-Interdisciplinary Team	-	+	+
-Yes = +	-Specialist Stroke Services	-	+	+
-No = -	-Intensive Care/High Dependency Unit	-	+	+
	-Stroke Care Facilitator	-	+	+
	-Telemedicine facilities for clinical & professional support	-	+	+
	-Leading practice and research initiatives	-	+	+



- ### Acute Stroke Unit Achievements
- Establishment of Acute Stroke Unit - 4 Acute Stroke beds - Signage erected!
 - Relocation ward: 2C → 3A (Gym)
 - Development & Implementation - ASU Admission/Discharge/Transfer Policy
 - ASU Interdisciplinary Team – Function & Structure
 - Family Meeting – Structure & Function
 - ASU - Equipment Audit
- ASU – Clinical Pathway

Western Health Acute Stroke Unit



Acute Intervention Achievements

- Rapid Triage Protocol established – Cat 2 for Thrombolysis & Cat 3 for Acute stroke & TIA
- Thrombolysis Protocol established & implemented April 09 – nearly 100 patients had thrombolysis
- TIA – Clinical Practice Guidelines endorsed Oct 2009 – nearly 1000 TIA patients were managed in the clinic with very few stroke recurrence



Stroke Workforce Achievements

- Recruitment - Head of Neurology
- Recruitment - 1.0 EFT Stroke Neurologist
- Recruitment - Stroke Nurse Coordinator
- Increase 1.0 - 1.5 EFT Social Work
- Collaborative Physio / OT assessment policy
- Stroke Nurse Practitioner – just completed her Msc



Clinical Practice

- Stroke Care Pathway
- Patient / Carer Information Working Party
- Continence Working Party



Organisational & Clinical Audit



Sub Acute Achievements

- Sub Acute Referral – Criteria (Inclusion & Exclusion) policy
- Sub Acute Referral Form
 - Document development & trial
 - Sub Acute Access – Team Meetings
- Spasticity clinic and three fellowships to Sri Lanka this year



ce & Patient Information



Workforce Education Achievements


- Western Health Stroke Workforce Survey
- Western Health Stroke Education Seminar – Annual
- Stroke Continuing Professional Development Program



Stroke Self Management Program

Sex	Male		Female		Total	
	3	2				
Age	<34	35-44	45-54	55-64	65-74	75+
	0	2	2	2	1	1
Ethnicity	Asian	UK/IR	Eng/South	European	Asian	Other
	2	0	0	3	0	0
Living arrangements	alone	shared	Hospital	Other		
	0	0	0	0		
Employment	Employed	Retired				
	0	0				
Year of most recent stroke	<2004	2005	2006	2007	2008	2009
	0	0	0	1	1	4
SSG member	No	Yes				
	0	5				
Pending	No	Yes				
	3	2				

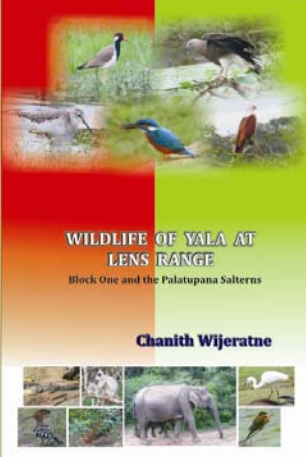
Western Health | THE UNIVERSITY OF MELBOURNE



Chanith Wijeratne is nine years old. He is an avid reader and passionate about wildlife and nature. He lives in Melbourne, Australia with his parents and six year old sister. He visits Sri Lanka every year. Chanith compiled this monograph after his first visit to Yala, Sri Lanka in December 2010.

Photos were taken by Chanith using his Canon power shot SX 30 IS camera.

This is his second book on wildlife in Sri Lanka.



WILDLIFE OF YALA AT LENS RANGE
Block One and the Palatupana Saltens

Chanith Wijeratne
