What is important in today's neurology training ?

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Three most important Questions

• When is the most important time?

- Who is the most important person?
- What is the most important thing to do?







Table 2.5 DALYs per 100 000 population for neurological disorders globally and by World Bank income category, 2005

Cause category	World (100 000 population)	Income category			
		Low	Lower middle	Upper middle	High
Epilepsy	113.4	158.3	80	139.2	51.3
Alzheimer and other dementias	172	90.7	150.7	166.9	457.3
Parkinson's disease	25.1	15.1	19.7	17.5	70.8
Multiple sclerosis	23.4	20.1	23.3	24.9	32.5
Migraine	118.9	114	106.8	147.1	146.3
Cerebrovascular disease	788.4	662.5	1 061.2	612.2	592
Poliomyelitis	1.8	2.6	1.6	0.9	0.6
Tetanus	99.7	228.6	10.8	1.3	0.1
Meningitis	82.9	143.2	51.2	39.7	10.7
Japanese encephalitis	8.7	13	9	0.4	0.6
Total	1 434.3	1 448.1	1 514.3	1 150.1	1 362.2

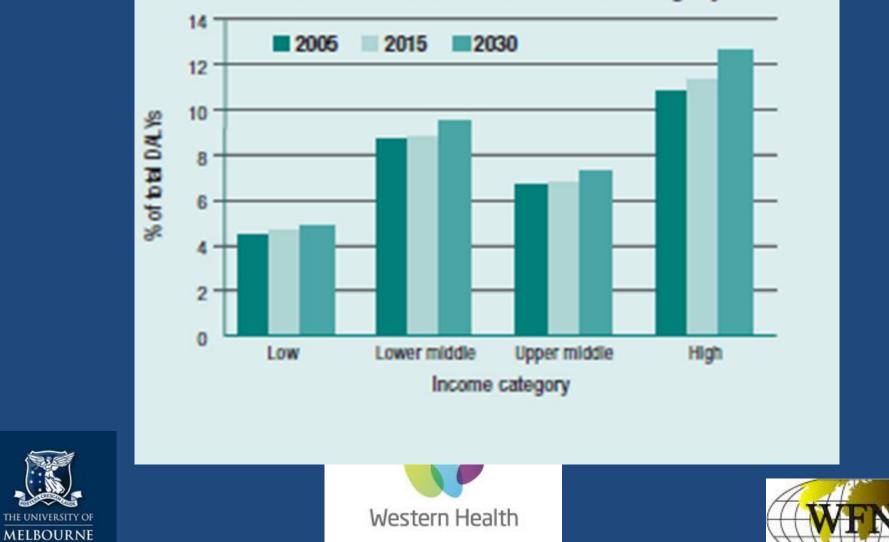
As shown in Table 2.6, neurological disorders contribute most to the global burden of disease in the European Region (11.2%) and the Western Pacific Region (10%) compared with 2.9% in the African Region in 2005. DALYs per 100 000 population as estimated for 2005 are highest for Eur-C epidemiological subregion (2920) and lowest for Emr-B (751) (see Figure 2.4).

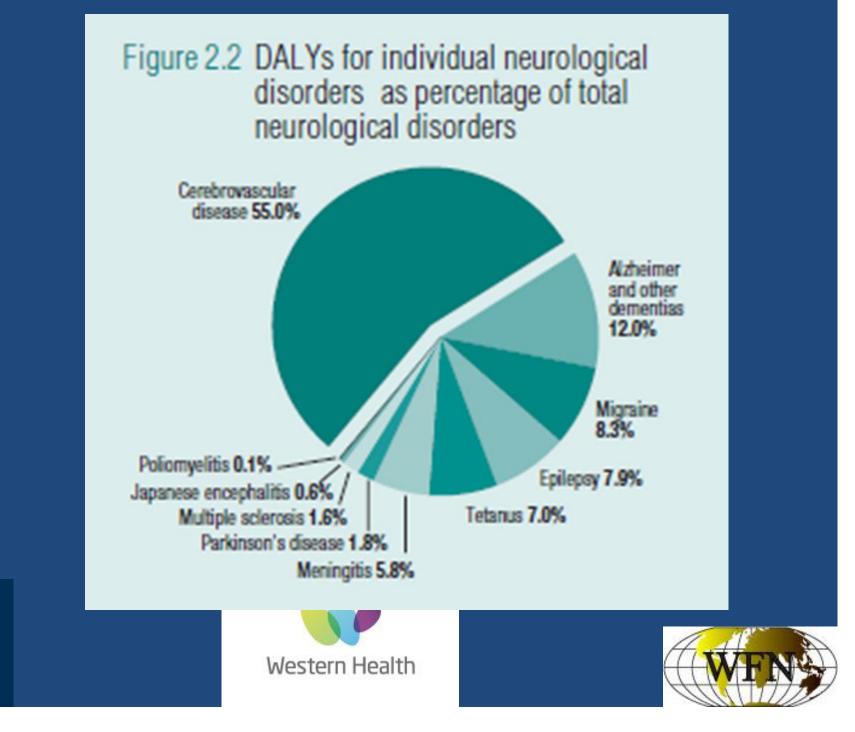






Figure 2.3 Neurological disorders as percentage of total DALYs for 2005, 2015 and 2030 across World Bank income category







Neurology

• Queen of all clinical disciplines









What do they say?

- My neurologist should be able to help me.
- Neurologist should know his/her stuff!
- Enough time to my questions
- Easy approach
- Should put me at ease
- Should be compassionate
- Should be caring







C. Miller Fisher

- Make the patient's bedside your laboratory
- Always have one or more projects ongoing
- Write often and carefully so that others gain from your work and ideas
- Make a hypothesis and then try as hard as you can to disprove it or find the exception before







- Settle an issue as it arises at the bed side
- Describe quantitatively and precisely
- In arriving at a clinical diagnosis think of the five most common findings
- The details of the case are important; their analysis distinguishes the expert from journeyman









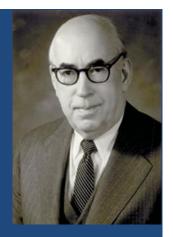


- Collect and categorize phenomena; their mechanism and meaning may become clearer later if enough cases are gathered
- Fully accept what you have heard or read only when you verified it your self









 Learn from your own past experience and that of others(literature and experienced colleagues)

Didactic talks benefits most the lecturer. We teach others best by listening, questioning and demonstration









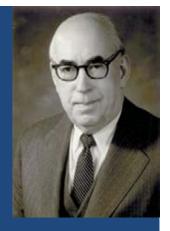
• Maintain a lively interest in patients as people

- The patient is always doing the best he can
- Resist the temptation to prematurely place a case or disorder in to a diagnostic cubbyhole









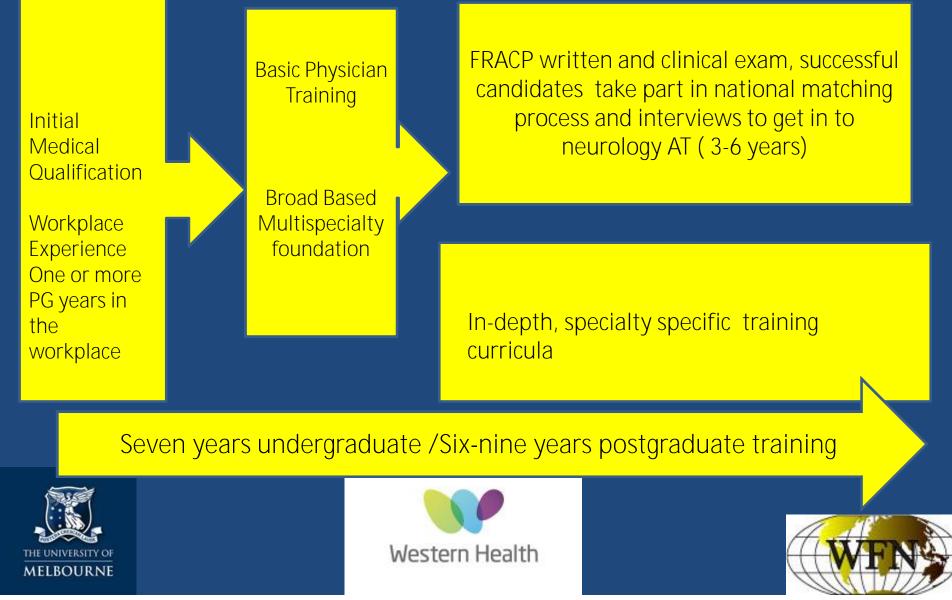
- Pay particular attention to the specifics of the patient with a known diagnosis ; it will be helpful later when a similar phenomena occur in an unknown case
- Be a good listener; even from mouths of beginners may







Neurology Training ANZ



Overview of the speciality

• Neurology advanced training curriculum

• Professional Qualities curriculum







- Demonstrate a sound knowledge of neuroanatomy, neurophysiology, neurogenetics, neuropharmacology and neuropathology
- Demonstrate a sound knowledge of neurological conditions those which are rare, common, those which need to be dealt as emergencies







- Take a detailed neurological history and perform an accurate neurological examination
- Demonstrate a sound knowledge of the indications, diagnostic potentials and limitations of neurological investigations
- Conduct and interpret clinical neurophysiologic tests







- Demonstrate a sound knowledge of the management of neurological conditions (pharmacological treatment and other interventions)
- Communicate effectively with patients , their carers , and other health professionals







- Make effective use of colleagues in rehabilitation medicine, neurosurgery, vascular surgery, intensive care, neuropsychiatry and palliative care
- Demonstrate the inherent skills of a physician, self motivated learning, teaching and active clinical research







Neurologist & Leadership

 "The truth is that no one factor makes an organization admirable, but if you were forced to pick the one that makes the most difference, you'd pick leadership"

> *Thomas Stewart Fortune , March 1998*



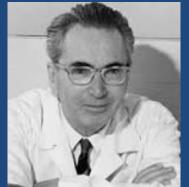




Neurologist as an effective leader

• Lead on purpose

• Why should one care?



- When one lead from what one care about, trust is build
- When one integrate with who they are, what they do, partners sense and inspired by the power of purpose









Section Editor Mitchell S.V. Elkind, MD, MS

Residency Training: Advocacy training in neurology Lessons from the Palatucci Advocacy Leadership Forum

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romment. They are busy and face challenges from every direction. How can we lead in this complex environment? How can we become the best advocates for our patients? Advocacy should be emphasized in physician training and education. Many medical organizations have recognized the importance of physician advocacy as a core component of medical professionalism.² The Accreditation Council for Graduate Medical Education (ACGME) requires pediatric residency programs to include advocacy training as a component of residency training. In a survey of 79 pediatric residents and faculty, nearly 90% of residents felt advocacy training was necessary, and 82% reported that they would continue advocacy

. 1

Western Health

To date, there have been 239 PALF graduates from the United States, Austria, Australia, Belgium, Canada, China, Jamaica, Japan, Georgia, Guatemala, India, Ireland, Nigeria, Pakistan, the Philippines, and Sri Lanka, to name a few (table). These advocates work on critical neurologic issues across the globe. Some action plans have included establishing US state neurologic societies, a neurologic advocacy headache consortium, establishing a medical train in India, and developing stroke centers in Australia and Sri Lanka. This PALF advocacy training program has now been modeled throughout the globe.

The PALF program is geared toward an action plan. This is the road map to achieve the advocacy goal. Advocates are encouraged to target 1 or 2 key





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Call for Abstracts

The Scientific Programme Committee of the AOCN 2014 welcomes you to submit abstracts for Oral and Poster Presentations at the Congress. All abstracts must be submitted in English online.

Abstract Categories are

- Dementia & Cognitive Disorders
 Epilepsy
- Headache & Pain
- Movement Disorders

Neuro-Rehabilitation
 Stroke

Neuro-Critical Care

Neuromuscular Diseases

Multiple Sclerosis & Related Disorders · Others

Scholarship

-

With the support from the Yu Foundation, the AOCN 2014 is pleased to offer Scholarship to young neurologists aged under 40, as of 2 March 2014, from low and lower-middle income countries¹, with an abstract accepted by the Congress for free paper or poster presentation.

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The scholarship includes one waived registration to attend the <u>Congress, 3-night hotel accommodation on 2-5 March 2014 and an</u> amount up to US\$850 to cover the cost of travel from his/her residing country to Macao. The scholarship will be collected during the Congress in Macao. Number of scholarship is granted under a quota. It is limited to one candidate per abstract. The Organizers have full discretion to grant the Scholarship.

Deadline for Abstract Submission is 15 November 2013. Deadline of Scholarship Application is 15 November 2013.

¹ Please refer to the list on World Health Organization website: http://www.who.int/mental_health/neurology/annexes_neuro_disorders_public_h_challenges.pdf

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