How to get the Best out of you…

Professor Tissa Wijeratne MD FAAN (USA)FRCP(UK) FRACP(AU)
Department of Neurology
Western Health
Australia
twi@unimelb.edu.au

THE UNIVERSITY OF MELBOURNE

Western Health

WFN

Three most important Questions

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

THE UNIVERSITY OF MELBOURNE

Western Health

WFN

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**

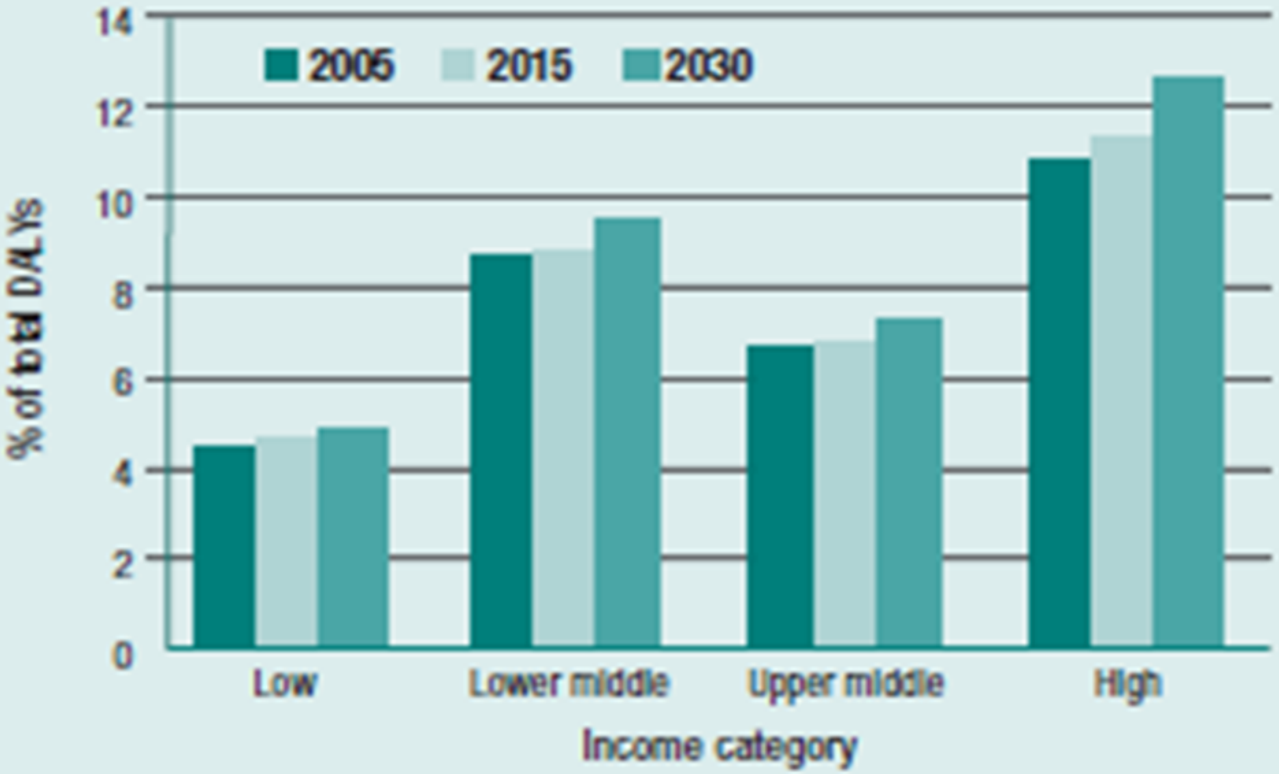
As shown in Table 2.6, neurological disorders contribute most to the global burden of disease in the European Region (11.2%) and the Western Pacific Region (10%) compared with 2.9% in the African Region in 2005. DALYs per 100 000 population as estimated for 2005 are highest for Eur-C epidemiological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

THE UNIVERSITY OF MELBOURNE

Western Health

WFN

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

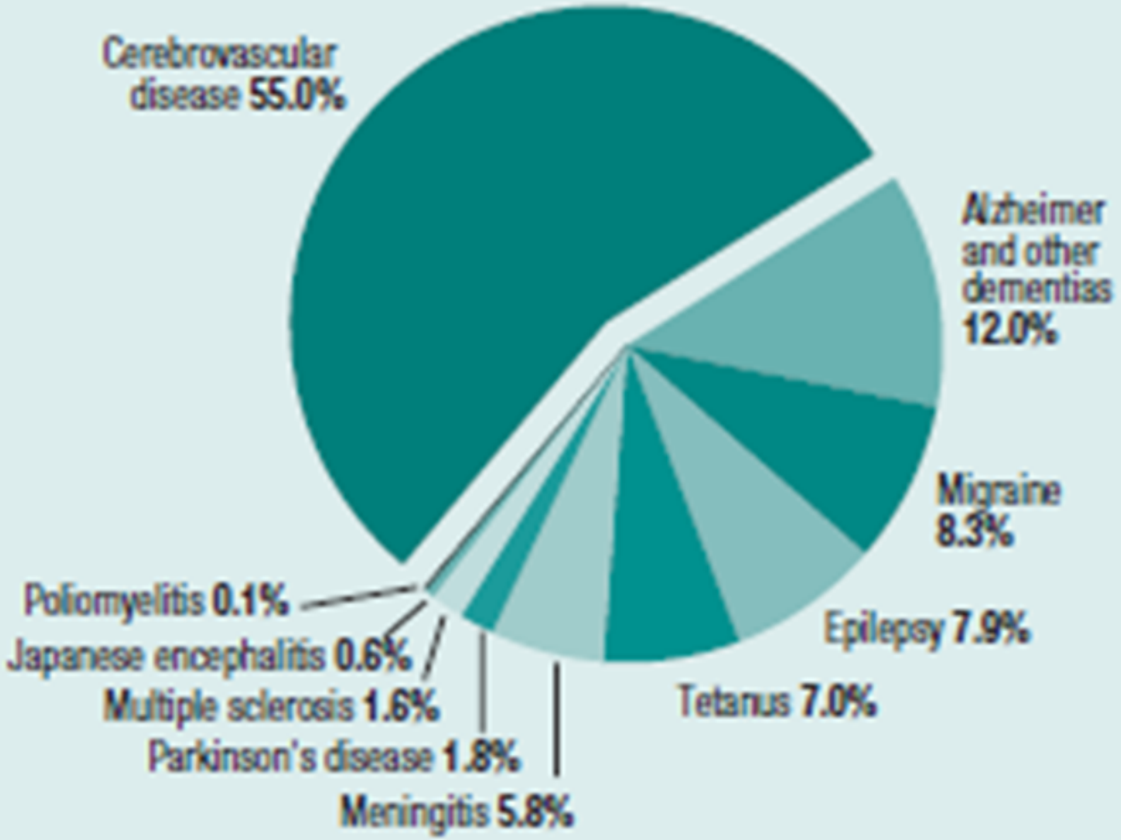


THE UNIVERSITY OF MELBOURNE

Western Health

WFN

Figure 2.2 DALYs for individual neurological disorders as percentage of total neurological disorders



THE UNIVERSITY OF MELBOURNE

Western Health

WFN

Neurology

- Queen of all clinical disciplines

THE UNIVERSITY OF MELBOURNE

Western Health

WFN

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

THE UNIVERSITY OF MELBOURNE

Western Health

WFN

C. Miller Fisher

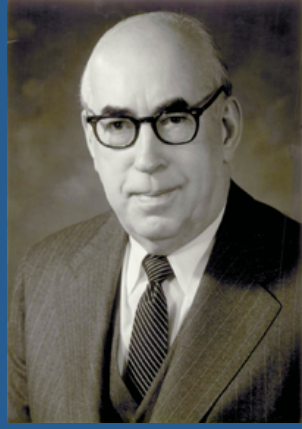
- Make the patient's bedside your laboratory
- Always have one or more projects ongoing
- Write often and carefully so that others gain from your work and ideas
- Make a hypothesis and then try as hard as you can to disprove it or find the exception before it is valid

THE UNIVERSITY OF MELBOURNE

Western Health

WFN

Fisher's Rules continue....



- 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

THE UNIVERSITY OF MELBOURNE

Western Health

WFN

Fisher's Rules continue....

- Collect and categorize phenomena; their mechanism and meaning may become clearer later if enough cases are gathered

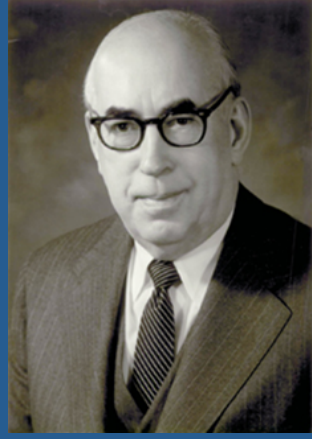
- Fully accept what you have heard or read only when you verified it your self

THE UNIVERSITY OF MELBOURNE

Western Health

WFN

Fisher's Rules continue....



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

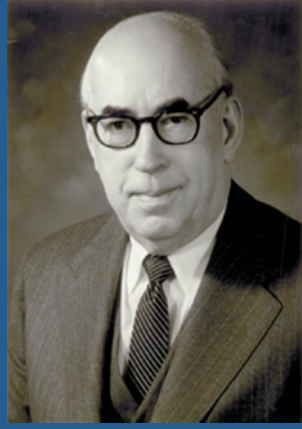
- Didactic talks benefits most the lecturer. We teach others best by listening , questioning and demonstrating

THE UNIVERSITY OF MELBOURNE

Western Health

WFN

Fisher's Rules continue....



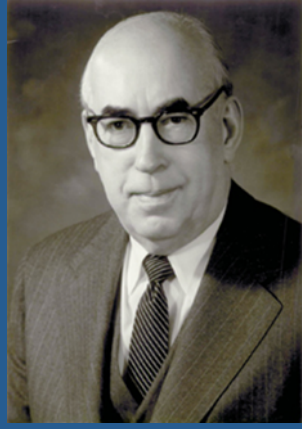
- Maintain a lively interest in patients as people
- The patient is always doing the best he can
- Resist the temptation to prematurely place a case or disorder in to a diagnostic cubbyhole that fits poorly

THE UNIVERSITY OF MELBOURNE

Western Health

WFN

Fisher's Rules continue....



- 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 come wisdom

THE UNIVERSITY OF MELBOURNE

Western Health

WFN

Neurology Training ANZ

Initial Medical Qualification

Workplace Experience One or more PG years in the workplace

Basic Physician Training

Broad Based Multispecialty foundation

FRACP written and clinical exam, successful candidates take part in national matching process and interviews to get in to neurology AT (3-6 years)

In-depth, specialty specific training curricula

Seven years undergraduate /Six-nine years postgraduate training

THE UNIVERSITY OF MELBOURNE

Western Health

WFN

Overview of the speciality

- Neurology advanced training curriculum
- Professional Qualities curriculum

THE UNIVERSITY OF MELBOURNE

Western Health

WFN

Expected outcome at the completion of training

- 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

THE UNIVERSITY OF MELBOURNE

Western Health

WFN

Expected outcome at the completion of training

- 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

THE UNIVERSITY OF MELBOURNE

Western Health

WFN

Expected outcome at the completion of training

- 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

THE UNIVERSITY OF MELBOURNE

Western Health

WFN

Expected outcome at the completion of training

- 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

THE UNIVERSITY OF MELBOURNE

Western Health

WFN

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

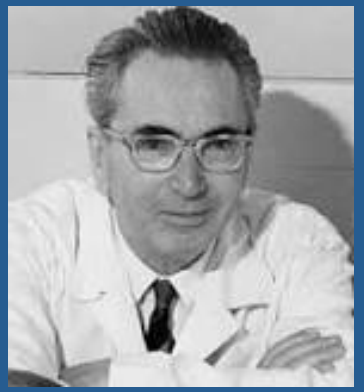
Fortune , March 1998

THE UNIVERSITY OF MELBOURNE

Western Health

WFN

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

THE UNIVERSITY OF MELBOURNE

Western Health

WFN

RESIDENT & FELLOW SECTION

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

Residency Training: Advocacy training in neurology

Lessons from the Palatucci Advocacy Leadership Forum

Tissa Wijeratne, FRACP
Anna DePold Hohler, MD

Correspondence to Dr. Wijeratne: Tissa.wijeratne@wh.org.au

Current-day physicians practice in a complex environment. They are busy and face challenges from every direction.[1] 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 activities following residency.[3]

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 issues that they would like to see changed or improved

THE UNIVERSITY OF MELBOURNE

Western Health

WFN