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Committee on Sections
American Academy of Neurology
Meeting Minutes - DRAFT
June 19, 2009
Bloomington, MN – Sofitel Hotel

COS Members Present

Max Josef Hilz, MD, PhD, FAAN – Autonomic Nervous System Chair
Robert Rust, MD, FAAN – Child Neurology Chair
John S. Ebersole, MD – Clinical Neurophysiology Chair
Edward Manno, MD, FAAN – Critical Care and Emergency Neurology Chair
Andres Kanner, MD – Epilepsy Chair
Stephen G. Vincent, MD – General Neurology Chair
Karen Parko, MD, FAAN – Government Service Neurologists Chair
Peter Koehler, MD, PhD, FAAN – History of Neurology Chair
Osama Zaidat, MD, FAAN – Interventional Neurology Chair & COSEC Member
Bruce A. Cohen, MD, FAAN – Multiple Sclerosis Chair
Jeffrey A. Samuels, MD, FAAN – Neural Repair and Rehabilitation Chair
Cynthia Harden, MD – Neuroendocrinology Chair
David Likosky, MD, FHM - Neurohospitalist Chair
William G. Preson, MD, FAAN – Neuroimaging Chair
Avindra Nath., MBBS, FAAN – Neuro-infectious Disease Chair
Yadollah Harati, MD, FAAN – Neuromuscular Chair
Nina Paleologos, MD – Neuro-Oncology Chair
Eric Eggenberger, DO, FAAN – Neuro-ophthalmology/Neuro-otology Chair
Thomas Chelimsky – Pain & Palliative Care Chair
Bradley Vaughn, MD, FAAN – Sleep Medicine Chair
Robert Ruff, MD, PhD, FAAN – Spine Chair
Pierre Fayad, MD, FAAN – Stroke & Vascular Neurology Chair

COS Meeting Representatives Present

Daniel Kaufer, MD, FAAN – Behavioral Neurology
Charles DeCarli, MD, FAAN – Geriatric Neurology
Kathy L. Gardner, MD – Headache & Facial Pain
Jessica D. Lee, MD – Women’s Issues in Neurology

COSEC Members Present

John Morris, MD, FAAN, COS & COSEC – Chair
Allen J. Aksamit, Jr., MD, FAAN
Stewart A. Factor, DO, FAAN (also representing the Movement Disorders Section)
Gloria Galloway, MD, FAAN
Kimford Meador, MD, FAAN
E. Steve Roach, MD, FAAN
Osama Zaidat, MD, FAAN

COSEC Member Unable to Attend

John T. Kissel, MD, FAAN
Caroline Tanner, MD, PhD, FAAN

Guests

Robert Griggs, MD, FAAN - AAN President

52 Bruce Sigsbee, MD, FAAN – AAN President-Elect

53

54 **Unable to Attend (Represented by AAN Staff)**

55 D. Joanne Lynn, MD, FAAN – A.B. Baker Section of Neurologic Educators Chair

56 Jerome Kurent, MD, MPH, FAAN – Ethics Section Chair

57 Daniel Geschwind, MD, FAAN – Neurogenetics Chair

58 Gustavo Roman, MD, FAAN – Neuroepidemiology Chair

59

60 **Staff**

61 Christine Phelps, Deputy Executive Director; Susan Rodmyre, Director, Education (COSEC
62 Liaison); Kris Fridgen, Senior Director, Center for Research, Education & Development (RED);

63 Nancy Poechmann, Program Manager, Education (COS Liaison); Section Staff Liaisons

64

65 **Meeting Notices and Agendas**

66 Meeting notices and agendas were distributed to all attendees prior to the meeting.

67

68 **Call to Order**

69 John Morris, MD, FAAN, Chair of the Committee on Sections (COS) and COSEC, called the
70 meeting to order at 8:10 a.m. A quorum was present throughout the meeting.

71

72 **Welcome/Introductions**

73 Dr. Morris welcomed the COS meeting attendees and staff. All meeting attendees and staff
74 introduced themselves.

75

76 **Review Agenda/Call for Additions**

77 Dr. Morris gave an overview of the agenda and highlighted key issues for discussion.

78

79 **Minutes**

80 The COS reviewed the July 11, 2008, COS meeting minutes and voted to approve the minutes.

81

82 **MOTION: The COS voted to approve the July 11, 2008, COS meeting minutes.**

83 *Motion unanimously approved.*

84

85 **COS Orientation/Section Primer/Section Opportunities**

86 Christine Phelps and Nancy Poechmann presented the COS orientation, which informed COS
87 members and staff about the AAN Mission, Board of Directors, Executive Committee,
88 committees/subcommittees, and departments, as well as COS/Section structure, and processes,
89 organizational charts, Board/committee information, and the Section Primer.

90

91 The approval process for new Section initiatives is as follows:

92

➤ Section develops a detailed proposal

93

➤ Section gains support/approval at General Section and Section Executive Committee
94 levels

95

➤ COSEC reviews

96

➤ COS reviews and approves

97

➤ AAN Board or Executive Committee reviews and approves

98

99 To expedite the approval process:

100

➤ Obtain approval at Section level

101

➤ COSEC reviews during monthly conference calls

102

➤ COS reviews and approves via email

103 ➤ AAN Executive Committee (which meets approximately every two weeks) reviews and
104 approves
105

106 The Primer contains an outline of the resources available to each Section and a list of new
107 initiatives that can be undertaken.
108

109 **ACTION: The Orientation power point slides will be sent to all meeting attendees**
110 **and all chairs who were unable to attend the meeting.**
111

112 **Update from AAN Board of Directors and AAN Executive Office**

113 Robert Griggs, MD, FAAN, reported that the Board of Directors is focusing on ways that
114 Sections and their subspecialties can collaborate on issues The Board is also looking at the
115 following Membership and International issues:

- 116 ➤ Should the AAN embrace non-neurologists who are essential to academic/practicing
 - 117 neurologists?
 - 118 ➤ What is the AAN's role with the World Federation of Neurology (WFN)?
 - 119 ➤ What is the AAN's relationship with other international organizations?
 - 120 ➤ Should low-cost housing be offered to international attendees to the Annual Meeting?
- 121

122 Dr. Griggs also stressed the importance of congressional visits, grass roots campaigns, and the
123 need for the AAN to work with State Neurological Societies.
124

125 **Update from the AAN Foundation and AAN Executive Office**

126 Ms. Phelps informed the COS that the recent Annual Meeting in Seattle, WA, was very
127 successful. More than 10,000 neurologists attended. Although there was a decrease in exhibitor
128 registration, there was an increase in the number of US and Canadian neurologists who attended.
129 International attendance was 38%. Eighty-five percent of all abstracts submitted were accepted.
130 Scientific poster sessions increased from eight in 2008 to nine in 2009.
131

132 At the 2010 Annual Meeting in Toronto, Canada, abstracts will also be presented online.
133

134 Ms. Phelps also informed COS that the AAN will be looking to Sections to help fund clinical
135 research training fellowships.
136

137 **COS Executive Committee Report**

138 Dr. Morris provided an overview of the February COSEC Summit, which focused on Sections
139 and their subspecialty societies. The following ideas emerged:

- 140 ➤ Change the model of Sections
 - 141 ➤ Have a Section Day at the Annual Meeting
 - 142 ➤ Allow subspecialty societies to meet at the Annual Meeting
 - 143 ➤ *Neurology* could devote issues to subspecialties
 - 144 ➤ Sections could work with subspecialty societies in joint sponsorship of meetings
 - 145 ➤ Support efforts of Sections to work together on issues of interest
 - 146 ➤ Encourage and support implementation of Action Items from Section Strategic Plans
- 147

148 The AAN Board of Directors is establishing a Task Force (chaired by Dr. Morris) to recommend
149 the most effective structure and methods to meet the needs of subspecialties with the AAN.
150

151 Each COSEC member has been assigned to serve as a representative to three to five individual
152 AAN Sections. The responsibilities of a COSEC representative to individual Sections include, but
153 are not limited to, the following:

- 154 ➤ Provide direction and guidance to Sections as needed between COS meetings regarding
- 155 Section and AAN activities
- 156 ➤ Serve as a conduit between the Section and COSEC (and vice-versa) regarding
- 157 issues/concerns
- 158 ➤ Be available to Section Chairs and their Executive Committees via email and phone
- 159 ➤ COSEC representatives may be asked to join Section Executive Committee conference
- 160 calls if needed
- 161 ➤ Check in with assigned Sections (via the Section Chair) as needed
- 162 ➤ Assist in keeping Sections on track when they are assigned AAN projects/activities

163

The liaison assignments are as follows:

164 John Morris, MD, FAAN

- 166 ➤ Geriatric Neurology
- 167 ➤ Behavioral Neurology
- 168 ➤ History of Neurology

169 Allen J. Aksamit, Jr., MD, FAAN

- 170 ➤ A. B. Baker Section of Neurologic Educators
- 171 ➤ Neuroinfectious Disease
- 172 ➤ Autonomic Nervous System
- 173 ➤ Neuroendocrinology

174 Stewart Factor, DO, FAAN

- 175 ➤ Movement Disorders
- 176 ➤ Neuro-oncology
- 177 ➤ Neural Repair & Rehabilitation
- 178 ➤ Neurohospitalist

179 Gloria Galloway, MD, FAAN

- 180 ➤ Clinical Neurophysiology
- 181 ➤ Spine
- 182 ➤ Women's Issues in Neurology
- 183 ➤ Government Services

184 John Kissel, MD, FAAN

- 185 ➤ Multiple Sclerosis
- 186 ➤ Neuromuscular
- 187 ➤ General Neurology

188 Kimford Meador, MD, FAAN

- 189 ➤ Epilepsy
- 190 ➤ Sleep Medicine
- 191 ➤ Ethics
- 192 ➤ Sports Neurology

193 E. Steve Roach, MD, FAAN

- 194 ➤ Child Neurology
- 195 ➤ Neurogenetics
- 196 ➤ Neuro-ophthalmology/Neuro-otology

197 Caroline Tanner, MD, PhD, FAAN

- 198 ➤ Neuroepidemiology
- 199 ➤ Headache & Facial Pain
- 200 ➤ Pain and Palliative Care

201 Osama Zaidat, MD, FAAN

- 202 ➤ Stroke & Vascular Neurology
- 203 ➤ Critical Care & Emergency Neurology
- 204 ➤ Interventional Neurology

205 ➤ Neuroimaging

206

207 COSEC representatives to the Sections will be available to represent Section issues and will
208 attend their respective General Section meetings at the Annual Meeting.

209

210 COSEC members are appointed by the incoming President, via the AAN appointment process.
211 Anyone interested in being considered for 2011 should send a letter of interest and CV to Donna
212 Honeyman at dhoneyman@aan.com.

213

214 **Section Breakout Session**

215 Sections participated in breakout sessions to discuss what subspecialties want from the AAN and
216 what the AAN wants from subspecialties.

217

218 *Report from Group 1* (Facilitator: E. Steve Roach, MD, FAAN) – Autonomic, Clinical
219 Neurophysiology, General, Government Services, History, Neural Repair & Rehabilitation,
220 Neuroendocrinology, Neuroepidemiology, Neurogenetics

221 What do subspecialties want from the AAN?

222

223 1. Representatives from “general interest” sections tend express different needs than
224 members of sections corresponding to a well established subspecialty. However, the
225 differences tend to be offset by the fact that so many people are members of multiple
226 sections, often including both a general interest group and one or more large subspecialty
227 sections. There is agreement that many issues affect all neurologists regardless of their
228 interests, and that the AAN is best positioned to represent neurologists on these common
229 issues.

230

231 2. As a rule, the AAN provides the only forum for members of general interest groups,
232 while the established subspecialties can attend subspecialty meetings or take advantage of
233 related meeting content in other large meetings. Thus, the members of the general interest
234 groups look to the AAN to provide an opportunity to meet with others with similar
235 interests and a means of communicating.

236

237 3. Members of subspecialty sections, in contrast, see their subspecialty organization meeting
238 as the best place for networking with peers and exchanging ideas about practice or
239 science. Some neurologists value the AAN meeting as a way to keep current on topics
240 unrelated to their own subspecialty. Most of these individuals, however, look to the
241 AAN to provide activities that are financially or organizationally beyond the means of
242 their own smaller subspecialty organizations (e.g. practice guideline creation or trying to
243 influence government rules and regulations). To this end, an administrative framework
244 that optimizes cooperation with subspecialty organizations would be useful.

245

246 What does the AAN want from subspecialties?

247

248 1. There is general agreement that the AAN cannot effectively represent the interests of the
249 sections or the section members without ongoing involvement of a section’s members
250 and leaders. At a minimum, the section leadership must let the AAN know the needs of
251 the section members and identify issues that are of special importance to the section.

252

253 2. Sections and their members should take full advantage of opportunities to participate in
254 AAN activities. This involvement provides valuable member input for AAN and also
255 fosters a sense of purpose and cohesiveness for individual sections. Section participation
might include timely review of proposed practice guidelines, sponsorship of AAN
educational programs, input into the annual meeting program via topic work groups, etc.

256

257 *Report from Group 2* (Facilitator: Stewart Factor, DO, FAAN) – Behavioral Neurology, Child
258 Neurology, Critical Care, Epilepsy, Geriatric, Headache & Facial Pain, Interventional, Movement
259 Disorders

260 What do subspecialties want from AAN?

- 261 1. Admittance and engagement of non-neurologists
- 262 2. Section Day or Integrated Neuroscience:
 - 263 a. Partner with subspecialty organization
 - 264 b. Allow subspecialty organization to meet – for example award dinner – perhaps
265 partner on awards
 - 266 c. Partnership between sections in organizing a day, for example geriatrics and
267 cognition groups
 - 268 d. Have a highlights session from the subspecialty at Annual Meeting similar to
269 highlights session of the AAN
- 270
- 271 3. Political advocacy for turf battles – example: neurocritical care
- 272 4. Increased recognition of UCNS certification: also under attack by other board
273 organizations
- 274 5. Help develop standards to specialty care center such as Deep Brain Stimulation.
- 275 6. Develop registries for fellowship programs
- 276 7. Provide statistics on employment after training; where do the trainees go and what
277 opportunities exist?
- 278

279 What does the AAN want from subspecialists?

- 280 1. Guideline development: a more direct line and partnership with subspecialty groups to
281 avoid redundancies
- 282 2. Develop standard of care guidelines for those areas without evidence to provide uniform
283 approaches and to point out gaps in evidence
- 284 3. Quality measure development – a more direct connection with the section in selecting
285 panel members etc
- 286 4. Develop public education materials for less common “orphan” disorders for AAN
287 publications
- 288

289 *Report from Group 3* (Facilitator: Gloria Galloway MD, FAAN) – Neurohospitalist, Neuro-
290 infectious Disease, Neuro-ophthalmology/Neuro-otology, Pain & Palliative Care, Spine,
291 Women’s Issues in Neurology

292 What do subspecialties want from the AAN?

- 293 1. Facilitate collaboration with other subspecialties on guidelines development both among
294 neurological subspecialties and other non neurologic specialties that are related on topics
295 such as chronic pain to include multiple sections and across subspecialties that may not
296 be only neurologic such as interventional section, neural rehab, pain and palliative care,
297 and spine
- 298 2. Facilitate collaboration with other subspecialties at Annual Meeting
- 299 3. Assist in posting on Academy website the research interests of other members to assist in
300 collaboration
- 301 4. Then assist in face to face or teleconference for research purposes among section
302 members of different sections
- 303 5. Facilitate UCNS process to help modify or make it more flexible for subspecialties with
304 less than 5 programs in which there is interest in several programs but not established yet
305 or where the amount of time in practice is less than what is required through UCNS
306 process or that the subspecialty type is too rigidly defined

- 307 6. Increase the representation of section members on UCNS or on input process
- 308 7. Create contacts with other UCNS subspecialty groups or non neurology subspecialty
- 309 groups to foster dual tracts
- 310 a. Example: Spine care with neurology and PMR
- 311 b. Example: infectious disease and immunology
- 312 8. Section Day should include a state society day so that members can attend their state
- 313 society meeting for an hour with breakfast, for example
- 314 9. Create a section liaison from some sections to other subspecialty organizations; designate
- 315 a person and sponsor that person
- 316 10. Have similar sections meetings at Annual Meeting in close proximity timewise (but not
- 317 in conflicting times) and have educational venues around that time as well

318 What does the AAN want from subspecialties?

- 319 1. Input on **guidelines topics** to create
- 320 2. Input from **sections** about which section meetings should be scheduled in close proximity
- 321 to each other on a section day to enhance attendance and not conflict with educational
- 322 opportunities
- 323 3. Input on what subspecialty groups should be invited to collaborate on educational
- 324 programs, UCNS certification

325 *Report from Group 4 (Facilitator: Allen Aksamit, MD, FAAN) – A. B. Baker Section of*

326 *Neurologic Educators, Ethics, Multiple Sclerosis, Neuroimaging, Neuromuscular, Sleep, Stroke*

327 What do subspecialties want from the AAN?

- 328 1. Greater influence in neurology, if AAN will remain, if not go to other societies or
- 329 journals
- 330 2. Maybe most important, AAN to help the section not lose ground to outside specialties
- 331 (radiology, neurosurgery, etc.)
- 332 3. Section days – positive in general
- 333 a. Should it be general vs. highly subspecialty, or mixed
- 334 b. The devil is in the details
- 335 c. Go back to section membership for input
- 336 4. Journal - positive
- 337 5. Practice Guidelines – developed without section input in the past

338

339 What does the AAN want from subspecialties?

- 340 1. Topic work group discussion of course development
- 341 a. Need more influence in the Education Committee
- 342 b. Needs more strategic influence by the AAN
- 343 2. Implementation of strategic plan by sections

344

345 Motivation to make changes work

- 346 1. Section membership looks for:
- 347 a. Resources
- 348 b. Professional recognition
- 349 c. Bonding
- 350 d. Security
- 351 e. Knowledge expansion

352

353 Section Strategic Plans

354 Section Strategic Plans have been reviewed by COSEC and presented to AAN leadership.

355 Sections are encouraged to begin implementing their goals and strategies. Any Action Items that

356 need review and approval can be brought forward to COSEC. Sections can contact their COSEC
357 representative, or Ms. Rodmyre or Ms. Poechmann to get their Action Items on the monthly
358 COSEC conference call agenda.

359

360 **Request to Establish a Sports Neurology Section**

361 COS reviewed and discussed the proposal to form a Sports Neurology Section. Proposal requires
362 majority (15 of 27 in attendance) for approval.

363

364 **MOTION: To approve the formation of the Sports Neurology Section. Motion was**
365 **approved (19 of 27 in attendance voted to approve).**

366

367 The proposal will now go forward to the Board of Directors for approval. Dr. Morris will contact
368 Jeffrey Kutcher, MD, to recommend that the Section broaden its scope to include neuro trauma.

369

370 A Task Force (similar to the Stroke Work Group) consisting of representatives from Government
371 Services, Critical Care, Behavioral Neurology, Interventional, Neural Repair and Rehabilitation,
372 Spine, Child Neurology, Neuromuscular, Pain & Palliative Care, Headache & Facial Pain, Sports
373 Neurology, and Neuroimaging will be formed to address neuro trauma. Karen Parko, MD,
374 FAAN, will lead the Task Force. Dr. Kutcher (Sports Neurology) will be asked to join the Task
375 Force.

376

377 **Reform and Advocacy**

378 Bruce Sigsbee, MD, FAAN, AAN President-Elect advised that the AAN is involved with the
379 following reform and advocacy issues:

380

➤ Insurance coverage

381

➤ Health care costs

382

➤ Quality of patient care

383

384 AAN's presence through BrainPAC (the AAN's political action committee) has been an
385 increasingly effective tool in educating legislators in Washington, DC, about neurology issues.

386

387 **Section Action Items, Section Highlights, and Consent Calendar**

388 The COS reviewed two motions put forth by individual Sections. The motions and related
389 discussion and decisions are as follows:

390

391 *Neuroendocrinology Section*

392

**MOTION: The Neuroendocrinology Section requests approval to establish a
393 neuroendocrinology award.**

394

Motion unanimously approved.

395

Next Step: Proposal will go forward to the Science Committee for their approval.

396

397 *Interventional Neurology Section*

398

**MOTION: The Interventional Neurology Section requests approval to change the
399 Section name to the Interventional and Endovascular Neurology Section.**

400

Motion unanimously approved.

401

Next Step: Proposal will go forward to the Board of Directors for approval.

402

403 **2010 Annual Meeting**

404

Kris Fridgen presented information about the 2010 Annual Meeting to be held April 10-17, 2010,
405 in Toronto, Canada. Topic Work Groups have met via conference call. Staff is compiling reports
406 and tally sheets from the calls for presentation to the Education Committee June 25-26, 2009.

407 Course directors will be contacted by July 10. COS will be advised of decisions made regarding
408 courses after the Education Committee meeting. Thirteen sections have submitted Integrated
409 Neuroscience Session (INS) proposals. Additional INS proposals, as well as abstract topic
410 suggestions, will be accepted until July 1, 2009. The abstract deadline is November 2, 2009. Ms.
411 Rodmyre encouraged Sections to plan their General Section meetings as soon as possible (Note:
412 Sections may prefer to wait to schedule their section meetings until scientific sessions are
413 finalized after the Science Committee meeting in January). Section Executive Committees are
414 encouraged to meet via conference call prior to the Annual Meeting.
415

416 **2009 AAN Regional Fall Conference**

417 Ms. Fridgen reported that regional conferences will now be held once a year. The Fall Conference
418 will be held November 6-8, 2009, in Las Vegas, NV. It will include the following:

- 419 • Neurology Update I: Epilepsy, Neuroinfectious Disease, Neurocritical Care
- 420 • Neurology Update II: Dementia, Multiple Sclerosis, Case Studies in General Neurology
- 421 • Neurology Update III: Sleep Disorders and Neurology, Neuromuscular Disease,
422 Parkinson's Disease
- 423 • How to Treat Neurological Disease in Botulinum Toxin Workshop
- 424 • Headache Update
- 425 • Stroke Therapy Program
- 426 • Three Practice Management Programs
427

428 **2010 AAN Foundation Fellowships**

429 The following fellowships will be offered:

- 430 ➤ Clinical Research Training Fellowship (up to 10 two-year fellowships to support clinical
431 research training in the neurosciences supported by the AAN, AAN Foundation, and the
432 AAN Foundation Corporate Roundtable)
- 433 ➤ Practice Research Training Fellowship (one two-year fellowship to support training in
434 clinical practice research supported by the AAN and AAN Foundation)
- 435 ➤ Clinical Research Training Fellowship in Headache (one two-year fellowship to support
436 clinical research in headache supported by the AAN, AAN Foundation, the AAN
437 Foundation Corporate Roundtable, and donors to the Headache Research Fund and the
438 Fund for Brain Research)
- 439 ➤ Clinical Research Training Fellowship in Stroke (one two-year fellowship to support
440 clinical research in the field of stroke supported by the AAN, the AAN Foundation, the
441 AAN Foundation Corporate Roundtable, and donors Doctors Vincent Di Carlo, Milton
442 Alter, and Lawrence Brass Stroke Research Funds, the Peter S. Y. Lee Stroke Research
443 Fund, the Stroke Research Fund, and the Fund for Brain Research)
- 444 ➤ Clinician-Scientist Development Three-Year Award (a three-year award to support a
445 clinician scientist's research related to myasthenia gravis co-sponsored by The
446 Myasthenia Gravis Foundation of America and the American Academy of Neurology
447 Foundation)
448

449 Application materials for all fellowships must be submitted by October 1, 2009.
450

451 **Communication – How to Improve?**

452 Section communication methods currently include monthly emails to Section Chairs, Chairs
453 Elect, and COSEC; listservs, websites, conference calls, and meetings. It was suggested that the
454 AAN ask Section members for their opinions on issues that the AAN is working on, in addition to
455 new ideas from Section members. It is important to make communication a two-way street where

456 Sections are encouraged to send ideas to AAN leadership. Dr. Griggs advised that the Board will
457 be looking at committee structures and how they can be changed to meet Section needs.

458

459 **Next Meeting Date/Location**

460 The next Committee on Sections meeting will be held in June 2010 in the Minneapolis/St. Paul
461 area. The specific date will be determined soon.

462

463 **Meeting Adjournment**

464 Dr. Morris adjourned the meeting at 2:45 p.m.

465

466 **Section Collaboration / Section Discussion Time**

467 Sections with similar interests were encouraged to meet to discuss possible collaboration between
468 Sections.

469

470 Respectfully submitted,

471 Nancy Poechmann, Program Manager, Education