I. INTRODUCTION

A. Definition of the subspecialty or section
The purpose of the A. B. Baker Section of Neurologic Educators is to further neurological education through seminars, publications, and presentations at sessions of the American Academy of Neurology and to encourage endeavors that will promote greater understanding of educational methods and research.

B. General statements on conditions it covers and pertinent procedures.
Since its inception, the accomplishments of the section have been closely intertwined with the programs and accomplishments of the Education Committee, and at least four of its subcommittees, Undergraduate Education, Graduate Education, Distance Learning, and Education Research. The efforts of the A. B. Baker Section are complementary with the activities of the Neurology Clerkship and Program Directors. The Clerkship and Program Directors Conference that is a joint AAN course run by the Consortium of Neurology Clerkship Directors and Consortium of Neurology Program Directors. The section will support the development of education courses such as “Career Development for Clinician Educators” which was developed by Doug Gelb and first offered as a Breakfast Seminar at the 2009 Annual Meeting. It continues to be offered every year since, with Alison Brashear as the current chair.

Active participation in the Annual Meeting has been found to be the most effective means to further the goals of the Section. These fall into three areas.

1. Sponsorship of the Education Colloquium at each Annual Meeting of the Academy to include an invited lecture by a figure of national importance in neurological education. The speaker is designated as recipient of the A. B. Baker Award for Lifetime Achievement (in the field of neurological education with an emphasis on national accomplishments) and receives an honorarium made possible by funds from the A. B. Baker family and Novartis Pharmaceuticals Corporation. The Education Colloquium program includes speakers on educational topics of importance, the A. B. Baker Lecture, and a town meeting with participation by all attendees. A platform session on education has been added to the Annual Meeting program of the annual meeting as well as posters on educational topics as part of both the scientific session.

2. The A. B. Baker Section believes that teachers deserve recognition for their contributions to improving neurology now and in the future. Teaching binds students, residents, faculty, other clinicians, researchers, and even patients together and helps make our daily work more meaningful. Recognition of teachers is important to encourage teaching in a health care environment where revenue-generating activities increasingly supplant it and other crucial voluntary activities. Implicit in recognition and reward of teaching excellence is the assumption that quality can be identified and that it matters. Recognition of excellence makes a clear statement about a value we share. The Baker Section presents 15-20 Teacher Recognition Awards annually.

Note: At the April 2008 general section meeting, a motion to change the name of the Section from the A. B. Baker Section on Neurologic Education to the A. B. Baker Section of Neurologic Educators was approved. The name change highlights the Section’s role as the principal unit within the AAN dedicated to the interests of all neurologists interested in neurologic education, regardless of the specific subject matter or the educational setting. This name change implicitly acknowledges that other units within the AAN are involved in neurologic education, but distinguishes the A.B. Baker Section from other Sections (whose educational activities are focused on their specific topics of interest) and also from the Education Committee and its subcommittees (which focus on issues related to specific training venues, such as Undergraduate Education or the AAN Annual Meeting). Thus, the A.B. Baker Section is particularly concerned with issues that transcend traditional educational boundaries, such as evaluation techniques, innovative approaches to education, and career development for those interested in neurologic education as a primary career pathway.

C. Overview of interaction with other specialties
The A.B. Baker section has the potential for interaction with other sections regarding educational efforts regarding various subspecialty areas for undergraduate, graduate and post-graduate education as well as interactions with non-neurologists, research in education and maintenance of certification and licensure. A recent Education Colloquium explored interactions in education between neurology and psychiatry and another invited prominent educators from the field of internal medicine to share their experiences with educational efforts in topic areas including professionalism, simulated patients and effective continuing medical education.

D. Purpose of this document – why is it needed?
The purpose of this document is to provide the A. B. Baker Section and the AAN with a comprehensive review of the current state of the discipline, an assessment of future needs and problems facing the field, and a statement concerning how the Section and the Academy can partner in achieving the unique goals and needs of the neurologic education community.
II. BACKGROUND/HISTORY OF THE SUBSPECIALTY OR SECTION

A. Landmark early work/milestones
The A. B. Baker Section of Neurologic Educators is the product of a series of events that represented common interests among teachers of neurology. The first step was a conference sponsored by Howard Barrows, M.D., held in Hamilton, Ontario, in 1972. Participants came from Canadian and American schools of medicine, drawn largely by Barrows’ pioneering work in medical education. At that time, he was a faculty member at McMaster University, a school with a largely case-based curriculum of medical student education in which simulated patients served an important role in both instruction and evaluation. Barrows’ insights and enthusiasm led to subsequent workshops in Burlington, Vermont, Halifax, Nova Scotia, East Lansing, Michigan, and Rochester, Minnesota. At the Rochester meeting in 1976, participants voted to ask the American Academy of Neurology to establish a permanent section on education.

At the 1988 Annual Meeting of the Academy in Cincinnati, an invited group of interested educators voted to advocate the establishment of a section of neurological education and approved bylaws and a list of aims and objectives. At this time, A. B. Baker, M.D., one of the pioneers of American neurology and of the Academy, had recently died. President Theodore Munsat asked Dr. Baker’s family to suggest a fitting memorial to him. Dr. Baker’s son, Lowell Baker, M.D., identified education and teaching as the major priorities in his father’s professional life, and it was determined to advocate establishment of the A. B. Baker Section on Neurological Education. Upon approval by the Academy, the section was established and Dr. William Pryse-Phillips became its chair.

The first meeting of the A. B. Baker Section on Neurologic Education took place in Chicago on 16 April 1989, during the Academy’s Annual Meeting. There, it was decided to create an inclusive group of Academy members whose primary professional interests included neurologic education and to establish ongoing programs for them. To accomplish these goals, the Section would utilize the resources of the Academy and work closely with the subcommittees already established within the Education Committee of the Academy. The advantages of a distinct Section on Neurological Education included its capacity to become an ongoing forum for discussion of educational matters outside the contexts of formal courses or papers and the creation of a permanent unit within the Academy oriented toward teaching effectiveness to serve neurological educators and span all three levels of educational enterprise: medical student, house officer, and non-neurologist. Section activities were envisioned to include the development of educational resources, workshops, and courses. Additionally, the Section could become a gathering place for Academy members with similar interests and serve as their focus for informal exchange. The Section also had the ability to solicit endowment funds to underwrite a portion of its work while yet enjoying the invaluable support of staff and other resources of the Academy. From the beginning, it was accepted that the Section and the Education Committee shared common interests and would work together to further these interests.

B. Growth of the subspecialty or Section to current status.
Since its establishment in 1989, the Section has grown to its current membership of more than 300 members.

C. Genesis of pertinent journals and societies.
The Alliance for Clinical Education (ACE) is a multidisciplinary group formed in 1992 to enhance clinical instruction of medical students. ACE’s mission is to foster collaboration across specialties to promote excellence in clinical education of medical students. Its members include representatives of groups which direct the core clinical clerkships in most medical schools. The Academy’s Consortium of Neurology Clerkship Directors (CNCD) is a member of ACE. The mission statements of the A. B. Baker Section and the CNCD coincide in that both are dedicated to promoting the importance of education as an academic activity. Many A. B. Baker Section members are also Clerkship Directors.

D. Current Board certification and other sub-specialty organizations/boards.
N/A

E. Other professional and disease-related organizations relevant to the subspecialty.
The Association of American Medical Colleges (AAMC) and the medical schools, teaching hospitals, academic and professional societies, faculty, residents, and students they represent are committed to improving the nation's health through medical education, research, and high-quality patient care. The Consortium of Neurology Clerkship Directors and Consortium of Program Directors chairs serve on the A. B. Baker Section Executive Committee and attend the annual AAMC meeting. Section could explore potential liaisons with the Association of University Professors of Neurology (AUPN) given its interest in education.

III. CURRENT STATE OF THE SECTION

A. Patient care/practice
The A.B. Baker section is committed to the career development of neurologic educators, including those whose primary career pathway is as a clinician educator in academic neurology programs. Despite the current emphasis on increasing subspecialization in neurology, or perhaps because of it, many academic neurology programs have recognized the need for clinician/educators within their faculty for neurology resident and medical student education. A recent study assessing the last ten years of classified advertisements
in the journal *Neurology* (1997-2007) showed a consistent, and possibly increasing, demand for clinician educators in academic departments of neurology. In 2007 for example, 12% of advertisements for academic neurology positions were for clinician educators (without other specified neurologic subspecialty expertise) with primary emphasis on resident and student education (Weathers A, Lewis SL, *Neurology* 2008;70, Supplement 1:A13). Those neurologists whose primary career pathway involves neurologic education often, but not always, include administrative roles as neurology residency or clerkship directors, in addition to inpatient and outpatient neurologic patient care and bedside/clinic teaching responsibilities. Some neurologic educators are involved in neurologic education research (see below). Neurohospitalists, an emerging subspecialty group, are also a natural constituency for the Section, especially if they practice in a hospital with a neurology residency program.

**B. Research**

Improving the quality of research in education is an important mandate directly relevant to the daily work and academic promotion of many members of the AB Baker section. It has also become a facet of the AAN strategic plan. In 2006, Dr. Barney Stern chaired the first task force to grant an award to two young investigators proposing exemplary education research. These awards since have been presented on a yearly basis since. Dr. Lori Ann Schuh currently heads the Education Research Subcommittee of the AAN Education Committee. The AB Baker section is very supportive of this ongoing effort, which has already served to recognize and strengthen the careers of some of its members.

The work of the section in evaluating and supporting the education platform sessions and colloquia also often focus on the performance and evaluation of new educational methods, which require effective validation. Developing the most appropriate statistical techniques and presenting the best recommendations to program directors and clerkship directors is a task also supported by the section. Finally, the AB Baker section has been involved in locating and disseminating information about education research methods being offered in various academic settings. It is hoped that better access to these training sessions will allow our members to generate more productive changes in curriculum that will enhance both their learners and their own ability to succeed.

The number of Research/Education Abstracts accepted at the Annual Meeting has increased steadily over the years. Eight were accepted in 2002. Recent stats are:
- 2008-21
- 2009-17
- 2010-17
- 2011-37
- 2012-39
- 2013-42

**C. Education**

Education in neurology has made many advances in recent years. Neurology is currently a major area of coverage in the preclinical medical school years and most institutions have a neurology clerkship experience in the third year of medical school. Many medical schools are reconsidering the design of their medical curriculum and may be restructuring the traditional order of the preclinical and clinical years with expansion of clinical experiences into the preclinical years and repositioning of basic science material into the traditionally clinical years. Other current trends, advances and concerns in medical education include the development of competency based curricula, emphasis on improvement of clinical skills including communication and physical examination, exploration of improved methods to teach and model professionalism and ethics in medicine, the role of pharmaceutical and device companies in medical education, optimization of patient education, and the use of education to improve patient safety. Technology has lead to an explosion of new tools that could be applied to improve medical education but utilization still lags because of various obstacles. This gap in the application of technology offers a significant opportunity for future advances and research in medical education, including internet-based initiatives for health care professionals and patients and families.

The neurology match process is efficient and is working well and some improvement has been made in the recruitment of well-qualified medical students into the field of neurology. Residency training in neurology flourishes and many programs are expanding the number of residents in training each year. Challenges include continuing to offer adequate educational experiences despite work hour limits, consideration of individualized tracks through residencies to optimally deal with different career goals (such as research, practice, and subspecialization), and financial support of resident education from the perspective not only of support of resident positions but also support of the increasing infrastructure and administrative demands on residency programs.

After completion of residency and fellowship, public and educational concerns have prompted the development of more stringent pathways for maintenance of certification throughout a neurologic career. The A. B. Baker Section has addressed this topic in the Education Colloquium and will continue to be involved in the promulgation of programs to address the needs of neurologists for continuing medical education and maintenance of certification.

These topics and challenges will provide the A.B. Baker section with many areas for future research and innovation.
D. Medical economic issues

Medical educators at some institutions are increasingly acknowledged and supported at some levels. However, economic issues have profound effects on medical education and medical educators. In times of diminishing clinical revenues and decreased governmental funding, the amount of financial support for medical education and educators is shrinking. Often funds from government and tuition payments are not allocated transparently and equitably for the costs of education or the support of medical educators. The current state of medical education is one in which economic forces have prompted an intensification of challenges towards rewarding educators for their work in both monetary and promotion terms and trends towards more transparently realigning funds towards the mission of education at some institutions. Thus, financial as well as promotion and tenure disincentives continue to exist for those who do or might seek to make medical education a significant focus of their medical careers.

Medical educators in graduate and undergraduate medical education in academic and community settings are being increasingly pressed to increase clinical productivity, with relatively few receiving compensation for their educational activities. In an era of federal budget deficits, and increasingly larger number of states with budget deficits, the funding of education is in jeopardy.

According to a document titled Disproportionate Medicare Cuts to Academic Medicine (2013) from the Association of American Medical Colleges (AAMC) website, the nation’s major teaching hospitals only account for 24.3% of Medicare inpatient spending and 21.4% of Medicare outpatient spending, but provide over one-third of all hospital charity care, train over two-thirds of all physicians, and maintain the vast majority of the country’s critical standby units (burn units, ACS certified level 1 trauma centers, etc.). Yet, these institutions are disproportionately targeted by the proposed and recently enacted Medicare cuts. These proposals will affect vulnerable populations that rely on AAMC’s fewer than 300 teaching hospitals and health systems for care.

Direct Graduate Medical Education (DGME) payment is a training payment that partially covers Medicare’s share of physician training costs at teaching hospitals. Currently, Medicare reimburses hospitals for only 23% of total training costs, and only about 70% of its actual “share.” Cuts in Medicare payments will result in fewer residency positions that are required for graduating medical students to obtain medical licenses. At the same time, the nation faces a shortage of over 90,000 physicians by 2020; up to 32 million uninsured Americans await insurance coverage in 2014; and 10,000 baby boomers continue to turn 65 daily.

Further financial restraints will severely affect neurology resident training programs throughout the US. With these pressing issues, programs providing graduate and undergraduate training in neurology may need to reduce or eliminate their educational programs to avoid budget deficits. The drastic cut in reimbursement for EMG/NCS is also likely to have unintended and substantial consequences on neurology education.

Another important current focus of economic issues is that of rising medical tuition and the increasing degree of student and young physician indebtedness. Heavy indebtedness is thought to deter young doctors from pursuing careers in academic medicine because of the lower salaries compared with private practice and in research because of the risk inherent in pursuing consistent research funding at a time when NIH dollars are constrained.

While PhRMA guidelines (January 2009) on interactions with healthcare professionals endorse the financial support of CME programs, allowing a reduction to the overall CME registration fee for all participants, AAN staff report increasing difficulty obtaining educational grants from pharmaceutical companies for the support of the Annual Meeting and other educational programs and activities (e.g. AAN Resident Scholarships). This trend is not isolated to the AAN, but could have the untoward effect of increasing the registration fees and costs of attending CME programs which provide necessary and important education. The PhRMA restrictions also have implications for the support of various resident education programs.

E. Legislative Issues

There are several important issues that impact upon medical education and educators that are subject to legislative proposals or actions include physician trainee work duty hours and industry funding of medical education.

Work Duty Hours

The issue of resident work duty hours remains an actively debated issue. The Accreditation Council for Graduate Medical Education (ACGME) has thus far supported an 80 hour/week limit with various other stipulations as limits that support an optimal educational environment for trainees while preserving continuity of care and patient safety. The ACGME has recently modified the duty hour rules, based on feedback from stakeholders. While current work duty hour limits rules have been relatively widely accepted, their effects on patient care and trainee education are still to be assessed.

Industry Support of Education

The Association of American Medical Colleges (AAMC) has urged all medical schools and teaching hospitals to adopt policies that prohibit drug industry gifts and services to physicians and trainees and restrict the involvement of industry in continuing medical education. Academic medical schools and academic societies are working to develop and implement strong policies governing their
interactions with pharmaceutical and device companies. At the current time, state and federal legislative bodies are becoming involved in this area with investigations of individual physician and institution relationships with drug and device companies and proposals to regulate and restrict such relationships. The redefinition of financial relationships between drug and device companies and providers of medical education will reduce the potential for unacceptable conflicts of interest and protect patient interests.

IV. SWOT ANALYSIS OF THE SUBSPECIALTY

A. Current strengths in each of the five areas (patient care, research, education, economic, legislative).
   1. The AB Baker Section has consistently supported a variety of educational topics/courses at the Annual Meeting.
   2. Continuing interest in neuroscience and scientific advances that spur the need for education of medical students and graduate physicians.
   3. Improving resources – the expanding AAN internet platform to facilitate education and support educators.
   4. Development of the Educational Research Subcommittee and AAN funds for educational research projects.
   5. Current involvement in the Alliance of Clinical Educators.
   6. Neurology continues to be increasingly taught as a required core third or fourth year clerkship in medical school.
   7. Effectiveness of the Consortium of Program Directors in standardizing and identifying issues.
   8. Support of the AAN’s efforts on behalf of maintenance of certification.
   9. Support neurology educators in being leaders in curricular oversight and transformation in their institutions.

B. Weaknesses in the five areas.
   1. Lack of funding for medical education and educators.
   2. General lack of training in educational principles for most physicians.
   3. Inadequate/falling clinical reimbursement for “cognitive” (non-procedural) specialties/sub-specialties, such that clinical work cannot support research or trainee teaching.
   4. Lack of sustainable training opportunities for clinical (and, to a lesser extent, research) fellows in orphaned disciplines like neuro-ophthalmology, neuro-otology without significant procedural revenues (or strong research funding bases).
   5. Dwindling ability to recruit students into academic neurology & neuroscience, given rising student debt, limited financial rewards, and difficult career path (long training course, grant funding uncertainty, etc.); this may be exacerbated by trends intended to de-departmentalize medical education experiences (with neurological content taught by primary care disciplines, emergency medicine, etc).
   6. Flat or reduced NIH funding; inadequate increase in availability of entry and early career grants to match demand.
   7. Obtaining training across the broad range of inpatient and outpatient disciplines is increasingly more challenging as new subspecialties develop (e.g., stroke and critical care neurology), and knowledge and interdisciplinary interactions increase (e.g., DBS, epilepsy surgery, MS infusion therapies, neurogenetics, etc).
   8. Inconsistent or unrealistic promotion criteria for neurologic clinician-educators.
   9. Excessive reliance on pharmaceutical and device companies to support educational efforts for specialty society meetings, medical schools, and CME.

C. Opportunities for growth in each area.
   1. Take advantage of information technology to deliver education.
   2. Development of different academic tracts within neurology (educator, hospitalist, clinician, researcher etc.) When it comes to promotions and tenure/career advancement, there may be conflict when it comes to judging promotion and this may need to be addressed. However, more flexibility is occurring in career tracks and this includes that of the neurology clinician-educator.
   3. In a state of expanding knowledge in neurology, it is important to prioritize what knowledge, skills, and attitudes relevant to neurology should be taught at each level of training – medical student, resident, physician.
   4. Exploration of cooperation in interdisciplinary efforts at education.
   5. Increased interest in the development of interdisciplinary efforts at education and training. There is a trend to pursue shared educational experiences for trainees in different professions in an attempt to facilitate teamwork dynamics.
   6. Support of AAN efforts pertaining to maintenance of certification.
   7. Support of education research initiatives.

D. Threats to achieving goals in each area.
   1. Health care financing will continue to squeeze out time for education with increasing health care needs and decrease in reimbursements and budgets.
   2. Increasing academic-industry partnerships with PhRMA and biotech that marginalize non-entrepreneurial/marketable research discovery, and offer the tacit implication that the only things worth studying are ones with a business incentive.
   3. Failure of Liaison Committee on Medical Education (LCME) to label neurology a required discipline for medical school accreditation; re-appropriation of medical student neurological training to non-neurologists as part of “integrated clerkship” experiences.
4. Current medical education innovations may favor a change from the usual third year clerkship structure. Neurology may have to be adaptable to find ways to teach in a more integrated clinical experience and has an opportunity to take a leadership role.

V. SPECIFIC VISION/GOALS AND OBJECTIVES FOR THE SUBSPECIALTY/SECTION

A. Short Term Goals

1. Specific defined goals and targets
   (a) Provide faculty development for neurologic educators
   (b) Facilitate achievement of recognition for teaching efforts and educational productivity for neurologic educators
   (c) Provide a forum for neurologic educators to share innovations and discuss issues and challenges in education
   (d) Recognize excellence in neurologic education by selection and presentation of the A.B. Baker Lifetime Achievement Award in Neurologic Education
   (e) Identify and select promising young educators for presentations and leadership roles
   (f) Coordinate with other education committees/programs including but not limited to CNCD, AUPN, Education Research Colloquium, UES, AAMC, ACE to incorporate guidelines for instance into clerkship and residency program curricula, etc.

2. Operational strategies to achieve goals
   (a) Continue to offer the Education Colloquium at each Annual Meeting on topics of broad interest to neurologic educators.
   (b) Continue to award the AAN Teacher Recognition awards
   (c) Allow open discussion during the general section meeting and via the listserv
   (d) Database of best educational practices

3. Role of AAN in achieving goals
   (a) Ongoing administrative and technological support.

4. Benefit to AAN and the subspecialty in achieving goals
   (a) The Education Colloquium supports both the current AAN Mission Statement and the Education Committee Strategic Plan.
   (b) Improved education for members

5. How will subspecialty assess and address success/failure for each goal/area?
   Neurology educators have an ongoing need for the topics that the Education Colloquium addresses on an annual basis. This is documented by needs assessment and evaluation results as well as discussions at the UES, GES, Distance Learning, and Education Committee levels. This process should also include the Consortium of Program Directors and Clerkship Directors. The A. B. Baker Education Colloquium raises key issues taking place in neurologic education.

7. A Section Executive Committee teleconference should take place following the meetings of the Education Committee to promote communication between the initiatives of the Education Committee and that of the Section.
   a. The Executive Committee consists of the Chair of the Section, Past Chair, Future Chair, Chairs of the UES, GME, Distance Learning, and Education Research Subcommittees, Chairs of the Consortium of Program Directors and Clerkship Directors, a representative from the AUPN, a representative from an AAN public policy committee, and Work Group chairs.
   b. Section membership should be invited to submit statements of interest to participate in AAN education activities.

8. The Section should establish Task Forces to address specific Section issues.
   a. The finances of residency education should be examined within the context of health care reform and macro-economic issues.

9. The optimal use of AAN Guidelines within the context of neurological education should be addressed by a Task Force.

10. The Section should examine controversies in neurological education, such as optimal utilization of e-learning, simulation, standardized patient examinations, etc. A Task Force might be empowered to monitor developments in these areas.

B. Long Term Goals

1. Specific defined goals and targets
   (a) Identify and inform AAN membership of national trends in medical and neurologic education
   (b) Monitor the changing environment and challenges facing educators and develop educational strategies to enhance pedagogy and evaluation for undergraduate and post-graduate neurologic education
   (c) The Section’s initiatives call for the development of additional courses for educators at future Annual Meetings that complement ongoing educational symposia/conferences at the AAN meetings.
      1. Education workshops may be particularly applicable to internet-based initiatives.
   (d) Promote interactions between practice management section and research section to enrich and focus educational efforts

2. Operational strategies to achieve goals
   (a) Develop the section website and A.B. Baker website to facilitate flow of information regarding trends in medical education.
(b) Encourage and support A.B. Baker section members in efforts to become active in organizations devoted to medical education such as the AAMC and to develop interactions between the various organizations such as ACE, AAMC, clerkship and program director groups of other medical disciplines.

(c) Encourage the development and proposals of additional courses in the area of neurologic education for the annual and regional meetings as well as materials for the website.

(d) Provide venues for communication between A.B. Baker Section and practice and research groups when common issues arise.

3. Role of AAN in achieving goals
The A.B. Baker Section would appreciate the support of the AAN in fostering these objectives including continued technologic support (e.g. listservs, webpages, etc.) and continued consideration of course proposals. The AAN should also work to facilitate interactions between the A. B. Baker Section and units that represent practice and research.

4. Benefit to AAN and the subspecialty in achieving goals
   
4a. The Education Colloquium supports both the current AAN Mission Statement and the Education Committee Strategic Plan.

(b) Improved education for members

5. How will subspecialty assess and address success/failure for each goal/area?

Neurology educators have an ongoing need for the topics that the Education Colloquium addresses on an annual basis. This is documented by evaluation results as well as via discussions at the A. B. Baker Section, UES, GES, Distance Learning, and Education Committee levels for needs assessment of educators. The Education Colloquium addresses key issues taking place in neurological education and is planned and assessed in response to attendee input.

6. Consider a webinar directed at the national SIGN membership to promote interest in neurology and familiarize students with the AAN. One webinar might discuss career options in neurology and another research highlights.

7. Consider webinars directed at the general public to promote knowledge of the neurosciences and neurological disorders. These webinars can be archived to create a library for the general public.
   
   a. The webinars could be co-sponsored with lay disease-specific organizations.
   
   b. The format might be similar to that of a “mini-medical school”.

8. Develop an on-line resource of education theory pertinent to the neurological educator.

VI. SUMMARY/CONCLUDING STATEMENT

A. Summary of mission/vision/values for subspecialty.

The Section will promote research and teaching in neurology, disseminate educational methods and ideas to those involved in neurological education, and increase knowledge of neurologic education through seminars, publications, and scientific sessions of the Academy.

B. Global conclusion and assessment of subspecialty’s place within the larger scope of the AAN, other specialties, neurology in general, and related fields

The A.B. Baker Section is a relevant section of the AAN. We are able to foster educational curriculum that benefits all AAN members. The section helps to prepare and support neurologic educators who, in turn, transmit knowledge about neurologic disorders to all physicians during medical student and residency training and beyond as well as to many other health care providers.

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