University of Calgary Cumming School of Medicine

STANDARDIZED FORMAT FOR CURRICULUM VITAE

I. BIOGRAPHICAL DATA

Name: Jedsada Khieukhajee

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Present rank: Clinical and research fellow

Department: Department of Clinical Neurosciences

Faculty: Cumming School of Medicine

Institution: University of Calgary

II. ACADEMIC RECORD

Final degree: Diploma of the Thai Board of Neurology

Date completed: 1 July 2020 Specialty: Neurology

Institution/City/Country: Neurological Institute of Thailand, Bangkok, Thailand

- i. **Undergraduate:** MD (First class honours) from June 2008 to February 2014, at Faculty of Medicine Ramathibodi Hospital, Mahidol University, Bangkok, Thailand
- ii. Medical internship: from May 2014 to April 2017 in Krabi, Thailand
- iii. **Graduate and post-doctoral:** Dip., Thai Board of Neurology from July 2017 June 2020 at Neurological Institute of Thailand, Bangkok, Thailand
- iv. **Special professional:** Dip., Thai Board of Neurology from July 2017 June 2020 at Neurological Institute of Thailand, Bangkok, Thailand
- v. Licensure, certification and boards
 - Medical practice license from Medical Council of Thailand on 1 April 2014
 - Certificate of rotating internship from Medical Council of Thailand on 10 September 2015
 - Diploma of the Thai Board of Neurology from Medical Council of Thailand on 1 July 2020
 - Practice permit from College of Physicians and Surgeons of Alberta from 1 September 2025

III. AWARDS AND DISTINCTIONS

- i. Certificate of Outstanding Academic Performance, 4th year student (2011)
- ii. Certificate of Excellent scores, Comprehensive Examination I (X-ray) (2014)
- iii. Certificate of Excellent Academic Performance (2nd place), Department of Orthopaedics (2014)
- iv. Excellent Academic Performance, Department of Pathology (2014)

IV. ACADEMIC APPOINTMENTS

Current: Attending neurologist (Professional level), Department of Neurology, Neurological Institute of Thailand since June 2020

V. EDUCATIONAL ACTIVITIES

- Undergraduate training at Faculty of Medicine Ramathibodi Hospital, Mahidol University: In the first year, we had to learn basic science and social studies as university's requirements. We also had to present at least one social studies project for general education course. In the second year, we were required to study basic pre-clinical courses. These included biochemistry, gross anatomy, histology, embryology, physiology, pharmacology, and neurosciences. We had to conduct various laboratory procedures and cadaveric dissections. In the third year, we needed to study disease-related preclinical courses. We participated in microbiology laboratory and learnt about anatomical and clinical pathologies. Ramathibodi Hospital provided an opportunity to experience basic clinical skills via introduction to medicine program and learn about rural health system in community medicine fieldwork. In the fourth year, it would be the beginning of clinical subjects. Medical students had to arrange clerkship works in all major medical wards including surgery, internal medicine, obstetrics and gynaecology, and paediatrics. We also had to observe the medical examination in out-patient clinic which organized by attending staff. By the fifth year, we could participate in face-to-face patients' examination that supervised by teaching staff. In addition, we had to study in every minor ward fieldwork including ophthalmology, otolaryngology, orthopaedics, rehabilitation medicine, forensic medicine, family medicine, and anaesthesiology. In the sixth year which would be the last year of training, medical students would work as externs. Externs had to participate in halfyear Ramathibodi field training and another half-year provincial hospital field training at Maharat Nakhon Ratchasima Hospital, Ayutthaya Hospital, Suphanburi Hospital, and/or Buriram Hospital. Externs would acquire every clinical skill and essential procedural technique for patient care.
- ii. **Medical internship training at Krabi province, Thailand:** We had compulsory rotating internship for 1 years in provincial hospital and another 2 years internship in district community hospital (3 years in total). In the first year, interns needed to rotate through surgery, internal medicine, obstetric, paediatric, and orthopaedic wards. In-patient duties included examination, essential procedures, and treatment under attending staff. There was a general practitioner clinic to attend every week. Interns had to work for overtime shift in general wards and emergency department where we got a lot of advanced life support and resuscitation skills. In the second and third years, we enrolled in community hospitals and worked as general practitioners without any further supervision.
- (NIT): In the first year, we had to attend Ratchawithi Hospital to learn about basic internal medicine before reaching neurology program at NIT in the next two years. The NIT is an excellent neurological disease centre of the Ministry of Public Health where the neurological residency program is taken place. Because of the nature of referral centre from every public hospital in Thailand, we had experienced a variety of neurological cases here. We were required to attend out-patient clinic twice a week. We also participated in various specialized clinics including memory, movement, epilepsy, headache, neuroimmunology, and botulinum toxin clinics around once to twice a month each. We had to do a lot of in-patient works in neurological wards, stroke unit, intensive care unit, and epilepsy unit. The essential skills included lumbar puncture, central venous catheter for plasma exchange, nerve biopsy, muscle biopsy, botulinum toxin injection in hemifacial spasm and cervical dystonia, and EEG electrode placement. Other academic activities were staff lectures, journal clubs, topic presentations, neuroradiological conference, and specialist conferences. In the third year,

residents could attend 1-month interval free elective subject in other hospital. In addition, we were rotated to neuromuscular unit to learn about NCS and EMG, epilepsy unit to study how to interpret EEG, stroke unit to learn providing intravenous thrombolysis and observe the mechanical thrombectomy cases. In the entire training interval, residents had to conduct at least one research project and write a full report paper. I did a research paper in demyelinating diseases about "painful tonic spasm in neuromyelitis optica spectrum disorders" under Dr. Saharat Aungsumart, one of the neuroimmunology specialists. I also had interested in cognitive neurology even though there were not any dementia specialists at that time, but I got lots of inspiration from many teachers from medical schools. Therefore, I was recruited to be one of the staff in NIT handling memory clinic and dementia work after I finished my residency.

iv. **Continuing medical education:**

- Attended Case-based learning in Geriatric ambulatory care course by Institute of Geriatric Medicine in 2021
- Observership in geriatric medicine at Siriraj Hospital, Mahidol University from February to March 2022
- Observership in behavioral neurology at Siriraj Hospital, Mahidol University from April to May 2022
- Observership in geriatric psychiatry at King Chulalongkorn Memorial Hospital,
 Chulalongkorn University from September to October 2022
- Attended Master trainer in hospital management program: Seamless care for ageing population by SingHealth academic medical center, Singapore in 2023
- Attended Alzheimer's Association International Conference (AAIC) 2024 at Philadelphia, Pennsylvania, USA from July to August 2024

VI. ADMINISTRATIVE RESPONSIBILITIES

None so far

VII. PROFESSIONAL ACTIVITIES

i. Membership in professional and learned societies:

- The Royal College of Physicians of Thailand since 2020
- The Neurological Society of Thailand since 2020
- The Dementia Association of Thailand since 2022

ii. Professional service

Editorships:

- Rojana-Udomsart A, Khieukhajee J, Tantirittisak T, editors. Thai Clinical Practice Guidelines for Dementia (Complete edition 2020). 1st ed. Bangkok: Neurological Institute of Thailand, Department of Medical Services, Ministry of Public Health; 2021.

National and international committee:

- National committee of criteria in the diagnosis and examination of disability (dementia part) 2024-2025

Government agencies:

- Membership, The centre of excellence in dementia, Neurological Institute of Thailand

VIII. RESEARCH SUPPORT

None so far

IX. **INVITED ADDRESSES**

None so far

X. **PUBLICATIONS/PRESENTATIONS**

i. Peer reviewed manuscripts:

- a. Khieukhajee J, Worakijthamrongchai T. Internal carotid artery vasospasm from ergotism: A case report. J Thai Stroke Soc 2020; 19: 20-7.
- b. Khieukhajee J, Apiwattanakul M, Aungsumart S. The Prevalence and Predictive Factors of Painful Tonic Spasm in Patients with Neuromyelitis Optica Spectrum Disorder (NMOSD). J Med Assoc Thai 2020; 103: 1-8.
- c. Aungsumart S, Youngkong S, Dejthevaporn C, Chaikledkaew U, Thadanipon K, Tansawet A, Khieukhajee J, Attia J, McKay GJ and Thakkinstian A. Efficacy and safety of monoclonal antibody therapy in patients with neuromyelitis optica spectrum disorder: A systematic review and network meta-analysis. Front Neurol 2023; 14: 1166490.
- d. Khieukhajee J, Rojana-udomsart A, Srisarakorn P, Wongsurit T, Aungsumart S. Cognitive Impairment and Risk Factors in Post-COVID-19 Hospitalized Patients. Dement Geriatr Cogn Disord Extra 2023; 13(1): 18–27.
- e. Thanapornsangsuth P, Booncharoen K, Khieukhajee J, Luechaipanit W, Haethaisong T, Chongsuksantikul A, Supharatpariyakorn T, Chunharas C, Likitjaroen Y, Hemachudha T. The Bayesian approach for real-world implementation of plasma p-tau217 in tertiary care memory clinics in Thailand. Alzheimers Dement 2024; 1-12.
- f. Khieukhajee J, Seoratanaphunt S, Asavaveeradech K, Hangsapruek S. Hyperglycemia-induced isolated aphasic status epilepticus a case-report and literature review. Dement Neuropsychol 2024; 18: e20240177.
- g. Taweephol T, Pongpitakmetha T, Booncharoen K, Khieukhajee J, Luechaipanit W, Haethaisong T, Chongsuksantikul A, Likitjaroen Y, Thanapornsangsuth P. Short communication: Evaluating roles of plasma glial fibrillary acidic protein as Alzheimer's disease biomarker in real-world multicenter memory clinics in Thailand. J Alzheimers Dis 2025; 104(2): 325-30.
- h. Khieukhajee J, Rojana-udomsart A. Clinical Manifestations of Sporadic Creutzfeldt-Jakob Disease in a Public Neurological Hospital in Thailand. Alzheimer Dis Assoc Disord 2025; 39(2): 117-22.

ii. Non-peer reviewed manuscripts:

a. Warachit W, Rojana-udomsart A, Khieukhajee J, Sangklung K, Suanprasert N. Comparison of Cognitive Impairment between Amyotrophic Lateral Sclerosis Patients and Healthy Controls in Neurological Institute of Thailand. Thai J Neurol 2022; 1: 6-16.

iii. **Books, chapter:**

None so far

iv. Abstracts - published:

- a. Sanganetra S, Aungsumart S, Khieukhajee J, Tantirittisak, T. Assessing naming ability in elders without stroke and non-aphasic stroke patients with confrontational and category naming to detect anomia. J Neurol Sci 2023. 455. 122426.
- b. Khieukhajee J, Suanprasert N, Apiwattanakul M, Rojana-Udomsart A, Tantirittisak T. Clinical manifestations of sporadic Creutzfeldt-Jakob disease in public neurological center in Thailand. Alzheimers Dement. 2025; 20(Suppl 3): e088295.

v. **Communications – unpublished:**

a. Poster presented at the Alzheimer's Association International Conference 2024, Philadelphia, Pennsylvania, USA (29 July 2024) - Clinical manifestations of sporadic Creutzfeldt-Jakob disease in public neurological hospital in Thailand.