

Effective for residents who enter training on or after July 1, 2020.

DEFINITION

Neurology is the branch of medicine concerned with the nervous system in health and disease.

NEUROLOGY PRACTICE

Neurologists provide care for patients with diseases of the nervous system, including conditions affecting the brain, spinal cord, peripheral nerves, neuromuscular junction, and skeletal muscles. Patients with neurological conditions are often disabled with illnesses that affect their identity and independence.

Neurologists diagnose and manage the care of patients with diseases affecting the nervous system. They gather information from the patient's history and physical examination in order to localize the neurological lesion. They integrate those clinical findings with the results of investigations of the nervous system, including neuroimaging studies and electrodiagnostic testing, to determine the cause of the acute or chronic neurological condition. Their clinical assessments may include the performance and interpretation of cerebrospinal fluid sampling by lumbar puncture. They provide ongoing follow-up of patients with neurological diseases, provide targeted treatment, assess treatment efficacy and safety, and determine when to escalate therapy. As many neurological conditions are progressive, neurologists support patients to optimize function and quality of life and facilitate the transition to palliative goals of care, as appropriate.

Population demographics and the prevalence of neurological diseases delineate the practice location of neurologists. Adult neurologists may practice in academic or larger community-based settings. Most pediatric neurologists practice in an academic setting. For both groups, practice may include work in the outpatient clinic, in the inpatient setting, in consultation to other services including the intensive care unit and the emergency department, and/or in the electrodiagnostic laboratory. Neurologists provide care close to the patient's home by using a variety of technologies to reach the remote areas where patients may live.

Neurologists consult with neurosurgeons, neuroradiologists, neuropathologists, neuro-ophthalmologists, physiatrists, other physicians, and members of the health care team in developing plans for patient care. They work effectively with referring physicians such as internists, pediatricians, and family physicians. They collaborate with an interprofessional team to deliver care, including nurses, pharmacists, occupational therapists,

physiotherapists, speech-language pathologists, neurodiagnostic technologists, dieticians, social workers, psychologists and recreational therapists.

Advances in diagnostic and therapeutic options for neurological diseases have led to specialization within the discipline with some neurologists undergoing advanced training and/or focusing their practice in areas such as stroke, sleep, neuro-immunology, neuromuscular diseases, epilepsy, headache, neuro-ophthalmology, movement disorders, and cognitive disorders.

NEUROLOGY COMPETENCIES

Medical Expert

Definition:

As *Medical Experts*, neurologists integrate all of the CanMEDS Roles, applying medical knowledge, clinical skills, and professional values in their provision of high-quality and safe patient-centred care. Medical Expert is the central physician Role in the CanMEDS Framework and defines the physician's clinical scope of practice.

Key and Enabling Competencies: Neurologists are able to...

1. Practise medicine within their defined scope of practice and expertise

- 1.1. Demonstrate a commitment to high-quality care of their patients
- 1.2. Integrate the CanMEDS Intrinsic Roles into their practice of Neurology
- 1.3. Apply knowledge of the clinical and biomedical sciences relevant to Neurology
 - 1.3.1. Anatomy, embryological development, physiology and pathology of the nervous system
 - 1.3.2. Developmental neurology across the lifespan
 - 1.3.3. Genetics and epigenetics of neurological diseases
 - 1.3.4. Neurological therapeutics
 - 1.3.4.1. Behavioural treatments
 - 1.3.4.2. Neuromodulation
 - 1.3.4.3. Pharmacological treatments
 - 1.3.4.4. Rehabilitation therapy
 - 1.3.4.5. Neurointerventional and surgical treatments
 - 1.3.5. Classification of and clinical approach to manifestations of neurological diseases including:
 - 1.3.5.1. Impaired consciousness and acute confusion
 - 1.3.5.2. Disturbances of memory, cognitive function, and behaviour
 - 1.3.5.3. Disturbances of speech and language

NEUROLOGY COMPETENCIES (2020)

- 1.3.5.4. Developmental delay and regression
 - 1.3.5.5. Seizures and syncope
 - 1.3.5.6. Hyperkinetic or hypokinetic movements
 - 1.3.5.7. Sleep disturbances
 - 1.3.5.8. Headache and craniofacial pain
 - 1.3.5.9. Ataxia, incoordination and disturbances of gait
 - 1.3.5.10. Dizziness and vertigo
 - 1.3.5.11. Altered hearing
 - 1.3.5.12. Disturbances of vision, eye movement, and pupillary and eyelid function
 - 1.3.5.13. Dysphagia
 - 1.3.5.14. Disturbances of smell and taste
 - 1.3.5.15. Sensory disturbances
 - 1.3.5.16. Regional pain
 - 1.3.5.17. Muscle weakness, paralysis, and cramps
 - 1.3.5.18. Spasticity
 - 1.3.5.19. Autonomic disturbances
 - 1.3.5.20. Dysmorphic features
- 1.3.6. Risk factors, epidemiology, pathology, pathogenesis, clinical features including symptoms and signs, natural history, investigation, management, and prognosis of neurological conditions
- 1.3.6.1. Autonomic nervous system disorders
 - 1.3.6.2. Cerebellar and spinocerebellar disorders
 - 1.3.6.3. Coma
 - 1.3.6.4. Intellectual delay, developmental regression, and behavioural disorders
 - 1.3.6.5. Delirium and other acute confusional states
 - 1.3.6.6. Dementia and other disorders of cognition
 - 1.3.6.7. Demyelinating and inflammatory diseases of the central nervous system (CNS)
 - 1.3.6.8. Disorders of cerebrospinal fluid (CSF) flow and intracranial pressure
 - 1.3.6.9. Disorders of cranial nerves
 - 1.3.6.10. Epileptic seizures and syndromes
 - 1.3.6.11. Headache and craniofacial pain
 - 1.3.6.12. Inborn errors of metabolism affecting the nervous system

- 1.3.6.13. Infectious diseases affecting the CNS
 - 1.3.6.14. Motor neuron disorders
 - 1.3.6.15. Movement disorders
 - 1.3.6.16. Muscular disorders and myopathies
 - 1.3.6.17. Neoplasms of the nervous system
 - 1.3.6.18. Nerve root and plexus disorders
 - 1.3.6.19. Neurogenetic disorders
 - 1.3.6.20. Neurological complications of acquired systemic and metabolic disorders
 - 1.3.6.21. Neurological complications of pregnancy and delivery
 - 1.3.6.22. Neurological disorders caused by drugs and toxins
 - 1.3.6.23. Neuromuscular junction disorders
 - 1.3.6.24. Neuro-ophthalmological disorders
 - 1.3.6.25. Neuro-otological disorders
 - 1.3.6.26. Peripheral neuropathies
 - 1.3.6.27. Pain disorders
 - 1.3.6.28. Sleep disorders
 - 1.3.6.29. Somatoform disorders with neurological manifestations
 - 1.3.6.30. Traumatic injury of the central and peripheral nervous system
 - 1.3.6.31. Vascular diseases of the CNS
- 1.3.7. Principles of investigation and diagnostic assessment of neurological disorders
- 1.3.7.1. Electroencephalography (EEG)
 - 1.3.7.1.1. Physiological basis of normal EEG and common EEG abnormalities
 - 1.3.7.1.2. Indications for and limitations of EEG, including sleep-deprived, video, ambulatory, and monitoring in intensive care
 - 1.3.7.2. Electromyography (EMG) and nerve conduction studies (NCS)
 - 1.3.7.2.1. Physiological basis of normal EMG/NCS and common EMG/NCS abnormalities
 - 1.3.7.2.2. Indications for, and limitations of, EMG/NCS in neurological disorders

- 1.3.7.3. Neuroimaging
 - 1.3.7.3.1. Neuroradiological anatomy and pathophysiology
 - 1.3.7.3.2. Indications for, and contraindications and limitations of neuroimaging, including the selection of magnetic resonance studies and indications for functional neuroimaging
- 1.3.7.4. Other diagnostic investigations
 - 1.3.7.4.1. Anatomic and physiologic basis, indications for, and contraindications of:
 - 1.3.7.4.1.1. Apnea testing for brain death
 - 1.3.7.4.1.2. Evoked potentials
 - 1.3.7.4.1.2.1. Auditory brainstem
 - 1.3.7.4.1.2.2. Somatosensory
 - 1.3.7.4.1.2.3. Visual
 - 1.3.7.4.1.3. Lumbar puncture
 - 1.3.7.4.1.4. Bedside myasthenia gravis assessment
 - 1.3.7.4.1.5. Vestibular and caloric testing
 - 1.3.7.4.1.6. Visual field testing, including Goldmann and automated perimetry
- 1.3.8. Principles of rehabilitation for the treatment of patients with neurological disorders
- 1.3.9. Pathophysiology and principles of the declaration of neurologically determined death
- 1.3.10. Roles and responsibilities of physicians related to requests for medical assistance in dying (MAID)
- 1.4. Perform appropriately timed clinical assessments with recommendations that are presented in an organized manner
 - 1.4.1. Perform a comprehensive neurological assessment appropriate to the presentation of the patient
 - 1.4.2. Provide effective consultation services to third parties
- 1.5. Carry out professional duties in the face of multiple competing demands
- 1.6. Recognize and respond to the complexity, uncertainty, and ambiguity inherent in neurological practice

2. Perform a patient-centred clinical assessment and establish a management plan

- 2.1. Prioritize issues to be addressed in a patient encounter
 - 2.1.1. Identify neurological emergencies and respond in a timely fashion
 - 2.1.2. Identify and manage patients at risk for acute deterioration
 - 2.1.3. Ascertain the patient's and family's perspective and priorities

- 2.2. Elicit a history, perform a physical exam, select appropriate investigations, and interpret their results for the purpose of diagnosis and management, disease prevention, and health promotion
 - 2.2.1. Gather a neurological history relevant to the patient presentation
 - 2.2.2. Gather a history for patients where direct communication is difficult, including those who present with receptive and/or expressive communication issues, cognitive impairment, or behaviour disturbance
 - 2.2.3. Gather a history that incorporates risk stratification and social determinants of health where relevant
 - 2.2.4. Perform a complete neurological examination including relevant special clinical maneuvers, including:
 - 2.2.4.1. Mental status examination, including standardized tests and tests of cortical function
 - 2.2.4.2. Examination of the comatose patient
 - 2.2.4.3. Neuro-ophthalmological exam
 - 2.2.4.4. Movement disorder exam
 - 2.2.4.5. Neuromuscular exam
 - 2.2.4.6. Dix-Hallpike test
 - 2.2.4.7. Head impulse nystagmus test of skew (HINTS)
 - 2.2.4.8. Functional exam
 - 2.2.4.9. Neonatal exam
 - 2.2.4.10. Developmental examination in the pediatric patient
 - 2.2.5. Perform all relevant parts of a focused neurological examination for the patient presentation
 - 2.2.6. Localize a neurological lesion to the correct region of the neuroaxis
 - 2.2.7. Select diagnostic investigations and interpret their reports
 - 2.2.7.1. Genetic testing
 - 2.2.7.2. Cerebrospinal fluid studies
 - 2.2.7.3. Clinical electrophysiology
 - 2.2.7.3.1. EEG

2.2.7.3.2. Evoked potentials

2.2.7.3.2.1. Auditory brainstem

2.2.7.3.2.2. Somatosensory

2.2.7.3.2.3. Visual

2.2.7.3.3. EMG

2.2.7.3.4. NCS

2.2.7.4. Apnea testing for brain death

2.2.7.5. Bedside myasthenia gravis assessment

2.2.7.6. Medical imaging, including neuroimaging

2.2.7.7. Visual field testing, including Goldmann and automated perimetry

2.2.7.8. Vestibular and caloric testing

2.3. Establish goals of care in collaboration with patients and their families¹, which may include slowing disease progression, treating symptoms, achieving cure, improving function, and palliation

2.3.1. Identify and discuss the need for advance care plans

2.3.2. Facilitate discussions regarding palliation and end-of-life care

2.3.3. Provide information and referral for patients regarding MAID, when requested

2.4. Establish a patient-centred management plan

2.4.1. Develop, implement and monitor patient-centred care plans, including prognostication, for:

2.4.1.1. Outpatients with acute presentations and/or chronic neurologic conditions

2.4.1.2. Hospitalized patients with acute illness, or acute exacerbations of chronic illness

2.4.1.3. Critically ill patients

2.4.1.4. Monitoring of the evolution of the neurologic condition

2.4.1.5. Primary and secondary prevention

2.4.1.6. Rehabilitation and/or optimization of functional status

2.4.1.7. Symptom management

2.4.1.8. End-of-life care

¹ Throughout this document, references to the patient's family are intended to include all those who are personally significant to the patient and are concerned with his or her care, including, according to the patient's circumstances, family members, partners, caregivers, legal guardians, and substitute decision-makers.

3. Plan and perform procedures and therapies for the purpose of assessment and/or management

- 3.1. Determine the most appropriate procedures or therapies
- 3.2. Obtain and document informed consent, explaining the risks and benefits of, and the rationale for, a proposed procedure or therapy
- 3.3. Prioritize procedures or therapies, taking into account clinical urgency and available resources
- 3.4. Perform procedures in a skilful and safe manner, adapting to unanticipated findings or changing clinical circumstances
 - 3.4.1. Particle repositioning maneuvers, such as Epley maneuver
 - 3.4.2. Lumbar puncture

4. Establish plans for ongoing care and, when appropriate, timely consultation

- 4.1. Implement a patient-centred care plan that supports ongoing care, follow-up on investigations, response to treatment, and further consultation
 - 4.1.1. Follow-up on and respond to results of investigations
 - 4.1.2. Recognize and manage emerging complications
 - 4.1.3. Determine the need and timing of referral to another health care professional

5. Actively contribute, as an individual and as a member of a team providing care, to the continuous improvement of health care quality and patient safety

- 5.1. Recognize and respond to harm from health care delivery, including patient safety incidents
 - 5.1.1. Report patient safety incidents using appropriate local systems for adverse event reporting
- 5.2. Adopt strategies that promote patient safety and address human and system factors

Communicator

Definition:

As *Communicators*, neurologists form relationships with patients and their families that facilitate the gathering and sharing of essential information for effective health care.

Key and Enabling Competencies: Neurologists are able to...

1. Establish professional therapeutic relationships with patients and their families

- 1.1. Communicate using a patient-centred approach that encourages patient and family trust and autonomy, and is characterized by empathy, respect, and compassion
- 1.2. Optimize the physical environment for patient comfort, dignity, privacy, engagement, and safety
- 1.3. Recognize when the perspectives, values, or biases of patients, patients' families, physicians, or other health care professionals may have an impact on the quality of care, and modify the approach to the patient accordingly
- 1.4. Respond to a patient's non-verbal behaviours to enhance communication
 - 1.4.1. Recognize non-verbal cues in patients who have impaired speech or language function
- 1.5. Manage disagreements and emotionally charged conversations
 - 1.5.1. Respond safely and appropriately in situations that require non-violent crisis intervention
- 1.6. Adapt to the unique needs and preferences of each patient and to his or her clinical condition and circumstances
 - 1.6.1. Communicate effectively with patients when there are communication and language barriers
 - 1.6.2. Communicate effectively with diverse patient populations, demonstrating respect, openness, and cultural humility

2. Elicit and synthesize accurate and relevant information, incorporating the perspectives of patients and their families

- 2.1. Use patient-centred interviewing skills to effectively gather relevant biomedical and psychosocial information
- 2.2. Provide a clear structure for and manage the flow of an entire patient encounter
- 2.3. Seek and synthesize relevant information from other sources, including the patient's family, with the patient's consent or assent

3. Share health care information and plans with patients and their families

- 3.1. Share information and explanations that are clear, accurate, and timely, while assessing for patient and family understanding
 - 3.1.1. Use effective language, communication, and teaching strategies with patients and their families
 - 3.1.2. Provide information about diagnosis, management, and prognosis clearly and compassionately

- 3.1.3. Share information about brain death, autopsy, and organ donation
- 3.1.4. Convey restrictions on activities that are mandated, including driving
- 3.1.5. Provide genetic counselling where appropriate

3.2. Disclose harmful patient safety incidents to patients and their families

4. Engage patients and their families in developing plans that reflect the patient's health care needs and goals

- 4.1. Facilitate discussions with patients and their families in a way that is respectful, non-judgmental, and culturally safe
- 4.2. Assist patients and their families to identify, access, and make use of information and communication technologies to support their care and manage their health
- 4.3. Use communication skills and strategies that help patients and their families make informed decisions regarding their health

5. Document and share written and electronic information about the medical encounter to optimize clinical decision-making, patient safety, confidentiality, and privacy

- 5.1. Document clinical encounters in an accurate, complete, timely, and accessible manner, in compliance with regulatory and legal requirements
- 5.2. Communicate effectively using a written health record, electronic medical record, or other digital technology
- 5.3. Share information with patients and others in a manner that enhances understanding and that respects patient privacy and confidentiality

Collaborator

Definition:

As *Collaborators*, neurologists work effectively with other health care professionals to provide safe, high-quality patient-centred care.

Key and Enabling Competencies: Neurologists are able to...

1. Work effectively with physicians and other colleagues in the health care professions

- 1.1. Establish and maintain positive relationships with physicians and other colleagues in the health care professions to support relationship-centred collaborative care

- 1.2. Negotiate overlapping and shared responsibilities with physicians and other colleagues in the health care professions in episodic and ongoing care
 - 1.2.1. Make effective use of the scope and expertise of other health care professionals
 - 1.2.2. Delegate responsibilities to members of the interprofessional health care team in a respectful manner
 - 1.3. Engage in respectful shared decision-making with physicians and other colleagues in the health care professions
- 2. Work with physicians and other colleagues in the health care professions to promote understanding, manage differences, and resolve conflicts**
- 2.1. Show respect toward collaborators
 - 2.2. Implement strategies to promote understanding, manage differences, and resolve conflict in a manner that supports a collaborative culture
- 3. Hand over the care of a patient to another health care professional to facilitate continuity of safe patient care**
- 3.1. Determine when care should be transferred to another physician or health care professional
 - 3.2. Demonstrate safe handover of care, using both oral and written communication, during a patient transition to a different health care professional, setting, or stage of care

Leader

Definition:

As *Leaders*, Neurologists engage with others to contribute to a vision of a high-quality health care system and take responsibility for the delivery of excellent patient care through their activities as clinicians, administrators, scholars, or teachers.

Key and Enabling Competencies: Neurologists are able to...

- 1. Contribute to the improvement of health care delivery in teams, organizations, and systems**
 - 1.1. Apply the science of quality improvement to contribute to improving systems of patient care
 - 1.2. Contribute to a culture that promotes patient safety
 - 1.3. Analyze patient safety incidents to enhance systems of care
 - 1.4. Use health informatics to improve the quality of patient care and optimize patient safety

2. Engage in the stewardship of health care resources

- 2.1. Allocate health care resources for optimal patient care
 - 2.1.1. Prioritize diagnostic tests and investigations, including neuroimaging, effectively within the context of limited resources
 - 2.1.2. Determine the appropriate setting for assessment and care of patients with neurological disorders
- 2.2. Apply evidence and management processes to achieve cost-appropriate care

3. Demonstrate leadership in health care systems

- 3.1. Demonstrate leadership skills to enhance health care
- 3.2. Facilitate change in health care to enhance services and outcomes

4. Manage career planning, finances, and health human resources in personal practice(s)

- 4.1. Set priorities and manage time to integrate practice and personal life
- 4.2. Manage personal professional practice(s) and career
- 4.3. Implement processes to ensure personal practice improvement

Health Advocate

Definition:

As Health Advocates, neurologists contribute their expertise and influence as they work with communities or patient populations to improve health. They work with those they serve to determine and understand needs, speak on behalf of others when required, and support the mobilization of resources to effect change.

Key and Enabling Competencies: Neurologists are able to...

1. Respond to an individual patient's health needs by advocating with the patient within and beyond the clinical environment

- 1.1. Work with patients and families to address determinants of health that affect them and their access to needed health services or resources
 - 1.1.1. Identify patients who may experience barriers to care
 - 1.1.2. Facilitate access to health and social services
 - 1.1.3. Facilitate access to neuroimaging

- 1.1.4. Work with patients with neurological related disability to achieve appropriate lifestyle and workplace accommodation and benefits
- 1.1.5. Work with patients, including those at risk for marginalization,² to ensure equity in access to, and treatment within, health care services
- 1.2. Work with patients and their families to increase opportunities to adopt healthy behaviours
 - 1.2.1. Counsel patients regarding secondary prevention of cerebrovascular disease, including smoking cessation and blood pressure control
 - 1.2.2. Counsel patients regarding preventive strategies for trauma and head injury, including seat belt use and child restraints, helmet use, and avoidance of driving while impaired
 - 1.2.3. Counsel patients and families regarding appropriate timing of return to work and athletic activities following neurologic trauma
- 1.3. Incorporate disease prevention, health promotion, and health surveillance into interactions with individual patients
 - 1.3.1. Apply appropriate secondary prevention strategies for neurological diseases, according to current guidelines
 - 1.3.2. Recommend genetic screening for relatives of patients, where appropriate
- 2. Respond to the needs of the communities or populations they serve by advocating with them for system-level change in a socially accountable manner**
 - 2.1. Work with a community or population to identify the determinants of health that affect them
 - 2.1.1. Advocate for community resources to serve the local population
 - 2.1.2. Describe effects of colonization on and the health care disparities of Indigenous Peoples of Canada
 - 2.2. Improve clinical practice by applying a process of continuous quality improvement to disease prevention, health promotion, and health surveillance activities
 - 2.2.1. Apply strategies to address the biological, psychosocial, environmental, and economic factors affecting neurological health
 - 2.3. Contribute to a process to improve health in the community or population they serve
 - 2.3.1. Apply strategies to address deficiencies in resources, including equipment and medications, required for appropriate care of patients with neurological disorders

² "Marginalized populations" are populations with decreased access to the social determinants of health. Examples include those excluded on the basis of race; ethnic or cultural origin; age; gender; sexuality; economic or housing status; and mental or physical illness and/or disability.

Scholar

Definition:

As *Scholars*, neurologists demonstrate a lifelong commitment to excellence in practice through continuous learning, and by teaching others, evaluating evidence, and contributing to scholarship.

Key and Enabling Competencies: Neurologists are able to...

1. Engage in the continuous enhancement of their professional activities through ongoing learning

- 1.1. Develop, implement, monitor, and revise a personal learning plan to enhance professional practice
- 1.2. Identify opportunities for learning and improvement by regularly reflecting on and assessing their performance using various internal and external data sources
- 1.3. Engage in collaborative learning to continuously improve personal practice and contribute to collective improvements in practice

2. Teach students, residents, the public, and other health care professionals

- 2.1. Recognize the influence of role-modelling and the impact of the formal, informal, and hidden curriculum on learners
- 2.2. Promote a safe and respectful learning environment
- 2.3. Ensure patient safety is maintained when learners are involved
- 2.4. Plan and deliver learning activities
- 2.5. Provide feedback to enhance learning and performance
- 2.6. Assess and evaluate learners, teachers, and programs in an educationally appropriate manner

3. Integrate best available evidence into practice

- 3.1. Recognize practice uncertainty and knowledge gaps in clinical and other professional encounters and generate focused questions that can address them
- 3.2. Identify, select, and navigate pre-appraised resources
- 3.3. Critically evaluate the integrity, reliability, and applicability of health-related research and literature
- 3.4. Integrate evidence into decision-making in their practice

4. Contribute to the creation and dissemination of knowledge and practices applicable to health

- 4.1. Demonstrate an understanding of the scientific principles of research and scholarly inquiry and the role of research evidence in health care

- 4.2. Identify ethical principles for research and incorporate them into obtaining informed consent, considering potential harms and benefits, and vulnerable populations
- 4.3. Contribute to the work of a research program
- 4.4. Pose questions amenable to scholarly investigation and select appropriate methods to address them
- 4.5. Summarize and communicate to professional and lay audiences, including patients and their families, the findings of relevant research and scholarly inquiry

Professional

Definition:

As *Professionals*, neurologists are committed to the health and well-being of individual patients and society through ethical practice, high personal standards of behaviour, accountability to the profession and society, physician-led regulation, and maintenance of personal health.

Key and Enabling Competencies: Neurologists are able to...

- 1. Demonstrate a commitment to patients by applying best practices and adhering to high ethical standards**
 - 1.1. Exhibit appropriate professional behaviours and relationships in all aspects of practice, demonstrating honesty, integrity, humility, commitment, compassion, respect, altruism, respect for diversity, and maintenance of confidentiality
 - 1.2. Demonstrate a commitment to excellence in all aspects of practice
 - 1.3. Recognize and respond to ethical issues encountered in practice
 - 1.3.1. Respect patient and family autonomy
 - 1.3.2. Demonstrate an understanding of physician roles and responsibilities when information about MAID is requested
 - 1.4. Recognize and manage conflicts of interest
 - 1.5. Exhibit professional behaviours in the use of technology-enabled communication
- 2. Demonstrate a commitment to society by recognizing and responding to societal expectations in health care**
 - 2.1. Demonstrate accountability to patients, society, and the profession by responding to societal expectations of physicians
 - 2.1.1. Address the impact of public perception regarding complementary and alternative therapies on patients' decisions regarding treatment and their expectations of outcomes

2.2. Demonstrate a commitment to patient safety and quality improvement

3. Demonstrate a commitment to the profession by adhering to standards and participating in physician-led regulation

3.1. Fulfil and adhere to professional and ethical codes, standards of practice, and laws governing practice

3.1.1. Apply professional standards for the determination of neurologically determined death

3.1.2. Apply professional standards and laws governing capacity and competence for medical decision making

3.1.3. Adhere to legal obligations as well as local policies and procedures relevant to substitute decision-making and documentation of advanced directives and goals of care

3.1.4. Adhere to legal obligations as well as local policies and procedures relevant to privacy and confidentiality of patient data

3.1.5. Contribute to public safety through adherence to requirements for mandatory reporting, such as driving restrictions, reportable infections, and suspicious injuries

3.2. Recognize and respond to unprofessional and unethical behaviours in physicians and other colleagues in the health care professions

3.3. Participate in peer assessment and standard setting

4. Demonstrate a commitment to physician health and well-being to foster optimal patient care

4.1. Exhibit self-awareness and manage influences on personal well-being and professional performance

4.2. Manage personal and professional demands for a sustainable practice throughout the physician life cycle

4.3. Promote a culture that recognizes, supports, and responds effectively to colleagues in need

This document is to be reviewed by the Specialty Committee in Neurology by December 2021.

APPROVED – Specialty Standards Review Committee – June 2019