It is anticipated that experience in managing critically ill patients suffering primary or secondary neurologic dysfunction will occur throughout the three years of residency training, in the intensive care unit, the emergency department and in-patient settings. It would be expected that there are discrete rotations in critical care and supplemented by didactic lectures/seminars by faculty, and relevant correlations with other related areas.

Learning Objectives

The first year resident should be able to:

1. Recognize the common neurological disorders in critically ill patients.
2. Describe the basic pathophysiology of the common neurological disorders in critically ill patients.
3. Learn the use of monitoring devices in the neurocritical care unit.
4. Provide assessments of critically ill patients with neurological disorders, particularly diagnostic and monitoring evaluations.
5. Learn therapeutic procedures used in the critical care and emergency rooms.

The second year resident should be able to:

1. Recognize unusual neurological disorders in critically ill patients.
2. Discuss sensitivities, specificities and indications for particular diagnostic modalities.
3. Discuss risks, benefits, mechanisms and indications for particular therapeutic modalities.
4. Be familiar with commonly used scales for rating impairment, disability and severity of illness in critically ill persons with neurological disorders.
5. Discuss prognosis for an individual patient (based on history, exam, diagnostic tests).

The third year resident should be able to:

1. Diagnose brain death.
2. Discuss psychosocial issues, e.g. end-of life care, brain death, long-term planning, etc.
3. Participate in interdisciplinary teams in the care of critically ill patients.
4. Critically review literature regarding pathogenesis and therapeutic trials in neurologic disorders of critically ill and emergency patients.
5. Understand criteria for admission and discharge from the neurocritical care unit.