The table below identifies the global learning objectives for **EMERGENCY MEDICINE** residents rotating in the NSICU.

Please contact Dr. Cappi Lay ([cappi.lay@mountsinai.org](mailto:cappi.lay@mountsinai.org)) if you are an EM resident interested in rotating in the NSICU or if there are any questions regarding the goals and objectives of the rotation.

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| **GLOBAL LEARNING OBJECTIVES LINKED TO ACGME CORE COMPETENCIES** | |
| The rotation is based in the neurosurgical intensive care unit (NSICU) at the Mount Sinai Hospital. It is a 16-bed ICU staffed by a multidisciplinary team of physicians, nurses, nurse practitioners and physicians assistant from various specialties including neurology, neurosurgery, neurocritical care, and critical care medicine. We provide state-of-the-art intensive care for the critically ill neurology patient and high quality post-operative neurosurgical care. | |
| **ACGME CORE COMPETENCY** | **GLOBAL LEARNING OBJECTIVES** |
| 1. **Patient Care**   Residents are expected to provide patient care that is compassionate, appropriate, and effective for the promotion of health, prevention of illness, treatment of disease, and care at the end of life. | * + 1. Emergency Medicine residents will gain exposure in the ICU management of acute neurological diseases including but not limited to aneurysmal subarachnoid hemorrhage, intracerebral hemorrhage, subdural/epidural hematoma, traumatic brain injury, spinal cord injury, cerebral infarction, basilar stenosis/infarction, spinal cord infarction, arterio-venous malformations, dural sinus thrombosis, cervical and cerebral artery dissection, meningitis/encephalitis, status epilepticus, Guillian-Barre Syndrome, Mysathenia Gravis, critical illness neuropathy and myopathy, etc.     2. Residents will gain experience in protocol driven emergency treatment of cerebral herniation syndromes, status epilepticus, ICP crises, and cerebral ischemia.     3. In addition to the specialized care of acute neurological illness, residents will augment their existing experience of general critical care including ventilator management, the treatment of shock, acute renal failure, invasive line placement, and other commonly encountered ICU situations.     4. Residents will gain experience in communicating difficult news to patients and their families. Residents will be expected to participate in end-of-life decision making including discussions about code status and transitions to palliative and hospice settings. |
| **B. Medical Knowledge**  **R**esidents are expected to demonstrate knowledge of established and evolving biomedical and clinical sciences, and the application of their knowledge to patient care and the education of others. | 1. Residents will enhance their understanding of cerebral anatomy and localization of a patient’s symptoms. Special attention will be paid to neurovascular anatomy as well as solidifying a knowledge of different cortical regions, brainstem, basal ganglia, thalamus, cerebellum, and specific white matter tracts. 2. The resident will be expected to demonstrate an appropriate neurological exam, including but not limited to a mental status assessment, cranial nerves, motor exam, sensory exam, reflexes and coordination. Assessments of attention, language, spatial processing, memory, and visual pathways, will be emphasized to deepen the trainees’ ability to accurately identify the cause of symptoms or signs exhibited by patients. 3. Significant time will be dedicated to the understanding and interpretation of neurologic imaging including CT scans, CT angiography and venography, CT perfusion imaging, digital subtraction angiography, and Magnetic Resonance Imaging studies. Appropriate selection of imaging studies based on patients’ history and clinical presentation will be taught. 4. Residents will become familiar with different pharmacologic approaches to the management of intracranial hypertension, seizures, and sedation, including the advantages and disadvantages to the different drug choices for each of these indications. |
| **C. Practice-Based Learning and Improvement**  **R**esidents are expected to be able to use scientific evidence and methods to investigate, evaluate, and improve patient care practices. | 1. Resident must be able to identify areas for improvement and implement strategies to enhance knowledge, skills, attitudes, and processes of care. 2. Resident must be able to analyze and evaluate practice experiences and implement strategies to continually improve the quality of patient practice. 3. Resident must be able to develop and maintain a willingness to learn from experience to improve the system or processes of care. 4. Resident must be able to use information technology or other available methodologies to access and manage information, support patient care decisions, and enhance both patient and physician education. |
| **D. Interpersonal and Communication Skills**  Residents are expected to demonstrate interpersonal and communication skills that enable them to establish and maintain professional relationships with patients, families, and other members of the health care team. | 1. Residents will be expected to interact with patients and family members in a respectful manner that also allows them to obtain detailed comprehensive accounts of the patient’s presentation. 2. Resident must be able to interact with consultants in a respectful, appropriate manner. 3. Resident must be able to maintain comprehensive, timely, and legible medical records. |
| **E. Professionalism**  Residents are expected to demonstrate behaviors that reflect a commitment to continuous professional development, ethical practice methods, an understanding and sensitivity to diversity, and a responsible attitude toward their patients, their profession, and society. | 1. Resident must be able to demonstrate respect, compassion, integrity, and altruism in relationships with patients, families, and colleagues. 2. Resident must be able to demonstrate sensitivity and responsiveness to the gender, age, culture, religion, sexual preference, socioeconomic status, beliefs, behaviors and disabilities of patients and professional colleagues. 3. Resident must be able to adhere to principles of confidentiality, scientific/academic integrity, and informed consent. 4. Resident must be able to recognize and identify deficiencies in peer performance. |
| **F. Systems-Based Practice**  Residents are expected to demonstrate both an understanding of the contexts and systems in which neurointensive care is provided, and the ability to apply this knowledge to improve and optimize patient care. | 1. Resident must be able to understand, access, and utilize the resources, providers, and systems necessary to provide optimal care. 2. Resident must be able to understand the limitations and opportunities inherent in various practice types and delivery systems, and develop strategies to optimize care for the individual patient. 3. Resident must be able to collaborate with other members of the health care team to assist patients in dealing effectively with complex systems and to improve systemic processes of care. |