

Core competencies in neurocritical care training in China: consensus developed by a national Delphi consensus survey combined with nominal group technique

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Online Supplementary Appendix 2

Comparison of core competencies established in the present study with those from other international bodies

Items in our core competencies	Overlap with other sources			
	UCNS	AAN	CoBaTrICE	CCICCM
A. Neurological disease states				
1. Cerebrovascular diseases				
1.1. By the end of neurocritical care training, the trainee should be able to manage infarction and ischemia independently				
1.1.1. Massive hemispheric infarction	√	√		
1.1.2. Basilar artery occlusion and stenosis	√	√		

1.1.3. Carotid artery occlusion and stenosis	√	√		
1.1.4. Delayed cerebral ischemia				
1.2. By the end of neurocritical care training, the trainee should be able to manage intracerebral hemorrhage independently				
1.2.1. Supratentorial	√	√		
1.2.2. Cerebellar	√	√		
1.2.3. Brainstem	√	√		
1.2.4. Intraventricular	√	√		
1.2.5 Subarachnoid hemorrhage aneurysmal and others	√	√		
1.3. By the end of neurocritical care training, the trainee should be able to manage arteriovenous malformations independently	√			
1.4. By the end of neurocritical care training, the trainee should be able to manage carotidcavernous fistulae independently	√			
1.5. By the end of neurocritical care training, the trainee should be able to manage cervical and cerebral arterial dissections under supervision	√			
2. Neurotrauma				
2.1. By the end of neurocritical care training, the trainee should be able to manage				

traumatic brain injury independently				
2.1.1. Axonal shearing injury	√	√		
2.1.2. Epidural hematoma	√	√		
2.1.3. Subdural hematoma	√	√		
2.1.4. Contusions and lacerations	√	√		
2.1.5. Penetrating craniocerebral injuries	√	√		
2.1.6. Traumatic SAH	√	√		
2.2 By the end of neurocritical care training, the trainee should be able to manage spinal cord injury independently	√	√		√
3. Status epilepticus				
3.1. By the end of neurocritical care training, the trainee should be able to manage convulsive status epilepticus independently	√	√		√
3.2. By the end of neurocritical care training, the trainee should be able to manage nonconvulsive status epilepticus independently	√	√		√
3.3. By the end of neurocritical care training, the trainee should be able to manage myoclonic epilepsy independently	√	√		√
4. Neuromuscular diseases				

4.1. By the end of neurocritical care training, the trainee should be able to manage myasthenia gravis independently	√	√		
4.2. By the end of neurocritical care training, the trainee should be able to manage GuillainBarré syndrome independently	√	√		
5. Infections				
5.1. By the end of neurocritical care training, the trainee should be able to manage encephalitis (viral, bacterial, parasitic) independently	√	√		√
5.2. By the end of neurocritical care training, the trainee should be able to manage meningitis (viral, bacterial, parasitic) independently	√	√		√
5.3. By the end of neurocritical care training, the trainee should be able to manage brain and spinal epidural abscess under supervision	√			√
6. Toxicometabolic disorders				
6.1. By the end of neurocritical care training, the trainee should be able to manage drug overdose and withdrawal independently	√		√	√
6.2. By the end of neurocritical care training, the trainee should be able to manage temperaturerelated injuries independently	√			
6.3. By the end of neurocritical care training, the trainee should be able to manage				

carbon monoxide poisoning and delayed encephalopathy independently				
7. Inflammatory and demyelinating diseases				
7.1. By the end of neurocritical care training, the trainee should be able to manage central pontine myelinolysis independently	√			
7.2. By the end of neurocritical care training, the trainee should be able to manage osmotic demyelination syndrome independently				
8. Encephalopathies				
8.1. By the end of neurocritical care training, the trainee should be able to manage hepatic encephalopathy independently	√			
8.2. By the end of neurocritical care training, the trainee should be able to manage hypoxicischemic encephalopathy independently	√			
8.3. By the end of neurocritical care training, the trainee should be able to manage metabolic encephalopathy independently				
8.4. By the end of neurocritical care training, the trainee should be able to manage hypertensive encephalopathy and posterior reversible encephalopathy syndrome (PRES) independently	√			
9. Neuroendocrine disorders				

9.1. By the end of neurocritical care training, the trainee should be able to manage pituitary apoplexy independently	√			
9.2. By the end of neurocritical care training, the trainee should be able to manage diabetes insipidus independently	√			
10. Movement disorders				
10.1. By the end of neurocritical care training, the trainee should be able to manage movement disorders (severe dystonia and opisthotonos) independently	√			
11. Clinical syndromes				
11.1. By the end of neurocritical care training, the trainee should be able to teach or supervise others to manages coma	√	√		√
11.2. By the end of neurocritical care training, the trainee should be able to manage herniation syndromes independentl	√		√	√
11.3. By the end of neurocritical care training, the trainee should be able to manage elevated intracranial pressure independently	√		√	√
11.4. By the end of neurocritical care training, the trainee should be able to manage intracranial hypotension/ hypovolemia independently	√		√	
11.5. By the end of neurocritical care training, the trainee should be able to manage	√	√	√	

hydrocephalus independently				
11.6. By the end of neurocritical care training, the trainee should be able to manage delirium independently	√	√		
12. Perioperative neurosurgical care				
12.1. By the end of neurocritical care training, the trainee should be able to manage postcraniotomy hypertension independently	√			
12.2. By the end of neurocritical care training, the trainee should be able to manage postcraniotomy pain independently	√			
12.3. By the end of neurocritical care training, the trainee should be able to manage wound cerebrospinal fluid (CSF) leaks independently	√			
12.4. By the end of neurocritical care training, the trainee should be able to manage wound infections independently	√			
12.5. By the end of neurocritical care training, the trainee should be able to manage postoperative brain edema independently	√	√		
12.6. By the end of neurocritical care training, the trainee should be able to manage postcraniotomy intracranial hemorrhage independently	√			
12.7. By the end of neurocritical care training, the trainee should be able to assess	√			

and manage postcervical spine surgery airway independently				
12.8. By the end of neurocritical care training, the trainee should be able to assess and manage highrisk postoperative neurosurgical patient independently	√		√	√
13. By the end of neurocritical care training, the trainee should be able to conduct neurorehabilitation independently	√			
B. General medical disease states				
1. Cardiovascular				
1.1. By the end of neurocritical care training, the trainee should be able to recognize and manage different types of shock independently	√		√	√
1.2. By the end of neurocritical care training, the trainee should be able to recognize and manage myocardial infarction and unstable coronary syndromes independently	√			√
1.3. By the end of neurocritical care training, the trainee should be able to recognize and manage neurogenic cardiac disturbances (electrocardiographic changes, stunned myocardium) independently	√			
1.4. By the end of neurocritical care training, the trainee should be able to assess and manage lifethreatening arrhythmia independently	√		√	√
1.5. By the end of neurocritical care training, the trainee should be able to recognize	√			√

and manage left ventricular failure and/or acute pulmonary edema independently				
1.6. By the end of neurocritical care training, the trainee should be able to recognize and manage neurogenic pulmonary edema independently	√			
1.7. By the end of neurocritical care training, the trainee should be able to manage hypertension crisis independently	√			√
1.8. By the end of neurocritical care training, the trainee should be able to perform and interpret cardiac output and hemodynamic monitor independently	√	√	√	√
1.9. By the end of neurocritical care training, the trainee should be able to perform electrocardiography and interpret the results independently			√	√
2. Respiratory				
2.1. By the end of neurocritical care training, the trainee should be able to assess and manage acute and chronic respiratory failure (type I and type II) independently	√			√
2.2. By the end of neurocritical care training, the trainee should be able to manage chronic obstructive pulmonary disease (COPD) and status asthmaticus under supervision	√			√
2.3. By the end of neurocritical care training, the trainee should be able to recognize (diagnosis and grading) and manage acute respiratory distress syndrome (ARDS)	√		√	√

independently				
2.4. By the end of neurocritical care training, the trainee should be able to manage aspiration independently	√			
2.5. By the end of neurocritical care training, the trainee should be able to recognize and manage upper airway obstruction independently	√			√
2.6. By the end of neurocritical care training, the trainee should be able to recognize and manage bronchopulmonary infections independently	√			
2.7. By the end of neurocritical care training, the trainee should be able to recognize and manage pleural diseases (empyema, effusion, pneumothorax) independently	√			√
2.8. By the end of neurocritical care training, the trainee should be able to recognize and manage neurogenic breathing patterns (central hyperventilation, CheyneStokes respirations, et cetera) independently	√			
2.9. By the end of neurocritical care training, the trainee should be able to assess and manage thromboembolic disease (including pulmonary embolism) under supervision independently				√
2.10. By the end of neurocritical care training, the trainee should be able to interpret chest radiographs independently	√		√	√

2.11. By the end of neurocritical care training, the trainee should be able to interpret chest CT image independently				√
2.12. By the end of neurocritical care training, the trainee should be able to perform and interpret end tidal CO ₂ monitoring independently	√			
2.13. By the end of neurocritical care training, the trainee should be able to perform and interpret arterial blood gas analysis independently			√	√
2.14. By the end of neurocritical care training, the trainee should be able to manage noninvasive and invasive mechanical ventilation independently (indication, rational, complication, and weaning)	√	√	√	√
3. Renal				
3.1. By the end of neurocritical care training, the trainee should be able to assess and manage fluid, electrolytes disorders independently	√		√	√
3.2. By the end of neurocritical care training, the trainee should be able to recognize (diagnosis and grading) and manage acute kidney injury independently	√		√	√
3.3. By the end of neurocritical care training, the trainee should be able to recognize and manage derangements secondary to alterations in osmolality and electrolytes independently	√			

3.4. By the end of neurocritical care training, the trainee should be able to manage acidbase disorders independently	√	√		√
3.5. By the end of neurocritical care training, the trainee should be able to manage oliguria and polyuria independently	√			
3.6. By the end of neurocritical care training, the trainee should be able to manage rhabdomyolysis under supervision	√			
3.7. By the end of neurocritical care training, the trainee should be able to conduct drug dose adjustment in renal failure independently	√			√
3.8. By the end of neurocritical care training, the trainee should be able to manage cerebral salt wasting independently	√			
3.9. By the end of neurocritical care training, the trainee should be able to manage syndrome of inappropriate antidiuretic hormone (SAIDH) independently	√			
4. Metabolic and endocrine effects of critical illness				
4.1. By the end of neurocritical care training, the trainee should be able to manage diabetes mellitus (ketotic and hyperglycemic hyperosmolar coma, hypoglycemia) independently	√			√
4.2. By the end of neurocritical care training, the trainee should be able to manage	√			

systemic inflammatory response syndrome (SIRS) independently				
4.3. By the end of neurocritical care training, the trainee should be able to perform enteral/ parenteral nutritional support independently	√	√	√	√
4.4. By the end of neurocritical care training, the trainee should be able to manage pituitary crisis under supervision				
5. Infectious Disease				
5.1. By the end of neurocritical care training, the trainee should be able to comply with infection control measures independently	√		√	√
5.2. By the end of neurocritical care training, the trainee should be able to perform antimicrobial agent selection and determine dose in critically ill patients independently	√		√	√
5.3. By the end of neurocritical care training, the trainee should be able to manage hospital acquired and opportunistic infections in the critically ill patient independently	√	√		√
5.4. By the end of neurocritical care training, the trainee should be able to assess and manage fever in critically ill patient independently	√			√
5.5. By the end of neurocritical care training, the trainee should be able to conduct	√			√

interpretation of antibiotic concentrations and sensitivities independently				
5.6. By the end of neurocritical care training, the trainee should be able to recognize and manage sepsis, severe sepsis, and septic shock independently			√	√
5.7. By the end of neurocritical care training, the trainee should be able to recognize and manage multidrug resistance bacteria infection independently				
5.8. By the end of neurocritical care training, the trainee should be able to perform antimicrobial agent selection in neurological infections independently				
6. Acute hematologic disorders				
6.1. By the end of neurocritical care training, the trainee should be able to manage disseminated intravascular coagulation under supervision	√			√
6.2. By the end of neurocritical care training, the trainee should be able to conduct anticoagulation and fibrinolytic therapy independently	√	√		√
6.3. By the end of neurocritical care training, the trainee should be able to conduct blood component therapy independently	√		√	√
6.4. By the end of neurocritical care training, the trainee should be able to conduct hemostatic therapy independently	√			
6.5. By the end of neurocritical care training, the trainee should be able to recognize	√			

and manage hypercoagulable states under supervision				
6.6. By the end of neurocritical care training, the trainee should be able to recognize and manage traumatic coagulopathy independently				√
7. Acute gastrointestinal and genitourinary disorders				
7.1. By the end of neurocritical care training, the trainee should be able to assess and manage gastrointestinal bleeding independently	√			√
7.2. By the end of neurocritical care training, the trainee should be able to prescribe stress ulcer prophylaxis independently				√
7.3. By the end of neurocritical care training, the trainee should be able to assess and manage abdominal compartment syndrome independently	√			√
8. Immunology and transplantation				
8.1. By the end of neurocritical care training, the trainee should be able to interpret principles of transplantation (brain death, organ donation, procurement, maintenance of organ donors, implantation) under supervision	√	√	√	
9. General trauma and burns				
9.1. By the end of neurocritical care training, the trainee should be able to assess and provide initial management of the trauma patient independently	√		√	√

9.2. By the end of neurocritical care training, the trainee should be able to manage spine and pelvis trauma independently	√			
9.3. By the end of neurocritical care training, the trainee should be able to manage chest and abdominal trauma independently	√			
9.4. By the end of neurocritical care training, the trainee should be able to manage crush syndrome independently				
9.5. By the end of neurocritical care training, the trainee should be able to describe burns and electrical injury independently	√		√	
10. Transport				
10.1 By the end of neurocritical care training, the trainee should be able to teach of supervises patient assessment before transport			√	√
10.2. By the end of neurocritical care training, the trainee should be able to prepare equipment for transport independently				√
10.3. By the end of neurocritical care training, the trainee should be able to perform intrahospital transport independently				√
11. Others				
11.1. By the end of neurocritical care training, the trainee should be able to assess				√

and manage multiorgan dysfunction syndrome independently				
11.2. By the end of neurocritical care training, the trainee should be able to manage ICU acquired weakness under supervision				
C. Critical care monitoring practical procedures				
1. Monitoring				
1.1. By the end of neurocritical care training, the trainee should be able to perform neuromonitoring independently	√			
1.2. By the end of neurocritical care training, the trainee should be able to interpret principles of ECG monitoring independently	√			
1.3. By the end of neurocritical care training, the trainee should be able to perform and interpret invasive hemodynamic monitor independently	√			√
1.4. By the end of neurocritical care training, the trainee should be able to perform and interpret noninvasive hemodynamic monitor independently	√			√
1.5. By the end of neurocritical care training, the trainee should be able to perform and interpret respiratory mechanics monitor under supervision	√			√
1.6. By the end of neurocritical care training, the trainee should be able to perform and interpret metabolic monitoring under supervision (oxygen consumption, carbon	√			

dioxide production, respiratory quotient)				
1.7. By the end of neurocritical care training, the trainee should be able to conduct multimodality monitoring in NICU independently	√			
2. General critical care practical procedures and therapeutic interventions				
2.1. By the end of neurocritical care training, the trainee should be able to perform arterial catheterisation independently	√	√	√	√
2.2. By the end of neurocritical care training, the trainee should be able to teach or supervise others central venous catheter insertion	√	√	√	√
2.3. By the end of neurocritical care training, the trainee should be able to conduct vasoactive/inotropic medication therapy independently	√		√	√
2.4. By the end of neurocritical care training, the trainee should be able to teach or supervise others to perform cardiopulmonary resuscitation, postresuscitation brain protection, to provide advanced life support for postresuscitation patient	√		√	√
2.5. By the end of neurocritical care training, the trainee should be able to teach or supervise others to perform cardioversion and defibrillation			√	√
2.6. By the end of neurocritical care training, the trainee should be able to perform airway maintenance and ventilation in nonintubated/unconscious patients	√	√	√	√

independently				
2.7. By the end of neurocritical care training, the trainee should be able to perform tracheal intubation independently	√	√		√
2.8. By the end of neurocritical care training, the trainee should be able to perform difficult and failed airway management independently			√	
2.9. By the end of neurocritical care training, the trainee should be able to perform and interpret intraabdominal pressure monitor independently				√
2.10. By the end of neurocritical care training, the trainee should be able to teach or supervise others to perform tracheal aspiration			√	√
2.11. By the end of neurocritical care training, the trainee should be able to teach or supervise others to perform oxygen therapy			√	√
2.12. By the end of neurocritical care training, the trainee should be able to perform fiberoptic bronchoscopy and bronchoalveolar lavage in the intubated patient under supervision	√		√	
2.13. By the end of neurocritical care training, the trainee should be able to explain and perform recruitment maneuver: principle and practice under supervision				√
2.14. By the end of neurocritical care training, the trainee should be able to perform	√		√	√

thoracocentesis via a chest drain independently				
2.15. By the end of neurocritical care training, the trainee should be able to perform percutaneous tracheostomy independently	√		√	
2.16. By the end of neurocritical care training, the trainee should be able to perform bedside ultrasound to localize pleural effusion and ascites under supervision				√
2.17. By the end of neurocritical care training, the trainee should be able to assess inferior caval vein by ultrasound under supervision				
2.18. By the end of neurocritical care training, the trainee should be able to perform ultrasound techniques for vascular localisation independently			√	
2.19. By the end of neurocritical care training, the trainee should be able to perform thoracocentesis under supervision				
3. Neurocritical care practical procedures and therapeutic interventions				
3.1. By the end of neurocritical care training, the trainee should be able to perform lumbar puncture independently	√	√	√	√
3.2. By the end of neurocritical care training, the trainee should be able to perform shunt and ventricular drain tap for CSF sampling independently	√			
3.3. By the end of neurocritical care training, the trainee should be able to manage	√			

external ventricular drains independently				
3.4. By the end of neurocritical care training, the trainee should be able to assess and manage pain of neurocritical care patients independently	√	√	√	√
3.5. By the end of neurocritical care training, the trainee should be able to assess sedation and describe principle it independently	√	√		√
3.6. By the end of neurocritical care training, the trainee should be able to interpret and manage of ICP and cerebral perfusion pressure data independently	√	√		
3.7. By the end of neurocritical care training, the trainee should be able to interpret saturation and jugular venous oxygenation and brain tissue oxygen data under supervision	√			
3.8. By the end of neurocritical care training, the trainee should be able to perform systemic moderate hypothermia under supervision	√			
3.9. By the end of neurocritical care training, the trainee should be able to manage fluid and conduct osmotic dehydration treatment independently				
3.10. By the end of neurocritical care training, the trainee should be able to perform and interpret cerebral multimodality monitoring (pH, partial pressure of carbon dioxide [pCO ₂], laser Doppler, microdialysis) under supervision	√	√		

3.11. By the end of neurocritical care training, the trainee should be able to perform lumbar drain insertion independently	√			
3.12. By the end of neurocritical care training, the trainee should be able to manage and insert ICP monitoring independently	√	√		
3.13. By the end of neurocritical care training, the trainee should be able to manage cerebral oximetric or perfusion monitoring under supervision	√	√		
3.14. By the end of neurocritical care training, the trainee should be able to perform brain ventricle puncture under supervision				
3.15. By the end of neurocritical care training, the trainee should be able to interpret CT/MRI of nervous system under supervision	√			
3.16. By the end of neurocritical care training, the trainee should be able to choose neuromuscular blockade and describe indication of it under supervision			√	√
D. Professionalism and system management				
1. By the end of neurocritical care training, the trainee should be able to gather accurate, essential information from all sources, including medical interviews, physical examinations, medical records and Laboratory and radiological results independently	√		√	√

2. By the end of neurocritical care training, the trainee should be able to integrate clinical findings with laboratory investigations to form a differential diagnosis independently	√		√	√
3. By the end of neurocritical care training, the trainee should be able to involve patients (or their surrogates if applicable) in decisions about care and treatment (including informed consent and endoflife care) independently	√	√	√	√
4. By the end of neurocritical care training, the trainee should be able to promote collaborative practice independently, including multidisciplinary cooperation and effective team working	√		√	
5. By the end of neurocritical care training, the trainee should be able to ensure continuity of care through effective handover of clinical information independently			√	√
6. By the end of neurocritical care training, the trainee should be able to describe implications of chronic and comorbid disease in the acutely ill patient independently			√	√
7. By the end of neurocritical care training, the trainee should be able to seek learning opportunities and integrate new knowledge into clinical practice independently	√		√	√
8. By the end of neurocritical care training, the trainee should be able to apply knowledge to clinical problem solving, clinical decision making, and critical thinking	√		√	

independently.				
9. By the end of neurocritical care training, the trainee should be able to develop a clinically applicable knowledge of the basic and clinical sciences that underlie the practice of neurointensive care	√			
10. By the end of neurocritical care training, the trainee should be able to provide effective and professional consultation to physicians and health care professionals of other specialty independently	√			
11. By the end of neurocritical care training, the trainee should be able to maintain accurate medical records and documentation independently	√		√	√
12. By the end of neurocritical care training, the trainee should be able to communicate the continuing care requirements of patients at ICU discharge to health care professionals, patients and relatives under supervision			√	
13. By the end of neurocritical care training, the trainee should be able to manage the safe and timely discharge of patients from ICU independently			√	√
14. By the end of neurocritical care training, the trainee should be able to identify and minimise risk of critical incidents and adverse events independently			√	√
15. By the end of neurocritical care training, the trainee should be able to recognize	√			

and identifies deficiencies in peer performance independently				
16. By the end of neurocritical care training, the trainee should be able to identify environmental hazards and promote safety for patients and staff independently			√	√
17. By the end of neurocritical care training, the trainee should be able to communicate effectively with patients, relatives and members of the healthcare team independently	√		√	√
18. By the end of neurocritical care training, the trainee should be able to respect privacy, dignity, confidentiality, and legal constraints on the use of patient data	√		√	√
19. By the end of neurocritical care training, the trainee should be able to demonstrate sensitivity and responsiveness to gender, age, culture, religion, sexual preference, socioeconomic status, beliefs, behaviors and an awareness of their impact on decision making	√		√	
20. By the end of neurocritical care training, the trainee should be able to demonstrate respect, compassion, integrity, and altruism in relationships with patients, families, and colleagues	√			
E. Ethical and legal aspects of critical care medicine				
1. By the end of neurocritical care training, the trainee should be able to evaluate	√	√	√	

death and dying, and perform brainstem death testing under supervision				
2. By the end of neurocritical care training, the trainee should be able to manage palliative care of the critically ill patient, forgo lifesustaining treatment and order not to resuscitate under supervision	√		√	
3. By the end of neurocritical care training, the trainee should be able to apply and describe practice to minimize the physical and psychosocial consequences of critical illness for patients and families under supervision			√	√
4. By the end of neurocritical care training, the trainee should be able to formulate clinical decisions with respect for ethical and legal principles independently	√		√	√
5. By the end of neurocritical care training, the trainee should be able to adhere to principles of confidentiality, scientific/academic integrity, and informed consent independently	√			
F. Principles of research and certification				
1. By the end of neurocritical care training, the trainee should be able to perform presentation independently	√			
2. Certification				
2.1 By the end of neurocritical care training, the trainee should acquire the				√

certification of basic life support				
2.2 By the end of neurocritical care training, the trainee should acquire the certification of advanced cardiac life support				√
G. Scoring systems				
1. General status scoring				
1.1. By the end of neurocritical care training, the trainee should be able to describe and assess patient with acute physiology and chronic health evaluation II score independently				√
1.2. By the end of neurocritical care training, the trainee should be able to describe and assess patient with simplified acute physiology score II score independently				√
2. Organs scoring				
2.1. By the end of neurocritical care training, the trainee should be able to describe and assess patient with acute kidney injury scoring (KDIGO) independently				
2.2. By the end of neurocritical care training, the trainee should be able to describe and assess patient with sequential organ failure assessment score independently				√
3. Sedation, pain and delirium scoring				
3.1. By the end of neurocritical care training, the trainee should be able to teach and				

supervise others to perform CriticalCare Pain Observation Tool independently				
3.2. By the end of neurocritical care training, the trainee should be able to describe and assess patient with Richmond AgitationSedation Scale independently				
3.3. By the end of neurocritical care training, the trainee should be able to describe and assess patient with the confusion assessment method for the diagnosis of delirium in the ICU independently				
3.4. By the end of neurocritical care training, the trainee should be able to describe and assess patient with selfrating anxiety scale independently				
4. Neural system scoring				
4.1 By the end of neurocritical care training, the trainee should be able to teach and supervise others to perform Glasgow Coma Scale				
4.2 By the end of neurocritical care training, the trainee should be able to describe and assess patient with National Institute of Health Stroke Scale independently				

UCNS: United Council for Neurologic Subspecialties, *AAN*: American Academy of Neurology, *CCICCM*: Chinese College of Intensive and Critical Care Medicine, *CoBaTrICE*: Competencybased Training Programme in ICM for Europe