University of Washington School of Medicine
Department of Neurological Surgery

Neurocritical Care Fellowship

Trainee Position Description and Essential Functions

Neurocritical Care

Position Identification: Non-ACGME Fellow (Acting Instructor)
Position Summary: The Department of Neurological Surgery at the University of Washington (UW) offers a one-year Neurocritical Care Fellowship accredited by the American Board of Neurological Surgery Committee on Advanced Subspecialty Training (CAST) and the United Council for Neurologic Subspecialties (UCNS), with fellows appointed as Acting Instructors within the Department of Neurological Surgery.

The goal of the program is to train outstanding clinical and academic leaders in Neurocritical Care who will thrive within a dynamic, multidisciplinary clinical and research environment. Graduates are expected to achieve comprehensive competency in critical care medicine, with focused expertise in Neurocritical Care. The fellowship emphasizes progressive autonomy in patient evaluation and management throughout the year.

The primary clinical site is Harborview Medical Center (HMC) in Seattle, Washington, the sole Level I adult and pediatric trauma and burn center for the WWAMI region (Washington, Wyoming, Alaska, Montana, and Idaho), as well as a Comprehensive Stroke Center. The Neurocritical Care Service at HMC is centered in a dedicated 30-bed Neuroscience ICU, while also providing consultative and direct care across the hospital's critical care units.

Fellows gain additional experience through rotations in multiple intensive care settings, including the Trauma/Surgical ICUs, Medical/Cardiac ICUs, and BMT/Oncology ICUs, as well as Pediatric ICUs at HMC, the University of Washington Medical Center (UWMC), and Seattle Children's Hospital (SCH).

A distinctive feature of the fellowship is its extensive training in point-of-care critical care ultrasound, supported by structured curriculum development and close faculty mentorship designed to cultivate expert-level sonographic skills.

Although the primary focus of the fellowship is preparing graduates for independent practice in Neurocritical Care, fellows also have opportunities to participate in the surgical management of patients with neurocritical illness.

Key strengths of the program include its high clinical volume and case complexity. As both a Comprehensive Stroke Center and the region's only Level I trauma center, Harborview Medical Center serves as a major referral hub for the Pacific Northwest and Alaska. The faculty team spans multiple specialties and training backgrounds, fostering a rich, collaborative, and multidisciplinary learning environment in Neurocritical Care.

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General Overview of the Fellow Role

A Neurocritical Care Fellow is a post-residency physician in advanced training managing critically ill patients with neurologic conditions such as stroke, TBI, hemorrhage, and status epilepticus. Fellows provide ICU care, interpret monitoring data, perform procedures, collaborate with multidisciplinary teams, communicate with families, and engage in teaching, quality improvement, and research.

UW GME Expectations for Professional Behavior

A Neurocritical Care Fellow must demonstrate professionalism, ethics, accountability, and patient-centered care in line with institutional and ACGME standards. Expectations include integrity, cultural humility, patient safety, confidentiality, and fitness for duty. Fellows must ensure timely communication, reliable attendance, academic integrity, teamwork, and active participation in quality improvement and patient safety initiatives.

UW GME Expectations for Professional Behavior

- All fellows must comply with the UW Medicine Policy on Professional Conduct and the UW Medicine Compliance Code of Conduct
- All fellows must comply with GME Policies

Essential Functions

Neurocritical Care Fellow functions include evaluating and managing critically ill neurologic patients with stroke, TBI, hemorrhage, status epilepticus, and postoperative complications. Fellows must meet CAST and institutional requirements while demonstrating responsibilities including integrating complex clinical data, making rapid ICU decisions, and performing/assisting with procedures. They communicate with teams and families, sustain ICU performance, and engage in teaching and quality improvement.

Administrative Functions

The Neurocritical Care Fellow is responsible for completing onboarding, licensure, credentialing, and mandatory training requirements; participating in scheduling and call coverage; maintaining accurate documentation, procedure logs, and evaluations; managing clinical communications; and participating in conferences, quality improvement initiatives, research activities, and institutional compliance requirements.

Core Educational Functions

Core Educational Functions for a Neurocritical Care Fellow include didactic learning, conferences, journal clubs, and simulation in stroke, TBI, status epilepticus, and critical care physiology. Fellows train in neuroscience ICUs, perform supervised ICU procedures, interpret EEG and monitoring data, participate in shift-based care and call coverage, and engage in research and teaching.

Patient Care

Patient Care requires be physically and mentally prepared, arrive punctual and ready, and maintain professionalism and sterile technique. Functions include evaluation, stabilization, and management of critically ill patients with stroke, TBI, hemorrhage, and status epilepticus. Fellows interpret clinical and physiologic data, manage ICU support (ICP, ventilation, sedation, seizures), perform procedures, coordinate multidisciplinary care, communicate with families, and ensure continuous reassessment and safe transitions.

Shift and Schedule Functions

Shift and Schedule Functions for a Neurological Surgery Neurocritical Care Fellow include providing ICU-based care across neuroscience, stroke, and postoperative neurosurgical units. Fellows work variable day, night, weekend, and holiday shifts, and participate in in-house and home call for emergent neurocritical care and neurosurgical consults.

Cognitive Functions

Cognitive functions include advanced clinical reasoning and rapid decision-making for critically ill neurologic patients. Fellows integrate neurologic, imaging, physiologic, and systemic data to manage stroke, TBI, hemorrhage, and status epilepticus, interpret monitoring (EEG, ICP), apply evidence-based care, assess prognosis, and maintain situational awareness in ICU settings.

Communication

Fellows must demonstrate clear, compassionate communication with patients and families regarding diagnosis, prognosis, and goals of care. Fellows coordinate effectively with multidisciplinary ICU teams, provide timely updates, and ensure safe handoffs. They maintain accurate documentation, use electronic systems appropriately, and uphold professionalism, confidentiality, and clarity in all settings.

Physical and Psychomotor Functions

Fellows must demonstrate sensory acuity to interpret neurologic exams, imaging, and physiologic monitoring; mobility and endurance across ICU and emergency settings; and fine motor skills for procedures such as vascular access, lumbar puncture, and device management. Fellows must safely operate ICU equipment and perform under high-acuity, high-risk conditions.

Statement of Nondiscrimination

The University of Washington prohibits discrimination, harassment, and sexual misconduct in any education program or activity that it operates. Individuals may report concerns, make complaints, or direct inquiries to the Civil Rights Compliance Office. Please refer to the University's Statement of Nondiscrimination for additional information.

This document reflects requirements, established practices, policies, procedures, and resources as of the date of publication; however, portions of this document may be updated periodically in accordance with changes in applicable laws, accreditation requirements, institutional policies, clinical practices, and available resources. Continued participation in the fellowship program constitutes acknowledgment of and agreement to adhere to such updates. The program will communicate substantive changes to fellows through official program communications and institutional channels.

Reasonable Accommodation Statement

A fellow must be able to perform the essential functions of the fellowship position with or without an approved reasonable accommodation. Reasonable accommodations are determined through an interactive process involving the fellow, the fellowship program, Graduate Medical Education, Human Resources, and applicable institutional offices in accordance with federal, state, and institutional policies.