

Neuroendovascular Fellowship

Trainee Position Description and Essential Functions

Neuroendovascular

Position Identification: Non-ACGME Fellow (Acting Instructor)

Position Summary: The Neuroendovascular Surgery Fellowship at the University of Washington is a one-year postgraduate fellowship focused on the minimally invasive treatment of cerebrovascular disease. The fellowship is certified by the American Board of Neurological Surgery/Committee on Advanced Subspecialty Training (CAST). The fellowship is co-directed by Dr. Louis Kim and Dr. Michael Levitt and includes instruction from faculty in Neurological Surgery, Radiology, and Neurology.

Fellowship training takes place at Harborview Medical Center, Washington state's only Joint Commission-certified Comprehensive Stroke Center, which serves a five-state region with a catchment area of more than 14 million people. Additional training occurs at the University of Washington Medical Center–Montlake and Seattle Children's Hospital. Fellows are appointed at the rank of Acting Instructor in the Department of Neurological Surgery.

Fellows gain diverse experience in the operative and non-operative management of all types of cerebrovascular diseases affecting the brain, spine, head, and neck. This includes ruptured and unruptured cerebral aneurysms, acute ischemic stroke, arteriovenous malformations and fistulas, atherosclerotic disease, neuro-oncology, traumatic vascular injury, cerebral venous sinus thrombosis and stenosis, and pediatric cerebrovascular disorders. Fellows typically participate in more than 500 procedures, including cutting-edge endovascular device trials and techniques, as well as clinical and translational research. Graduating fellows are technically skilled and well-equipped to become leaders in Neuroendovascular Surgery.

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General Overview of the Fellow Role

A Neuroendovascular Fellow is a post-residency physician in advanced training in minimally invasive treatment of cerebrovascular disease, including stroke, aneurysms, AVMs, and vascular stenosis. Fellows participate in multidisciplinary stroke care, perform diagnostic angiography, thrombectomy, coiling, stenting, and embolization, and manage peri- and post-procedural care while engaging in research, quality improvement, and teaching.

UW GME Expectations for Professional Behavior

A Neuroendovascular Fellow must demonstrate professionalism, ethics, accountability, and patient-centered care aligned with institutional and ACGME standards. Expectations include integrity, cultural humility, safety, confidentiality, and fitness for duty. Fellows must ensure reliable attendance, timely communication, duty hour compliance, academic integrity, teamwork, lifelong learning, and active participation in quality improvement and patient safety efforts. 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

Fellows' functions include evaluation and management of acute cerebrovascular disease, rapid stroke decision-making, and coordination of multidisciplinary care. Fellows must meet CAST and institutional requirements while demonstrating responsibilities including performing diagnostic angiography and endovascular procedures (thrombectomy, coiling, flow diversion, stenting, embolization), interpreting imaging in real time, communicating with teams and families, and contributing to quality improvement and teaching.

Administrative Functions

The Neuroendovascular fellow completes onboarding, credentialing, licensure, and mandatory training; participates in scheduling, rotations, and call coverage; maintains case logs, duty hours, and procedural documentation; ensures accurate EHR documentation and follow-up of clinical results; and engages in stroke registry reporting, conferences, quality improvement, research, and institutional compliance activities.

Core Educational Functions

Core Educational Functions include structured training in angiography suites, stroke services, neurocritical care, and emergency settings with progressive responsibility. Fellows gain procedural experience in diagnostic angiography and endovascular therapies (thrombectomy, aneurysm treatment, embolization), participate in didactics, conferences, simulation, stroke systems of care, call schedules, multidisciplinary care, research, teaching, and quality improvement.

Patient Care

Patient care requires fellows to include rapid evaluation and management of cerebrovascular disease, interpretation of clinical and imaging data, and selection for endovascular therapy. Fellows participate in procedures and peri-/post-procedural neurocritical care, monitor complications, coordinate multidisciplinary care, communicate with patients and families, and ensure safe discharge and continuity across stroke care pathways.

Shift and Schedule Functions

Shift and Schedule Functions of a Neuroendovascular Fellow include clinical coverage in angiography suites, stroke services, neurocritical care, and emergency settings. Fellows work variable day, night, weekend, and holiday shifts, and provide in-house and home call for emergent stroke and neuroendovascular interventions.

Cognitive Functions

Fellows are required to include rapid clinical reasoning for stroke and neurovascular emergencies, integrating clinical and imaging data to guide time-sensitive treatment decisions. Fellows assess eligibility for endovascular therapy, adapt intra-procedurally, interpret multimodal imaging, manage complications, apply evidence-based guidelines, and maintain situational awareness while coordinating care for critically ill patients.

Communication

Fellows are required to include clear, rapid communication during stroke and neurovascular emergencies, coordinating multidisciplinary teams, and providing patient and family counseling on diagnosis, treatment, risks, and prognosis. Fellows ensure accurate informed consent, timely EHR documentation, effective intra-/peri-procedural updates, and professional communication across clinical, academic, and educational settings.

Physical and Psychomotor Functions

Fellows must include sensory acuity to interpret imaging, monitors, and clinical cues; mobility across ICU, ED, and angiography suites; and endurance for prolonged procedures. Fellows require fine motor precision for catheter-based interventions, maintain sterile technique, perform under fatigue, and function safely in radiation and biologic exposure environments.

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

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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.