University of Washington School of Medicine
Department of Neurological Surgery

Neurotrauma Fellowship

Trainee Position Description and Essential Functions

Neurotrauma

Position Identification: Non-ACGME Fellow (Acting Instructor)
Position Summary: The Department of Neurological Surgery at the University of Washington offers a one-year Neurotrauma Fellowship accredited by the American Board of Neurological Surgery Committee on Advanced Subspecialty Training (CAST), with Fellows appointed as Acting Instructors within the Department of Neurological Surgery.

The goal of the fellowship is to train exceptional clinical and academic leaders in Neurocritical Care who will flourish in our multidisciplinary clinical and research environment. Graduates of this program will be competent in all aspects of critical care, with specialized expertise in Neurocritical Care. Progressive independence in patient evaluation and management is encouraged throughout the fellowship.

Fellows also rotate through a variety of other critical care units, including the Trauma/Surgical ICUs, Medical/Cardiac ICUs, BMT/Oncology ICUs, and Pediatric ICUs at Harborview Medical Center (HMC), University of Washington Medical Center (UWMC), and Seattle Children's Hospital (SCH).

A major highlight of the fellowship is the extensive training in point-of-care critical care ultrasound throughout the fellowship, with direct faculty mentorship and a dedicated curriculum designed to develop trainees into expert sonographers.

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

The program's major strengths include the clinical volume and complexity of patients. As a Comprehensive Stroke Center and the only Level I trauma center in the region, Harborview routinely receives complex referrals from across the Pacific Northwest and Alaska. In addition, faculty members represent multiple specialties and training backgrounds, creating a rich, multidisciplinary environment for training in Neurocritical Care.

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General Overview of the Fellow Role

A Neurotrauma Fellow is a post-residency physician in advanced training managing acute brain, spinal cord, and peripheral nerve injuries. Fellows provide trauma activation care, operative intervention, and neurocritical care while collaborating with multidisciplinary teams. They interpret imaging, support ICU management, and engage in teaching, quality improvement, and neurotrauma research.

UW GME Expectations for Professional Behavior

Neurotrauma Fellows must uphold professionalism, ethics, accountability, and patient-centered care consistent with institutional and ACGME standards. They are expected to prioritize safety, confidentiality, informed consent, and fitness for duty while maintaining respectful teamwork. Responsibilities include reliable attendance, clear communication, accurate documentation, academic integrity, quality improvement participation, and prompt reporting of safety concerns.

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

Neurotrauma Fellow functions include rapid evaluation and management of brain, spine, and peripheral nerve trauma, participation in resuscitation, and supervised operative procedures such as craniectomy, hematoma evacuation, ICP monitoring, and spinal stabilization. Fellows must meet CAST and institutional requirements while providing ICU care, integrating clinical and imaging data for decisions, communicating with teams and families, and engaging in education and quality improvement.

Administrative Functions

The Neurotrauma fellow completes onboarding, credentialing, licensure, mandatory training, and maintains required system access and compliance. Fellows must demonstrate responsibilities including managing schedules, rotations, and call coverage; tracking case logs, and evaluations; ensuring timely EHR documentation and follow-up of results; and participating in conferences, quality improvement, research, and trauma system initiatives.

Core Educational Functions

Core Educational Functions include structured clinical, operative, didactic, and systems-based training across ED, OR, ICU, and inpatient settings with progressive responsibility. Fellows participate in neurotrauma surgery and ICU care, attend conferences and journal clubs, complete call, and engage in multidisciplinary care, research, teaching, and quality improvement.

Patient Care

Patient care includes rapid evaluation and stabilization of traumatic brain and spine injuries, interpretation of neuroimaging, coordination of multidisciplinary critical care, performance of selected procedures, management of intracranial pressure and neurologic emergencies, perioperative support, and ongoing assessment and treatment planning in acute neurotrauma settings.

Shift and Schedule Functions

Shift and Schedule Functions of a Neurotrauma Fellow include clinical coverage across ED, OR, ICU, and inpatient trauma services. Fellows work variable day, night, weekend, and holiday shifts, and provide in-house and home call for emergent neurotrauma resuscitation, operative intervention, and ICU management.

Cognitive Functions

Fellows are required to demonstrate advanced clinical reasoning, rapid decision-making, and integration of neurologic, imaging, and physiologic data in high-acuity trauma care. Fellows must prioritize life-threatening conditions, adapt treatment plans, apply evidence-based care, coordinate multidisciplinary management, maintain situational awareness, and sustain sound judgment under prolonged, time-sensitive emergencies.

Communication

Fellows must demonstrate clear verbal, written, and electronic communication in high-acuity trauma care. Fellows must counsel patients and families on diagnosis, treatment, risks, prognosis, and goals of care, coordinate multidisciplinary teams, provide real-time updates and structured handoffs, ensure accurate documentation, and maintain professionalism, confidentiality, and teaching responsibilities.

Physical and Psychomotor Function

Fellow must demonstrate sensory acuity to assess neurologic status and interpret imaging; mobility and endurance across trauma bay, OR, and ICU settings; and fine motor skills for procedures such as line placement and ICP monitor management. Fellows must safely operate ICU equipment, perform under fatigue, and function in high-risk 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 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.