University of Washington School of Medicine
Department of Neurological Surgery

Spine Fellowship
Trainee Position Description and Essential Functions
SPINE SURGERY

Position Identification: Non-ACGME Fellow (Acting Instructor)
Position Summary: The Department of Neurological Surgery at the University of Washington offers three positions in a one-year Spine 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 and encouraged to develop progressive independence in patient evaluation and management throughout the fellowship.

Our spine fellowship training program provides exposure to the widest possible range of spinal pathology with respect to the nature and location of spinal disorders and their treatment options. Training sites include Harborview Medical Center (the only Level I trauma center in four Pacific Northwest states) and both campuses of the University of Washington Medical Center: UWMC–Montlake and UWMC–Northwest. Spine fellows spend the majority of their time at Harborview Medical Center (HMC). However, they are encouraged to work with spine fellowship–trained faculty members at both UWMC campuses.

The Level I trauma center status at Harborview Medical Center exposes fellows to the full breadth of spine trauma. Complex stabilization and reconstructive spinal procedures are routinely performed, and fellows are exposed to the multidisciplinary care and management of this highly fragile and complex patient population. Fellows also participate in complex spinal deformity procedures, gaining valuable insight into deformity reduction maneuvers and fundamental concepts of spinal deformity surgery.

In addition to spine trauma and complex deformity surgery, the program also focuses on minimally invasive spine surgery. The University of Washington is a worldwide leader in full-endoscopic spine surgery. Fellows learn to perform endoscopic decompression procedures on all segments of the spinal column. To facilitate the learning curve for this novel technique, fellows are encouraged to participate in the annual West Coast Fellows and Fellows Course at the University of Washington WISH Laboratory. Additionally, all traditional minimally invasive surgeries such as MIS-TLIF, ELIF, and OLIF are routinely performed at HMC and UWMC campuses. The University of Washington Medical Center is also a regional hub for metastatic spine tumors, with a multidisciplinary approach involving radiation oncology and medical oncology to provide optimal patient care.

Case distribution throughout the year is approximately as follows: 20% trauma, 55% degenerative disorders, 10% deformity, and 15% neoplasia/infection. The distribution between cervical and thoracolumbar pathology is approximately 50/50. The overall spine caseload within our teaching hospitals exceeds 2,500 surgical procedures per year, with an average of 240 spine procedures per fellow annually. Every effort is made to provide each fellow exposure to the full spectrum of spinal care.

Spine fellows actively participate in the management of all aspects of spinal surgery, including extensive mentorship in complex trauma cases, tumors, infection, degenerative disorders, and spinal deformity; all forms of spinal instrumentation; image-guided navigation and robotic surgery; minimally invasive procedures; and full-endoscopic spine surgery. We expect excellence in clinical

practice, research, and educational efforts during the fellowship year and offer mentoring and assistance with achieving career and employment goals.

Trainee Position Description and Essential Functions

General Overview of the Fellow Role

A Neurological Spine Surgery Fellow is a post-residency physician in advanced training managing complex spinal disorders including degenerative disease, deformity, trauma, tumors, infection, and revision surgery. Fellows work across clinic, inpatient, ED, and OR settings, perform supervised spine surgery, collaborate multidisciplinary teams, and participate in perioperative care, education, research, and quality improvement.

UW GME Expectations for Professional Behavior

Neurological Spine Surgery Fellows must demonstrate professionalism, ethics, accountability, and patient-centered care per institutional standards. They are expected to maintain integrity, safety, confidentiality, and fitness for duty, while collaborating respectfully with teams and families. Fellows must ensure reliable performance, clear communication, accurate documentation, 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

Neurological Spine Surgery Fellow essential functions include clinical, cognitive, operative, communication, physical, and professional skills to manage complex spinal disorders. Fellows must meet CAST and institutional requirements while evaluating degenerative, deformity, trauma, tumor, and infectious conditions, interpreting imaging, and determining surgical indications. They assist in spine surgery, provide postoperative care, coordinate multidisciplinary management, and communicate effectively with patients and families.

Administrative Functions

The Fellow is responsible for completing onboarding, credentialing, licensure, and mandatory training requirements, as well as maintaining system access and compliance. Fellows responsibilities include managing clinical schedules, call coverage, and case logs; ensuring timely and accurate documentation and completion of evaluations and required surveys; and participating in conferences, quality improvement initiatives, research activities, and adherence to professional and regulatory standards.

Core Educational Functions

Core Educational Functions include structured clinical, operative, didactic, and systems-based training across clinic, inpatient, ICU, and emergency settings. Fellows gain progressive operative experience in decompression, fusion, deformity correction, tumor, trauma, minimally invasive, and revision spine surgery, while participating in conferences, call coverage, research, teaching, and multidisciplinary care.

Patient Care

Patient Care requires the Fellow to demonstrate evaluation and management of complex spinal disorders across clinic, inpatient, ICU, ED, and OR settings. Fellows perform exams, interpret imaging, and guide operative vs non-operative care, assist in spine surgery, manage postoperative patients and complications, respond to emergencies, and coordinate multidisciplinary care and follow-up.

Shift and Schedule Functions

Shift and Schedule Functions of a Neurological Spine Surgery Fellow include coverage across outpatient clinic, inpatient wards, ICU, emergency department, and operating room. Fellows work variable day, night, weekend, and holiday shifts, and provide in-house and home call for urgent spine consultations, trauma, and surgical emergencies.

Cognitive Functions

Fellows are required to demonstrate advanced clinical reasoning, interpretation of complex spinal imaging, and integration of clinical data to guide surgical versus non-surgical management. Fellows plan operative strategies, anticipate risks, and adapt intraoperatively. They manage complications, coordinate multidisciplinary care, and apply systems-based thinking for long-term outcomes.

Communication

Fellows must demonstrate clear communication in operative, inpatient, and emergency settings, coordinating with multidisciplinary teams. Fellows counsel patients and families on diagnosis, risks, and treatment, obtain informed consent, and ensure accurate EHR documentation. They also present cases, teach trainees, and maintain professional, respectful communication.

Physical and Psychomotor Functions

Fellows must demonstrate sensory, motor, and technical abilities for safe spine surgery care. Fellows need strong vision and hearing, prolonged standing and mobility, fine motor control for microsurgery and instrumentation, and endurance for long procedures. They must also perform bedside exams and work safely in sterile, radiologic, high-acuity settings.

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.