

Neuroendovascular Intervention Fellowship Curriculum

Overview

This curriculum is designed to provide the fellow with progressive responsibility in the evaluation, interventional treatment, and post-procedural management of patients.

The fellowship is organized as 24 continuous months of supervised neuroendovascular intervention training with protected didactic time, weekly faculty-led conferences, simulation exposure, and a structured research and quality-improvement experience. The curriculum is intended to reflect current ACGME Neuroendovascular Intervention expectations while remaining adaptable to the needs of an individual institution.

Block Schedule

There are 26 blocks of 4 weeks each over the 24-month fellowship, divided as follows:

Rotation	Time	Educational focus
Core Neuroendovascular Service	24 blocks	Time spent primarily performing procedures. Endovascular exposure includes cerebral angiography and embolization. Interventional spine exposure includes kyphoplasty, CSF leak management, and percutaneous treatment of degenerative spine conditions.
Neurocritical Care	2 blocks	Management of critically ill neurovascular patients including subarachnoid hemorrhage, large vessel occlusion stroke, intracerebral hemorrhage, vasospasm, elevated intracranial pressure, and post-procedure ICU care.

Longitudinal Experiences

- Continuity clinic: one half-day per week throughout most of the fellowship, except during ICU or high-intensity service weeks.
- Didactics: at least one faculty-organized conference each week, including core curriculum lectures, case conference, journal club, morbidity and mortality review, simulation, and neuroanatomy or imaging review sessions.
- Call: home call and/or in-house call structured according to institutional policy, with graded responsibility for emergent thrombectomy, hemorrhage triage, and urgent angiographic consultation under attending supervision.

- Multidisciplinary conferences: regular participation in Tumor board, stroke conference, M&M, and Neurocritical care meetings.

Research, Scholarship, and Evaluation

Fellows are expected to complete at least one original research, outcomes, device, education, or quality-improvement project during training and to submit their work for regional or national presentation and/or manuscript preparation.

Assessment includes direct observation in the angiography suite, procedure log review, milestone-based evaluations, 360-degree feedback, conference participation, professionalism, and semiannual review with program leadership.

The curriculum may be individualized for trainees entering from neurology, neurosurgery, or radiology backgrounds, provided core competency requirements and case experience are achieved.