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Message from the President and President Elect



Warren R. Selman, MD



E. Sander Connolly, Jr., MD

“Summer’s here and the time is right
For dancing in the street
It’s just an invitation across the nation
A chance for folks to meet
Can’t forget the Motor City
Dancing in the street...”

Motown Records, Martha and the Vandellas, 1964

Although it is not quite summer, and we had other spectacular venues to dance in, we will most definitely not forget the Motor City. Congratulations and thanks are due to our host Dr. Steven Kalkanis and the Department of Neurosurgery at Henry Ford, and our Scientific Program Committee Chair Dr. Judy Huang and her committee who provided us with the sensational first full post-pandemic meeting of The Society.

This meeting was a resounding success in multiple ways. We had the largest number of members register and attend. Members and guests were able to share ideas and experiences in a format that was designed to provide ample time for discussion on topics ranging from resident selection to career growth, as well as an inspiring lecture on leadership and rebuilding from the Mayor of Detroit, Mike Duggan.

this issue

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In his presidential address in 2007, John Popp reminded us that The Society must be: mission driven, a society that meets the needs of its members, and an organization that gets its work done. As President, I can attest to the tremendous work that the officers and committee chairs and members have put forth throughout the year to meet each of these mandates.

This year marks a transition in leadership that has already occurred in the office of the treasurer. Since our founding in 1920 the role of the Secretary has been of critical importance. As keeper of the “institutional memory,” the Secretary served a term of five years to life. As we thank Dr. Selden for the tremendous job he has done and welcome Dr. Zipfel to office, the term of this office will now be three instead of five years.

Given this change we did not want to miss the opportunity to take advantage of Dr. Selden’s knowledge of our organization, and Dr Connolly and I asked him to head a special ad hoc committee, entitled M3, for membership, meetings, and money or finances. He appointed three subcommittee chairs Dr. Jensen, Amin-Hanjani, and Byrne, respectively, to ensure that as we progress in our second century, The Society continues to meet Dr. Popp’s mandates, and is a Society that embraces and actively promotes diversity, equity, and inclusion in carrying out its mission.

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I know that we speak for Dr. Selden and his committee chairs when we say that we welcome your comments and suggestions and hope you will take advantage of our upcoming surveys or share your thoughts on any of these topics with us directly.

We are also pleased to announce two new programs that further the mission of The Society. The first is the establishment of the Neuroscientist Training Program, which was conceived of and established by Dr. Linda Liau and her research committee, a subcommittee of the Committee on Resident Education. The second is the Neurosurgical Educator Training Program. Details of these new programs will be forthcoming.

On a more personal note, I am grateful for the opportunity to have served as your President this past year and look forward to the coming year with our new President, Dr. Sander Connolly.



Dr. Selman and Dr. Connolly at the 2022 SNS Meeting

This report is my last, as I finish 5 years as Secretary of the Society of Neurological Surgeons. This position has been the most interesting and challenging role I have taken on within organized neurosurgery and has also been the most rewarding. The lengthy term of office and engagement with the One Neurosurgery Summit organizations have given me a broad and detailed view of the challenges faced by our specialty as well as tremendous confidence in our future. A lot has happened during these 5 years; I would like to highlight some of the fine work done by SNS committee members and volunteers to advance our mission of supporting medical student, residency, and fellowship training and academic department governance in the United States.

- Presidents of the SNS continue to convene the One Neurosurgery Summit three times per year, with representatives from each of the major neurosurgical governance, scientific, educational, and membership organizations, including the SNS, AANS, CNS, ABNS, RRC, Academy, and Washington Committee. Summit representatives discuss and coordinate key specialty issues that bridge organizational missions and functions. During the last 5 years, the Summit has addressed data in practice, the coordination of fellowship accreditation and board certification, development of clinician scientists, national GME policy, conflict of interest and professionalism, DEI, quality and safety, health care inequities, the national regulatory landscape, and neurosurgical program responses to the COVID-19 pandemic. It has been a privilege, as SNS Secretary, to serve as the “corporate memory” of the Summit during this very busy and impactful period.
- Through the challenges of the pandemic, the SNS has continuously served its members by providing forums for discussion and professional development. In May of 2020, the SNS was the first major neurosurgical organization to hold an entirely online meeting, with just-in-time information for residency program adaptations to COVID-19. After canceling one and delaying another in person national meeting, the SNS re-emerged for in-person meetings in Austin, Texas (October 2021) and Detroit, Michigan (May 2022). The Society's annual business meetings have been conducted online for two years and, more recently, a Society virtual forum addressed the impact of COVID-19 on the health of academic neurosurgery.
- During the past 5 years, the SNS completely revamped its administrative infrastructure, significantly improving the efficiency of the organization and its financial stewardship. Our new administrative partners at the CNS were crucial to navigating the loss of our meetings without any financial penalties while our ABNS partnership supported a huge expansion of CAST fellowship accreditation activities. At the same time, a comprehensive update to the SNS treasury and ongoing modernization of the SNS' incorporation status ensure a durable and sustainable future for the Society.
- The PGY1 Boot Camp and SNS Junior Resident courses have continued to provide pivotal orientations to internship and residency nationwide throughout the pandemic. The PGY1 course will also return to in person access for hands-on simulations in 2023. The RUNN course will re-launch in the autumn of this year following cancellations due to COVID and then due to storm damage on Cape Cod in 2021.
- The SNS Committee on Medical Students has worked tirelessly and continuously since March of 2020 to help our specialty respond to the pandemic by formulating, communicating, and implementing policies for modified sub-internship rotations, interviews, and the Match. The Committee held numerous stakeholder forums for students, program directors, and program administrators and collected data for process improvements throughout the pandemic.
- An invigorated SNS Curriculum Committee has collaborated with the ABNS to link an updated SNS residency curriculum to ABNS primary exam question stems.
- The SNS continues work with the ACGME on the PDPQ project as one of three representative specialties for this pilot of a national residency QI curriculum. The initial 4 participating neurosurgery programs have now expanded in Phase 2 to a group of about 20 programs.
- SNS-CAST fellowship accreditation activities continue to expand, with major growth in surgical endovascular neurosurgery, critical care, and other areas. CAST has also launched a new fellowship accreditation pathway for skull base neurosurgery.
- Representatives to the One Neurosurgery Summit have published a summary of the last two decades of advances in neurosurgical education in the *Journal of Neurosurgery*, with a commentary from the journal's editor. Other SNS-led publications have addressed changes to the residency match and the impact of online learning during COVID-19.
- The SNS convened two task forces as part of the One Neurosurgery Summit: The Professionalism Task Force published a model professionalism and harassment policy that has been adopted by all Summit organizations. The COI in Training Task Force issued written recommendations to the ACGME.
- Over the past 5 years, the SNS also significantly expanded its communications. You read the 5th edition of the biannual SNS Newsletter. The Society also launched a redesigned website for society functions (with the CNS) and for CAST (with the ABNS). Finally, the SNS launched a social media presence on Twitter, with over 1100 followers to date representing a range of education, organization, and publishing leaders, as well as faculty members, residents, and fellows in neurological surgery.

- A special 100th SNS Anniversary Membership Volume, with historical notes and biographies of SNS members current and past, was mailed to SNS members in September. Historical mentorship videos are now available on the web.
- SNS President, Dr. Warren Selman, initiated a review process for three areas of strategic imperative for the Society: revenue sources, meeting design in the post-pandemic world, and membership size and structure. I am privileged to chair this effort, working with each of the individual "M3" work groups (Money, Meeting, and Membership). The M3 Membership Task Force includes stakeholder representation from communities under-represented in neurological surgery as part of the SNS's effort to advance diversity, equity and inclusion in our specialty.

The SNS remains committed to and focused on its mission to support U.S. academic neurosurgery programs in facilitating outstanding education for neurosurgical residents and fellows and encouraging the engagement of medical students interested in a career in neurosurgery, as well as supporting governance best practices in neurosurgical departments and training programs.



Michigan neurosurgeons at the recent SNS meeting

Dr. Selman with Lauren Oppe and Lisa Mastrino





The 113th Annual Meeting of the SNS united educational leaders on May 21-24, 2022 in Detroit, MI with the theme of "Innovation in Education." The exciting program was presided over by Dr. Warren Selman and enthusiastically hosted by the Henry Ford Health System, led by Dr. Steve Kalkanis. The conference at the MGM Grand Hotel and Convention Center was extremely well-attended, with engaged participants joining to contemplate existing challenges and prepare for the future of our specialty. Far-reaching topics covered in the scientific program ranged from educational theory, unconventional inter-disciplinary collaborations, neurosurgery outside of our borders, faculty development, and updates in skills training for residents. The Distinguished Service Award recognized the contributions of Dr. Griff Harsh. Another highlight included the 2022 Winn Award Lecture delivered by Dr. Fred Lang from MD Anderson. The revitalized Motor City provided outstanding venues for collegial gatherings and lively discussions.



The Henry Ford Team: Lisa Scarpace, Ghaus Malik, Mike Chedid, Mark Rosenblum, Jason Schwalb, Mayor Mike Duggan, Steven Kalkanis, Jack Rock, Josie Jackson, Mary Quine, Ellen Air

SNS Neurosurgeon-Scientist Training Program (NSTP) Costas Hadjipanayis, MD and Linda Liao, MD

The development of neurosurgeon-scientists is vital to the continued advancement of neurosurgery. Research discoveries by neurosurgeons have led to new treatment paradigms and the development of new surgical technologies. The NINDS R25 is an institutional award designed to facilitate the research education and training of residents and fellows in neurosurgery and other clinical specialties. There are currently a limited number of established R25 programs supporting neurosurgeon trainees. The proposed SNS Neurosurgeon-Scientist Training Program (NSTP) would be established in parallel to the NIH R25 program. **The NSTP will serve as a formal mentored research program for those residents beginning a protected research year.** The primary goal of this new program is to provide participants with the skills, education and experience needed to successfully compete for individual research funding (e.g., NIH K award and R01 grants). Participants will be expected to continue their research through their residency and apply for K funding after residency. Formal training components for successful scientific practices will include experimental design, statistical methodology/data management, grant writing, presentation skills, and responsible conduct of research.

NSTP participants will conduct basic, clinical, or translational research in a well-funded (NIH or comparable) research laboratory and have one or more mentors with an outstanding track record in the training of future scientists. The NSTP will be conducted over 2 years during residency. During Year 1 of the NSTP, at least 80% protected research time will be designated by the Department Chair and Program Director for the resident participant. This should be funded by the institution or by other research funding mechanisms (R25, T32, F32, NREF, etc.). The SNS will **provide travel support for Year 1**, and **actual grant support for Year 2** based on the resident's

research progress, research plan for Year 2, and their plan for a NIH K award application. The resident may resume their clinical responsibilities during Year 2 of the NSTP. Participants will, however, be required to continue their research during Year 2. Year 2 will simulate the future academic career of a neurosurgeon-scientist involved with clinical duties and running a laboratory. Residents will need to provide a feasible plan how they would continue their research while they resume clinical responsibilities (e.g., hiring of a laboratory technician, postdoctoral graduate student, etc.).

Rigorous selection of applicants will be performed by a study section comprised predominantly of neurosurgeon-scientists, who will also serve as a national pool of mentors. The selection of applicants will be based on the proposed research plan, prior research accomplishments, mentorship, institutional commitment/support, and likelihood of future NIH K-award funding. Funding of the NSTP will consist of travel support for Year 1 to attend the AANS or CNS meetings and the NINDS R25 Workshop. Year 2 funding of research by the SNS will be determined after a resident interview during NINDS R25 Workshop in the Spring of Year 1. The interview will assess resident research progress, how the resident will propose to continue their research project in Year 2 and plans towards applying for an NIH K award upon completion of residency. Residents will exit the NSTP if they do not receive funding for Year 2. Participants in this new program will be offered mentorship by local and national leaders in neurosurgery research. The ultimate goal of this program is to create a culture and community of neurosurgeon-scientists who will ultimately drive the future discoveries and advancements in our field.

SNS ON TWITTER

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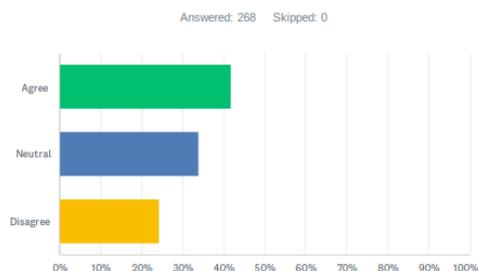
The COVID Pandemic Impact on Neurosurgical Departments

Deborah L. Benzil, MD; Vice President SNS
Chair, COVID Pandemic Taskforce

The pandemic has changed everything and touched us all. After 2 years, the SNS wanted to determine what the impact has been specifically on neurosurgical education. The goal was to understand the short and long-term implications and develop strategies to mitigate against any potential threats. To that end, Dr. Warren Selman appointed a task force to address these important questions (see full committee below). The group first met in August 2022 and designed three projects:

1. *Survey PD, chairs, residents and fellows* about the impact of the pandemic, with particular attention to areas such as transition to practice, career choices, research preparedness and wellness. (Dr. Julie Pilitsis lead)
2. Hold a Virtual seminar quickly to PD and chairs to address "Tipping the Three-Legged Stool" (Drs. Sean Grady and Karin Muraszko lead)
3. Present findings and recommendations for future action during the Annual SNS meeting 2022.

Q13 My opinion on the value of national neurosurgical meetings for networking improved during the pandemic



Key Survey Results

While several surveys are underway, the resident/fellow one has been completed with a reasonable response rate (22%). Not surprisingly, analysis suggests the most important findings are:

- Residents believe, face-to-face interaction in the workplace has been significantly impacted.
- The value of national meetings and networking was recognized
- Comradery and opinions on other seemed to worsen hierarchically.

While more than 40% indicated the pandemic would NOT impact their choice to enter academics, more than 20% said they were less likely while more than 30% were neutral while half indicated negative impact on surgical skill preparation for independent practice. Not surprisingly, 55%

indicated new approaches were developed to education with the most dramatic effects on the use of technology and reprioritization of family/work/life balance.

The SNS is currently partnering with the ACGME in analysis of the survey results as this is a high priority interest for both groups.

Virtual Seminar

On January 26, 2021 a well attended 2-hour program delivered sessions addressing Education (Drs. S. Wolfe and M. Haglund), Research (Drs. E. Eskandar, N. Chiocca, G. Zipfel), and Clinical (Drs. S. Timmons, ES. Connolly, R. Byrne) aspects of neurosurgery departments. There was also a powerful keynote address on Disparities in Healthcare delivered by Dr. Kendelle Cobb. Based on the presentations, robust discussion and real-time polling, the seminar led to some key recommendations:

1. Distribute healthcare disparity educational resources to PD and PC (see below)
2. Post Seminar on SNS website with marketing of its availability
3. Develop resource for innovative apprenticeship programs for staff hires
 - a. Note: Given the universal need for such programs, if SNS develops, will likely be a highly valued resource used across neurosurgery and other hospital groups
4. Consider having CORE task force develop metric for reassessing all educational offerings in light of pandemic lessons
5. Have CORE group identify ZOOM educational resources for efficacy and best practices
6. Encourage every program to develop and clear strategy to address isolation of residents and faculty to include: identification of those at risk, enhanced monitoring of well-being, novel team building program design
7. Add research talk on COVID related opportunities
8. Convene group to crowdsource ideas related to the dramatic shift in clinical hierarchy/control issues

Summary Presentation and Future Activity

During the upcoming SNS Annual meeting in Detroit, the survey results along with the recommendations will be presented. There is an urgent need to crowd source ideas related to dramatic shifts in clinical hierarchy which we hope to convene in the near future.

Other recommendations will be addressed through the committees of the SNS including CORE, Research and Medical Students. The SNS leadership recognizes beyond the personal, the pandemic may alter the future of neurosurgical education and will continue to monitor the issue, support improvement processes, and speak up about any critical concerns.

Healthcare Disparities Educational Resources

Society of General Internal Medicine health disparities curriculum--

<https://www.sgim.org/File%20Library/SGIM/Communities/Task%20Forces/Disparities/SGIM-DTFES-Health-Disparities-Training-Guide.pdf>

HHS Medical School Curriculum Initiative--<https://www.hhs.gov/civil-rights/for-individuals/special-topics/health-disparities/medical-school-curriculum-initiative/index.html>

AMA EdHub Health Equity Education--<https://edhub.ama-assn.org/health-equity-ed-center>

[Healthcare Disparity Education for Surgical Residents: Progress Made, More Needed](#)

One Neurosurgery Summit Recommends ACGME Adopt COI Standards

Katherine Orrico, MD

Nathan R. Selden, MD, PhD

Hunt Batjer, MD

On March 8, One Neurosurgery Summit member groups — the American Academy of Neurological Surgeons, American Association of Neurological Surgeons, American Board of Neurological Surgery (ABNS), Congress of Neurological Surgeons and Society of Neurological Surgeons — wrote a [letter](#) to the Accreditation Council on Graduate Medical Education (ACGME) urging the residency and fellowship program accreditor to adopt new institutional and program requirements to govern conflict of interest (COI) during training. This COI proposal was a product of the One Neurosurgery Summit's Professionalism and Competence in Neurosurgical Training Task Force. Other Task Force initiatives included the publication of a [history of resident education](#) in neurosurgery¹ and the [evolution of the ABNS](#).²

Organized neurosurgery recognizes that a long history of research collaboration between faculty members and trainees has significantly contributed to progress in medicine and advanced technology and quality of care to the demonstrable benefit of patients. In addition, the presence of collaborative research environments that engage clinical trainees characterizes highly effective training programs. Nevertheless, recent events have drawn attention to potential sources of conflict or duality of interest between faculty members and trainees involved in graduate medical education programs. In some circumstances, shared intellectual property (IP), ownership of patents, or a stake in private companies may develop from faculty-trainee collaborations, resulting in conflicts or duality of interest that jeopardize the integrity of the trainee evaluation process. Such COI could also potentially distract participants from the core missions of the training program and sponsoring institution (SI).

In the proposal, the neurosurgery groups recommended that such conflicts must be disclosed within the program and, when appropriate, reported to the SI so that they may be externally monitored and the risk of adverse outcomes appropriately mitigated. For example, if a faculty member and resident or fellow trainee collaborate in creating an invention or business venture, their collaborative undertaking and resulting COI must be reported annually to the Designated Institutional Official (DIO). Additional specific recommendations included:

- Conflicted faculty members may not evaluate the collaborating resident or fellow trainee. In small programs, the department chair or DIO (if necessary) should appoint a faculty designee from inside or outside the department to discuss the trainee's performance with the conflicted faculty member.

- Conflicted faculty members must not be present for the clinical competency committee discussion and evaluation of a collaborating resident or fellow trainee.
- After graduation of collaborating resident or fellow trainee, conflicted faculty members must recuse themselves from providing an evaluation of the collaborating trainee to health systems, hospitals, or regulatory agencies.
- If faculty member-trainee collaboration has adversely affected the performance of the collaborating resident or fellow trainee or the conflicted faculty member in fulfilling the core missions of the program or institution, certain mitigation procedures to eliminate the COI should be employed (e.g., transferring shared IP, business ownership, and/or equity into a blind trust).

The ACGME is currently evaluating these and other policies related to COI, and the One Neurosurgery Summit organizations look forward to working with the ACGME to develop appropriate COI standards. Adopting such standards will help protect the public, promote the integrity of the training process, and safeguard the creative and collaborative processes that fundamentally improve patient care.

¹Selden N, et al. Neurosurgery residency and fellowship education in the United States: 2 decades of system development by the One Neurosurgery Summit organizations. *J Neurosurg* 136:565-74, 2022.

²Wang M, et al. Continuous improvement in patient safety and quality in neurological surgery: the American Board of Neurological Surgery in the past, present, and future. *J Neurosurg* 135:637-43, 2021.

SNS Bootcamp and Junior Resident Course 2022

Martina Stippler, MD
Carolyn Quinsey, MD
Deborah Benzil, MD
Michael Haglund, MD PhD MEd
Greg Zipfel, MD

Thank you 2022 Junior Resident course Faculty

Ellen Air
Shelly Timmons
Alan Scarrow
Gregory Zipfel
Chris Winfree
Dave Limbrick
Michael Haglund
Carolyn Quinsey
Gary Simonds
Renee Reynolds
Martina Stippler
William Ashley
Krystal Tomei
Rodriguez Analyze
Jay Wellons
Anand Veeravagu
Tina Sayama
Deborah Benzil

What Was New this Year?

Although this was the third year that we have held the PGY-1 bootcamp and junior resident course virtually, this was the first time we asked for a **\$100 registration fee**. This did not impact our overall registration. In 2021 we had 122 PGY-2 residents from 80 ACGME neurosurgery residency training programs attending the virtual resident boot camp and in 2022, we had 132 attendees from 76 programs. We also were able to secure industry funding for the virtual course. This highlights that SNS can provide sought-after and high-quality education programs virtually for which training programs are willing to pay, something one should keep in mind for programming for residents and others.

To demonstrate the value the SNS PGY-1 bootcamp and junior resident course provides, we will mail a **letter to programs with a certificate of milestones** that were covered during the bootcamps. The current junior resident course curriculum covers 20 milestone levels ranging from level one to level three.

Milestones Covered with Junior Resident Course Curriculum

- | |
|--|
| <ul style="list-style-type: none">• Improvement: Mentorship and Training (level 1,2) |
| <ul style="list-style-type: none">• Practice-Based Learning and Improvement: Mentorship and Teaching (level 1) |
| <ul style="list-style-type: none">• Critical Thinking and Diagnosis and Therapy (1,2) |
| <ul style="list-style-type: none">• Patient Safety (level 1) |
| <ul style="list-style-type: none">• Well-Being (level 1,2 and 3) |
| <ul style="list-style-type: none">• Interpersonal and Communication Skills (Patient and Family Communication Level 1,2) |
| <ul style="list-style-type: none">• Interpersonal & Communication skills: Communication and Coordination of Care (level 1,2) |
| <ul style="list-style-type: none">• Ethical Behavior (level 1,2) |
| <ul style="list-style-type: none">• Quality Improvement (level 1,2 and 3) |
| <ul style="list-style-type: none">• Patient Safety (level 1,2) |

We had the **most diverse faculty** this year. Of those participating, 47% were female and 21% of the faculty from underrepresented in medicine ethnic and racial groups. This is important so that residents see themselves in the leaders and educators of the SNS, following the dictum "you cannot become what you cannot see" (or at least it's much harder).

Curriculum Changes and Future Directions

Based on evaluation and feedback from the residents, we moved didactics around the consent process and difficult communication curriculum to the PGY1 Bootcamp. We added Dos and Don'ts of Social Media, Implicit Bias and Bystander Training, and a QI project workshop to the Junior resident course this year. The highest rated course again this year was Intraoperative Catastrophe Management, where faculty participants discuss venous embolus, CSF leaks during spine surgery, large vessel injury, and intraoperative brain swelling and use Zoom polling to engage the residents on how to handle these complications.

One of the milestones that lends itself to virtual teaching is health care system awareness. With this in mind, we will add a health care delivery module lecture next year. If somebody knows a recognized expert in this field or is interested in serving as faculty, please reach out to mstippler@bidmc.harvard.edu.

As the curriculum stands right now, the PGY-1 Bootcamp would lend itself to an in-person experience in 2023 while the didactic content for the junior resident course can be successfully taught virtually.

I am so grateful to have had the chance to serve the Medical Student Committee over the past 4 years. These years have been full of adventure and change, but we have tried to take hold of a crisis and use it to propel improvements to our recruitment system, some of which were long overdue. Our specialty has come through this with an improved sense of equity and diversity, renewed commitment to medical student education, and a continued demand for excellence. I cannot express my gratitude for the great minds with whom I have had the pleasure to serve on this committee and the leadership of the SNS officers.

And this is just the beginning...as we transition leadership to Lola Chambless and Jason Heth, the Medical Student Committee is already making important strides to further our ability to impact medical school neurosurgical curriculum, connect students to neurological surgery programs and the SNS, and partner with pipeline initiatives to improve diversity in our specialty. Our future is incredibly bright. Below, please see the updates for this year's recruitment cycle.

2022-2023 Neurological Surgery SNS Recruitment Updates

In order to optimize neurosurgical exposure, education, and evaluation for applicants to neurological surgery, no more than three 3-4 week Acting internship (AI) experiences are recommended. The SNS recommends in the MS4 year:

- **One (1) 3-4 week Home program AI experience**
- **Up to Two (2) 3-4 week External program AI experiences**
 - o The SNS encourages students to gain a diverse medical education through rotations in a broad spectrum of subspecialty medical and surgical rotations in addition to neurosurgery, in preparation for residency.
 - o Students without a home program should perform 1 rotation of neurological surgery at the closest ACGME accredited program (adopted home program), and up to 2 rotations at external sites.
 - o Rotations should be based upon the SNS Goals and Objectives for Acting Internships
<https://www.societyns.org/medical-students/external-medical-student-rotations>

1. **Letters of Evaluation**

The SNS has been involved in optimizing the evaluation of medical student applicants. It is important to understand that both applicants and programs value high quality letters of evaluation (LOE). Over the past 2 years, neurological surgery has piloted and collected data on letter of recommendation templates. We continue to optimize the SNS template and educate programs and supervising faculty about its use, attempting to develop a fair and balanced evaluation and prevent "grade inflation" (i.e., for example, the score of "Top 1-6%" should be awarded to only about 1 in every 20 applicants). As the application process changes in response to the loss of USMLE I scores, recommendation letters reflecting both home and AI rotation performance will be critical in the application screening process.

In alignment with the recommendation to perform 1 Home and 2 External AI rotations, the SNS recommends that each applicant obtain the following recommendations:

- o **One (1) Home program: SNS Standardized Letter of Evaluation (LOE)**
- o **Up to Two (1) External programs: SNS Standardized Letters of Evaluation (LOE)**
- o **One (1) Individual free-form Letter of Recommendation (LOR)**

At each program, LOEs should be written by an evaluation committee, which will commonly involve the department chair, PD, and core education faculty who have worked with each AI. LOEs should provide a fair and balanced evaluation of each applicant. The free-form letter (LOR) may come from any individual mentor at the home or external rotation programs who knows the applicant well: clinical, research, or other.

All faculty who will review applications, write LOE, and participate in interviews should undergo **implicit bias and diversity and inclusion training every 12 months**.

Medical Student Committee Updates (continued)

The SNS will provide an updated LOE template at the society website. Importantly, the **comparator group should include all students who have rotated with the department in the past 3 years.** (<https://www.societyns.org/medical-students/external-medical-student-rotations>).

2. ERAS Supplemental application pilot

Neurological Surgery is one of 15 specialties participating in the 2022-2023 Supplemental Application Pilot. This Supplemental Application is an optional application in addition to the standard ERAS application that allows students to better describe their formative experiences to augment their application. The proposal does an excellent job of illustrating applicant characteristics for us to pilot as potential additions to the future ERAS application. Additionally, students can designate interest or equanimity in regard to specific geographical locations. They will also be able to specify particular interest in a certain number of programs set by each specialty, or “signal” that program. Programs will only see a signal to their program, but not other programs or whether the applicant has chosen to signal. The maximum number of signals for each applicant to neurological surgery is 8. This allows them to signal their home program or AIs, though it is optional. Participation in the Supplemental Application is optional for both individual applicants and programs, but at this time, over 100 neurosurgical programs will be participating.

Full details can be found at: <https://students-residents.aamc.org/applying-residencies-eras/supplemental-eras-application-eras-2023-cycle> [students-residents.aamc.org]

3. In accordance with the AAMC 2022-2023 recommendations, Neurological Surgery supports ensuring that all interviews at a single institution are either all virtual or all in-person.

The AAMC recognizes that applicants interview better in-person, and an interview scenario that includes both in-person and virtual creates inequity. **It is anticipated that** most institutions will require all virtual interviews given the ongoing pandemic; however, if approved at the institutional level, programs may perform all in-person interviews. They cannot, however, subsequently conduct make-up or any other interviews virtually.

AAMC recommendations can be found here: <https://www.aamc.org/what-we-do/mission-areas/medical-education/aamc-interview-guidance-2022-2023-residency-cycle>.

4. Neurosurgery will continue the Standardized Interview Release Dates.

This was well-received by applicants and programs last year.

- **Interviews invitations should be sent out any Friday in October after 4pm EST**, to collectively accommodate Program Administrators’ work schedules in each US time zone.
- **Programs must hold the interview invitation/slot through the weekend until 12AM EST (midnight) Sunday** allowing applicants time to consider their interview options, schedule.
- **Second waves of interviews should be sent out on a subsequent Friday after 4pm EST** if the interview schedule is not filled. If there is a last-minute cancellation prior to an interview date, an invitation can be sent to a wait-listed candidate at any time.

Thank You to our Medical Student Committee Members

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