

## 2024-2025 SNS Recruitment Updates

The specialty of Neurological Surgery continues to adapt to the changing landscape of residency recruitment. The Society of Neurological Surgeons (SNS) is comprised of the academic leaders and residency program directors in our field and is responsible for creation of guidelines for residency recruitment. Through review of the recommendations published by the American Association of Medical Colleges (AAMC), surveys of key stakeholders, and national discussion, the SNS has developed the following best practices intended to help guide program leadership and applicants during the 2024-2025 recruitment cycle.

### 1. Acting Internships (AI)

Medical Student rotations with graded autonomy, or AIs, are integral to the recruitment process in the specialty of Neurological Surgery for:

- Student experience in the depth and breadth of neurological surgery prior to committing to the specialty
- Education in preparation for internship
- Evaluation to assist programs and students during the Match process

**To optimize clinical exposure, education, and evaluation for applicants to Neurosurgery, no more than three 3-4 week AI experiences are recommended.**

The SNS recommends in the MS4 year:

- One (1) 3–4 week Home program AI experience
- One or Two (1 or 2) 3–4 week External (away) program AI experiences

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. Students without a home program should perform 1 rotation in Neurosurgery at the ACGME accredited program with which they are most closely associated (adopted home program), and up to 2 rotations at external sites. Rotations should be based upon the SNS Goals and Objectives for Acting Internships.

<https://www.societyns.org/medical-students/external-medical-student-rotations>

More than three total AI rotations in neurosurgery are not advised as students are expected to focus on building a diverse clinical skill set prior to residency training.

## 2. Letters of Evaluation

The SNS has been involved in optimizing the evaluation of medical student applicants. Both applicants and programs value high quality letters of evaluation and recommendation (LOE/LOR). Over the past 3 years, Neurosurgery has piloted and collected data on letter templates. We continue to optimize the SNS template and educate programs and supervising faculty about its use, in order to develop a fair and balanced evaluation which is meaningful for programs evaluating applicants. In alignment with the published data and the SNS recommendation to undertake 1 Home and 1-2 External AI rotations, the SNS recommends that each applicant obtain the following recommendations:

- One (1) Home program: SNS Standardized Home Letter of Evaluation (LOE)
- One to two (1) External programs: SNS Standardized Away Letters of Recommendation (LOR)
- One (1) letter of any kind

At each program, letters using the LOE/LOR standardized format may be written by an individual or by an evaluation committee, which will commonly involve the department chair, PD, and/or core education faculty who have worked with each applicant. LOE/LORs should provide a fair and balanced evaluation of each applicant. Importantly, the comparator group should include all students who have rotated with the department in the past 3 years.

The final letter will often come from any individual mentor at the home or external rotation programs who knows the applicant well, from a clinical, research, or non-neurosurgical perspective. It may be appropriate for this letter writer to use the LOR template or to write a traditional free-form letter. This can be determined at their discretion.

In alignment with AAMC recommendations, the SNS recommends that all faculty who review applications, write LOE/LORs, and participate in interviews should undergo implicit bias and diversity and inclusion training every 12 months.

## 3. Preference Signaling

In 2022-23, Neurosurgery participated in the 2022-2023 Supplemental Application Pilot. The vast majority of Neurosurgery applicants and programs participated in the pilot, and many aspects of the supplemental application are incorporated into the core ERAS application in 2024-25. Preference signaling was an important aspect of this pilot program.

Based on AAMC data and SNS Post-Match survey responses, preference signaling had value for the majority of Neurosurgery applicants and programs. Data from other specialties revealed the potential for increase in value to both applicants and programs by moving to a high-signal model. **For that reason, Neurosurgery will offer applicants the use of 25 signals in the 2024-25 match. Per AAMC guidelines, all applicants should signal programs where they have rotated (home programs or away AI rotations) if applicants remain strongly interested in those programs after their rotations.**

Use of preference signaling remains optional for both applicants and programs. Applicants should carefully consider which programs to signal, planning to do so for a range of programs at varying degrees of competitiveness. Mentors should provide honest guidance to applicants about the strength of their application to facilitate signaling the appropriate group of programs.

#### 4. Standardized Interview Release Dates

Neurosurgery will continue to use Standardized Interview Release Dates. This reduces applicant stress and facilitates applicant involvement in educational activities during the interview season. This also allows each program flexibility to send their invitations within their own optimal timeframe.

- Interview invitations should be sent out any Friday in October after 4pm EST.
- Programs must hold the interview slot until at least 4pm EST Sunday in order to allow applicants time to consider their interview options and schedule. **Failure to hold interview slots for at least 48 hours or extending more offers than a program has slots are NRMP Match Violations.**
- If the interview schedule is not filled, a second waves of interview offers should be sent on a subsequent Friday after 4pm EST. If there is a last-minute cancellation prior to an interview date, an interview could be sent to a replacement candidate at any time.
- Programs should avoid “first come, first served” policies with regard to preferences for specific dates whenever possible by remaining somewhat flexible about the exact number of candidates interviewed on each date.

#### 5. Interview Format

The process of interviewing for residency match positions has changed dramatically since the onset of the COVID-19 Pandemic. In response to this public health crisis, the field of Neurosurgery moved to an all-virtual interview format for the 2020-21 application cycle. The majority of Neurosurgery programs continued to utilize virtual interviews during the subsequent two cycles, with increasing incorporation of in-person opportunities such as optional campus visits.

With the end of the public health emergency, we must reconsider the relative costs and benefits of various formats of resident recruitment. The AAMC generally recommends the use of virtual interview processes for the following reasons:

- \* Reduced cost to applicants
- \* Majority of surveyed applicants (from pool of all specialties) prefer virtual format
- \* Reduced time away from school, work, other commitments
- \* Separation of assessment and recruitment in the match process
- \* Reduced carbon footprint

Many of these considerations apply to the Neurosurgery match. However, as a small specialty representing only 0.7% of all US residents, the field of Neurosurgery also has some unique characteristics and needs. Specifically, our specialty has the longest training period and this may

influence candidates' desire to see a location or institution in person. In addition, relative "fit" with colleagues may be particularly important when considering joining a small department with only 1-4 new residents a year. These concerns were clearly demonstrated on the post-match survey of both Neurosurgery applicants and program leadership conducted by the SNS in April 2023. There were several important findings from those results:

- Applicants felt they could best assess fit in in-person interviews
  - 40% could assess fit "somewhat well or very well" in virtual settings as opposed to 85% during in-person interviews
- 83% of Neurosurgery applicants would like to see an in-person component to interviews
- The majority of program leaders expressed a need for an in-person component to optimize assessment of "fit"

There is unlikely to be a single approach which best suits all programs and all applicants. The SNS recognizes that individual programs know their applicant pool well and should be supported in choosing either a virtual or in-person option based on their individual circumstances. If choosing to conduct interviews virtually, special attention should be made to ensure that applicants are able to assess "fit" accurately. If choosing to conduct interviews in-person, programs should make efforts to limit costs to applicants and time away from medical school. Further assessment of the value of various interview methods will be conducted and will be incorporated into SNS guidelines in future years.

\*<https://www.aamc.org/about-us/mission-areas/medical-education/interviews-gme-where-do-we-go-here>