2022-2023 Neurological Surgery SNS Recruitment Updates

The specialty of Neurological Surgery continues to adapt to the changing pandemic landscape. We have used this opportunity to closely assess our past practices surrounding the medical student education, application, recruitment, and interview process in order to optimize future practices. Through surveys of key stakeholders, evaluations, and national discussion, the Society of Neurological Surgeons, comprised of the academic leaders and residency program directors in our field, has developed the following best practices intended to help guide program leadership and applicants during the 2022-2023 recruitment cycle.

1. Medical Student rotations with graded autonomy, or Acting Internships (AI), 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 a specialty.
   - Education in preparation for internship.
   - Evaluation to assist programs and students during the Match process.

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
   - One or Two (1 or 2) 3–4 week External 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 of neurological surgery at the closest ACGME accredited program (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]

2. 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, in order to develop a fair and balanced evaluation and prevent "grade inflation." As the application process changes in response to the loss of USMLE I scores, recommendation letters reflecting both home and AI rotation performance will likely have additional influence in the application screening process.

New in 2022: In alignment with the 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 Letter of Evaluation (LOE)
   - One to two (1) External programs: SNS Standardized Letters of Evaluation (LOE)
   - 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.

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

**New in 2022:** The home LOE template will be distinct from the external rotation LOE template, allowing faculty from the home program to give more in depth descriptions of academic and clinical work completed by the applicant. The SNS will provide updated LOE templates at the society website, which will be similar to years past with improved grading explanations. Importantly, the comparator group should include all students who have rotated with the department in the past 3 years. ([https://www.societysns.org/medical-students/external-medical-student-rotations](https://www.societysns.org/medical-students/external-medical-student-rotations)).

3. **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 in order to get a better understanding of the applicant. 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 in specific geographical locations (or that location is not a factor for them). 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 students to signal their home program (if they wish), 1-2 external AIs (if they wish), along with other residency programs. Again, participation in the Supplemental Application is optional for individual applicants. It is also optional for individual programs, although the majority of neurosurgical programs are expected to participate.

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

4. **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. This is due to the fact that the AAMC recognizes that applicants interview better in-person, and an interview scenario that includes both in-person and virtual creates inequity. Most institutions will likely require an all-virtual process given the ongoing pandemic into the fall season and the difficulty in having to reschedule interviews should an applicant or faculty get COVID. However, if an institution allows, programs may perform all in-person interviews. They cannot, however, then perform make-up or any other interviews virtually.
The AAMC recommendations can be found at https://www.aamc.org/what-we-do/mission-areas/medical-education/aamc-interview-guidance-2022-2023-residency-cycle

The SNS will continue to closely monitor the landscape and issue new guidance as necessary.

5. **Neurosurgery will continue the Standardized Interview Release Dates.** This was well-received by applicants and programs last year and resulted in more applicants being able to stay in educational activities during the interview season. It allows each program flexibility to send their invitations within an optimal timeframe.

   - **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 through the weekend until 12AM EST (midnight) Sunday** in order to allow applicants time to consider their interview options and 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 interview could be sent to a wait-listed candidate at any time.

6. **As a separate initiative from interviews, Neurological Surgery supports the creation of Campus Visits.** It is clear that the loss of in-person interviews has diminished the ability for applicants to assess their fit in a department and benefit from professional networking. The ability to meet one’s colleagues and neurosurgery faculty, as well as learn about different surgical techniques, subspecialty care, and ways to provide care are critical to the small specialty of neurological surgery. Therefore, the specialty is piloting this new, non-evaluative, program which will occur after programs have completed their virtual interviews within the following confines:

   a. **Campus visits must be optional.** Neither programs nor applicants are required to utilize this opportunity to fully participate in the match.

   b. **Programs must certify their rank list before they may host applicants as part of this program.** The AAMC requirement against hybrid interview formats means that optional campus visits cannot include interviews, and programs cannot change their rank lists based on their experiences with applicants after the virtual interview process is complete.

   c. **Efforts must be made to control the cost of travel to campus visits.** Programs should make efforts to reduce the financial burden associated with visits by providing financial assistance, negotiating low rates for housing, and/or collaborating with other regional programs.

   d. **As the interview season begins, the SNS will continue to provide guidance about optional campus visits based on features of the pandemic and the recommendations of the AAMC.**