



FAQs on SNS External Medical Student Rotation Policy during the COVID-19 Pandemic

My school is close to several programs. Could I rotate at programs within the same city?

Unfortunately, that is not possible this year. Many institutions have quarantine rules and many are not allowing students to rotate out. In order to create equity for all students, students will only be allowed to rotate and receive LORs from their own institutions this year. In the rare cases that a medical school is unable to begin rotations in the summer due to high burdens of COVID-19 patients, those students will be considered on a case by case basis similar to students without a home neurosurgery program and similar accommodations will be made (see below).

I am a student without a home neurosurgery program. How do I arrange an external neurosurgery rotation?

The Dean's office of your medical school should contact the closest (or equivalent) available regional ACGME-approved neurosurgery residency Program Director to arrange for your rotation. If a student cannot be accommodated at the closest ACGME-approved program, programs should work together to accommodate all regional students at the closest regional program. Neurosurgery Program Directors may reach out to regional medical schools without associated ACGME-approved neurosurgery training programs to assist in accommodating all students interested in applying to neurosurgery.

Do I need to complete 8 weeks of neurological surgery rotations at my home institution?

Yes. This is highly recommended in order to receive adequate training and understanding of the specialty of neurosurgery. Most students have limited exposure to neurosurgery and the neurosciences during medical school and an acting internship allows for participation in all aspects of the specialty, prior to deciding upon a career path. It will also give adequate time for the faculty to get to know you and provide you with insightful letters of recommendation. Many schools are changing to 3 week

rotations to accommodate all students. Six weeks of neurosurgery followed by 3 weeks of Neurocritical care (or equivalent) would be an excellent alternative.

Should the 8 week neurosurgical acting internship be done in its entirety at one hospital?

Yes. Neurosurgery leadership desires to minimize travel and maximize equitability, with each student having the opportunity to work closely but extensively with a group of faculty. Not all programs have the opportunity for students to rotate through multiple affiliate hospitals. If a program has multiple students, however, each student could perform their entire 8 week rotation at different affiliate hospitals.

From whom can I get letters of recommendation?

Letters of recommendation should come from your home institution. You must have at least two (2) from neurosurgical faculty and one (1) from general surgery (i.e. program director, clerkship director, or close faculty contact) to summarize your performance during surgical rotations at your institution. A fourth letter, either from an additional neurosurgical faculty member or a research mentor at your institution is highly recommended. In rare circumstances, you may have previously done a clinical or research rotation (at least 4 weeks) at another institution prior to April 2020, and could request a letter from that mentor if they know you better than current faculty (the circumstances and timing of the recommendation from a pre COVID-19 rotation should be explained in your application). A LOR template is forthcoming, that will allow for meaningful insight and provide standardization around the country.

Why do I need a general surgery letter of recommendation?

Competence and equity are of utmost importance during these substantive changes to our normal application process. It is important to have a consistent but independent source of information for each student. All AAMC-accredited medical students must complete a core rotation in surgery. As neurosurgical training has decreased the formalized surgery training during the intern year, it is critical that medical students engage in and master core general surgical skills. Additionally, because students may have a more limited time rotating in neurosurgery this year, it is important to gain insight into the breadth of their surgical experience. A general surgery LOR template is forthcoming that will allow the surgery department to provide a summation of the body of work you performed during your surgical rotations, largely drawn from the evaluations given at the time of those rotations. Any surgical mentor from a discipline other than neurosurgery may assist in completing this letter and writing the individualized summary. Surgical rotations including but not limited to general surgery, vascular surgery, otolaryngology, thoracic surgery, and plastic surgery, among others, provide experience complementary to that obtained in neurosurgery rotations and are thus a good source for this recommendation.

What is the role of Virtual rotations?

Some residency programs have begun to offer remote academic experiences (RAEs), which include opportunities to attend conferences remotely, meet faculty and residents, and even do clinical research. While potentially valuable to both the program wishing to advertise their strengths and to the applicants, these RAEs should not be considered equivalent to hands-on patient care sub-internships. A RAE would not fulfill the requirement for a rotation in neurosurgery and ERAS letters of recommendations should come only from in-person sub-internships.