Resolution I-2023F

Title: Inclusion of Radiation Safety Training for New Neurosurgery Interns

Authors: Arvin Wali, Michael Brandel, David Santiago, Luis Tumialan, Alexander Khalessi

WHEREAS, there is an increasing use of radiation (fluoroscopy, interventional procedures, intra-operative CT imaging) in all neurosurgical procedures (vascular, spine, oncology, interventional pain); and

WHEREAS, radiation dose has a linear non-threshold impact in which radiation can have deleterious effects on the health of patients, surgeons, and staff; and

WHEREAS, the Society of Neurological Surgeons strives to create a culture of safety for surgeons, nursing staff, patients, and additional health care staff; and

WHEREAS, radiation reduction protocols are feasible and can decrease radiation dose during surgery; and

WHEREAS the first year of neurosurgery residency is an ideal time for implementing radiation safety training to ensure proper habits are established early on; therefore

BE IT RESOLVED, that the CSNS revisit and establish standardized guidelines to teach principles of radiation safety in the Society of Neurosurgery bootcamp. This would involve a lecture on the deleterious effects of radiation and simple, practical strategies to reduce radiation dose to the patient and the health care team and encourage safe practices.

Fiscal note: (zero)

Assigned Committee(s): Communication and Education
Workforce
Patient Safety
Young Neurosurgeons Rep Section

References:


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Resolution II-2023F

Title: National MSSIC Initiative Promoted by Organized Neurosurgery

Authors: Mick Perez-Cruet, Jason Schwalb, Jad Khalil, Victor Chang, Muwaffak Abdulhak, Teck Soo, David Fernandez, Richard Easton, Ilyas Aleem, Mark Zaki, Jora Dhaliwal, David Nerenz

WHEREAS, spine surgery, the care and evaluation of patients suffering from spinal disorders represents the primary treatment of most neurosurgeons and many orthopedic surgeons; and

WHEREAS, reimbursements for spine care have been dropping and future forecast predict further reductions by the Center for Medicare and Medicaid Services (CMS); and

WHEREAS, Michigan based Michigan Spine Surgery Improvement Collaborative (MSSIC) program working in conjunction with Blue Cross and Blue Shield Michigan (BCBSM) has shown significant cost savings for spine care by reducing post-operative lumbar surgical site infection (SSI), urinary retention (UR), and readmission rates; and

WHEREAS, each lumbar SSI and UR event are estimated to cost $15,000 and $10,000, respectively; and

WHEREAS, the MSSIC program engaging multiple academic and private practices across the State of Michigan have achieved significant reductions in SSI, UR, and readmissions after spine surgery, resulting in an estimated cost savings in the tens of millions of dollars; and

WHEREAS, these cost reductions have provided physician opportunity for incentive payment for quality improvement of as much as 5% offered by BCBSM; and

WHEREAS, CMS might be encouraged to support a multiple state-level initiatives with overall coordination and support so states can learn from each other and thus provide a trusted data-sharing environment as illustrated with the current MSSIC program; and

WHEREAS, national implementation of this program could result in significant National cost savings for spine care; therefore

BE IT RESOLVED, that our National organizations (the AANS and CNS) work with the Washington committee to seek federal and CMS support for a National program mirroring that of MSSIC to reduce spine care cost and improve patient outcomes; and

BE IT FURTHER RESOLVED, that this program promote physician incentive payment for quality improvement.

Financial cost: 0

Assigned Committee(s): Workforce Coding & Reimbursement Medical Practices Medico-Legal
Ambulation on Postoperative Day #0 Is Associated With Decreased Morbidity and Adverse Events After Elective Lumbar Spine Surgery: Analysis From the Michigan Spine Surgery Improvement Collaborative (MSSIC).


Adverse events and their risk factors 90 days after cervical spine surgery: analysis from the Michigan Spine Surgery Improvement Collaborative.


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Resolution III-2023F

Title: A Call to Study the Neurosurgical Residency Application Arms Race

Authors: Gary Simonds MD MS, Cara Rogers DO

WHEREAS, burnout and psychological distress is rife in neurosurgical residents and faculty; and

WHEREAS, seeds for neurosurgeon burnout and psychological distress are potentially sewn in the intense competition for training positions in medical school and residencies; and

WHEREAS, competition for all residency positions in America is intensifying, creating an “arms race” in extracurricular efforts such as research production, “leadership activities,” and “community service;”; and

WHEREAS, the knowledge base expected to be assimilated in medical school is vast and ever-expanding leaving students little time for in-depth extracurricular activities; and

WHEREAS, medical student focus on the generation of investigational citations and participation in “extracurricular activities” may compromise development of valuable medical acumen and depth: and

WHEREAS, evidence has not been established that intense participation in any realm of extracurricular activity in medical school is a predictor of better performance in a neurosurgery residency or career; and

WHEREAS, medical students interested in neurosurgery are feeling pressure to engage in “gap years” during their medical school educations (to bolster their neurosurgical bona fides), adding further time to their already lengthy journeys to viable incomes and professional standing; and

WHEREAS, escalating forces and pressures on neurosurgical residency applicants may contribute to greater financial hardship and stress; and

WHEREAS, escalating forces and pressures on neurosurgical residency applicants may contribute to greater overall anxiety and psychological stress, which may echo throughout a their careers; and

WHEREAS, escalating forces and pressures on neurosurgical residency applicants may contribute to increased maladaptive behaviors and potentially skew applicant pools to less desirable individuals; therefore

BE IT RESOLVED, that the CSNS studies and creates a white paper on the nature and effects of extracurricular achievement pressures on applicants to neurosurgical residencies.

Assigned Committee(s): Communication and Education Workforce Medical Practices Young Neurosurgeons Rep Section

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Resolution IV-2023F

Title: A Call for a New Position Statement From Organized Neurosurgery on Gun Violence

Authors: Gary Simonds MD MS, Cara Rogers DO

WHEREAS, gun violence in the United States threatens the fabric of our society; and

WHEREAS, neurosurgeons are acutely aware of the lethality of firearms and of the appalling nervous system injury inflicted by gunshot wounds to the head and spine; and

WHEREAS, neurosurgeons are the societal “stewards” of the nervous system and should proactively seek to protect said system rather than solely respond to its illness or injury; and

WHEREAS, the pro and anti-firearm debate is so polarized that rational compromise is unlikely to occur without pressure exerted by the most respected people and institutions of the society; and

WHEREAS, Neurosurgery is a respected representative of the field of medicine, and its “weighing-in” on the subject of mitigation of gun-violence might carry some positive impact; and

WHEREAS, the AMA, the ACS, the ATS, and other medical organizations have taken stands supporting significant reforms in gun laws; and

WHEREAS, the 10 year old CNS/AANS position statement on gun violence offers minimal suggested legislative solutions to the problem; and

WHEREAS, the current AANS/CNS Washington Committee Firearms Task Force Survey holds little hope of rapidly advancing a definitive position statement from organized neurosurgery; and

WHEREAS, gun violence has become the leading cause of death amongst our children; and

WHEREAS, since a similar resolution was defeated in this body in 2018, almost 200,000 Americans have lost their lives to gun violence, making gun violence a definitive public health threat; therefore

BE IT RESOLVED, that the CSNS urges the CNS and AANS to prepare a joint position statement, with policy recommendations, on the toll of gun violence and in support of gun control laws at least in keeping with and/or exceeding those of the ACS, the AMA, and the ATS.

Assigned Committee(s): All Standing Committees and Representational Sections

The Most Agony-Filled Scream I've Ever Heard Came in the Wake of a Shooting — We cannot stand idly by as the death toll
grows by Jesse M. Ehrenfeld, MD, MPH April 8, 2023

https://www.medpagetoday.com/opinion/second-opinions/103921?xid=nl_secondopinion_2023-04-11&eun=g1951297d0r

https://policysearch.ama-assn.org/policyfinder/search/*/relevant/1/PolicyTopic:%22Firearms%22

AMA statement on Texas school shooting


“This content represents the business of the CSNS meeting and does not represent CSNS, AANS, or CNS policy unless adopted by this body and approved by the parent organizations”
Recommendations from the American College of Surgeons Committee on Trauma’s Firearm Strategy Team (FAST) Workgroup: Chicago Consensus I

https://journals.lww.com/journalacs/Fulltext/2019/02000/Recommendations_from_the_American_College_of.7.aspx

https://www.aans.org/-/media/Files/AANS/Advocacy/PDFS/Position-Statements/AANSCNS-Statement-on-Firearm-Safety513.ashx

https://www.amtrauma.org/page/FirearmViolence2018
Resolution V-2023F

Title: A Call to Relocate Certain Neurosurgical Meetings and Courses

Authors: Gary Simonds MD MS, Cara Rogers DO

WHEREAS, the country has become increasingly polarized over certain societal issues, some of which having significant impact on public health effort (mental and physical); and

WHEREAS, neurosurgeons are “stewards” of the nervous system and should proactively seek to protect said system rather than solely respond to its injury and illness; and

WHEREAS, Neurosurgery is a deeply respected representative of the field of medicine, and its “weighing-in” on issues affecting public health might carry positive impact; and

WHEREAS, a major healthcare organization’s “voting with its feet” is a potentially effective method of drawing public and elected official attention to concerns over public health policies and legislation; and

WHEREAS, the withdraw of one national medical organization from the utilization of specific venues may precipitate a wave of similar behavior form other medical and non-medical organizations; therefore

BE IT RESOLVED, that the CSNS calls on its parent bodies to consider refraining from holding any meeting or course in states that are legislating policies antithetical to accepted public health conduct and principles.

Assigned Committee(s): All Standing Committees and Representational Sections

References:


https://www.covidstates.org/blog/did-mask-mandates-reduce-covid-deaths


https://everytownresearch.org/rankings/
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Resolution VI-2023F

Title: Unions in Neurosurgery

Authors: Jose “Tito” Porras, MD, Scott Simon, MD, and Omar Zalatimo, MD

WHEREAS, more and more US physicians are being employed by large organizations; and

WHEREAS, more and more US physicians are joining unions; and

WHEREAS, the house staff of many hospitals are forming unions; and

WHEREAS, some CSNS members are part of a union; therefore

BE IT RESOLVED, that the CSNS surveys neurosurgeons to determine their understanding and interest in unionization at both the residency and attending level; and

BE IT FURTHER RESOLVED, that the CSNS contact established union leadership to understand the details of their arrangement with and impact on neurosurgeons; and

BE IT FURTHER RESOLVED, that a white paper be written describing the reality of how unionization affects and could affect neurosurgery practice in the future.

FISCAL NOTE: none.

CONFLICT OF INTEREST: none.

Assigned Committee(s): Communication and Education
Coding & Reimbursement
Workforce
Medical Practices
Medico-Legal

“This content represents the business of the CSNS meeting and does not represent CSNS, AANS, or CNS policy unless adopted by this body and approved by the parent organizations”
WHEREAS, CSNS resident fellowship since its establishment has been an excellent medium for education of many Neurosurgical residents in socio-economic matters and the fellowship has helped many of these residents become leaders in organized neurosurgery and in their own work places; and

WHEREAS, Dr. David Jimenez who suddenly passed away in May 2023 has played a pivotal role in establishment of CSNS Resident Fellowship Program; and

WHEREAS, Dr. David Jimenez who dedicated his life to teaching neurosurgical residents the craft of neurosurgery and who has been a mentor to many CSNS members was a champion through his work as a CSNS delegate and Chairman of CSNS in 2001-2003 to establish CSNS Resident Fellowship to advance socio-economic teaching of neurosurgical residents; therefore

BE IT RESOLVED, the CSNS Resident Fellowship be called, “David Jimenez CSNS Resident Leadership Fellowship” in his memory.

Assigned Committee(s): All Standing Committees and Representational Sections

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Resolution VIII-2023F

Title: Improving Communication on CSNS Resolutions

Authors: Jason D. Stacy Sr, M.D., Cathy Mazzola, M.D.

WHEREAS, resolutions for the CSNS can be submitted by a member(s) or fellow(s) who may or may not be known to all members of the body or a State Society, Caucus, Committee, Representative Section, or Quadrant without a specified individuals; and

WHEREAS, each resolution may be submitted by a large number of authors; and

WHEREAS, communication with the author(s) can be difficult by members of the body without a personal connection, especially to assigned committees when either the committee itself or its members weren’t authors; therefore

BE IT RESOLVED, that the CSNS changes the format of resolutions to include a separate section titled “Corresponding Author(s)” that must include at least one but not more than two of the authors so as to facilitate ease of communication; and

BE IT FURTHER RESOLVED, that the email address/addresses for the Corresponding Author(s) are listed immediately after their name(s) so that correspondence regarding any resolution can be easily and appropriately routed by all members/committees to facilitate future work on the resolutions.

FISCAL NOTE: None

COI: None

PRIOR RESOLUTIONS: None

Assigned Committee(s): All Standing Committees and Representational Sections

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Resolution IX-2023F

Title: AANS and CNS should support the NERVES Society to increase and maintain membership productive to Neurosurgical success

Authors: Andrew Wakefield, NERVES

WHEREAS, NERVES was established by the CSNS at the spring meeting in 2003; and

WHEREAS, NERVES has provided socioeconomic data as it relates to financial operation since 2005 based on 2004 data; and

WHEREAS, the NERVES survey data is directly related to the participation in completing the annual survey; and

WHEREAS, the participation in the survey has been decreasing in large part due to the decline in private practices; and

WHEREAS, there is a need to recruit and support the participation to also include large healthcare systems and academic practices; therefore

BE IT RESOLVED, the CSNS ask the boards of the AANS and CNS to participate in broadcasting the value of the NERVES Society; and

BE IT FURTHER RESOLVED, the CSNS assist the AANS and CNS membership to gain a better understanding in the value and encourage neurosurgical practices of all varieties to join and participate in NERVES; and

BE IT FURTHER RESOLVED, the fiscal value gained by the annual NERVES survey with increased participation will generate data which will positively influence the course of Neurosurgery in the socioeconomic sphere nationally.

Fiscal note: 0

Assigned Committee(s): Communication and Education
Coding & Reimbursement
Medical Practices
Workforce

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Resolution X-2023F

Title: Best practices for ergonomic and continuity of neurosurgery practice for the peri-partum neurosurgeon

Authors: Helen Shi, MD, Meena Vessell, MD, Akshay Sharma, MD, George Yang, MD, MPH, Satish Krishnamurthy, MD, Karin Swartz, MD, Owoicho Adogwa, MD, MPH

This resolution was reviewed and approved for submission by the CSNS Workforce Committee

WHEREAS more women are entering the neurosurgical workforce than before, making up 13.8% of young neurosurgeons versus 3.8% of senior neurosurgeons [1]; and

WHEREAS, the workplace environment for pregnant neurosurgeons lacks standardized ergonomic policies to facilitate delivery of care and efficiency of training; and

WHEREAS, 39% of female neurosurgeons experienced difficulty conceiving versus 25% of their male counterparts, and pregnant female surgeons experience much higher rates of complications compared to the general population, including nearly twice the rate of pregnancy loss [2, 3, 4]; and

WHEREAS, there are currently no official guidelines detailing ergonomics and continuity of practice for pregnant neurosurgeons; therefore

BE IT RESOLVED, the CSNS distribute a survey to assess what challenges are encountered by peri-partum neurosurgeons and institutionally-based steps that have been taken to ensure ergonomic and continued practice; and

BE IT FURTHER RESOLVED, the results of prior survey be presented to CSNS to inform the creation of a best practices resource; and

BE IT THEREFORE RESOLVED, the CSNS ask its parent bodies (AANS/CNS) to collaborate with the SNS and the ACGME to publish best practices regarding ergonomics and continuity of neurosurgical practice and for peri-partum neurosurgeons in training and clinical practice.

Fiscal Note: $100

Assigned Committee(s): Workforce
Medical Practices
Patient Safety
Medical Directors Rep Section

References


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Resolution XI-2023F

Title: Adding an option on the CSNS website to post ideas and encourage collaboration

Authors: Jeremy Amps, Scott Simon, Nitin Agarwal, Omar Zalatimo

WHEREAS, the submission of resolutions is a core function of the CSNS; and

WHEREAS, collaboration between members on the resolutions will help improve resolutions by talking through the details and potential points of concern; and

WHEREAS, the CSNS website is available to all members and could likely be modified to include a section in which members could post ideas for resolutions; therefore

BE IT RESOLVED, the CSNS will discuss with the website directors to discuss feasible options to allow members to post ideas-in-process with contact information for those who wish to contribute. At this point, we would suggest not allowing active debate on the website itself.

Assigned Committee(s): Communication and Education
Medico-Legal
Young Neurosurgeons Rep Section

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Resolution XII-2023F

Title: Collective Bargaining Efforts of Resident Physicians and Effects on Neurosurgical Residency Training

Authors: Prateek Agarwal, MD, MBA, William Shuman, MD, Mark Zaki, MD, MBA

WHEREAS, there has been increased organized effort across medical residency training programs to achieve shared aims through collective bargaining, particularly in the wake of COVID-19 pandemic\(^1\); and

WHEREAS, the intensive training of neurosurgical residency involves substantial demands with associated risks of work-related burnout\(^3\); and

WHEREAS, the attrition rates of neurosurgical residents are historically significantly higher than those of residents in other specialties\(^4,5\); and

WHEREAS, recent high rates of inflation and cost of living increases pose a challenge for resident physicians, who often carry significant education-related debt with limited income potential during lengthy training\(^6\); and

WHEREAS, healthcare employees such as nurses and advanced practice providers whom residents work alongside have historically benefited from collective bargaining, though residents have generally not had the opportunity to join such organized efforts\(^7,8\); therefore

BE IT RESOLVED, the CSNS survey neurosurgical residents and faculty on their perspectives on the potential effects of collective bargaining efforts on resident education quality, wellbeing, and productivity to identify the benefits and drawbacks of such efforts; and

BE IT FURTHER RESOLVED, the CSNS investigate neurosurgical training programs at academic institutions where resident unions have already been established to assess their overall impact; and

BE IT FURTHER RESOLVED, that the CNS and AANS publish position statements on their commitment to quality resident physician training and the value of collective bargaining efforts based on the findings of the aforementioned survey and investigation.

FISCAL NOTE: None

CONFLICTS OF INTEREST: None

PRIOR RESOLUTIONS: None

Assigned Committee(s): Medical Practices
Medico-Legal
Coding & Reimbursement
Workforce
Young Neurosurgeons Rep Section
Medical Directors Rep Section

REFERENCES


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Resolution XIII-2023F

Title: Understanding and Re-Evaluating the Urgency to Board Certification

Authors: Meena Vessell, Arvind Mohan, Akshay Sharma, Catherine Mazzola, Chesney Oravec, Owoicho Adogwa

This resolution was reviewed and approved for submission by the CSNS Workforce Committee

WHEREAS, ABNS requires to pursue board certification by 3 years after graduation[1]; and

WHEREAS, Life or work-related circumstances may make pursuance of board certification by 3 years difficult and difficult to justify to the board but may be known well in advance. Such circumstances may include but are not limited to competitive practice environment with low case volumes, low-volume subspecialties, time split between academics and research, or personal or family leave [2]; and

WHEREAS, Board Certification is a variable metric as practice patterns, particularly in certain subspecialties are changing with economic environment[3]; and

WHEREAS, neurosurgeons entering and leaving the workforce face unique challenges with regards to board certification and upkeep of abilities[3]; therefore

BE IT RESOLVED the CSNS, alongside parental bodies, partner with the ABNS to study number of neurosurgeons and the circumstances under which applying for deferred board certification beyond 3 years has occurred.

Fiscal note: None

Assigned Committee(s): Workforce Medical Practices Young Neurosurgeons Rep Section

References:

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Resolution XIV-2023F

Title: Assessment of Regulatory Obstacles for Neurosurgical Training Programs in the United States

Submitted by: Akshay Sharma, MD, Meena Vessell, MD, Helen Shi, MD, George Yang, MD, Brandon Lucke-Wold Satish Krishnamurthy, MD, Catherine Mazzola, MD, John Ratliff, MD, Deborah Benzil, MD, Karin Swartz, MD, Owoicho Adogwa, MD, MPH

This resolution was reviewed and approved for submission by the CSNS Workforce Committee

WHEREAS, the neurosurgical workforce size is determined by the number of trainees graduating and the number of neurosurgeons retiring at any given time and current workforce projections reveal 64% of the neurosurgical workforce intends to retire within the next 5-10 years [1]; and

WHEREAS, there will be a severe neurosurgical workforce shortage by 2030 and the current number of neurosurgical trainees is not sufficient to fill this need. [2]; and

WHEREAS, the Accreditation Council for Graduate Medical Education (ACGME) is the primary regulatory body that assesses the quality of neurosurgical training programs and has the ability to censure or close training programs for severe violations. This also includes limiting the expansion of training programs to accommodate increasing neurosurgical volume and increasing demand for training spots [3]; and

WHEREAS, the ACGME collects yearly data on residency programs and issues citations or notes need for improvement based on assessment of designated milestones, information which is released to individual programs each year, and limited analysis of trends over time has been completed; therefore

BE IT RESOLVED, the CSNS ask its parent bodies (AANS/CNS) to collaborate with SNS and request the ACGME provide CSNS detailed but de-identified results of ACGME evaluations for all neurosurgical residency programs that it accredits in the United States, including all citations, designated areas for improvement, available residency positions, and program closures for the last 20 years.

BE IT FURTHER RESOLVED, the CSNS distribute a survey to residency program coordinators of all neurosurgical residency programs in the United States to assess what challenges are present in maintaining accreditation with the ACGME; and

BE IT FURTHER RESOLVED, the results of the report and survey be presented to CSNS and offered for presentation to the SNS detailing commonalities amongst programs in challenges achieving accreditation and develop solutions and curriculum to address these challenges at a national level, in an effort to support workforce training maintenance and expansion.

Fiscal Note: $100

Assigned Committee(s): Medical Practices
Workforce
Medico-Legal
Young Neurosurgeons Rep Section

References


2. Williams, Thomas E. Jr MD, PhD, FACS®; Satiani, Bhagwan MD, MBA, FACS®; Thomas, Andrew MD, MBA†; Ellison, E Christopher MD, FACS*. The Impending Shortage and the Estimated Cost of Training the Future Surgical Workforce. Annals of Surgery 250(4):p 590-597, October 2009. | DOI: 10.1097/SLA.0b013e3181b6e90b


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Resolution XV-2023F

Title: Neurosurgery’s Commitment to Climate Change Mitigation

Authors: Akshay Sharma, MD, Rebecca Achey, MD, Meena Vessell, MD, Helen Shi, MD, George Yang, MD, Brandon Lucke-Wold, Satish Krishnamurthy, MD, Deborah Benzil, MD, Karin Swartz, MD, Catherine Mazzola, MD, John Ratliff, MD, Owoicho Adogwa, MD, MPH,

This resolution was reviewed and approved for submission by the CSNS Workforce Committee

WHEREAS, climate change is the one of largest global public health threat this generation is facing and has significant impacts on human health. [1, 2]; and

WHEREAS, there is expert consensus within the scientific community that climate change is driven by anthropogenic greenhouse gas emissions from fossil fuel combustion, and healthcare sector as a whole is responsible for 8-10% of total US GHG emissions per year [4,5]; and

WHEREAS, the operating room and surgical care are large contributors to the healthcare sector’s overall carbon footprint, requiring 3-6 times more fossil-fuel generated energy than the rest of the hospital, producing more waste, and releasing anesthetic gases that are GHGs themselves. In particular, single-use sterile medical devices contribute disproportionately to medical waste [6, 7]; and

WHEREAS, in recognition of climate change's threat to human health, and the healthcare sector’s significant contribution, the American Medical Association adopted a position statement in November 2022 encouraging physicians to engage in climate and health action [8], and similar measures are being created by national surgical societies, such as the American College of Surgeons [9]; therefore

BE IT RESOLVED, the CSNS request that its parent bodies (AANS/CNS) adopt a formal position statement or endorse that of the AMA/ACS, recognizing the effect of climate change on neurosurgical care quality and access in the United States, recognizing climate change as a public health emergency, and further encouraging research and committing resources to the study of climate change’s effect on neurosurgical care, the economic impact of climate change on neurosurgical care, the provision of neurosurgical care through climate crises, and supporting the discussion, research, and publication of these topics; and

BE IT FURTHER RESOLVED, the CSNS develop and distribute a survey of currently practicing neurosurgeons and current neurosurgical trainees to assess their opinion on current efforts to minimize the impact of surgical services on climate change and their overall opinions on the impact of medicine on climate change; and

BE IT FURTHER RESOLVED, the results of this survey be presented to the CSNS and compiled for publication to better define the priorities of our members in relation to climate change mitigation; and

BE IT FURTHER RESOLVED, CSNS ask its parent bodies, AANS and CNS, to instruct the Washington committee to include sustainable neurosurgery in its biennial pulse survey, including advocacy for the use of sustainable and reusable medical devices, and to consider its addition to the legislative agenda priority list for 2024.

Fiscal Note: $50
Assigned Committee(s): All Standing Committees and Representational Sections

References:


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Resolution XVI-2023F

Title: Assessing the Value of Mid-Level Providers in Neurosurgery Care and Productivity

Authors: Meena Vessell, Brandon Lucke-Wold, Akshay Sharma, Deborah Benzil, Prateek Agarwal, Catherine Mazzola, Chesney Oravec, Owoicho Adogwa

This resolution was reviewed and approved for submission by the CSNS Workforce Committee

WHEREAS, many private, academic, and hospital-based neurosurgical practices are heavily reliant on Advanced Practice Providers (APPs)\(^1\) and

WHEREAS, improved patient outcomes have been shown amongst teams with APPs\(^2\) and

WHEREAS, the contribution of APPS to patient outcomes, practice efficiency and throughput, team dynamics, and burn out reduction has not been well defined\(^3\) and

WHEREAS, other specialties, such as oncology, have established guidelines to measure APP productivity\(^4\) \(^5\) and

WHEREAS, neurosurgeons may experience administrative hurdles in creating approved positions to hire APPs due to a lack of data characterizing their value to patient care, practice efficiency and throughput\(^5\); therefore

BE IT RESOLVED, that the CSNS recognize and support the development of an inclusive neurosurgical workforce which consists of attending neurosurgeons, APPs, and resident/fellow trainees; and

BE IT FURTHER RESOLVED, that the CSNS survey current practice environments regarding the utilization of APPs and impact on neurosurgical care and productivity, as well as, billing methods and salary models. Additionally, survey of relative impacts of APPs on team dynamics and physician burn out reduction should be assessed; and

BE IT FURTHER RESOLVED, that the CSNS encourage the AANS and CNS to establish guidelines for the APP role in improving access to care, delivering improved outcomes, and increasing provider satisfaction

Fiscal note: None

Assigned Committee(s): Coding & Reimbursement
Medico-Legal
Medical Practices
Workforce
Neurotrauma & Emergency Neurosurgery
Medical Directors Rep Section

References:


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Prior CSNS Resolutions:

**Studying the changing training environment: Are we eroding the neurosurgical residency?** (original submission)

*Author*: Robert Heary, MD, Brian Nahed, MD, Maya Babu, MD, MBA  
*Committees*: Communications and Education, Young Neurosurgeons, Workforce  
*Final product*: Assigned to the CSNS Workforce Committee for completion of a white paper to be presented at the spring 2012 CSNS meeting.

*Final outcome*:  
Amended Resolution Passed

*Final Resolved Text*:  
**BE IT RESOLVED**, that the CSNS study the impact of mid-level providers on resident education; and  
**BE IT FURTHER RESOLVED**, that the CSNS better understand the institutional financial impact of hiring mid-levels versus investing in a training program; and  
**BE IT FURTHER RESOLVED**, that the CSNS systematically identify methods programs utilize, or may consider, to compensate for the 80 hour rule and the consequent diminished exposure of trainees to patient volume.

**Advanced practitioners in neurosurgical practice** (original submission)  
*Author*: Eric S Sussman, M.D., John K Ratliff, M.D., Lawrence Shuer, M.D.  
*Committees*: Medico-legal, CEC, Workforce  
*Keywords*: Advanced practitioners

*Final outcome*:  
Adopted Amended Resolution

*Final Resolved Text*:  
**BE IT RESOLVED**, that the CSNS conducts a study of the background education and current job requirements of neurosurgical advanced practitioners in practice; and  
**BE IT FURTHER RESOLVED**, that the CSNS develop a whitepaper on the role of advanced practitioners in neurosurgery training programs and practices.
Resolution XVII-2023F

Title: The Hoover Resolution: Evaluating and Addressing Physical Threats to Neurosurgeon Safety & Mortality

Authors: Meena Vessell, Chesney Oravec, Akshay Sharma, Brandon Lucke-Wold, William Bingaman, Karin Swartz, Owoicho Adogwa

This resolution was reviewed and approved for submission by the CSNS Workforce Committee

WHEREAS, the loss or interruption of even a single surgeon’s practice can have a significant impact on patient care;

WHEREAS, there is a disproportionate incidence of workplace violence in healthcare compared to other industries. This prompted the new Joint Commission Hospital accreditation requirements addressing workplace violence prevention which went into effect in January 2022;[1]; and

WHEREAS, at least one study published in 2010 identified homicide as a leading cause of death amongst female neurosurgeons [2] and there have been several recent shootings at clinics, including at least two instances in which patients murdered their surgeon;[3-6]; and

WHEREAS, although some hospital locations have described increased security measures, [7] it is not clear what hospitals and clinics ought to be doing to address the risk of physician violence; and

WHEREAS, the American Academy of Orthopedic Surgeons released a position statement condemning violence against healthcare workers and surgeons after the murder of Dr. Benjamin Mauck and released a Workplace Violence Toolkit[8-9]; and

WHEREAS, the recent homicide of neurosurgeon, Dr. Devon Hoover, by gunshot wound to the head is cause for concern; therefore

BE IT RESOLVED, the CSNS, alongside parental bodies, recognize that neurosurgeons face an increasingly hostile practice environment from a surgeon safety perspective; and

BE IT FURTHER RESOLVED, the CSNS, alongside parental bodies, publish a review of neurosurgeons affected by workplace violence or homicide; and

BE IT FURTHER RESOLVED, the CSNS encourage parental bodies to help develop a best practices guideline for hospitals to protect neurosurgeons’ safety from physical threats.

Fiscal note: $200 for legal review

Assigned Committee(s): All Standing Committees and Representational Sections

References:
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RESOLUTION XVIII-2023F

Title: Expansion of the CSNS Diversity Task Force, creation of an ad hoc committee, and formal evaluation of the relationship between diversity and patient safety

Authors: Ashkaun Razmara, MD; Aladine Elsamadicy, MD; Prateek Agarwal, MD; Mark Zaki, MD; Laura Stone McGuire, MD; Ann Parr, MD; Jeremy Amps, MD; D. Ryan Ormond, MD, PhD

WHEREAS, not only do minority groups experience inequity in the safety of care and are at higher risk of patient safety events,¹ but diversity in health organizations has been shown to improve performance and patient care quality;² and

WHEREAS, despite initiatives made by national organizations to improve equity, Neurosurgery still ranks among the lowest in medicine for diversity when compared with both surgical and nonsurgical subspecialties;³ and

WHEREAS, the CSNS has formalized a Diversity Task Force with the purpose of identifying areas of DEI within the CSNS and Neurosurgery that may warrant attention, but actionable goals have not yet been clearly delineated; and

WHEREAS, more targeted efforts to improve DEI in regards to race, gender, religion, and socioeconomic status would be beneficial and improve the applicant pool to neurosurgery residencies; therefore

BE IT RESOLVED, that the CSNS work to develop a white paper on the potential adverse effects of a lack of provider diversity on surgical patient safety; and

BE IT FURTHER RESOLVED, that the CSNS request an update from the CSNS Diversity Task-Force resolution authors as well as its five assigned committees with reports of specific ongoing DEI initiatives and upcoming efforts; and

BE IT FURTHER RESOLVED, that the CSNS establish an ad hoc committee to improve efforts for future DEI resolutions and initiatives while interfacing with the AANS Diversity Task Force, CNS DEI Committee, WINS, ABNS, and Neurosurgery residency training programs to identify opportunities to bolster pre-existing efforts and to establish new growth in DEI.

Fiscal note: None

Assigned Committee(s): All Standing Committees and Representational Sections

References:


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RESOLUTION XIX-2023F

Title: Assessing the impact on patient safety from delays and denials in prior authorization for surgical procedures

Authors: Ashkaun Razmara, MD, MPH; Jeremy Amps, MD; D. Ryan Ormond, MD, PhD

WHEREAS, a large majority of physicians believe that prior authorization is costly, inefficient, and responsible for patient care delays;¹; and

WHEREAS, previous literature has demonstrated that prior authorization requirements are associated with treatment delays in receiving necessary medication, and these delays can negatively affect patients;²; and

WHEREAS, there is scarce data about the effect of prior authorization requirements for surgical procedures on patient-oriented outcomes; and

WHEREAS, the CSNS has a task force dedicated to understanding the financial losses in delays in authorization, but no efforts have been formalized to understand the impact on patient safety; therefore

BE IT RESOLVED, that the CSNS work to identify the volume and percentage of neurosurgical cases that are delayed or denied by prior authorization requirements, in order to evaluate the impact on patient outcomes; and

BE IT FURTHER RESOLVED that the CSNS release a white paper to publicize these findings and support collaborative efforts in influencing the conduct of commercial payers in the context of prior authorization for neurosurgical procedures.

Fiscal Note: None

Committee Assignment: None

Assigned Committee(s): Patient Safety
Medico-Legal
Medical Practices
Coding & Reimbursement

References:


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Title: Assessment of the social media utilization of neurosurgical practitioners

Authors: Chesney S. Oravec, Daniel E. Couture, John A Wilson

WHEREAS, social media platforms are valuable communication tools and have become a daily activity for social interaction as well as an increasingly prominent source of news and health-related information for many Americans;[1,2]; and

WHEREAS, health care professionals utilize social media for the benefit of patients as well as for practice development, which can create both opportunities for education as well as pose risks to the patient-physician relationship;[2]; and

WHEREAS, physicians are ethically and legally obligated, specifically under HIPAA, to maintain the confidentiality of protected health information (PHI), and even an inadvertent or seemingly innocuous disclosure of patient-related information through social media can be problematic;[3,4]; and

WHEREAS, sophisticated search engines and the ability to search for unique characteristics make it increasingly difficult to comply with the de-identification standards under HIPAA; and

WHEREAS, neurosurgeons may have a poor understanding of the laws regarding PHI release in social media as well as the immeasurable reputational harm associated with an inappropriate post on social media, especially in light of the availability of information on the internet; and

WHEREAS, there is some commentary in the medical literature[4,5] but little formalized guidance from professional societies about the ethics and professional boundaries associated with the use of social media in the patient physician relationship;[6,7] and

WHEREAS, state medical boards are often asked to offer judgement on professional boundary issues and privacy violations which could include penalties such as suspension or termination of medical licensure;[7] therefore

BE IT RESOLVED that the CSNS research neurosurgery-related content on social media platforms, via systematic review of the most popular neurosurgery content found on the top social media platforms in order to characterize current utilization, as well as research the relevant laws and ethical perspectives of sharing patient- and health-related information in such a forum; and

BE IT FURTHER RESOLVED that based on that research, the CSNS, along with the help of parent organizations and legal counsel, generate a white paper to help inform neurosurgeons regarding legal and ethical concerns related to use of patient information and neurosurgical practice on social media.

Fiscal note: review of white paper by parent organization legal counsel

Assigned Committee(s): Communication and Education
                          Workforce
                          Medical Directors Rep Section
                          Young Neurosurgeons Rep Section
References


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Resolution XXI-2023F

Title: Observerships for Medical Students without a Home Program


WHEREAS, medical students without a home neurosurgery program are disadvantaged in the Match; and

WHEREAS, these students lack adequate mentorship and clinical exposure to neurosurgery; and

WHEREAS, summer research programs offer a good opportunity for initial engagement,1 clinical exposure within the constraints of the institute may be more conducive for garnering a more thorough exposure to neurosurgery;2 ; therefore

BE IT RESOLVED, that the CSNS collaborates with the CNS Foundation to develop a funded clinical observership exclusive for these disadvantaged medical students to prepare them for sub-internships.

FISCAL NOTE: None

PRIOR RESOLUTIONS: None

Assigned Committee(s): Communication and Education Young Neurosurgeons Rep Section

References


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Resolution XXII-2023F

Title: Current State of Ambulatory Spine Centers

Authors: Raj Swaroop Lavadi, M.B.B.S., Ryan Hess, M.D., Justin Im, B.S., Nitin Agarwal, M.D., Jeffery Mullin, M.D., M.B.A., Elad Levy, M.D., M.B.A.

WHEREAS, the incidence of outpatient and ambulatory spine surgery services have risen in parallel with patient interest in minimally invasive spine surgery;¹,² and
WHEREAS, the ambulatory spine center provides cost benefits to both the patient and surgeon in private settings;³ and
WHEREAS, the relevance of ambulatory spine centers have yet to be defined under academic circumstances; and
WHEREAS, a similar gap lies within other ambulatory neurosurgical services; therefore

BE IT RESOLVED, that the CSNS circulates a survey to institutions with AANS and/or CNS chapters to understand the current landscape of ambulatory spine centers; and
BE IT FURTHER RESOLVED, that results of this survey be used to determine resident involvement and training curricula in ambulatory neurosurgery centers.

FISCAL NOTE: None

PRIOR RESOLUTIONS: None

Assigned Committee(s): Coding & Reimbursement
Medical Practices
Medico-Legal
Young Neurosurgeons Rep Section

References


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Resolution XXIII-2023F

Title: Neurosurgical Medical Director Survey

Authors: Mateo Ziu, MD, MBA; N. Nicole Moayeri, MD

WHEREAS, Medical Director is a leadership position that neurosurgeons hold in varied practice settings, and

WHEREAS, Neurosurgical Medical Directors play an important role in implementing and promoting the most advanced neurosurgical care in health care systems and communities throughout the US, and

WHEREAS, the responsibilities, duties, and rights of a Neurosurgical Medical Director differ depending on the healthcare system and practice setting, and

WHEREAS, formal education for neurosurgeons to fulfill the responsibilities of a Neurosurgical Medical Director is sparse, and

WHEREAS, methods of compensation for Neurosurgical Medical Directors are largely unknown; therefore

BE IT RESOLVED, the CSNS survey the neurosurgical community for better understanding of: 1. the population of Neurosurgical Medical Directors in the US currently, 2. the differences in the responsibilities and job descriptions in various practice settings (e.g. employed, academic and private, physician groups and healthcare systems), 3. contracting and compensation, and 4. the educational needs of Neurosurgical Medical Directors, and

BE IT FURTHER RESOLVED, the survey results be distributed to the participants to provide information that can support their negotiations with hospitals and development of their programs, and

BE IT FURTHER RESOLVED, the results of this survey guide CSNS and the Medical Directors Representative Section to address the needs of the Neurosurgical Medical Directors community in terms of providing educational material and support.

Assigned Committee(s): Communication & Education
Medical Practices
Workforce
Senior Neurosurgeons Rep Section
Young Neurosurgeons Rep Section
Medical Directors Rep Section

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Resolution XXIV-2023F

Title: Ongoing Collaboration Between The Council of State Neurosurgical Societies and Respective State Societies to Understand and Improve Neurosurgeon Wellness Across All Professional Stages

Authors: Arvin R. Wali, Akshay Sharma, Bryan Ryba, Anthony DiGiorgio, Joseph Cheng, John Ratliff, David R. Santiago-Dieppa

WHEREAS, the vocation of neurosurgery is both intellectually rewarding and physically and emotionally demanding, requiring years of education, training, and continuous practice, and may come at the expense of personal health and wellbeing; and

WHEREAS, stress, burnout, and mental health challenges are significant issues impacting neurosurgeons at every stage of their careers, from medical student to retiree; and

WHEREAS, the wellness and self-actualization of neurosurgeons across all life stages are integral to the provision of high-quality patient care, advancing medical science, and ensuring the longevity of our profession; therefore

BE IT RESOLVED, that the Council of State Neurosurgical Societies have an ongoing partnership with the many neurosurgical state societies to spearhead a collaborative initiative to examine, promote, and support the wellbeing and self-actualization of neurosurgeons at all stages of their careers; This would include the formation of a White Paper to describe the state of well being for neurosurgeon’s and opportunities to improve specific to each stage within a neurosurgeon’s career; and

BE IT FURTHER RESOLVED, that this initiative will encompass, but is not limited to, the development and implementation of:

1. Regular self-reported wellness assessments for neurosurgeons in training (medical students, junior residents, senior residents, and chief residents/fellows) and practicing neurosurgeons (junior attending, mid-career attending, and senior attending) and post retirement that can be compiled on the CSNS website; This will allow for creating a body of dialogue to define and capture opportunities to improve wellness and eventually develop instruments to utilize resources at the national and state level to improve wellbeing;

2. Career stage-specific resources, educational programs, and mentorship opportunities that foster personal and professional growth, facilitate work-life balance, and encourage self-actualization;

3. Policies and practices that promote a positive, inclusive, and supportive working environment, and that recognize and respect the personal needs and aspirations of neurosurgeons in retirement;

4. Direct partnership between the CSNS fellows and their respective regional state society resident fellows to foster ongoing dialogue and partnership to address wellbeing and wellness across all life stages of the neurosurgeon’s career.
Fiscal Impact

Minimal – updating the CSNS website to include a repository for wellness issues raised at the state level

Assigned Committee(s):  
Patient Safety  
Coding & Reimbursement  
Workforce  
Young Neurosurgeons Rep Section

References


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