



2024 - 2025

Neurosurgery Residency Program



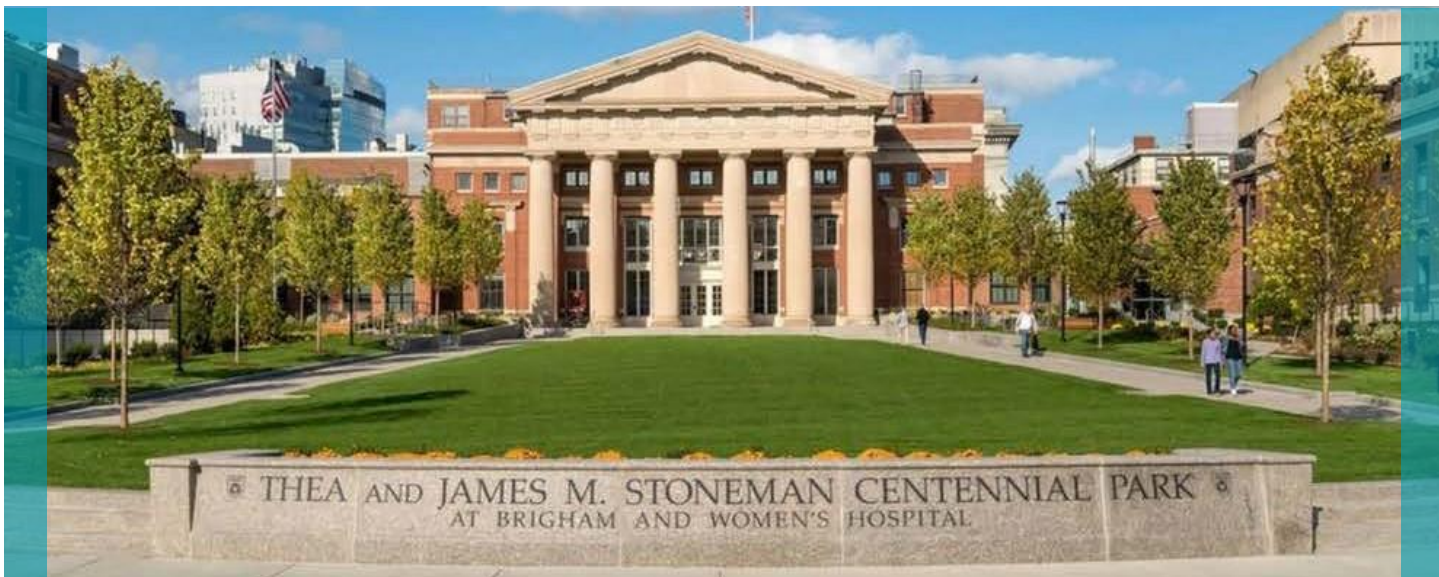
Brigham and Women's Hospital
Founding Member, Mass General Brigham



**Boston
Children's
Hospital**



HARVARD
MEDICAL SCHOOL



Neurosurgery Residency Program Overview

Dear Applicants,

We are thrilled to welcome you to Mass General Brigham Neurosurgery for interviews within the BWH and MGH Neurosurgery Residency Programs. Earlier this year, Mass General Hospital and Brigham and Women's Hospital merged to become MGB Neurosurgery.

One of our upcoming early initiatives, led by our outstanding residency program directors, Dr. Rees Cosgrove and Dr. Brian Nahed, will be the creation of a new integrated MGB Neurosurgical Residency training program. Transformation is and will be challenging, but the result will be the most influential, inclusive and patient-focused academic departments of Neurosurgery in the world, delivering the highest-quality trainee education as well as research-infused care to the patients and families it serves by working better together. By combining these two AMC departments and working collaboratively across our entire system, I'm confident that we can improve the clinician and patient experience and make significant progress toward creating more access for the many patients who need neurosurgical care. I know that, together, we will strengthen our clinical, research and education programs.

The current theme of our work is our vision to become One MGB Neurosurgery. As one department, we will accomplish amazing things together to treat patients, develop new therapies, and train the next generation of leaders in our field of neurosurgery.

All my best,
Bob Carter, MD, PhD



Bob Carter, MD, PhD
MGB Neurosurgery Chair



E. Antonio Chiocca, MD, PhD
Executive Director, Center for Tumors of the Nervous System (CTNS)



G. Rees Cosgrove, MD, FRCSC, FAANS
Residency Program Director

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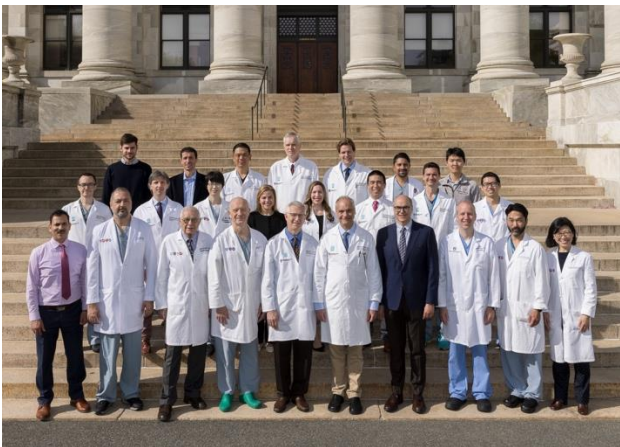
What you need to know STAT



5,179

surgical cases per year

Neurosurgery and Neurology
ranked within **top 20** of
U.S. News & World Report
Honor Roll of Best Hospitals



37

Surgeons and Specialists



21

Residents in training

Clinical Training Program

Program Overview

Neurosurgical training at Brigham and Women's/Boston Children's Hospitals/Harvard Medical School is a comprehensive seven-year program designed specifically to prepare each resident for a career in clinical and academic neurosurgery. Neurosurgical training starts during PGY-I year with rotations in the NICU, neurosciences, pediatrics, and fundamental clinical skills.

The residency training period is a time of collaboration. Just as the faculty have set goals for the residents to ensure proper training, the faculty have also set goals to ensure the program continues to evolve and adapt to changes in resident education. The guidelines and expectations outlined should be viewed as our ongoing attempt to continuously improve the quality of the training and educational experience of the residents.

Research Opportunities

Residents are provided two years dedicated to research, clinical fellowship, or in pursuit of an advanced degree. Research opportunities in Boston are abundant and include those at the Brigham and Women's Hospital (BWH), Boston Children's Hospital (BCH), Massachusetts General Hospital (MGH), Dana Farber Cancer Institute (DFCI), Broad Institute, Wyss Institute, Harvard Medical School (HMS), Harvard School of Public Health, Harvard University (HSPH), and Massachusetts Institute of Technology (MIT).

Educational Opportunities

Resident educational opportunities are an integral part of the program. Residents are encouraged to attend neurosurgical courses throughout their training in their chosen sub-specialty. The program sponsors residents to present their research at neurosurgery grand rounds and at national conferences including the American Association of Neurosurgical Surgeons, the Congress of Neurological Surgeons, and sub-specialty section meetings.

In addition, BWH residents play an important role educating more junior colleagues and mentoring Harvard Medical Students and its AANS Chapter to host neurosurgical lectures, teach neuroanatomy, introduce surgical skills, and host monthly educational events.

The goal of our program is to train neurosurgical residents to:

1. Develop all necessary clinical and technical skills
2. Competently devise and execute a plan of patient management
3. Be able to critique the neurosurgical literature
4. Add to the growth of the specialty through research and other scholarly activities
5. Become knowledgeable about clinical and basic neurosciences
6. Participate in activities that involve practice-based learning and improvement
7. Understand and practice a high level of professionalism
8. Develop and refine interpersonal and communication skills
9. Understand systems based medical practice and medical socioeconomics

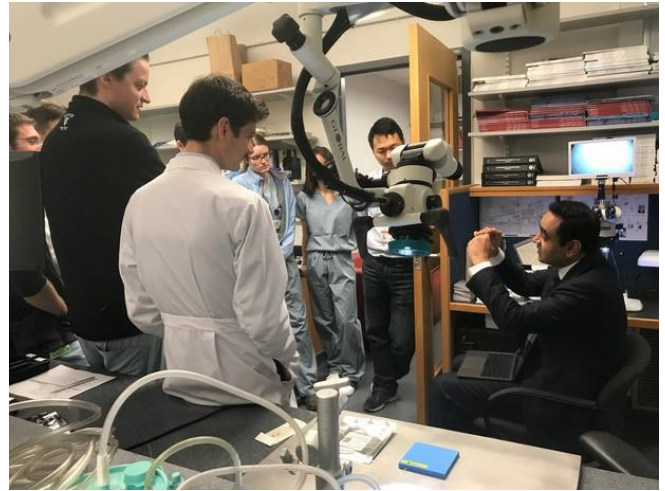
Program Structure

PGY-1 (Intern)

PGY-1s will spend four months on a *Critical Care (NICU)* rotation. PGY-1s will also spend two months on rotation at *BCH*, where (s)he shares night-time coverage with rotators from other programs (i.e. *Bl*, *MGH*, and *Tufts*). Lastly, PGY-1s will spend four months doing a *Nights and Neuroscience rotation* focusing on neuroradiology, interventional procedures, and radiosurgery, one month on the *Neurosurgery floor service* and one month doing *Angiography*. Residents will be exposed to patients with multiple trauma and head injuries or spinal cord injuries far above and beyond what they currently receive in their *NICU* rotation.

PGY-2 & PGY-3 (Junior Resident)

PGY-2 neurosurgery residents spend ten months on the *BWH* service and 2 months at *BCH*. The *BWH* service is staffed by three residents depending on rotations from the PGY-2 and 3 residents, each of whom is primarily assigned to one of three inpatient services named the *Cushing*, *Dandy*, and *Penfield* services. PGY-3s will spend nine months on neurosurgical service rotations at *BWH*, with each three month rotation emphasizing spinal disorders, neuro-oncology, or cerebrovascular disorders and their surgical treatments. Three months are spent at the *Boston VA Medical Center* in *West Roxbury* for a longitudinal patient care experience - participating in twice-weekly clinic, operative cases, daily rounding and inpatient care, under the supervision of *Dr. Jacob Rachlin* and *Dr. Christopher Hong*.



PGY-4 & PGY-5 (Research Resident)

The bulk of this time is spent in the laboratory completing a research project developed and approved in the PGY-3 year. This experience is strongly encouraged to take place in a laboratory at the *Brigham and Women's Hospital*, *Boston Children's Hospital*, *Dana-Farber Cancer Institute* or *Harvard Medical School* so that they can continue to participate in teaching conferences. PGY-4 residents participate in the call rotation at *BWH*, which approximates one call per week and an occasional weekend 24-hour shift. PGY-5 residents do not take call to be able to concentrate more fully on their research projects and see them to completion.

"The first day I was here, I got to do a massive brain aneurysm surgery. The chief resident walked me and taught me through the entire surgery.

I got to do more that day than I'd previously done in any day of medical school, including other rotations."

- Saksham Gupta, PGY-5



Residents must pass the *ABNS* written primary exam before embarking on their final two years of clinical training.

PGY-6 (Senior Resident)

PGY-6s will spend eight months on neurosurgical service rotations at BWH, emphasizing spinal disorders, neuro-oncology, or cerebrovascular disorders and their surgical treatments. (S)he will also spend four months as Chief Resident on the Ingraham neurosurgical service rotations at BCH. The senior resident is generally expected to clearly demonstrate the ability to be or become a skilled and capable neurosurgeon, both clinically and technically.

PGY-7 (Chief Resident)

The PGY-7 year is spent as Chief Resident and is divided into three 4-month segments, all at BWH. The chief resident also supervises the junior residents, coordinates the entire service including teaching, work rounds, and conferences. He/she must evaluate and manage surgical complications, including organizing and presenting at Morbidity and Mortality (M&M) conferences. The chief resident also has a significantly expanded operative experience and some additional clinic time with senior faculty.



Neurosurgery Residency Program, 2023 - 2024

Neurosurgery Residents 2024-2025

Chief Residents



Benjamin Johnson, MD, PhD
Warren Alpert Medical School of Brown University



Ari Kappel, MD
Stony Brook University School of Medicine



Genaro Villa, MD, PhD
David Geffen School of Medicine at UCLA

PGY-6



Joshua Bernstock, MD, PhD
University of Alabama, Birmingham



Melissa Chua, MD
Boston University School of Medicine

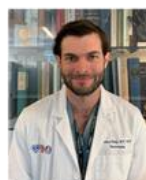


Saksham Gupta, MD
Harvard Medical School

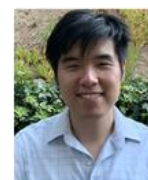
PGY-5



Marcelle Altshuler, MD
Georgetown University School of Medicine



Joshua Chalif, MD, PhD
Columbia University College of Physicians and Surgeons



Jason Chen, MD, PhD
David Geffen School of Medicine at UCLA

PGY-4



Casey Jarvis, MD
Keck School of Medicine, USC



Sean Lyne, MD
University of Chicago Pritzker School of Medicine



James Tanner McMahon, MD
Emory University School of Medicine

PGY-3



Adam Glaser, MD
Dartmouth Geisel School of Medicine



David Liu, MD
Warren Alpert Medical School of Brown University



Gabrielle Luiselli, MD
University of Massachusetts Medical School

PGY-2



Eric Chalif, MD
George Washington University School of Medicine and Health Sciences



Ron Gadot, MD
Baylor College of Medicine



Chibueze Nwagwu, MD
Emory University School of Medicine

PGY-1



Sarah Blitz, MD
Harvard Medical School



Alexander Yearley, MD
Harvard Medical School



Eduardo Maury, MD, PhD
Harvard Medical School

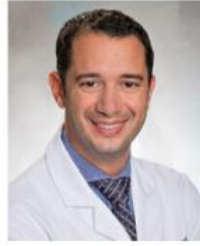
BWH Neurosurgery Clinical Faculty



Ossama Al-Mefty, MD



Tracy Ansay, MD



Omar Arnaout, MD



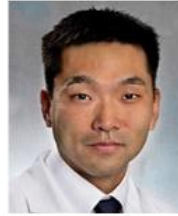
Ali Aziz-Sultan, MD



Marc Christensen,
MD, PhD



Wenya Linda Bi, MD, PhD



John H. Chi, MD, MPH



E. Antonio Chiocca, MD, PhD



Elizabeth Claus, MD, PhD



G. Rees Cosgrove,
MD, FRCSC, FACS



Kai Frerichs, MD



Alexandra Golby, MD



William Gormley,
MD, MPH, MBA



Michael Mooney, MD



Rose Du, MD, PhD



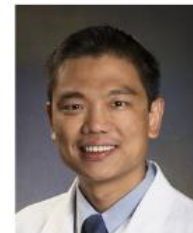
Kurtus A. Dafford, MD



Kevin Ted Huang, MD



Pier Paolo Peruzzi, MD, PhD



Yi Lu, MD, PhD



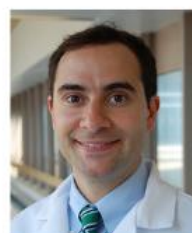
John Rolston, MD, PhD



Hasan Zaidi, MD



Nirav J. Patel, MD



Jason Rahal, MD



Hasan Zaidi, MD



Danielle Sarno, MD



Stephen Saris, MD



James Stephen, MD



Timothy R. Smith,
MD, PhD, MPH

BCH Neurosurgery Clinical Faculty



Lissa Baird, MD



Katie Pricola Fehnel, MD



Joseph R. Madsen, MD



Weston Northam, MD



Mark Proctor, MD



Alfred Pokmeng See, MD



Edward Robert Smith, MD



Scellig S.D. Stone, MD, PhD, FRCSC



Benjamin C. Warf, MD

Available Technology

MRI Guided Focused Ultrasound (MRGFUS)

Focused ultrasound treatments can be performed on an outpatient basis, require no incisions, and can result in minimal discomfort and few complications, allowing for rapid recovery. This technology is currently FDA approved for the treatment of essential tremor and is currently being evaluated on its capability to treat parksonian tremor, blood brain barrier, and other neuro conditions via clinical trials here at Brigham and Women's Hospital.

In early 2020, Brigham and Women's Hospital became the first site in the United States to treat 100 patients (outside of a clinical trial) with focused ultrasound (FUS).



Advanced Multimodality Image Guided Operating (AMIGO) Suite

A state-of-the-art medical and surgical research environment that houses a complete array of advanced imaging equipment and interventional surgical systems.

ROSA™ Robotic Surgical Assistant

ROSA™ acts as an assistant in the operating room and provides a service to help navigate and map the brain, similar to a GPS.

It can be used in any type of cranial or spinal procedure that requires surgical planning with preoperative data and precise position and handling of instruments.



Available Technology



O-Arm®

The O-arm® and StealthStation® systems eliminate the need to wear lead protective apparel during the navigated steps of the procedure. The O-arm offers multiple image protocols allowing you the flexibility to minimize dose to your patient based on your individual clinical objectives.



Hybrid OR (operating room)

This system allows our staff to perform high-end diagnostic imaging and multiple surgical or non-surgical interventions for an individual patient without ever leaving the operating room.



7 Tesla (7.0T MRI)

This device aids our clinicians and researchers to visualize critical structures and pathologies that until now were not visible by MRI. Seeing these structures and pathologies will help clinicians differentiate between diseases and conditions in which symptoms may be similar and, in turn, choose the best treatment option for patients.



Interventional Neuroradiology Suite

Endovascular procedures are performed in the angiographic suite rather than the operating room. Fluoroscopy (x-rays), ultrasound (US), compute tomography (CT), and magnetic resonance imaging (MRI) are used to guide their way through the body without making a skin incision.

Weekly Conference Schedule

Monday

7-7:30 a.m.	Cushing Service Didactics	BWH
7:30-8:15 a.m.	Neuro-Oncology/Tumor Board Conference	BWH/Dana-Farber

Tuesday

7-7:30 a.m.	Dandy Service Didactics	BWH
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Wednesday

6:30-7 a.m.	Morbidity/Mortality Conference	BWH (each Wed except 1st)
7-8 a.m.	Combined QI Conference	BWH (1st Wed of each month)
7-8 a.m.	Neurosurgery Grand Rounds	BWH (every Wed except 1st)
7-9 a.m.	Skull Base Cadaver Lab	BWH (Quarterly)
8-9 a.m.	Neuroradiology Conference	BWH
4-5 p.m.	Movement Disorder Conference	BWH (1st & 3rd of each month)

Thursday

7-8 a.m.	Cerebrovascular/Endovascular Conference	BWH
7-8 a.m.	Skull Base Conference	BWH (every other Thurs)
9:30-10:30 a.m.	Pituitary Multidisciplinary Conference	BWH (monthly)
10 a.m.-12 p.m.	Resident Clinics (PGY 2 & 6s)	BCH
1-2 p.m.	Epilepsy Conference	BWH
6:15-7:15 p.m.	Thursday Resident Educational Conference	BWH

Friday

7:30-8:30 a.m.	Neuropathology/Brain Cutting	BWH
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Weekly Conference Schedule Descriptions

Brain Tumor Conference (Monday 7:30-8:15 a.m.):

This conference is a multi-disciplinary effort (neurosurgery, neuroradiology, neuropathology, radiation oncology and neuro-oncology) that reviews current brain tumor patients that have undergone surgery and discusses course of treatment. It also reviews patients where there are questions related to treatment or diagnosis.

Morbidity And Mortality Conference (Wednesday 6:30-7 a.m.):

This weekly conference includes faculty, residents and fellows. Morbidities and mortalities on the service during the prior week are discussed. This incorporates quality discussions as well as risk avoidance.

Grand Rounds (Wednesday 7-8 a.m.):

This weekly conference is an important teaching tool in medical education by providing residents and faculty with a way to stay up to date on important and ever-evolving areas of Neurosurgery and are held in conjunction with other education conferences.

Neuroradiology Conference (Wednesday 8-9 a.m.):

One-hour weekly case-based presentation of recent neurosurgical cases in conjunction with the neurosurgical and neuroradiological attending staff and visiting professors when present.

Skull Base Educational Conference (Thursday 7-8 a.m.):

One-hour weekly conference moderated by a senior skull base neurosurgeon reviewing skull base surgical approaches as well as clinical, pathological and radiographic presentation of many disease processes. Once a month this conference is a multidisciplinary review of several recent cases including radiographic imaging, pathologic imaging, surgical intervention and adjuvant treatment/follow-up care discussions with attending staff from other disciplines (radiology, pathology, neuro-oncology, radiation oncology).

Pituitary/Neuroendocrine Educational Conference (Thursday 9:30-10:30 a.m.):

One hour monthly conference moderated by senior pituitary neurosurgeon reviewing endoscopic and microscopic transsphenoidal surgery approaches as well as clinical, pathological and radiographic presentation of sellar region disease processes. Once a month this conference is a multidisciplinary review of several recent cases including radiographic imaging, pathologic imaging, surgical intervention and adjuvant treatment/follow-up care discussions with attending staff from other disciplines (radiology, pathology, endocrinology).

Weekly Conference Schedule Descriptions

Epilepsy Conference (Thursday 1-2 p.m.):

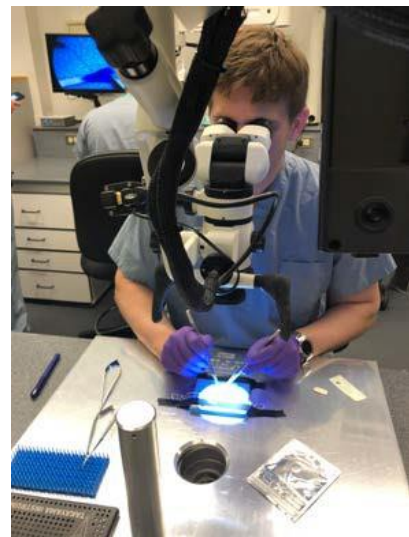
This is a weekly multi-disciplinary conference that focuses on the surgical management of 1-2 patients with intractable epilepsy. All relevant presurgical evaluation is discussed including clinical history, neuroimaging, EEG findings and neuropsychology. Treatment options including resective surgery, LITT, neuromodulation and invasive intracranial EEG recordings are discussed among the participants and recommendations are made.

Thursday Resident Education Conference (Thursday 6:15-7:15 p.m.):

One hour conference reviewing anatomy, surgical approaches and treatment paradigms of various neurosurgical topics using current literature and an interactive format. These conferences are scheduled to complement the summer skull base sessions and other conferences to reinforce concepts and provide additional educational opportunities.

Neuropathology (Friday 7:30-8:30 a.m.):

Twelve one-hour lectures that review a variety of brain, spine and peripheral nerve pathology slides with attending neuropathologists. These conferences are coordinated with resident conferences to discuss the clinical aspects related to the neuropathology topic.



Living in Boston



The City

Boston is one of America's oldest and most revered cities. The largest city in New England, Boston is located at the mouth of the Charles River and the Massachusetts Bay. The area is home to over 50 colleges and universities, and the city's large, diverse, international population is made up of young professionals, students and families. Residents enjoy the city's rich history and abundant cultural activities, including Boston's sports teams, the Boston Symphony orchestra, world class museums and diverse restaurants.

Boston is home to four major league sports teams: the Boston Celtics, Boston Bruins, Boston Red Sox and New England Patriots. The city also hosts the Boston Marathon, the Head of the Charles Regatta, and numerous college and university sports teams.



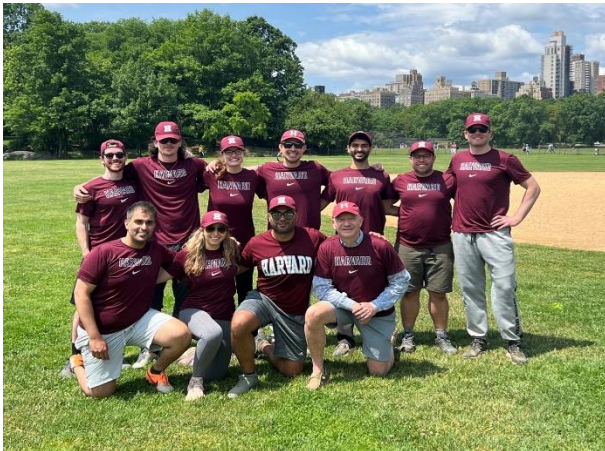
Brigham and Women's Hospital

Brigham and Women's Hospital is located adjacent to Harvard Medical School in the Longwood Medical Area. Longwood is home to some of the nation's most widely recognized hospitals and healthcare organizations, including Beth Israel/Deaconess Hospital, Boston Children's Hospital, Dana-Farber Cancer Institute, and the Joslin Diabetes Center. There is an abundance of restaurants and take-out food options located nearby for busy hospital staff. The area also houses the Countway Library, one of the country's major medical libraries, a number of colleges, the Museum of Fine Arts, and the Isabella Gardner museum. The area is readily accessible through public transportation.

Living in Boston

Recreation

One major advantage of Boston is the accessibility of wonderful places for day or weekend trips. Cape Cod, the Berkshires, Tanglewood, and the mountains and lakes of New Hampshire, Maine and Vermont are all within a few hours drive. Residents engage in activities including: organized sports, hiking, jogging, sailing, and biking throughout the city. Skiing and snowboarding are available after a short drive to local ski resorts.



Living in Boston

Residents choose to live in a variety of communities in and around Boston. Current residents live in a wide variety of locations including: apartments immediately surrounding the hospital, Brookline, Jamaica Plain, Fenway, Mission Hill, Back Bay, South End, Downtown Boston or more distant suburbs. Due to the number of students in the area, apartments often have a high turnover rate and residents rarely have trouble finding housing that works for them.



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