

Academic Intern Track Applicant Guide

A practical roadmap from first thought to interview

Kenji Miyauchi

Academic Track Intern, 2026/27

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Brain with Kenji · @brainwithkenji · kenjimiyauchi.substack.com

Contents

Introduction.....	3
At a Glance	4
What is the Academic Intern Track?	5
My Timeline and what I would do differently	6
Preparing year by year	7
Finding a project and a supervisor	9
The Written Application	10
The Interview.....	11
Three steps to take today.....	13
Questions you might have.....	14
If You Only Remember Five Things	15
Appendix A: Extracts from My Written Application.....	16
Appendix B: My Interview Presentation Slides	22
Appendix C: The 2026/27 Academic Track Posts	25
About me and where to find more	28

Introduction

I first heard about the Academic Intern Track (which I will often call the academic track, or ac track for short) in fourth year, while I was trying to work out what I wanted to do with my career and what kind of doctor I wanted to be. I had enjoyed the research I'd done up to then and wanted to keep doing research as a physician, so a post that gave me dedicated time to work on a research project during intern year felt like a great opportunity, and that is when I started planning to apply.

If I'm honest, the part I found most overwhelming was the research proposal. The application meant bringing a proposal that was my own, presenting it, and putting it on my application, and I had no experience of doing any of that, so it felt like a big challenge ahead. The questions came quickly: how do I come up with a project of my own, and how am I going to find a suitable supervisor? I remember wishing there was one book that went through everything from start to finish, covering what the track is, who it's for, how to apply, what matters on the application, how to find supervisors and a suitable project, and what makes a good project. I wish that had existed, and that is why I am writing this.

This guide is for anyone thinking about applying, whether you are in final year or still a few years out and curious. Everything in it comes from my own experience of the campaign for internship starting in July 2026, so it is one route rather than THE route, and the details of selection can change from year to year. Please check anything that matters against the official criteria before relying on it, and take my advice, like anyone's, with a grain of salt.

Best regards,

Kenji

At a Glance

- **What it is:** the normal 12-month intern year, with one of your four 3-month rotations split roughly 50/50 between a clinical job and a research project of your own. There were 48 posts across six intern networks for 2026/27.
- **How you are selected:** a written application marked out of 300 (your experience and record, and a proposal for a research project), then an interview marked out of 400. The campaign I applied to closed on **16 January 2026**.
- **What carries the most weight on paper:** your current degree (60 marks), then experience and academic distinctions (30 marks each), with the project sections worth 120 marks in total (these can change each year).
- **How the final ranking works:** as I understand it, the order of merit comes from the interview score alone, and non-EU candidates are considered after EU candidates who passed.
- **When to start:** I began thinking about project ideas at the end of fourth year, and wrote the application over about two and a half months, from November to mid-January.
- **The project:** it has to be doable in 12 weeks, with a clear rationale, methodology and outcomes, and ideally something you can do remotely wherever you are placed.
- **Who it suits:** anyone interested in research or a particular specialty who is happy to spend 12 weeks of the intern year mostly on a project.

What is the Academic Intern Track?

The Academic Intern Track is the normal intern year with one difference. It runs the same 12 months, you complete four 3-month rotations, and you get the same certificate at the end.

The difference is that during one of those 3-month rotations, your time is split roughly 50/50. Half is a clinical job, and the other half is yours to spend solely on your research project, whatever that project is. Examples of the paired posts include ICU/academic, clinical research facility/academic and neurosurgery/academic.

There are 48 academic track posts for 2026/27, spread across six intern networks with eight posts each. Every post is four 3-month rotations, and exactly one of the four is the academic rotation. This is where the posts sit and what the academic rotation was in each network:

Network	Posts	Main hospitals	Academic rotations in 2026/27
Dublin North East	001 to 008	Beaumont Hospital	Academic/General/Upper GI; Academic/Neurosurgery
Dublin Midlands	009 to 016	Mater Misericordiae University Hospital	Academic/renal medicine and on call; academic/haematology and on call
Dublin South East	017 to 024	St James's Hospital, with Tallaght University Hospital in some posts	Academic/ICU; Academic/Clinical Research Facility
Mid West	025 to 032	University Hospital Limerick	Academic/General Medicine; Academic/Integrated Care
South	033 to 040	Cork University Hospital, South Infirmary Victoria University Hospital and Mercy University Hospital	Academic/Dermatology; Academic/Medical Oncology
West North West	041 to 048	University Hospital Galway	Academic/Radiation Oncology, Psychiatry, Obstetrics and Gynaecology, Dermatology or Radiology

The full list of the 2026/27 posts is in [Appendix C](#) at the end of this guide.

Who is it for?

In my view it suits almost anybody, but particularly people who are interested in research or a particular specialty, and want to explore that more. It may not suit someone who knows they don't want to do research, or who would rather not give up 12 weeks of their intern year and would prefer to focus on their clinical work. There is no right or wrong approach here.

It does take time and energy, especially in the first semester of final year, when a lot of your time goes on the written application and the interview preparation. There is a significant amount of time and sacrifice involved, but being able to spend 12 weeks mostly on a project you chose yourself is an amazing opportunity.

Why I think it is worth applying:

1. A research project completed during internship shows a genuine interest in research and can help you when it comes to applying for training programmes. Any presentations or publications that come out of it will give you points for scheme applications and substance to talk about at interviews.
2. The practice itself: writing a full application and sitting an interview like this is something you will do again in one form or another, and it is much better to have done it once already, and it gives you feedback and confidence for your future applications (i.e. training scheme applications).

My Timeline and what I would do differently

Coming up with the right project idea is what took me the longest, and I only started looking for a supervisor once I knew what I wanted to research. I messaged the person who became my supervisor on LinkedIn in November, when applications were already open and due to close in 2.5 months, in January 2026. That was quite late, and if I'm honest I was very worried, but it worked out in the end. (And so will yours!)

When	What happened
June/July 2025 (end of fourth year)	Started thinking about projects and rough ideas
Start of final year (Aug/Sep 2025)	Put ideas together and thought about which supervisors to approach; I had a few in mind
October 2025	Applications opened
2 November 2025	Messaged my eventual supervisor on LinkedIn
November 2025 to mid-January 2026	Wrote the application, about 2.5 months
16 January 2026	Submitted the application
2 March 2026	Shortlisted for interview
12 March 2026	Interview
19 March 2026	Results: ranked 52nd in order of merit, so 4th on the waitlist with 48 posts available
April 2026	Final exams
25 May 2026	Came off the waitlist and got a post

Candidates are ranked in order of merit from the highest score to the lowest. After the results, I knew the only way to get an ac track job was if people withdrew from the selection process. I heard nothing for weeks, through my final exams in April and into May, until I got off the waitlist.

If there is one thing I would pass on from this entire experience, **it is to not give up and to keep trying**. I was emailing multiple potential supervisors, and I used ChatGPT to come up with various project ideas for each supervisor. It can be slow, waiting for replies from consultants, and not knowing if you will ever have a project finalised. You just have to **stay persistent**, and **trust** that you will find a project suitable for you.

Would I change anything? Knowing what I know now, I would not change my start date. The end of fourth year or the start of final year is the right time to begin thinking about what project you want to do and who to approach, and I think most students plan it at the start of final year, which you have plenty of time. A lot of my friends who got ac track found their supervisor and finalised their project very close to the application deadline, and somehow we all got it done. It is nerve-wracking and scary, but as long as you have a solid plan for what you want to do, you will get it done.

Best advice? The most helpful thing I did was ask people who had done it in previous years and got a post, and my biggest piece of advice is to do the same. I definitely wouldn't be here without the ac track interns who helped me through the entire application process, so shout out to them and thank you for all your help.

I should also say that my own chances were low being a non-EU candidate, which I will explain later in the [Questions you might have](#) section. I was ready to move to the UK for FY1, but I got off the waitlist and chose to stay here, and being on the other side now, I definitely recommend applying for the academic intern track in Ireland.

Preparing year by year

This is what I actually did in each year that ended up on my application, and the part of the application where it counted. It is my route rather than a checklist, and plenty of it happened because opportunities came up rather than because I had planned it.

Just to be clear, you do not need all of this, and there are **many ways to build a portfolio**. Looking at the scoring criteria for the ac track, the heaviest-weighted items were the current degree grades (60 marks), then experience relevant to the ac track and academic distinctions (30 marks each), and the project proposal was worth 40% of the entire written application. Most of the marks I dropped were on my degree grades and academic distinctions, not on experience (the full breakdown is in the [written application](#) section). You do not need a table like this to get a post.

Year	What I did	Where it counted
First year	Distinction in Anatomy and Physiology. In the summer I helped deliver a four-week pain and fatigue programme for people with arthritis, recruiting 50+ participants through letters and 300+ calls and redesigning the programme handbook.	Academic distinctions; Experience relevant to the ac track
Second year summer	Summer research at Beth Israel Deaconess Medical Centre on pre-clinical traumatic brain injury in mouse models, which led to a co-authored peer-reviewed article (2023).	Experience; Publications
Third year	Led a systematic review with four other students on the medical management of acute ischaemic stroke, from screening and delegating tasks to preparing the manuscript. It was published in the Trinity Student Medical Journal in 2025 as joint first author.	Publications; Experience
Third year summer	Two electives in Singapore, neurosurgery (3 to 14 July) and plastic surgery (17 to 28 July), plus a poster at the Infectious Disease Society of Ireland annual meeting in 2023.	Electives and clinical experience; Presentations
Intercalated MSc in Neuroscience	Thesis on a novel behavioural and EEG task in cervical dystonia, completed in three months, with an overall Distinction (80%) and 86% on the thesis. Poster at the Movement Disorder Society Congress (2024). Weekly PBL tutor to over 70 first-year students, with a 97% tutor satisfaction score, plus one-to-one mentoring. An oral presentation at the Irish Neurological Association meeting and a second-author conference paper followed in 2025.	Additional qualifications; Academic distinctions; Experience; Presentations; Publications; Teaching
Fourth year	Led a systematic review team of eleven on placental pathology in infants with congenital cardiac conditions, which became a poster at the Irish Neonatal Research Symposium (2025). Section editor at the Trinity Student Medical Journal (2024 to 2025), managing peer review for two manuscripts.	Experience; Presentations
Summer 2025	Neurosurgery electives at Royal Melbourne Hospital (23 June to 18 July) and Beaumont Hospital (25 August to 19 September). A neurosurgical audit at Beaumont Hospital covering 350+ patient charts (2025).	Electives and clinical experience; Audits
Final year, before applying	Co-founded and led the Trinity Neurosurgical and Neurological Society, including an Academic Track Intern session in November 2025 attended by 40+ students. Mentored two students preparing for USMLE Step 1 and wrote a 20-page study guide now used by 10+ students.	Teaching and peer mentoring

If you are in first or second year. It is very hard to connect being a first year to the point of applying for the academic track, and in the end things fall into place as they are supposed to, so there is no point worrying or stressing about it at this stage. It's good to have a plan, but everything I did in those years was because I was curious and wanted to learn more, not because I wanted to score highly on a particular written application.

Your early years in medical school are about exploring different specialties and figuring out what you want to do. I found a passion for neurosurgery early and started steering my experiences towards neuroscience, whether that was spending my second-year summer in Boston doing TBI research or doing a systematic review on stroke in third year. **Find what interests you, follow that wherever that leads you, and take every and any opportunity that comes your way.**

It is also important to just **enjoy university**, and I want to stress this point because college is not all about publications and research. College is an exciting time and it's about meeting new friends and connecting with people, and this should be a priority. Questions about your career can be thought of along the way, but it doesn't have to surround your college life.

Most of what turned out to be meaningful came in the second half of medical school. The first half was about working out what I wanted to do, and the second half was when I put things together: research, abstracts, presentations, electives, networking, and going deeper into my interests.

If you are in third or fourth year. This is when you can start putting things together. You have hopefully thought about at least a few specialties or topics that interest you. It does not have to be concrete, but once you have a few in mind you can start shaping your experiences around them.

If you feel behind. You still have time, like I did. I only started the Neurosurgical and Neurological society at the start of final year, in October, with the application closing in three months, so I left leadership and organisational experiences late, but it worked out in the end.

Finding a project and a supervisor

There are many ways to land a project idea and to find a supervisor, and this is one way, based on what I did.

Finding the project idea. I would start with a specialty or topic you are interested in, whether that is *cardiology, dermatology* or *orthopaedics*, and then think about which topics within it interest you. The project also has to sit in one of three areas: *medical education, healthcare leadership & management, or clinical research*. For me, the specialty was neurosurgery. I had done clinical research before but never medical education research, and I love teaching and wanted to get involved in it, so I chose medical education and started asking how to put the two together.

Throughout medical school, and in conversations with other students, I had noticed that people enjoyed neuroscience as a subject from the module in second year, but there was a fear of neurology and neurosurgery, and the neurological exam was something everyone found challenging. A brief literature review showed that there are studies on this, known as neurophobia, and that many students are interested but lack exposure. Through my society work, I had also seen how well received a neurosurgery tutorial from a neurosurgical registrar was, and that stayed in the back of my mind. That led to the idea of a pilot teaching programme of about 6 to 8 weeks, taught by neurosurgeons, that would teach the basics and give students exposure at the same time, and then the research project would be to design, deliver, and evaluate this programme by comparing their knowledge and confidence before and after. I thought it had enough substance to be a good project that could also be done within 12 weeks.

Finding a supervisor. I asked who had already done this kind of research. In my literature review, I found an Irish paper from a group who had run a neurosurgery conference with surveys before and after, looking at confidence, exposure and demographics. I had happened to meet one of the authors briefly at a tutorial during my neurosurgery elective, so I approached her on LinkedIn, she replied, and we arranged to meet in person, and the project came about from there. At the same time I was emailing a lot of other people, with different projects in mind. It was a lot of trial and error, and required a good bit of persistence.

If I had to sum it up, I would start with the project and topic first, and then find the people already doing similar research who could supervise it. To me, that is the most logical order.

What makes a good project. For this purpose, it has to be doable in 12 weeks. In the application you will say it will be done in 12 weeks, so it cannot be a huge project. It needs to be concise and complete, from week 1 to week 12, and something you can genuinely get done.

I recommend a project you can do remotely if possible, without having to be on site, because you could be placed anywhere in the country. If the research needs to be in person, for example at UCD, and you are placed in Galway, you need to be able to explain how you will manage to travel and get it done. This is points for the feasibility and transferability section of the application and they really emphasise the importance of this.

The project needs a **good rationale**: a clear reason for doing it and a real need for it. It needs a **sound methodology**, where you know exactly what you need to do from week 1 to week 12. Make sure you have **clear inclusion and exclusion criteria**, so you know exactly who you are recruiting for the study. Have a **clear primary and a secondary outcome**, decide which metrics you will use, whether quantitative, qualitative or both. **Statistics** matter, so know how you will analyse the results and put them together. Have an idea of where you will present it, how it will help the future, and how it will help the wider community. You should be able to step back and say that this project could really change the game in *medical education, leadership or clinical research*.

The Written Application

The written application has two parts: 1. your **academic experience** and record (**60%**), and 2. your **research proposal** (**40%**). It was marked in a shortlisting exercise, and I received my marks on 2 March 2026 together with the invitation to interview. To be called to interview you had to reach the pass mark in every criterion that had one (see below). These are the scoring criteria for the 2026 cycle, and scoring can change every year so be sure to check the form for the campaign you are applying to.

Section	Word limit	Max points	Pass mark	My score
Experience relevant to the track (audit, research, clinical projects)	350	30	12	27
Publications	None	15	None	11
Presentations	None	15	None	13
Teaching and peer mentoring	150	10	None	7
Academic distinctions, merits or awards	350	30	None	18
Electives and clinical experience	350	5	None	4.5
Current degree (transcripts)	Transcripts	60	None	47
Additional educational achievements (other degrees)	Transcripts	15	None	10
Background and context to the project	200	15	6	14
Description of the project	300	30	12	27
Suggested methodology, including what can be done in the 12 weeks	300	15	6	13
Proposed outcomes and potential impact	200	15	6	14
Feasibility and Transferability of doing the project alongside clinical work	300	18	7	15
		12	5	10
Sustainability, planetary health and/or global health	200	15	6	14
Total		300		244.5

In my year, your academic record accounted for **60%** (180/300) of your total written application score and the research proposal accounted for **40%** (120/300) of the total score (subject to change each year). My academic record section came to 137.5 out of 180 (76%) and my research proposal came to 107 out of 120 (89%), with an overall score of 244.5/300 (81.5%). In total I lost 55.5 of the 300 marks. The largest gaps were in the current degree (13 marks) and academic distinctions (12 marks).

General Advice: Aim for **clarity** and keep everything very **concise**. I would still write your own application, but let AI help you make it sound better. Have your supervisors read it, have your fellow applicants read it, and have people who have done it read it too. That was really important and it helped me a lot. I have included parts of my application in [Appendix A](#) as a guide to see what kind of content gives certain marks.

Using AI. For project ideas, go back and forth with it. For the written application, write it all out yourself first, then give it to AI, along with the headings from the application, and ask for feedback, a predicted score and ways to improve it. For example: "I am trying to write a concise and clear written application. Here are the headings and what I wrote. Please provide me with honest feedback, a predicted score and explain to me in detail how I can improve it."

The Interview

The interview was marked out of 400 with four areas out of 100, and a pass mark of 40 in every area.

Interview area	Max	Pass mark	My score
Presentation	100	40	95
Discussion of research proposal	100	40	94
Career plan and commitment to research, education or healthcare management	100	40	90
Communications (globally assessed)	100	40	90
Total	400		369

The interview had two interviewers and a moderator, and it was split into two halves. In the first half I gave a 5-minute presentation (marked out of 100). The first interviewer then questioned me on the flaws and details of the research, to see how well I knew it and whether I had prepared (Discussion of the research proposal - 100 marks).

The second half was with another interviewer, who asked about my career plan: how the academic track fits in, why I was doing it, what my 10-year plan was, what I wanted to be in the future, and how the track would help me get there (100 marks).

Throughout, you are also marked on communication (out of 100). That comes down to your clarity, your structure, how articulate you are, and how well you show the knowledge and experience that make you a strong choice as an academic track intern.

The presentation

I used slides, and most people do, whether that is Google Slides, PowerPoint or something else. What matters more than the software is having a clear story you are trying to tell the interviewers, so I started by thinking about what they would want to know from me in those five minutes: who I am, what makes me stand out, and whether I have a feasible project that I have clearly thought through, with a clear and concise structure for how I will approach it.

I built the presentation around those questions. I opened with who I was and my story from the start of medical school to where I want to end up, including some of the experiences that shaped me and what I want to do in the future. From there I moved on to how that led me to the project I wanted to do, and then walked through it in this order:

- the background
- the aim of the project
- the methods
- the 12-week structure
- the primary and secondary outcomes
- the impact of the project, both for the people taking part and for the wider community
- what the project would mean for me, and how it fits into my career plan

For reference, my deck was seven slides: a title slide, one on my story and career goal, one covering the background, aim and methods together, a 12-week Gantt chart, one on outcomes, one on impact, and a thank-you slide. You can see them in [Appendix B](#).

Questions I was asked

If I'm honest, it is hard to remember exactly what came up, but in the discussion of my proposal I remember being asked about selection bias and any other biases in the project, and about recruitment, specifically how I was going to go about recruiting students.

I also prepared answers to a list of common questions that get asked to a lot of people, and I would recommend doing the same:

How is your project transferable?	What are the biases in your project?
How does it fit with sustainability?	What are the ethical considerations?
What if you get a negative result?	How will you disseminate the results?
What are the limitations of academia?	What would mark a successful output for you?
How will you make up for having three fewer months of clinical experience?	What's the scope of this project?
What is your ten year career plan?	How does the academic track benefit you?

What's the best way to prepare for interview?

The best way to prepare for the interview is to practice as often as you can, with as many different people as you can. In my year there were about 10 days between being shortlisted and the interview, so the window is short, and in total I did around six or seven practice runs.

The important thing is not to keep practicing with the same people, but with people who bring different perspectives: your fellow applicants, people who have done it before and got a post, like the academic track interns in the year above, and, if you are in Trinity, the practice interview session the college runs with one of the academic track organisers, where you get to practice and get feedback.

We kept practicing with each other and asked each other the hardest questions we could think of. Every round of feedback, from all those different perspectives, helped me refine my core message and the presentation I wanted to deliver, and that was the most helpful thing.

Would I change anything?

Not much, if I'm honest. The key thing is to find out what works best for you. Some people had a complete script written out, and sticky notes with answers to the common questions ready to go. I preferred not to use a script at all, because I wanted my answers to feel authentic, so I used the slides as cues for what to say in the presentation and had a rough idea of how I would answer the common questions.

Whichever way you go, you need to know what helps you perform at your best on the day and what helps calm your nerves, and then stick to your own style and practice with it all the way through, so you don't get flustered on the day.

Your ranking comes from your interview score alone (at least to my knowledge); the written marks only get you to interview. If you are a non-EU applicant, there is an extra rule, which I explain in the questions section at the end of the guide.

Three steps to take today

Which three depends on where you are, and each comes from what I found most useful.

If you are in first or second year (pre-clinical years)

1. Try things: a research assistant job, an internship, a society, anything that helps you work out what you enjoy.
2. Notice which specialties or topics pull you in, and let your experiences follow them without putting pressure on yourself.
3. Enjoy university, make friends, and talk to older students who have done the things that intrigue you e.g. elective in the US, academic track, etc.

If you are in third or fourth year (clinical years)

1. Choose a few specialties or topics you might want to build on. They do not have to be concrete.
2. Start shaping your society work, presentations and research around them.
3. Talk to people who applied to the academic track and got a post.

If you are in final year, or feel behind

1. Pick a specialty and one of the three project areas (medical education, leadership, clinical research), then do a brief literature review (when I say literature review, I mean scanning the literature, not a full blown lit review) to find a project idea you could finish in 12 weeks.
2. Find the people who have already done similar research in that area and contact several of them, with a couple of project options in mind. AI can help here too.
3. Ask supervisors and people who applied for ac track to read your draft, and practise the interview with them and other candidates.

Questions you might have

Does my project have to relate to the posts I want? No. The project does not have to relate to anything, and in particular it does not have to relate to your post preferences. The post preferences are just the rotations you would like to do, so pick the ones you like, and all of them are great posts.

I am a non-EU student, is it worth applying? In my opinion yes. The chances are slim, and I will not pretend otherwise.

The reason is an extra ranking rule for non-EU applicants. As I understood it in my year, EU candidates with CAO status who passed the interview were ranked first, from the highest score to the lowest, and international candidates came after them, again from the highest score. So an international candidate who scored 100% and technically ranked first in the country could still end up 40th, 60th, or 80th, depending on how many EU candidates passed. The rules can change between campaigns, so check the current guidance before you plan around them.

For internship starting in July 2025 very few international students got a job in the normal intern pathway, but there was a good amount that got an ac track job, hence why, when I applied, I focused heavily on the academic track.

The July 2026 intake was different. The number of standard intern posts grew from 829 to 866, a good few international students did get a job through the normal pathway, and not as many got an ac track job. The point is, it changes every year and it is very hard to predict.

So my advice is to **apply to both pathways**, and to go for the academic track anyway because of everything you learn from the process. And even if you don't get ac track, you are still included in the normal pathway, and applying to it costs nothing.

Can I use AI to help with the application? Yes, and it helped me a lot. I used it to come up with project ideas and to get feedback on drafts I had already written myself. The project and the ideas were mine; AI helped me make them clearer. Check whether the application form has any rules about AI, and follow them.

If You Only Remember Five Things

1. Start thinking about a project at the end of fourth year or start of final year. That is plenty of time.
2. Choose a specialty and topic first, then find the people already doing similar research who could supervise you.
3. Ask people who did the academic track in previous years and got a post to read your written application and to practise the interview with you.
4. Be persistent, contact several supervisors, and keep going until you find the right one.
5. Keep the project doable in 12 weeks and, if possible, something you can do remotely, so you can do it wherever you end up placed.

Appendix A: Extracts from My Written Application

These are the project sections of my own application exactly as I submitted them, including a few small mistakes, with only the names of my supervisors removed. They are here so you can see what a submission that passed shortlisting looked like, not as a template to copy (Please do not copy). The marks I received for each section are shown beside the heading.

Background and context (200 words, 14 out of 15)

Neurosurgery remains one of the least represented specialties in undergraduate medical education in Ireland. With Beaumont Hospital and Cork University Hospital being the only national neurosurgical centres, most medical schools lack formal neurosurgical attachments or structured teaching. As a result, exposure is largely dependent on securing elective placements, which are not always available and often restricted by term-time schedule.

This limited exposure is reflected in the literature. A large UK-Ireland study identified that 89% of medical students had never completed a neurosurgical placement and 84% had no exposure to the specialty (Ashraf et al., 2025). This contributes to the phenomenon of "neurophobia", with 80% of students viewing neurosurgery as an intimidating specialty (Murphy et al., 2024). Despite this, interest remains high: 92% of students expressed a desire for more neurosurgical teaching and exposure (Horan et al., 2020). These findings highlight a need to improve accessibility to neurosurgical education in Irish medical schools.

A small Irish initiative in 2020 demonstrated the potential of structured teaching; after a two-day neurosurgery teaching series for 148 final-year students, 62% requested further teaching (Curran et al., 2022). This project aims to build on this by developing and evaluating a standardised pilot neurosurgical teaching programme nationwide.

Description of the project (300 words, 27 out of 30)

This project will design, deliver, and evaluate an eight-week pilot neurosurgery teaching programme for medical students in their clinical years. It aims to provide a free, standardised, and an accessible teaching programme to address the gap in neurosurgical teaching in Irish medical schools.

The programme will consist of a weekly one-hour online session via Zoom/Google Meets for eight weeks. Teaching topics will include neurosurgical emergencies, brain and spinal tumours, neurovascular abnormalities, functional neurosurgery, paediatric neurosurgery, neuroimaging interpretation, and neurological examination tutorials. Sessions will be delivered by neurosurgical consultants and registrars from Beaumont Hospital and Cork University Hospital, with neuroanatomy and examination tutorials supported by junior trainees (interns and SHOs).

72 participants (approximately 12 from each of the six medical schools) will be recruited, based on an a priori G*Power calculation (paired t-test, $\alpha=0.05$, power=0.80, effect size $d_z=0.35$). Recruitment will occur through student society and faculty mailing lists. Inclusion and exclusion criteria for participants are described in detail in the methodology section.

A mixed methods evaluation will assess feasibility and effectiveness. Quantitative measures will include a 20-item MCQ assessing knowledge pre- and post-programme, developed by the study team and piloted with 10 students. Confidence and perceived neurophobia will be measured using a validated scale. Quantitative data will be analysed using descriptive statistics and paired t-tests (or Wilcoxon Signed-Rank Test for non-parametric data) in SPSS/Excel.

Qualitative data will include pre- and post-programme surveys using free-text questions, and will be analysed using thematic analysis.

Ethical approval is being sought through each universities ethics committee.

If successful, this programme could be integrated into the undergraduate curriculum, establishing a long-lasting model for specialty teaching in Ireland.

Methodology and the 12-week plan (300 words, 13 out of 15)

Inclusion criteria: Clinical-year medical students studying in any of the Irish medical schools.

Exclusion criteria: >4 weeks prior neurosurgical experience including, formal electives, research placements, clinical observerships, or prior participation in a similar teaching series. Additionally any students with more than two missed sessions would be excluded from analysis.

Pre-intern: Ethics approval obtained. Tutors have been recruited from the neurosurgical department in Beaumont and Cork University Hospital. Manuscript write up including introduction, methods, and structure for results and discussion has been completed. Pre- and post- programme surveys validated via literature review and review by undergraduate educators and experienced neurosurgeons. 20-item MCQ are prepared and piloted to 10 students prior to starting as well as review by neurosurgeons. Recruitment of 72 students (~12 per medical school) will be conducted through student societies and faculty mailing lists, and sign-up will be possible through an online form. When the student has signed up, they will receive a prepared information leaflet and provide written consent digitally.

Week 1: Starting delivery of teaching programme. Baseline data collection of demographics, pre-programme survey and pre-programme quantitative data including MCQ.

Week 1-8: Deliver weekly one-hour sessions online; track attendance; address technical/logistical issues. Begin preliminary data organisation and writing of results and discussion.

End of Week 8: Post-programme data collection including post-programme survey and quantitative data (MCQ)

Week 9-12: Data analysis of both qualitative and quantitative data using SPSS/Excel; Results and discussion writing and finalising manuscript with supervisors

Week 11-12: Complete manuscript and review of abstracts for subsequent submission to SBNS and Congress of Hellenic Neurosurgical Society.

This 12 week schedule creates a realistic timeframe to complete taking into consideration potential hiccups along the way and is able to produce a substantial amount of work within this timeframe.

Outcomes and potential impact (200 words, 14 out of 15)

The primary outcome of this project will be a measurable improvement in medical students' knowledge, confidence, and comfort with neurosurgical topics, assessed using pre- and post-programme MCQs and validated surveys on neurophobia and self-reported confidence. Secondary outcomes include feasibility metrics such as attendance, retention, and engagement, as well as student satisfaction with teaching quality and perceived usefulness of the programme.

In addition, this pilot programme will establish a standardised teaching model for neurosurgery provided by specialists, which can be integrated nationally into the curriculum of every Irish medical school. With increased exposure, it may inspire more students to consider careers in neurosurgery and academic medicine.

Finally, findings will be put together into a manuscript submitted to the British Journal of Neurosurgery, and submitting abstracts to the SBNS conference and the Congress of Hellenic Neurosurgical Society. Sharing the results globally will contribute to the wider discussion regarding undergraduate surgical education. If successful, this pilot programme can be used as a framework and model for other underrepresented specialities such as oral and maxillofacial surgery, creating discussion around curriculum reform and refining the current state of the art undergraduate medical education.

Feasibility and transferability (300 words for both, 15 out of 18 and 10 out of 12)

Feasibility

- A eight week programme with eight hours of lectures is feasible to cover most of neurosurgery as a topic at a level relevant for clinical year medical students which would be useful when working as an intern
- This project is built on from the 2020 pilot two-day neurosurgery teaching series, and it is supervised by the same neurosurgery consultant who ran this course
- Teaching will be provided voluntarily by neurosurgery consultants and registrars which ensures expert knowledge with no cost.
- It will also be of benefit to the trainees as it is a great opportunity for them to strengthen their applications for their next stages of training including higher specialist training and fellowships.
- Challenges such as tutor scheduling and timetabling will be mitigated by providing pre-recorded lectures and can be swapped around in advance with lectures that can be delivered instead.
- Infrastructure such as Zoom, email lists, Qualtrics/google form and data storage is already available via TCD systems

Transferability

- The preparation in terms of recruitment and questionnaires and MCQ's can all be prepared and provided online so I can be anywhere to work on this project
- The programme is delivered online via zoom therefore it can be done regardless of where I am working during my intern year.
- There will be guidance from the supervisors which will be available through virtual meetings, allowing rapid troubleshooting regardless of my clinical location.
- In terms of after completion of the programme, the data analysis and the manuscript writing can all be done on my computer and all files will be password protected/encrypted. This work can all be done regardless of my location of work next year, ensuring there are no disruption to my clinical work.

Sustainability (200 words, 14 out of 15)

Sustainability: All programme components, including surveys, MCQs, and information leaflets will be digital, which removes the need for printed materials. In addition, the sessions can be recorded, therefore, it can be used as a sustainable long-term resource available for students anytime.

SDG 3, Good Health and Well-Being: Strengthens future healthcare capacity through improved neurosurgical knowledge and patient-care readiness as an intern who will face patients with neurosurgical relevance, e.g. any falls case which represents a potential head injury and requires appropriate assessments and referral required.

SDG 4, Quality Education: Teaching delivered by the neurosurgical specialists in Ireland who have the best understanding of the speciality and its relevance to early clinical practice.

SDG 10, Reduced Inequalities: A standardised teaching programme will address the educational inequity between universities with and without formal neurosurgical teaching.

SDG 13, Climate Action: A virtual delivery programme will minimise environmental impact as there is no need for using physical venues which would consume fuel including travels, lights, and monitors.

SDG 17, Partnerships for the Goals: This project is in partnerships with all Irish medical schools to collaborate towards a sustainable, standardised teaching model for medical education elevating quality of doctors whilst minimising inequalities.

Appendix B: My Interview Presentation Slides

These are the slides I used for my 5-minute presentation, with only my supervisors' names and the hospital logo removed. As with Appendix A, they are here to show you what worked for me, not as a template to copy.

Bridging the gap in Neurosurgical Education: A Pilot National Teaching Programme for Irish Medical Students

Kenji Miyauchi

Introduction

Career Goal: Academic Neurosurgeon with a commitment to Education

Early Exposure to Clinical and Basic Research

- Clinical - Participant **Recruitment** (Arthritis research in SJH)
- Basic - Pre-clinical and translational research in **mTBI** at Harvard

1. Clinical & Research Experience in Neuroscience

- Clinical - **Neurosurgery** elective in Ireland (Beaumont), Singapore, and Australia
- Research - **MSc in Neuroscience** (Distinction), **Co-author** of systematic review & **TSMJ** section editor

2. Medical Education

- **Founded Trinity Neurosurgical & Neurological Society** - Ac Track Session, Career & Lecture Series
- USMLE Step 1 **Mentor** for two students in 3rd year
- PBL **tutor** for 70+ 1st meds

Bridging the gap in Neurosurgical Education: A Pilot National Teaching Programme for Irish Medical Students

Background

Large UK-Ireland Study - **89%** **never completed** neurosurgical placement
(Ashraf et al., 2025)

Neurophobia - **80%** view as **intimidating** (Murphy et al., 2024)

92% expressed **desire** for more teaching (Horan et al., 2020)

Aim

Design, deliver, and evaluate an *eight-week* nationwide neurosurgery teaching programme for medical students in their clinical years

Methods

8 week x **1 hr** online session

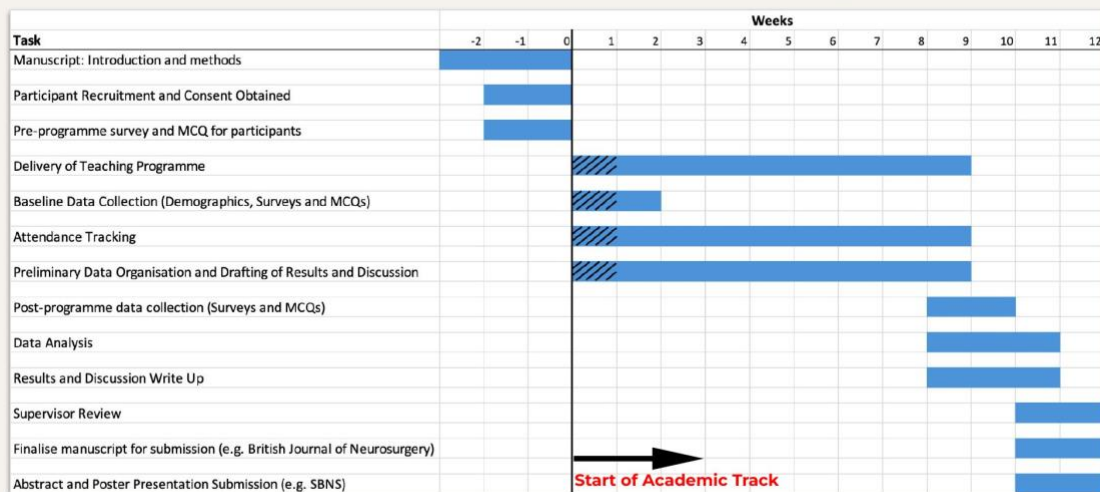
Mixed methods - Qualitative (surveys) and Quantitative (MCQs)

Qualitative - **Thematic analysis**

Quantitative - **Paired t-tests**

Timeline

12 Week Gantt Chart for AIT Project



Bridging the gap in Neurosurgical Education: A Pilot National Teaching Programme for Irish Medical Students

Primary Outcomes

- **Knowledge** improvement assessed via pre- and post-programme **MCQs**
- Increased **confidence** and **comfort** with neurosurgical topics assessed via validated **surveys** on neurophobia

Secondary Outcomes

- Feasibility metrics such as **attendance**, retention, and engagement
- **Student satisfaction** with teaching quality and perceived usefulness of the programme

Project Impact and Future Directions

Medical Students

Improved knowledge and **confidence**

Inspire students to consider careers in neurosurgery and academic medicine

Educators

Teaching opportunity to strengthen their applications for their next stages of training (**HST, Fellowships**)

Wider Community

Publication - British Journal of Neurosurgery

Presentation - SBNS and Congress of Hellenic Neurosurgical Society

Future **integration** into undergraduate curriculum nationwide

Framework and **model** for underrepresented specialities e.g. OMFS

Personal

Protected 12 week research time + 2k bursary

Networking and **Mentorship** - ICAT Retreats

Progression to ICAT

Goal: **Academic neurosurgeon** with a commitment to **education**

Appendix C: The 2026/27 Academic Track Posts

This is the official list of the 48 posts for 2026/27, with the four rotations of each post in order and the academic rotation in bold. I have left out the names of the supervising consultants. Where a rotation is not at the post's main hospital, the hospital is shown in brackets. CUH is Cork University Hospital, SIVUH is South Infirmary Victoria University Hospital and UHL is University Hospital Limerick.

Dublin North East

Post	Main hospital	Rotation 1	Rotation 2	Rotation 3	Rotation 4
001	Beaumont	Academic/General/Upper GI	Gastroenterology	Nephrology	Gen/Vascular
002	Beaumont	Nephrology	Gen/Vascular	Urology	Academic/General/Upper GI
003	Beaumont	Gen/Vascular	Urology	Academic/General/Upper GI	Gastroenterology
004	Beaumont	Urology	Academic/General/Upper GI	Gastroenterology	Nephrology
005	Beaumont	Academic/Neurosurgery	Haematology	Gastroenterology	Orthopaedics
006	Beaumont	Haematology	Academic/Neurosurgery	Orthopaedics	Gastroenterology
007	Beaumont	Orthopaedics	Gastroenterology	Academic/Neurosurgery	Haematology
008	Beaumont	Gastroenterology	Orthopaedics	Haematology	Academic/Neurosurgery

Dublin Midlands

Post	Main hospital	Rotation 1	Rotation 2	Rotation 3	Rotation 4
009	Mater	Academic with Clinical time (Renal & On Call)	Gastroenterology	Medicine for the Elderly	Vascular surgery
010	Mater	Gastroenterology	Academic with Clinical time (Renal & On Call)	Vascular Surgery	Medicine for the Elderly
011	Mater	Vascular Surgery	Medicine for the Elderly	Academic with Clinical time (Renal & On Call)	Gastroenterology
012	Mater	Medicine for the Elderly	Vascular Surgery	Gastroenterology	Academic with Clinical time (Renal & On Call)
013	Mater	Academic with Clinical time (Haematology & On Call)	Neurology	Interventional Radiology	General Surgery/Hepatobiliary Surgery
014	Mater	General Surgery/Hepatobiliary Surgery	Academic with Clinical time (Haematology & On Call)	Neurology/Stroke Medicine	Interventional Radiology
015	Mater	Interventional Radiology	General Surgery/Hepatobiliary Surgery	Academic with Clinical time (Haematology & On Call)	Neurology
016	Mater	Neurology/Stroke Medicine	Interventional Radiology	General Surgery/Hepatobiliary Surgery	Academic with Clinical time (Haematology & On Call)

Dublin South East

Post	Main hospital	Rotation 1	Rotation 2	Rotation 3	Rotation 4
017	St James's	Academic/ICU	Medicine Respiratory (2mths) Rotator (1mth)	Clinical Pharmacology and Therapeutics/GIM	Vascular Surgery
018	St James's	Vascular Surgery	Academic/ICU	Medicine Respiratory (2mths) Rotator (1mth)	Clinical Pharmacology and Therapeutics/GIM
019	St James's	Clinical Pharmacology and Therapeutics/GIM	Vascular Surgery	Academic/ICU	Medicine Respiratory (2mths) Rotator (1mth)
020	St James's	Medicine Respiratory (2mths) Rotator (1mth)	Clinical Pharmacology and Therapeutics/GIM	Vascular Surgery	Academic/ICU
021	St James's	Academic/Clinical Research Facility	Oncology	Respiratory Medicine (Tallaght)	Surgery Gastrointestinal (Tallaght)
022	St James's	Oncology	Academic/Clinical Research Facility	Surgery Gastrointestinal (Tallaght)	Respiratory Medicine (Tallaght)
023	Tallaght	Respiratory Medicine	Surgery Gastrointestinal	Academic/Clinical Research Facility (St James's)	Oncology (St James's)
024	Tallaght	Surgery Gastrointestinal	Respiratory Medicine	Oncology (St James's)	Academic/Clinical Research Facility (St James's)

Mid West

Post	Main hospital	Rotation 1	Rotation 2	Rotation 3	Rotation 4
025	UHL	Academic/General Medicine	Care of the Elderly	Peri-operative Medicine (Anaesthetics)	General/Colorectal
026	UHL	General/Colorectal	Academic/General Medicine	Care of the Elderly	Peri-operative Medicine (Anaesthetics)
027	UHL	Peri-operative Medicine (Anaesthetics)	General/Colorectal	Academic/General Medicine	Care of the Elderly
028	UHL	Care of the Elderly	Peri-operative Medicine (Anaesthetics)	General/Colorectal	Academic/General Medicine
029	UHL	Geriatric Medicine	Nephrology	General/Breast Surgery	Academic/Integrated Care
030	UHL	Academic/Integrated Care	Geriatric Medicine	Nephrology	General/Breast Surgery
031	UHL	General/Breast Surgery	Academic/Integrated Care	Geriatric Medicine	Nephrology
032	UHL	Nephrology	General/Breast Surgery	Academic/Integrated Care	Geriatric Medicine

South

Post	Main hospital	Rotation 1	Rotation 2	Rotation 3	Rotation 4
033	CUH	Academic/Dermatology (SIVUH)	Breast Surgery	Renal Medicine	Endocrinology / Clinical Immunology
034	CUH	Breast Surgery	Academic/Dermatology (SIVUH)	Endocrinology / Clinical Immunology	Renal Medicine
035	CUH	Renal Medicine	Endocrinology / Clinical Immunology	Academic/Dermatology (SIVUH)	Breast Surgery
036	CUH	Endocrinology / Clinical Immunology	Renal Medicine	Breast Surgery	Academic/Dermatology (SIVUH)
037	Mercy	Vascular Surgery	Respiratory Medicine	Academic/Medical Oncology (CUH)	Gastroenterology (CUH)
038	CUH	Academic/Medical Oncology	Gastroenterology	Respiratory Medicine (Mercy)	Vascular Surgery (Mercy)
039	Mercy	Respiratory Medicine	Vascular Surgery	Gastroenterology (CUH)	Academic/Medical Oncology (CUH)
040	CUH	Gastroenterology	Academic/Medical Oncology	Vascular Surgery (Mercy)	Respiratory Medicine (Mercy)

West North West

Post	Main hospital	Rotation 1	Rotation 2	Rotation 3	Rotation 4
041	Galway	Academic/Radiation Oncology	Endocrinology/General Internal Medicine	Lower GI/General Surgery	Vascular Surgery
042	Galway	Lower GI/General Surgery	Academic/Psychiatry	Nephrology/General Internal Medicine	Respiratory/General Internal Medicine
043	Galway	Gastroenterology/General Internal Medicine	Lower GI/General Surgery	Academic/Obstetrics & Gynaecology	Endocrinology/General Internal Medicine
044	Galway	Nephrology/General Internal Medicine	Upper GI/General Surgery	Rheumatology/General Internal Medicine	Academic/Psychiatry
045	Galway	Respiratory/General Internal Medicine	Academic/Dermatology	Breast Surgery/General Surgery	Vascular Surgery
046	Galway	Endocrinology/General Internal Medicine	Nephrology/General Internal Medicine	Academic/Dermatology	Breast Surgery/General Surgery
047	Galway	Vascular Surgery	Breast Surgery/General Surgery	Endocrinology/General Internal Medicine	Academic/Radiology
048	Galway	Academic/Radiology	Breast Surgery/General Surgery	Respiratory/General Internal Medicine	Nephrology/General Internal Medicine

About me and where to find more

I'm an Academic Track Intern in Dublin, and I write about study, research and career decisions for medical students and doctors each week on Substack at kenjimiyauchi.substack.com, and on Instagram at [@brainwithkenji](https://www.instagram.com/brainwithkenji).

If this guide helped, or you have a question it didn't answer, I'd love to hear from you. I will update it once I have finished the year myself, with what the academic rotation is actually like and how to make the most of it.

The very best of luck!

Kenji