

user demographics, geographical location, and the videos watched. Views were also analyzed categorically by dividing videos into six neurosurgical topics and into basic and advanced levels as per their surgical complexity. **Results:** There were 246,259 website visits and 143,868 video plays. The most frequent age groups were 25-34 (44%) and 35-44 (24%). 71% of visitors were male. Most visitors were from the US (29.52%) and Brazil (6.43%). Website visits and video plays increased over time, with multiple peaks corresponding to promotional email updates. The six neurosurgical topics were all similarly popular. **Conclusions:** Our study presents the first piece of evidence demonstrating the feasibility and popularity of a free online resource in neurosurgical education. Our experience highlights the growing demand for free-access online chapters, anatomical illustrations, and operative videos.

## P.082

### An evidence-based supportive and palliative care curriculum for Canadian neurology residents

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**Background:** Graduating residents require general palliative care skills. In Canada, there is no standardized palliative care curriculum for specialty trained residents. The objective of this research is to develop an evidence-based palliative care curriculum designed to provide neurology residents with the general palliative care skills required for providing patient care along the continuum of life. **Methods:** A needs assessment was performed in Neurology at Western University using qualitative analysis techniques. Residents completed the following: A curricular outline was developed based on the Kolb learning style inventory (LSI), a knowledge pre-test, the Palliative Medicine Comfort and Confidence Survey and a review of the literature. Two iterations of the curriculum have been developed. **Results:** Residents identified a need for additional training in supportive and palliative care skills. Based on the Kolb LSI, 9/16 (56.3%) of neurology residents are “accommodators”. General principles identified for inclusion included: symptom management, communication, psychosocial aspects of care, care coordination and access, and myths and pitfalls in palliative care. **Conclusions:** This project is designed to identify the current palliative educational needs for Neurology residents. The results suggest that specialty trained residents are receptive to embedding training in the principles of palliative care within their training programs.

## P.083

### Effective video technology for teaching the neurological exam

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**Background:** With advancements in technology, the use of video as a pedagogical method in medical education has gained in popularity, and may aid in teaching clinical skills. In the UBC MD program, videos have been used to assist in teaching the neurological

exam for several decades, but the currently available videos are outdated and not of contemporary quality. **Methods:** Drawing upon the cognitive theory of multimedia learning from Mayer and Moreno (2003) which describes methods to maximize learning by minimizing cognitive load, we developed a tool to systematically assess pedagogical videos. We inventoried twelve existing neurology videos and analyzed their use of methods such as weeding (removing extraneous information), signalling (visually highlighting important information), and chunking (grouping similar information together). **Results:** Generally, older videos had poor audiovisual quality that introduced extraneous load, while more current videos had higher production value, albeit inconsistent with the depth of their content. We therefore produced a new three-part neurological exam video series. We wrote storyboards, filmed with a focus on visually depicting the exam and findings, and edited to elucidate relevant physiological concepts. **Conclusions:** The end product has been adopted by the UBC MD program, and can be shared with other programs who may wish to adopt them.

## P.085

### Hot seat concept in neurosurgical exam simulation adopted by the Comprehensive Clinical Neurosurgery Review

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**Background:** Neurosurgical education is one of the most exciting topics in contemporary neurosurgery. Passing the final boards is a real challenge. **Methods:** We conducted a prospective study of 48 candidates who attended the hot-seat sessions during CCN review over three years. Detailed statistical analysis was conducted. Those who attended the Hot seats (Group 1) and those who didn't (Group 2). The neurosurgery exam simulation was conducted using both MCQ and Oral simulated exams with clinical cases led by world expert faculty in a lecture format for the MCQ and 15-minute mock oral sessions which was video-taped scoring candidates in a standardized fashion for their performance. **Results:** Group 1 had a better MCQ performance (83 %) compared to group 2 (61 %). Candidates were better in data gathering, differential diagnosis and management. They were worst in simulating surgical techniques and follow-up plans. Geographical characterization showed a big range of intra and inter variability in performances. Interestingly, candidates with excellent MCQ performance had moderate hot seat performance while those with moderate MCQ performance did much better during the hot seat session. **Conclusions:** Our preliminary results showed that simulation of board exams is a method that will help neurosurgery residents not only pass their board exams, but also achieve the best marks.