

tive statistics. *Results:* 47/119 (40%) PD's completed the survey. Most(74%) spent <10 hours/year on ethics education. Informal discussion(86%), case presentations(67%) and lectures(55%) were common teaching methods. Most(85%) felt real-life experience was the best teaching method. Neurosurgical faculty(86% of programs), medical faculty(48%) and ethicists(26%) provided ethics teaching. Time constraints(42%) and lack of expert faculty(24%) were common barriers. Important topics were end of life care(95%), conflicts of interest(81%), informed consent(81%), futility(66%) and research ethics(66%). Most(78%) felt ethics education should be mandatory and that trainees were prepared to deal with ethically challenging situations(95%). *Conclusions:* This study provides a snapshot of ethics education in neurosurgery training. Time constraints and a lack of expert faculty were seen as barriers to ethics education. Most program directors felt residents were well prepared to deal with ethical issues. Identified ethical topics of importance should be incorporated into training curricula.

P.107

Standardizing resident operative-case logging: the first step of a prospective national study of resident operative volume

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Background: No standardized method of resident operative-case logging exists. Our study sought to develop a standardized form used by residents to log operative-cases. *Methods:* Members of the Canadian Neurosurgery Research Collaborative (CNRC), a national resident-led research organization have created a standardized document based on the current Royal College objectives for operative procedures (section 5). Modifications to structure and content will be guided via consensus from Canadian neurosurgery program-directors. *Results:* Program directors in each CNRC collaborative institution will be asked to modify the standardized form. The CNRC currently involves thirteen of the fourteen Canadian neurosurgery residency programs. Additional consensus, if necessary, can be reached at the Royal College meeting for program directors of neurosurgery March 20th 2017. *Conclusions:* A standardized operative-case log represents the first step in a prospective study towards compiling operative volume of all Canadian neurosurgical residents over one academic year. Such data will be essential to guide informed decisions with regard to Royal College requirements as Canadian neurosurgical programs transition to a competency based framework.

P.108

Integrating learner feedback in developing an evidence-based palliative care curriculum for neurology residents

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Background: Palliative care is a cornerstone of the management of progressive neurological illness, but there lacks a standardized evidence-based curriculum to teach the unique aspects of neurology-based palliative care to current learners. *Methods:* A needs assessment involving focus groups with patients, physicians, interdisciplinary members, and trainees was conducted to identify gaps in the current curriculum. The Kolb Learning Style Inventory identified learning strategies among neurology residents. A Palliative Medicine Comfort and Confidence Survey and knowledge pre-test was distributed to determine current learner needs. The curriculum was delivered during academic time, and feedback was obtained for further content revision. *Results:* Qualitative analysis was used to develop the curriculum with the key principles of symptom management, end-of life communication, psychosocial components of care, and community coordination. Learning styles varied, but preference for active experimentation and concrete experience was noted. Learners identified as comfortable with withdrawal of medical interventions, but requiring support on home palliative care referral, and management of terminal delirium and dyspnea. Further teaching was requested for end of life ethics and communication skills. *Conclusions:* By integrating current best evidence-based practice in palliative neurology with learner feedback, this project aims to create a comprehensive palliative care curriculum for neurology learners.