OTHER

ETHICAL, LEGAL, SOCIETAL, HISTORICAL ASPECTS OF NEUROSCIENCE

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The history of neurosurgery in Victoria, BC

RA Reid (Victoria)*

Background: Neurosurgery was first practiced in Victoria, BC in the 1950's. It has grown from 1 neurosurgeon to 6 neurosurgeons today. *Methods:* Research into the beginning of Neurosurgery in Victoria demonstrates that it started with one surgeon and has grown significantly over the past 60 plus years. *Results:* Although Neurosugery started in Victoria with humble beginnings it has now developed into a sophisticated unit with 6 neurosurgeons with various subspeciality interests including complex and minimally invasive spine, cerebrovascular and neuro-oncology. *Conclusions:* The Neurosurgery division in Victoria has grown over the years from a single surgeon to 6 surgeons practicing a wide scope of neurosurgical procedures.

NEUROSCIENCE EDUCATION

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A competency-based stroke curriculum for non-neurologists

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Background: Previously-identified deficiencies in stroke training for emergency and internal medicine trainees led us to develop a competency-based curriculum for a stroke rotation, based upon entrusbable professional activities (EPAs). EPAs are observable and measurable activities that are routine care within a given medical specialty. *Methods:* We surveyed stroke- and non-stroke neurologists using a modified Delphi process with two iterations. The survey sought input on the number and nature of EPAs considered most important and achievable during a one month stroke rotation. *Results:* Surveyed neurologists considered 5-10 EPAs as adequate and reasonable to achieve during a one month elective. A list of the most essential EPAs was obtained and will be used as the basis of a curriculum for rotating residents in Internal and Emergency medicine at the Island Medical Program in Victoria, BC. *Conclusions:* Our work highlights an approach to meeting an identified gap in resident training in an important area of neurology (stroke). A competency based approach to medical education, focusing on EPAs, offers an innovative way of approaching resident education that seeks to ensure residents develop skills that experts in the field have identified as most essential for the work at hand (in this case, the proper management of stroke patients).

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Case-oriented needs assessment for professional development in an academic neurology centre

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Background: Needs assessment is a cornerstone of designing programs for continuing professional development (CPD). However, typical needs assessment surveys often yield non-specific information insufficient to guide professional development programming decisions. *Methods:* A survey was distributed to Neurologists practicing in city of Calgary. A stimulated-recall method was used to generate specific case-oriented clinical questions and 5-point Likert scales were used to rate specific topics across the CanMEDS competency framework and CPD preferences. *Results:* A total of 48 surveys were distributed, with a response rate of 62.5%. Most respondents were subspecialists in Neurology (87%) in practice for less than 15 years (71%). Most used local neuroscience (97%) rounds as source for CPD. Respondents reported a need to address specific questions relating to the following topics: Acute stroke (54%), non-acute stroke (45%) and epilepsy (50%). For example, physicians identified that they wanted to learn more about when to reinitiate anticoagulation following ischemic stroke, or which choice of anti-epileptic for various seizure presentations. Specific medical content was rated highly disproportionately to other physician competencies such as communication or management skills. *Conclusions:* Our survey elicited detailed learning gaps from academic neurologists and identified a disconnect in interest in topics related to medical content compared to other important physician competencies.

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Simulation-based training for surgical instrument recognition

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Background: Surgical simulation training offers trainees the opportunity to practice surgical skills before entering the operating room. The objectives of this study were to determine the effect of simulation for learning instruments for burr hole surgery and whether this learning is translated to real instrument recognition with retention. *Methods:* Randomized trials of PGY1 neurosurgery residents and perioperative nurses were conducted, using PeriopSim™ for instrument recognition, as well as real instruments. Group A performed simulation tasks using PeriopSim™ prior to identifying real instruments, whereas Group B identified real instruments prior to performing simulation tasks. Nurses' recall was assessed at seven days. *Results:* Sixteen residents and 100 nurses were recruited. All participants showed significant overall improvement in their scores for simulated tasks. Group A demonstrated enhanced accuracy and speed of identifying real instruments compared with Group B (p<0.001). Furthermore, knowledge recall testing at one week demonstrated retained learning, shown by 97% accuracy in instrument identification. *Conclusions:* Our results demonstrate that recognition of surgical instruments improves with repeated use of the PeriopSim™ platform.