ΔFS provides a personalized metric to determine substantial individual response in ALS. ΔFS has been shown to be highly correlated with, but to proportionally underestimate, ALSFRS-R decline in clinical trials. Consequently, those who outperform the ΔFS may be considered to have a substantial individual response. Application to CENTAUR data demonstrates a greater proportion of participants with a substantial individual response in the PB/TURSO arm. These methods may enable greater personalization and analysis of individual response in ALS.

Neuroscience Education

P.050

Understanding the neurocritical care educational needs of trainees

N Bahrami (Calgary)* *E McKenzie* (Calgary) *I Schoonbaert* (Calgary), *J Kromm* (Calgary)

doi: 10.1017/cjn.2022.151

Background: Patients with neurological conditions account for 15% of patients admitted to the Intensive Care Unit (ICU). Neurocritical care (NCC) has been proven to reduce mortality, improve functional outcomes and increase patient/family satisfaction. Trainees often lack the knowledge, skills, and experience needed to provide quality NCC. Consequently, timely effective care is compromised, team dynamics suffer, and trainees may experience distress. Methods: To fully understand educational needs, we surveyed University of Calgary residents from various programs who rotate through the Neuro-ICU. Results: Trainees indicated a lack of confidence in their knowledge and skills of most NCC disorders/scenarios in the ICU. While the majority expressed interest in learning NCC, 58% were not aware of the NCC-related competencies outlined for their specialties by the Royal College of Physicians and Surgeons, and 30% had no objectives of their own. Teaching modalities most preferred included patient-centred bedside teaching (96%) and easily accessible resources such as pocket-sized cards (90%) and/or a phone app (96%). Conclusions: Trainees rotating through Neuro-ICU need more accessible and improved learning resources and tools. An NCC curriculum may help improve patient outcomes, team dynamics, and relieve trainee distress.

P.051

Stroke Care and Neurological Emergency Response Simulation (SCaNERS): High-fidelity acute stroke simulation increases learner confidence in providing acute stroke care

K Archibold (Saskatoon)*, *B Graham* (Saskatoon)

doi: 10.1017/cjn.2022.152

Background: Resident physicians often observe stroke alerts before managing them alone, which exposes patients to potential harm from trainees' lack of experience. Simulation training offers a low-risk environment for skill acquisition. This project assessed learners' confidence in leading stroke codes before and after completing a stroke simulation training program during neurology rotations at the University of Saskatchewan. Methods: High-fidelity simulation cases were developed encompassing several diagnostic and therapeutic goals of acute stroke care. Standardized patients were trained for increased fidelity. Standardized debriefing was given after each session. Pre- and post-simulation surveys captured learner confidence and cognitive load. Results: Pilot data reveal learners' confidence and comfort in providing acute stroke care, including thrombolysis treatment decisions, significantly increases after simulation training (n=8; p=0.0006-0.01). They also felt more prepared to conduct future acute stroke care (p=0.009). Skills not directly addressed in simulation did not show significant improvement (p=0.09-1.89). Learners consistently rated the session as requiring high mental effort. Conclusions: Implementation of high-fidelity simulation training leads to significant improvement in learner confidence. Future cases will capture additional objectives and ensure acceptable cognitive load. Ongoing data collection to explore residents' experiences and knowledge improvement in stroke care and assess local reductions in treatment delays is underway.

P.052

Assessing the competence of neurology residents in performing an interphysician telephone consultation

Y Chang (London)* *ME Jenkins* (London) *S Venance* (London), *AG Florendo-Cumbermack* (London)

doi: 10.1017/cjn.2022.153

Background: Neurology Residency training in Canada is transitioned to competence based medical education (CBME) in July 2020 and the Royal College Neurology Specialty Committee has identified "providing consultation for and managing patients at outlying centres," to be an entrustable professional activity (EPA). At Western University, neurology telephone consultations from outlying centres are attended by both the resident and the staff Neurologist. This scenario provides the ideal situation for direct observation and immediate formative feedback. The resident's performance was assessed using an entrustment scale along with a short narrative portion. Methods: This mixed methods study aims to determine the reliability and validity of the entrustment scale with narrative feedback in assessing the performance on the telephone consultation by senior neurology residents. Informed consent was obtained from residents (9) and staff (7) involved. Scores on the entrustment scale and narrative comments were analyzed. Results: Information on 37 encounters (involving 9 residents) was collected. Assessment results demonstrated higher entrustment scores in PGY4 and PGY5 levels. Overall, ratings were consistent across the 7 consultant assessors. Conclusions: The use of an entrustment scale appears to be reliable and valid in assessing competence in the telephone consultation and provide coaching feedback to help learners improve their performance.