

11<sup>th</sup>, 2020. Questions sought to elicit residents' current experiences and gain insight into methods by which to enhance future training. **Results:** 108 residents and 21 program directors, from various surgical specialties across Canada, completed the survey. Operative exposures were reported to be reduced by 25-100% and 39% of residents were redeployed. However, 89% of residents reported accessing academic half days virtually and 57% had additional online modules. Despite lost time, 100% of program directors confirmed that residents did not require training extensions. Concerns regarding training, personal health, employability and fellowships were raised. 55-70% of residents and program directors advocated for alternative educational courses, increasing elective time, utilizing simulation for assessment and flexibility in crediting different training experiences. **Conclusions:** Canadian surgical residents had a significant reduction in operative experiences during the pandemic. Moving forward, it will be important to find alternative educational experiences.

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### Neurosurgical Faculty Expectations of Entrustable Professional Activities Evaluations

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**Background:** Competence by Design (CBD), a new outcomes-based approach to medical education, has been recently introduced into neurosurgical programs across Canada. A cornerstone of this educational paradigm shift requires evaluation of residents' performances of entrustable professional activities (EPAs). This study aimed to define Faculty expectations and markers of competence for resident EPA performances. **Methods:** Canada-wide survey of neurosurgical Faculty (NSF) with a 55-item online questionnaire referencing 15/45 available core neurosurgery EPAs. **Results:** Of the 52 respondents, majority believed that being able to perform safely (98%), effectively (92%) and independently (90%) and being able to adapt to contextual complexities of the case (88%) and unexpected events (88%) represented necessary qualities for demonstrating competence achievement of an EPA. Performing efficiently, without supervision and responding to rare events were all considered less important. On average, NSF believed that at least five separate assessments involving two or more different assessors were necessary for documenting competence achievement of each EPA. Proportion believing EPAs were representative of general neurosurgery competences varied significantly across all EPAs ( $p < 0.00001$ ) with >25% believing 5/15 EPAs required fellowship training. **Conclusions:** This study defined expectations and indicators of competent surgical performance and revealed a significant debate regarding perceived appropriateness of current EPAs for general neurosurgical training.

## P.179

### An International Comparison of Neurosurgical Competence by Design Curriculum

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**Background:** Prior to its recent introduction into Canadian neurosurgical curriculum, Competence by Design (CBD) principles have been implemented across many international neurosurgical training programs for several years. As such, comparing other international competency-based educational frameworks and curricula can help anticipate, avoid or mitigate potential future challenges for Canadian neurosurgical trainees. **Methods:** A comparative web-based analysis of neurosurgical postgraduate medical education documents and resources provided by medical accreditation and regulatory bodies of Canada, the United States, the United Kingdom and Australasia, was performed. **Results:** All four countries varied considerably across four major curriculum-based themes: 1) general program structure; 2) overarching foundational competency frameworks; 3) types and numbers of performance assessments required and; 4) curricular learning outcomes. In particular, the expected progression and degree of competence required of neurosurgical residents when performing entrustable professional activities (EPAs) or defined tasks of neurosurgical practice, varied across all countries. Differences in types of neurosurgical EPAs and number of required assessments demonstrating a trainee's competence achievement were also appreciated. **Conclusions:** This study revealed variations across competency-based neurosurgical curricula proposed by four international medical training regulatory bodies. Differences in types of EPAs and their required degree of competence achievement suggests potential disconnects between neurosurgical educational outcomes and actual medical practice.

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### What do patients expect of a competent neurosurgeon?

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**Background:** To improve accountability and reflect patient and societal needs, the Royal College of Physicians and Surgeons of Canada proposed Competence by Design (CBD) for all residency programs. This study compares neurosurgical patient values and expectations of their neurosurgeon to resident competences proposed by CBD curriculum. **Methods:** Semi-structured interviews of 30 neurosurgical patients and family members were recorded, transcribed and analyzed for themes. **Results:** Of