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 well prepared to deal with ethical issues. Identified ethical topics of importance should be incorporated into training curricula.

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
A Winkler-Schwartz (Montreal) M Bigler (Winnipeg) A Dakson (Halifax) C Elliot (Edmonton) D Guha (Toronto) C Iorio-Morin (Sherbrooke)* M Kameda-Smith (Hamilton) P Lavergne (Quebec City) S Makarenko (Vancouver) M Taccone (Ottawa) MK Tso (Calgary) B Wang (London) J Atkinson (Montreal)
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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.