impact of uncertainty, the response to colleague’s clinical error and strategies to address uncertainty. Data obtained included gender and year of graduation. A likert scoring system was used (cuing at 1, not at all and at 6, definitely), to rate responses. A don’t know option was also allowed.

**Results** Forty two (100%) trainees responded. The M:F was 1:2.9. The mean Likert scores for factors impacting on clinical decisions were 5.7 for clinical knowledge and experience, 5.4 for opinion of senior colleagues, 4.6 for fear of making a mistake, 4.2 for parent anxieties and expectations. Twenty one (50%) of trainees frequently reflect on cases when at home. Their confident decisions are modified by opinions of senior colleague mean likert score 4. Mean Likert scores for responses to error scenario by a colleague were sympathy 4.3, acceptance 4.4, and anxiety 3. Mean Likert scores for strategies to address uncertainty included enhanced teaching 5.9, enhanced experience 4.3, acceptance 4.4, and anxiety 3. The mean Likert score for strategies to address uncertainty which transfers into their home life. Incorporating strategies in training to enhance coping skills is necessary.

**Discussion**

Breaking bad news is a challenge across all disciplines yet little time is devoted to formal training and practice at any stage of medical training. We aimed to improve medical student confidence in delivering bad news in an appropriate and sensitive manner.

**Methods** Students received a 2-session pre-simulation, which assessed their basic demographics, aspects of breaking bad news, clinical management plans, without the fear of causing harm. We aimed to evaluate confidence levels and personal preference, as well as overall satisfaction with the module.

**Method** Students received pre-course reading material and three teaching sessions, including didactic teaching, video and live demonstrations, basic life support training using mannequins and small group teaching. The final session was a thirty-minute session in which the students worked in teams to assess, diagnose and treat a simulation baby, followed by a case discussion. Students completed anonymous questionnaires.

**Results** 164 students completed the first two questionnaires, and 140 students completed the third. There were 44 postgraduate entry students: 10 Masters & 2 PhD graduates. 131 students felt they had benefited from the pre-course reading material and 130 students felt the 2-session pre-simulation were beneficial. Rated on a scale of 1–10, students’ confidence increased by 2.6 points after videos had changed the grades in 40%(42/106) of the exams, which was similar to 37%(58/183) for external examiners (Fishers Exact test, p=0.776). Overall the grades at the examination were unchanged, median B (range G to A), n=117 before and median B (range F to A), n=141 (Mann-Whitney test, p=0.992) after videos were included.

**Conclusions** A short video showing a child with a common clinical condition appears to contribute significant to an oral examination based on a paper case.