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 clinical experience 5.8, knowledge of ‘red flags’ 5.7, mentoring 5.6, building resilience 4.9, and developing self awareness 4.5.

**Conclusion** Paediatric trainees are impacted by clinical uncertainty which transfers into their home life. Incorporating strategies in training to enhance coping skills is necessary.

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**INTRODUCING VIDEO AS A SUPPLEMENT IN THE ASSESSMENT OF STUDENT PERFORMANCE IN CLINICAL PEDIATRIC EXAMINATION**

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**Background** Medical education has been greatly enhanced by the development of simulation ‘patients.’ Real-time training with simulated clinical signs promotes development and institution of practical 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 groups of 6, 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 the simulation session. Following the simulation, 73 students planned to increase their clinical versus their book work. 76 students felt the 2-session pre-simulation were beneficial. Rated on a scale of 1–10, students’ confidence increased by 2.6 points after the simulation session. Following the simulation, 73 students planned to increase their clinical versus their book work. 76 students felt the 2-session pre-simulation were beneficial. Rated on a scale of 1–10, students’ confidence increased by 2.6 points after the simulation session. Following the simulation, 73 students planned to increase their clinical versus their book work. 76 students felt the 2-session pre-simulation were beneficial. Rated on a scale of 1–10, students’ confidence increased by 2.6 points after the simulation session. Following the simulation, 73 students planned to increase their clinical versus their book work.

**Discussion** The introduction of the SIMBA module was well received amongst medical undergraduates. Students gave positive feedback. Technological advances of simulation ‘patients’ greatly add to paediatric undergraduate training, and enhance overall experience.

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**THE PERCEPTION AND IMPACT OF A ‘BREAKING BAD NEWS’ MODULE ON PAEDIATRIC MEDICAL STUDENTS**

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**Background** Although, communication is an integral part of medical practice, it is also the source of 20–50% of patient complaints. 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 teaching session including didactic teaching, discussions, video example and scenario group work. Students completed an anonymous questionnaire after the session, which assessed their basic demographics, aspects of breaking bad news (BBN) and their confidence in BBN pre and post the session.

**Results** 114 students completed the questionnaire, of whom 59 were male and 74 were undergraduate-entry. 110/114 had previously considered that breaking bad news might be an important part of their future jobs however only 73/114 had previously considered that breaking bad news might be an important part of their future jobs. 83 had witnessed professionals breaking bad news to either patients or family members in their training, and most commonly this was in pediatrics (n=40), General Surgery (n=24) and adult medicine (n=45). The average change in confidence in breaking bad news was +2.46 (range –1 to 6). Students rated the session as 7.79/10 for usefulness and 8.22 for interest.