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 feedback. Technological advances of simulation patients greatly impacted the students' performance. 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 feedback.

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

Background Medical education has been greatly enhanced by the introduction of simulation of 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 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.

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 requested 2 or more further hours of simulation teaching and 121 found the simulation baby to be superior to mannequins as a teaching tool.

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.

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 and were requested to rate their confidence levels on a paper case.

Results 141 students were examined using videos. The videos were rated as suitable by 89%(92/103) of the internal examiners and by 76%(78/103) of the external examiners (Fishers Exact test, p<0.05).

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