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.

1010 SIMBA STUDY: UNDERGRADUATE MODULE IN SIMULATION TRAINING AND BASIC LIFE SUPPORT

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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 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 feed back. Technological advances of simulation patients greatly add to paediatric undergraduate training, and enhance overall experience.

1011 INTRODUCING VIDEO AS A SUPPLEMENT IN THE ASSESSMENT OF STUDENT PERFORMANCE IN CLINICAL PEDIATRIC EXAMINATION

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Background and Aims It is time consuming to include patients in the clinical pediatric examination of medical students. At Copenhagen University we perform a 25 min oral examination, based on a clinical paper case and wanted to evaluate supplemental exam questions, based on video.

Methods With written parental consent 17 videos lasting 30 sec. were recorded, demonstrating children with common clinical conditions. After the case-based examination, the student blindly chose one of the videos and was allowed to see the video twice, before assessing the speciﬁc symptoms and general appearance of child.

After the examination, the internal and external examiner answered a simple questionnaire.

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).

Overall, the internal and external examiners rated the video part on a 5-point Likert scale to be important or very important in 38%(40/106) and 36%(37/103) of the exams, respectively (Fishers Exact test, p=0.886). The internal examiners reported, that the video had changed the grades in 40%(42/106) of the exams, which was similar to 37%(38/103) 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.
Discussion  Training in the communication skill of breaking bad news is useful and interesting to medical students. Identifying key strategies to employ whilst breaking bad news, and engaging in role play, improves confidence.

Results  Data were analyzed from a convenience sample of 25 responses (1/3 of all trainees). The M:F ratio was 3:1. Twenty three graduates (92%) completed overseas fellowships. Mean Likert scores were clinical competency (4.8), basic science knowledge (4.9), evidence based medicine application (3.7), ability to work as academic supervisor (3.3), research skills (2.9), health economics (2.3) and health policy (2.3). Negative themes from qualitative analysis included the adverse impact of excessive service provision on training and the lack of structured career advancement. Most felt clinically competent compared to international colleagues.

Conclusion  Clinical competency is achieved through the HST program. Specific training is required for health management, policy and research aspects of training.

Background and Aims  The Higher Specialist Training (HST) program in General Paediatrics was initiated in 1999. The first graduates (22%) completed overseas fellowships. Students have previously described their attachment as too emotional and clinical experience inadequate for their career options. There are numerous skills to be learnt over a relatively short period of time. Moreover, skills such as history-taking and clinical assessment and treatment of children using the A/B/C/D/E system with emphasis on Basic Airway management, CPR, increased by an average of 18.5%.

Results  The total workload of the course in undergraduate Pediatric Medicine held 10.07% of the total workload of the courses and their integration has occurred from the third year of graduation, with the primary health care settings primarily used in 93.75% of schools. The teaching plans demonstrate the enhancement of cognitive development in the learning process, with the psychomotor domain and affective ill-favored. The evaluation process found is focused on learning for students leaving a major void in the assessment of own teaching and their teachers. The practical evaluation of the teaching-learning of students is privileged only 15% of the courses and the assignment of concept is referred to in 87.5% of interviews and institutional documents. It became apparent concern for the context of teaching for all those who participated as study subjects.

Conclusion  The understanding of the teaching of Pediatrics as a fundamental part of general medical education at undergraduate level may, in our view, contribute to the formulation of projects that encourage the construction of new avenues for improving the teaching-learning process in Pediatrics.