

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

doi:10.1136/archdischild-2012-302724.1010

¹F McElligott, ²H Bruell, ³S Viash, ^{2,3}A Nicholson, ^{1,2,4}E Molloy. ¹National Maternity Hospital, Holles Street; ²Royal College of Surgeons; ³Paediatrics, Children's University Hospital; ⁴University College Dublin, Dublin, Ireland

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 feedback. 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

doi:10.1136/archdischild-2012-302724.1011

¹M Malon, ²D Cortes, ¹G Greisen, ²H Simonsen, ³JL Sørensen, ⁴J Andersen, ⁵U Nygaard, ⁵A Poulsen, ⁶HB Mortensen. ¹Neonatal Clinic, Rigshospitalet, Copenhagen; ²Pediatric

Department, Hvidovre Hospital, Hvidovre; ³Department of Gynecology and Obstetrics, Rigshospitalet, Copenhagen; ⁴Pediatric Department, Hillerød Hospital, Hillerød; ⁵Pediatric Department, Rigshospitalet, Copenhagen; ⁶Pediatric Department, Herlev Hospital, Herlev, Denmark

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 seconds 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.

1012 THE PERCEPTION AND IMPACT OF A 'BREAKING BAD' NEWS' MODULE ON PAEDIATRIC MEDICAL STUDENTS

doi:10.1136/archdischild-2012-302724.1012

¹F McElligott, ^{2,3}A Nicholson, ^{1,3,4}EJ Molloy. ¹National Maternity Hospital, Holles Street; ²Paediatrics, Children's University Hospital; ³Royal College of Surgeons; ⁴University College Dublin, Dublin, Ireland

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 73/112 had previously considered that breaking bad news might consume a lot of time in 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 paediatrics ($n = 40$), 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.

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.

1013 SIMBA STUDY: UNDERGRADUATE MODULE IN SIMULATION TRAINING AND BASIC LIFE SUPPORT TO IMPROVE UNDERGRADUATE CONFIDENCE IN PAEDIATRICS

doi:10.1136/archdischild-2012-302724.1013

¹H Bruell, ²F McElligott, ¹S Vaish, ³A Savage, ¹A Nicholson, ¹E Molloy. ¹Paediatric Department, RCSI; ²Neonatology, National Maternity Hospital; ³Resuscitation Department, Children's University Hospital, Dublin, Ireland

There are significant differences in resuscitation algorithms for children versus adults. We aimed to enhance confidence of our students in the assessment and management of sick children by developing a simple program with emphasis on Basic Airway management, CPR, and clinical assessment and treatment of children using the A/B/C/D/E system.

The course consisted of three parts in small group sessions (10–15 students):

BLS, basic Airway and Cardiac arrest management, lasting (1.5 h);
DVD and serious illness scenarios on traditional mannequins (2h);
Serious illness scenarios in the Simulation baby laboratory (0.5 h).

All participants were given a pre course hand out. The course was led by qualified APLS instructors and student confidence was evaluated by a pre and post course questionnaire.

Pre course 18.8% of the students would not feel confident to approach a situation with a sick child outside the hospital versus 3.2 % after the course. Three times more Students felt confident managing a child outside the hospital. Confidence in assessing and managing common paediatric problems in hospital, increased by 22 %, with the greatest increase regarding children with respiratory and cardiac problems.

75% liked the mixture of lectures and practical sessions. Overall more than 80% felt they benefitted from all different parts of the course. Confidence to approach, assess and manage a sick child increased by an average of 18.5%.

Medical students found the interactive resuscitation training useful. Formalized simulation and resuscitation training improved medical student confidence and equipped them for in and out-of -hospital paediatric management.

1014 HIGHER SPECIALIST TRAINING IN IRELAND. LEARNING FROM THE GRADUATES 2005–2011

doi:10.1136/archdischild-2012-302724.1014

¹BJ Freyne, ²AJ Nicholson, ¹MB O'Neill. ¹Paediatrics, Mayo General Hospital, Castlebar; ²Childrens University Hospital Temple Street, Dublin, Ireland

Background and Aims The Higher Specialist Training (HST) program in General Paediatrics was initiated in 1999. The first graduates to complete the full program received their CSCST in 2005. There are 15 graduates per year. This study evaluated whether graduates believed core competencies of the HST curriculum were achieved and assessed their perceptions of its strengths and weaknesses.

Methods The lack of an accurate database resulted in a convenience sample being utilized. Demographic data obtained included year of program entry and current position. The survey utilized a Likert scoring system (cuing at 1, not at all, cuing at 6, definitely) to evaluate the training process relating to clinical skills, research abilities, health economics. Qualitative questions allowed for personal reflections on the training process both positive and negative. Responses were analyzed for themes.

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.

1015 UNDERSTANDING THE TEACHING OF PEDIATRICS IN GRADUATION IN MEDICINE IN RIO DE JANEIRO, BRAZIL

doi:10.1136/archdischild-2012-302724.1015

¹EQ Veiga, ²NA Batista. ¹Faculdade de Medicina de Petrópolis, Petrópolis; ²Universidade Federal de Sao Paulo, São Paulo, Brazil

Background and Aims The movement of transformation through which passes the medical education in Brazil prompted us to understand and describe some aspects the Pediatric Education in medical undergraduate.

Methods For this we developed an exploratory research, descriptive, cross-sectional quantitative and qualitative approach. We investigated 16 courses and coordinators through semi-structured interviews and institutional documents. It became apparent concern for the context of teaching for all those who participated as study subjects.

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 18% of the courses and the assignment of concept is referred to in 87.5% of courses. We noted the will expressed by various schools and their parents, transformations aimed at improving education.

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.

1016 EVALUATION OF LEARNING OPPORTUNITIES DURING PAEDIATRIC ATTACHMENT: AN ONLINE SURVEY OF MBBS STUDENTS

doi:10.1136/archdischild-2012-302724.1016

P Kandasamy, J Blake. *St George's Hospital Medical School, London, UK*

Aims To ascertain whether the clinical objectives for 4th year medical students on paediatric attachments were being met by evaluating the learning opportunities available to them.

Background Recent research shows a decline in the number of foundation trainees selecting paediatrics. Students have previously described their attachment as too emotional and clinical experience too limited to make an informed choice about paediatrics as one of their career options. There are numerous skills to be learnt over a relatively short period of time. Moreover, skills such as history-taking