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.

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 benefited 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.

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 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 Pediatrics 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 98.75% 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 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.

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.
and clinical examinations acquired over adult clinical exposure are not entirely transferrable to children hence it is anticipated that they do so with apprehension.

Methods A questionnaire was developed and made available online. The list of clinical skills and examinations used in this questionnaire were derived from the set of learning objectives provided to students prior to their placement. In addition to basic demographics, frequency of clinical skills, history-taking and the confidence at which they were performed were collected. Data was collected from 90 medical students.

Results Only a proportion of students could identify a cardiopulmonary arrest on their attachment. This could be explained by lack of confidence in interacting with children. It appears that District General Hospitals offer more learning opportunities in pediatrics than tertiary institutions.

Conclusions Learning objectives are not being met by all students on attachment at St George’s Medical School London. This could be due to the lack of learning opportunities such as teaching, feedback given and varying clinical environments.

SIMPLE METHODS TO HELP IMPROVE PAEDIATRIC MEDICAL STUDENT EDUCATION: AN EXAMPLE

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There have been huge efforts to improve medical education including pediatrics. However, most is aimed at graduate level rather than medical school. The latter needs to be focused on more as unlike other specialties, paediatrics cannot use the student-led learning of clerking patients on wards as much. This is due to the strict yet important regulations upheld on wards to protect those children and their parents.

The report sets out an example of how students in the Bristol University Medics Paediatric Society encouraged additional learning of pediatrics in a simple yet effective way. Such approaches are valuable in this time of limited resources and target constraints.

The society held a mock OSCE for 60 fourth year students about to take their paediatric OSCE exam. Thirty-five schoolgirls aged 8 to 11 years acted as the patients. All had parental consent with parents the evening. Students mainly practiced the clerking station of their attachment at St George’s Medical School London. This could be due to the lack of learning opportunities such as teaching, feedback given and varying clinical environments.

THE USE OF VIDEO PODCAST IN PAEDIATRIC UNDERGRADUATE TEACHING. AN ONLINE SURVEY

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Background and Aims E-learning resources such as podcasts have become a commonly used tool in undergraduate medical education. We conducted a survey of medical students during their Paediatric attachments using an online questionnaire. We wanted to know what they think about having an e-learning resource in addition to more traditional learning methods.

Methods A total of 90 medical students were given the opportunity to revise teaching material in the format of a video podcast. The content of the podcast was identical to a previously attended live lecture. All students were contacted via email with a link to an online survey tool. The questions covered areas such as usefulness, user friendliness, advantages and disadvantages over more traditional learning and teaching methods.

Results The majority of the students found the video podcast helpful and easy to access. Some also commented that the video aspect compared to audio only podcasts enhanced the learning effect. Only a small number would prefer podcasts to completely replace traditional lectures.

Conclusions There clearly was a high acceptance of the video podcast, not necessarily as a replacement of traditional lectures, but as a useful tool for revision. It not only has a role in Paediatric but the whole spectrum of medical undergraduate education.