YEAR 1 CLINICAL CONTACT IN PRIMARY CARE SESSION
Thursday 16th January 2025 – am or pm - group A

Themes: Musculoskeletal
Consultation skill: preparing and opening

Session plan		Suggested timings: AM	PM
Introduction	20 min	09.00-09.20	14.00-14.20
Patient contact	1 hr. 10 min	09:20-10.30	14.20-15.30
10-minute break			
Debrief and discussion Skills practice (20-30 min)	1hr 10 min	10.40 – 11.50	15.40 – 16.50
Close	10 min	11:50 – 12.00	16:50 – 17.00

The busy GP teacher will find all you need to know for the session in the first two pages. The session format is the same as in the previous sessions, **but with the addition of skills practice.** Please use this plan in conjunction with the GP teacher guide which can be found here. The appendix below contains information and resources to enable you to help the students make links between the patients they see and their learning at the university. This includes the students' resources on preparing and opening consultations, the impact of MSK conditions and functional assessment, and practical skills info.
Timings are approximate and flexible. Most important is patient contact with subsequent discussion and reflection, and some time to practice GALS on each other. Patient contact ideally involves a mix of students observing/participating in consultations and meeting patients, in their own homes where possible. Please use your own clinical experiences to feed into the discussion.
Any problems on the day, please email PHC-teaching@bristol.ac.uk or call 0117 4282987.

Central University teaching context. This block, the students are introduced to case-based learning in a small group, facilitated by a tutor. This fortnight, they study the impact that breaking bones has on an 85-year-old man and an 18-year-old girl. This includes the impact on the lives of the patients, as well as the underlying biology of the bone, why these particular breaks happened and how they heal. This is supported by lectures and practicals.

In their effective consulting (EC) lab: they are introduced to preparing for and opening the consultation. There are three scenarios for students to consult with simulated patients: bad back GP consult, new rheumatoid arthritis in outpatients and a broken foot in ED. The other students observe and give feedback.

Objectives. By the end of the session, students will be able to/have:

- Describe how doctors prepare for clinical encounters with patients and how patients might prepare to see their doctors
- Explain how to open a consultation effectively with a patient, including gaining consent and facilitating rapport (students to practice or observe this)
- Describe what can be learnt from active, purposeful listening to and observation of patients
- Reflected on consultation skills to help patients explain their personal stories
- Understand the patient perspective
- Based on their experience with the expert patient: describe generally how MSK conditions can impact on patients and describe aspects of the environment that can impact on functional ability
- Identify some solutions that have been found for problems encountered and some problems that still remain an issue for the patient.
- Describe the elements of a functional assessment including functional loss, limitation of activity, and restriction of participation.
- Practised the use of GALS as a screening assessment

GP advance preparation

- Read this guide: arrange a patient with a current or past MSK problem (e.g. back pain, OA, rheumatological condition, joint replacement) to meet with half the students (at home or in the surgery).
- Arrange a short surgery (3/4 patients) for the other half of the students to observe. These consultations do not have to be linked to the system in case-based learning.

Welcome, catch-up and introduction (20 min) 09.00-09.20 or 14.00-14.20

- Welcome and **check in** after the holiday
- **Pastoral** – check in, anything for you to be aware of? Offer support and one-to-one discussion if needed
- Run through the **learning objectives, session plan and timings** for this session

You may wish to:

- Brainstorm how doctors, and their patients, prepare for clinical encounters. Discuss what you do. Show the students the electronic medical record you use to prepare e.g. last consultation/recent letters/results.
- Discuss opening statements for doctors and students (NB the clerking consultation/patient interview (what students do) is different from a 'real' consultation.) The students will have come up with their own opening statements and practiced these in EC last block
- Practice introductions and opening the consultation in different scenarios using the fun activity here.
- Ask students to consider aspects of patients you can observe before you have even started talking to them e.g. Gait, posture, facial expression and general demeanor, clothing and grooming, height and weight, odour, use of aids e.g. walking stick

Patient contact (1 hr. 10min) 09:20-10.30 or 14.20-15.30

- Half the students interview a patient – ideally a home visit but can be at the surgery if needed
- The remaining students observe you consulting with 3 or 4 patients

You may wish to brief the students on the patients in advance.
Whether they are interviewing a patient or observing consultations, the students should all introduce themselves to the patient by name and role and explain the purpose of the interview.
Ask the students to observe **communication skills,** for feedback and discussion in the debrief.

- *Verbal/non-verbal communication skills which help the patient tell their story/demonstrated listening*
- *How did you encourage the patient to talk? Were there any silences?*
- *Were there any difficult points in the interview and how did you deal with these?*
- Observe how the GP prepares for and opens the consultation (COGConnect template, available here)

Meeting a patient with an MSK problem:

- Discuss which areas of the patient's life have been most affected by the condition
- Identify any solutions for problems encountered and any problems that remain an issue for the patient
- Discuss what information can be gathered from active, purposeful observation of patients

10-minute comfort/toilet/stretch/tea break as needed

Debrief, discussion and practical skills 10.40 – 11.50 or 15.40 – 16.50

Discuss which communication skills and question types worked well in the patient encounters with specific focus on preparing and opening
Ask one student to summarise the patient's story. **Discuss and reflect** on the patient's narrative — you may wish to use the reflective tool based on the 5C's of COGConnect to aid this- available here.

- Reflect on the experiences of having a mobility issue and how these impact on patients' lives e.g. Physical symptoms e.g. pain, loss of function, mobility. Also emotional wellbeing, work, social life, hobbies
- Discuss the functional ability of the patient (read more about this in the appendix with teaching tips too)
- Discuss when and how they assess function e.g. the Get up and Go test (also in appendix if needed)
- Consider interventions that reduce the impact of injuries and immobility e.g. Symptom control: pain relief or reducing inflammation through RICE if swollen joint. Information. Aids/Adaptations. Support—physical, financial, social, emotional. Psychological intervention. A change to their working hours or role etc.

Practical skills: ideally 20-30 min- can be at any point in the session For general info, tips and peer examination policy please refer to the practical skills section in the GP teacher guide. For specific details for GALS, please see section 3 (page 10) in the appendix below. You may wish to ask the students to show you what they learned in the lecture or watch the short video with the students as a reminder for them. One student can be the patient, one is the examiner, and others can observe and feedback. Your role is to observe and support them and share your experience of performing these examinations in the primary care setting.
Close (10 min) 11:50 – 12.00 or 16:50 – 17.00
• **Take home messages** – share something learned/something that surprised them/ a learning goal etc. • Remind students about their reflective log and ePortfolio • Discuss what worked well/less well – anything to **stop/start/continue** for future sessions?

GP tasks after the session

- Make own **reflective notes** on the session if you wish (try to keep a record of which students interviewed patient/consulted).
- Prepare for and consider appropriate patient to invite to the next session (with your other group Thurs 31st January 2025, CBL fortnight: Cardiology. Cons skill focus: gathering information)
- Complete online **attendance data**

Any questions or feedback, contact phc-teaching@bristol.ac.uk or lucy.jenkins@bristol.ac.uk

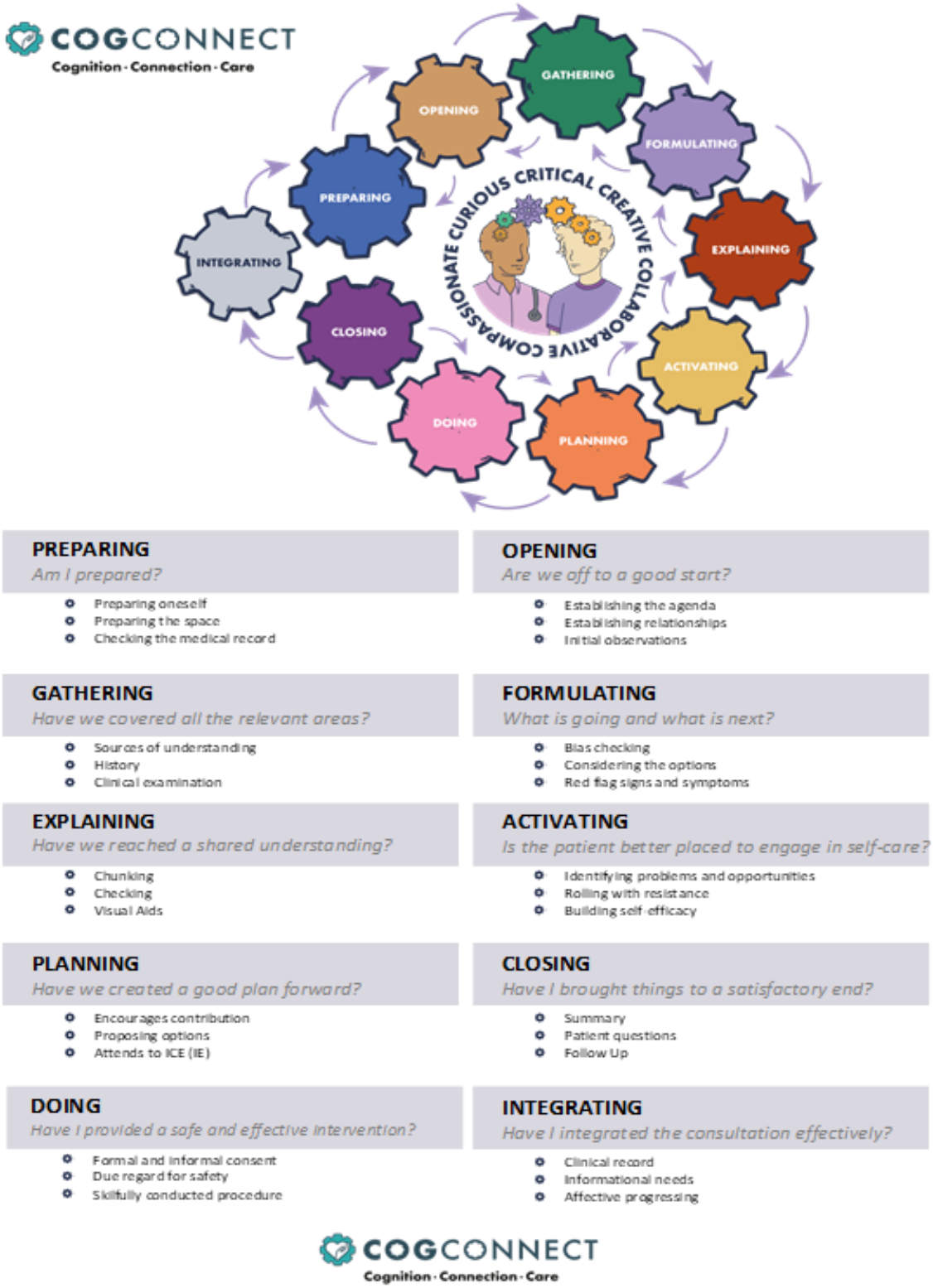
APPENDICES

Appendix 1. Preparing and opening the consultation

The following pages cover the consultation stage of COGConnect which students will be focussing on this fortnight. This includes the pre-reading the students are given, student observation tasks and some GP teacher tips.

Appendix 2. Impact of MSK conditions and functional assessment

Appendix 3. Clinical skills practice: GALS



Preparing for a clinical encounter

- Describe how doctors prepare for clinical encounters with patients and how patients might prepare to see their doctors.

Consultations start before a patient enters the clinic room or on a ward before the doctor goes to the patient. Firstly, they need to prepare themselves. Are they ready to concentrate on a new patient? Then they need to make sure they know who they are seeing, and consider what tasks need to be addressed when they meet the patient.

First impressions count, for instance doctors may need to tidy their room from the previous patient. It's important to reduce distractions, this includes having a sip of water or going to the toilet or completing a task from the previous patient. Check information on the patient's notes.

Vital information. How are doctors informed not to see the patient alone or warned that the patient has a hearing or visual impairment? In Primary Care medical records screen messages can pop up automatically when the notes are opened.

- Why might the patient be attending? The last consultation may have clues and it's important to be prepared by reading referral letters and recent correspondence from the patients GP or hospital doctor. Look at recent results—a patient will be unimpressed if they are attending for their results, and they are not available.
- What other tasks need attending to? Does the patient need an up-to-date blood pressure or their medication reviewing?
- Finally, do you know how to pronounce the patient's name—you may need to ask them!

Opening consultations, building rapport, and gaining consent (student task to observe self or others)

Patients are often nervous about visiting the doctor. A warm, friendly start is important. A doctor's lack of warmth and friendliness was strongly associated with poor patient satisfaction and compliance. During your training you need to actively consider how you start consultations, observe doctors and peers, and consider what works best for you.

Here are some openers you may hear:
"Hello! I'm Dr X (or X, a first-year medical student)"
"Mrs X? Come in, have a seat."
"What can we do for you today?" "What are we doing today?"
"How can I help you?"
"Thanks for waiting, I'm here for you now."

Consider traps, a common one is saying "What's brought you here today?", only for the patient to respond that they got the bus. Making assumptions can also damage rapport, for instance, a doctor may assume a patient is coming back for their results or seeing someone on crutches and launch into asking about the injury. It does no harm to ask, the problems come when the doctor doesn't give the patient the opportunity to explain the reason that they are attending. In her book*, The Naked Consultation*, Liz Moulton argues that any time we ask a patient a question, even a neutral one such as "How are you?", we risk distracting the patient and crowding their thoughts. Instead, we can gather a lot of information and help build rapport by letting the patient have space at the beginning of a clinical encounter so that they can control their story. Other than a brief introduction the doctor can try being friendly but silent and encourage the patient to speak through active listening. That way the doctor can observe not only *what* the patient says but *how* they say it. What do you think?

Observation as part of the opening and the clinical examination (Student observation task during session)

Approach and observation

Students will start thinking about the clinical examination from the start of Human Health and Wellbeing (HHWB). But the clinical examination starts from the moment you first see your patient. You can learn a lot from observation. This week we want students to think about what you can observe in people before you even get to the clinical examination. Please discuss this in the context of a standard face to face appointment, and possibly discuss if and how this observation may occur in remote consultations.

- Students learn about the 'end-of-bed-ogram' in a hospital environment i.e. observing not just the patient, but also their surroundings and what they can learn from that. Please encourage them to reflect on this in the primary care environment. For example: You may notice their gait as they walk across a room - are they steady on their feet? Do they move quickly or slowly? Do they have a stooped posture? Do they use a walking aid?
- You may notice their appearance as you talk with them. Do they look well-groomed or not? Is their clothing appropriate for the weather and the setting? Do they seem anxious or seem chatty and relaxed? How near or far do they sit from you or the doctor? Do they sit on the edge of their seat or fidget?
- What clues can you pick up from their possessions or the things around them? On a home visit you might notice a walking frame in the room, or inhalers on the table.
- What can you observe about the person's emotional state?

Appendix 2. Impact of MSK conditions and functional assessment

How do musculoskeletal conditions impact on patients?

Symptoms arising from the musculoskeletal system

- Pain
- Reduced function including stiffness
- Joint swelling

Pain and stiffness can occur in the normal healthy musculoskeletal system e.g. after significant exercise. Joint swelling is always pathological. Symptoms can be acute (sudden onset or short time scale) or chronic (persistent, recurrent. Often insidious onset). Injuries usually present acutely (though can cause chronic problems), arthritis is chronic (though symptoms can flare up acutely).

Impact

When we are talking to patients it is important to be curious not only about *what* symptoms they experience but *how* they are affected. We need to consider how someone is affected by a condition in a broad range of areas and a variety of situations. Someone recovering from a fractured tibia may appear to be mobilising with no problems in the clinic or at home, but not able to mobilise enough to work if they have a physically active job. We should try and understand what goals and aspirations our patients have – what does someone want to do that they have difficulty with or need help to do? Only when we understand this can we start to develop solutions. If most of us injured the little finger of our non-dominant hand this is unlikely to have much impact on us (unless pain levels are severe) but it would significantly impact a professional pianist.

Consider the relationship between these 3 areas:

- Function
- Activity
- Participation

For instance, someone with a fractured tibia may mean that they can't weight bear (function) which impacts on walking (activity) which means the patient is unable to take part in a marathon (participation).

Functional assessment

- Describe the elements of a functional assessment including functional loss, limitation of activity, and restriction of participation.
- Describe aspects of the environment that can impact on patients' functional ability

There are 2 parts to assessing a patient's function ability:

1. History
2. Examination

History

- Ask simple, direct, open questions.
- It can be useful to ask the patient to describe a typical day from getting out of bed in the morning to preparing a meal.
- It is also helpful to find out what someone would like to be able to do that they currently find difficult or can't do. The patients' needs and goals influence their ability to adapt to their condition or situation.
- Remember, you should consider symptoms in the context of function, activity, and participation.

Asking about activities of daily living: One way of understanding how patients are affected by a condition is the person's ability or inability to perform "Activities of Daily Living" ADLs – a term used in healthcare to describe the things adults can normally do ranging from simple tasks such as feeding ourselves, bathing, or dressing to more complex tasks e.g. shopping. Please note that the following are examples of CLOSED QUESTIONS which are useful for clarifying information but don't really allow the patient to elaborate.

GP teacher tip: Asking about ADL

Ask the students to each think up a question to assess each activity in the table below.

	Example of items and questions on the Activities of Daily Living (ADL) scales (adapted from the Barthel Index).
Feeding	Are you able to feed yourself? Can you cut up food without help?
Bathing	Are you able to take a bath or shower without help?
Grooming	Do you need help with brushing hair, shaving, or applying make-up
Dressing	Can you get dressed without help? Can you manage buttons? Can you put your shoes on/tie laces?
Transfers	Are you able to get out of a bed and onto a chair without help?
Mobility	Are you able to walk 50 yards on the flat with no help? Do you use any walking aids? Have you fallen or stumbled in the past year?
Stairs	Are you able to climb a flight of stairs without help?

A BMJ article on functional assessment in older people is a useful read and contains a full version of an ADL scale adapted from the Barthel Index.

Examination

- Observation e.g. gait
- Look, feel, and move the different aspects of the musculoskeletal system e.g. arms, legs, spine.
- Assessing the patient in action e.g. the "get up and go" test.

The World Health Organisation's International Classification of Functioning, Disability and Health is way too long to be useful in most doctors' clinical practice but it is a very comprehensive list of areas that can be assessed with some useful questions you can ask.

Physical assessment of function

While it is helpful to assess a patient's musculoskeletal system, other than gait it doesn't tell you *what* the patient is able to do. It is helpful for healthcare professionals to observe patients in action performing a task e.g. to see how a patient holds a pen and writes or puts down or picks up an object from the floor. The Get up and Go test helps a doctor assess a patient's gait including power in the muscles and balance.

Get up and go test

- Rise independently from an armless chair or with arms folded
- Stand still
- Then walk 3 m (10 ft)
- Turn 180 degrees
- Return to chair
- Sit down

You may wish to discuss how this might be different with a telephone or video consultation, which were the most common methods used for consultations during the recent Coronavirus pandemic.

Students might consider the following areas

- *Can they examine at all on a video consultation?*
- *Can they ask the patients to try/demonstrate activities?*
- *Can family members be recruited to help?*
- *Can other technology help e.g. sending photos or recordings into the GP?*

The linked video in the BMJ article on functional assessment in older people shows a doctor in Australia assessing her patient's function. One of the key points the article makes is that when recording information about a patient you keep it simple and functional. "*When taking a history and examining the patient do not just record the pathology but include a description of the impact on physical functioning. For example, in a stroke survivor, a report of 'weakness MRC grade 4 lower limb' may be technically correct, but a functional descriptor, such as 'leg weakness, leading to frequent falls and inability to climb stairs,' is more useful."*

Appendix 3: skills practice: GALS assessment

For general info and peer examination policy please refer to the practical skills tips sheet here. Remember that the students have had a lecture on this so your role is not to teach it but facilitate practice on each other in a clinical environment.
You may wish to ask the students to show you what they learned in the lecture or watch the short video with the students as a reminder for them. One student can be the patient, one is the examiner, and others can observe and feedback. Your role is to observe and support them and share your experience of performing these examinations in the primary care setting.

The students can:

- **Practice preparing and opening**
  - Use COG Connect to guide steps for this
  - Try running through 'WIPER'
    - **W** - Wash hands
    - **I** - Introductions
    - **P** - Gain Permission
    - **E** - Expose as appropriate
    - **R** - Reposition

- **Screening Questions**
  - Any joint or muscular pain/swelling/stiffness?
  - Can you walk up and down stairs without difficulty?
  - Can you dress yourself completely without any difficulty?

- **Inspection**
  - Joint swelling or redness, spinal abnormalities, muscle bulk, scars….

- **GALS** – see below. There is lots more information on the Versus Arthritis site here. This includes some useful videos including a step-by-step guide and a 2.5 minute real time run through of a GALS which you may wish to watch with you students - videos here.