Year 1 GP Teacher Guide

2024-25

Contents

1. Introduction

Welcome if you are new to year 1 teaching and thank you if you are returning to teach Year 1 students. As always, we are grateful for the hard work, flexibility, and enthusiasm of all our GP teachers who consistently receive excellent feedback.

Approximately 280 students will be starting the course this September and within 4 weeks they will all have spent time speaking with patients and learning from you in a clinical environment. This is a popular part of the course which enables early consideration and development of effective consulting skills and helps to provide context to their other learning.

Feedback is consistently good, some examples here: *My favourite parts of Foundations of Medicine. I loved actually being put in a healthcare setting so early on and getting the opportunity to speak to patients. I feel very lucky to be able to do this as I know at a lot of med schools this doesn't happen until a lot later. Really insightful and useful to be able to hear about patients' interactions and experiences with the healthcare system*

Highlight of my week. I really enjoyed being able to talk to patients

We have reviewed and acted on feedback from the students and GP teachers, see page 6. The biggest change is a reduction in group size to 4 students on most groups. This should allow more direct patient contact and enable the quality of teaching and feedback to become even higher. It may also relieve some space issues that many practices have.

They are learning consulting skills through meeting and talking with patients, and observing consultations, followed by group debrief, reflection and discussion around themes relating to their learning and general practice. These themes tie in with other learning in the Foundations of Medicine (FoM) block and key concepts of Effective Consulting. In the second block, Human Health and Wellbeing (HHW), half the group will observe and participate in your consultations whilst the other half meet a patient with a health problem related to the system they are learning about.

Key details of the content and process of the teaching are below. Dates are on page 8. Please note that due to central timetabling changes these are not always alternate Thursdays for the first block. The session plans and all other useful info can be found on our website here. We will email you two weeks before each day in practice with the session plans but they will be available on the website earlier if you wish. The admin team will be available by phone or email on the day. As always, we value any feedback from you so please do get in touch as needed.

Best wishes,

Lucy Jenkins. Year 1 GP Lead

Main Contact		
Alison Capey	GP1 & GP2 placements co-ordinator	Phc-teaching@bristol.ac.uk Tel 0117 455 2739
Academic Lead		
Dr Lucy Jenkins	Year 1 GP Lead	lucy.jenkins@bristol.ac.uk

https://www.bristol.ac.uk/primaryhealthcare/teaching/teaching-in-practice-by-year/years-1-and-2/

2. Year 1 MB21

2.1 Aims of Year 1 and Clinical Contact

1. To welcome the student as a valued member of the Bristol Medical School community
2. To develop the student as an adult learner and inspire them in the study and art of medicine
3. To ensure a thorough understanding of the basic underlying scientific principles of the form and function of the human body
4. To encourage students to view health, illness, and health care within social, cultural, and ethical contexts
5. To provide opportunities for students to meet with patients and discuss their health and wellbeing
6. To introduce the student to the NHS healthcare environment and multidisciplinary healthcare teams
7. To initiate training in medical communication skills and use of medical terminology
8. To start developing students' professional behaviour and understanding of the duty of candour
9. To train and certify the student in basic life support
10. To support students in beginning to deal with the complexity, uncertainty and change inherent in medical practice

Aims of clinical contact in year 1

1. Introduce students to the clinical environment
2. Introduce professionalism and how to behave according to ethical and legal principles
3. Inspire learning from clinical experience and help students contextualize their learning in Foundations of Medicine Course in the 7 CBL cycles of Human Health and Wellbeing.
4. Introduce communication skills through observation of doctors and other health care professionals in practice, and through experience of speaking to patients.
5. Introduce students to broad elements of history taking, and clinical examination
6. Enable students to reflect on the patient perspective and the wider context of health
7. Introduce students to the principles of self-care and resilience

2.2 Learning objectives for clinical contact in year 1 (primary and secondary care)

At the end of year one, students will be able to:

1. Demonstrate appropriate professional behaviour for a clinical medical student.
2. Be comfortable introducing themselves to and talking with patients in a hospital and general practice environment.

3. Understand how to approach the examination of patients and have been introduced to examining aspects of the Cardiovascular, Respiratory and Gastrointestinal systems.
4. Demonstrate communication skills such as active listening and acknowledgement, building rapport, information gathering, and the appropriate use of open and closed questions.
5. Understand how physical, social, and psychological factors impact on health and wellbeing.
6. Develop themselves as active learners including reflecting on their learning from clinical contact and making links with their theoretical learning.

2.3 Your commitment as a Year 1 GP teacher

- Be welcoming, and enthusiastic about teaching
- Create a supportive learning environment
- Help students to make links between the patients they see and their learning on campus
- Give comprehensive, clear, and useful feedback to the students during their placement
- Respond to student requests for formal feedback (they will send you a link)
- Identify students that cause concern and act on this
- Complete student attendance data after each session and give feedback at the end of the year

2.4 What are the students learning?

First term - October - December. Foundations of Medicine

The first year starts with a 10-week introductory block on 26th September 2024. (University welcome week starts 9th September 2024)

- A 10-week course which broadly covers the disciplines of anatomy, behavioural and social sciences, biochemistry, effective consulting, ethics and law, evidence-based medicine, histology, neuroscience, and physiology.
- The aim of the Foundations of Medicine (*FoM*) block is to *introduce students to an integrated approach to learning on the medical degree programme, and to case-based learning. Students need an introduction to the knowledge, skills, and attitudes that they will need to succeed both as a student and in their role as future doctor*
- **Foundational knowledge of the Human Sciences**. Whole person care, Evidence based medicine, and 3D (Disability, Disadvantage, and Diversity), global and public health are delivered through lectures, small group tutorials and expert plenary sessions.
- **Effective consulting** is weaved throughout the Bristol curriculum starting early in the course. In the first term, there is one lecture and 3 small group experiential sessions of Effective Consulting "labs" where students learn to consult by practising skills with each other and sometimes an actor. Effective Consulting teaching is based around the COGConnect consultation toolkit (more about this in the appendix). Teaching in primary care is linked with the 5C's of COGConnect: Curiosity, compassion, criticality, collaboration, and creativity.
- In **clinical contact** in general practice the students attend regularly on three occasions and consider the meaning of health and what makes good healthcare. Clinical contact is the students' first

opportunity to meet patients, and feedback consistently shows that this is a popular part of the course, with students valuing the opportunity to meet real patients, learn from experienced and enthusiastic GP teachers, helping to put the rest of their learning into context.

- Students also have training to become **basic life support** and automated external defibrillation providers.
- The Foundations of Medicine ends with a **conference**. Students will work in groups to present aspects of their learning via a poster presentation, short slide presentation and a display of a creative piece of work, which may be inspired by an encounter or discussion in general practice. You are welcome to attend the FoM Conference – info will be sent out nearer the time.

Second term – January - June. Human Health and wellbeing (HHW)

- This consists of two weekly case-based learning cycles covering different systems as below.
- Effective consulting continues as part of the 2-week case-based learning cycles. Students have a clinical and consulting skills lecture on the case-based theme, they meet actors (observed by clinical tutors), practise their skills, and can access to online learning resources around holistic assessment of patients related to their case.
- **Clinical contact alternates between primary care and secondary care placement.**
- Students come out to General Practice for a further 3 or 4 sessions on a monthly basis, focussing on a different case or consultation skill each time. They **learn through interviewing patients with relevant health problems, observing consultations and small group discussions.**
- They also spend time shadowing an HCA in a Bristol hospital.

3. Feedback from 2023-24 and changes for 2024-25

There were no major changes to the content or format of the sessions this last year, and the intended learning outcomes did not change. GP teachers received additional training on COGConnect to try to increase integration with EC labs, and further links were made with Interprofessional learning teaching.

Feedback was obtained centrally after Foundations of Medicine and then at the end of the block.

For the second year running, the student feedback forms were standardised across all years for primary care to standardise our processes, allow easy comparisons, and to help with quality assurance. Additional year 1 specific questions were added.

The invitation to complete the end of block feedback surveys accompanied materials for the final two sessions, and the time was allocated for this to be done. There were 174 responses (59% of the year). A detailed feedback summary with reflection and actions can be found here.

The mean student enjoyment rating for was 4.82/5 (5 = excellent and 1 = poor). There was a record 4.96 for teacher enthusiasm and 4.9 for welcoming and belonging. See below for other mean scores out of 5.

Welcome and belonging	Advance medical knowledge	Efficiently structured	Level of responsibility	Reasonable adaptations	Travel time	AHP time	Enjoyment	High quality teaching	Enthusiastic teacher	Feedback	Authentic picture of GP life	Communication from UoB	Quality of teaching materials
4.90	4.73	4.80	4.79	4.90	3.77	4.67	4.82	4.88	4.96	4.67	4.85	4.30	4.15

Student feedback was very positive. Many comments focused on the way the students felt involved and inspired, the effort the teachers had gone to finding appropriate patients, learning actvities and the check in and pastoral support that many students valued.

We specifically asked about **integration with other learning at the university,** which was felt to be done well and be very useful. We also asked how the GP teaching had impacted on confidence and skills talking to patients which resulted in only positive responses, please see below.

I was able to put the skills learnt in EC into practise and see some real life applications of what we were learning….. fascinating and also very helpful in solidifying my knowledge.

Increased my confidence with patients and reminded me of why I'm actually here.

General consensus is that the **home visits** are a good opportunity to improve on confidence. *'The hardest part is honestly just opening up and talking to patients as a first year, so the home visits especially helped…. by ourselves where it was all on us'.* The time in practice with the GP **observing student/patient interviews** and participating in real consultations was felt to be an excellent way to improve confidence and competence consulting, whilst the more intimate and independent conversations at home visits were felt to be useful, rewarding and fun.

There were various **suggestions for improvement** including requests from students to have smaller groups, more opportunities to talk with patients without their teacher there and to *discuss our GP experiences during effective consulting*. These have been considered and minor changes made, read on for more of this.

With regard to feedback from you, the mean GP teacher enjoyment rating for GP1 was 4.83.GPs rated the quality of the teaching materials as 4.70 and the communication from the central team as 4.79. Three commented that they valued PHC and year lead support when they had concerns about students

General themes were that the **students** *are bright and motivated, and seem to find their placements really helpful.*

Patients *also very much enjoy and benefit from their interactions with them.*

Session plans were valued*: good curriculum, lots of useful talking points making the sessions relatively easy to run and fit the allocated time. I felt the handouts very helpful and other suggested activities in case things had to change last minute*

PHC team support valued*: Thank you for getting back to me regarding queries so quickly and being on top of the payment forms etc.*

Suggestions for improvements included smaller groups, opportunities to observe consultations and give feedback towards the end of the course. Some GPs commented on the challenge of finding appropriate patients for home visits. Others felt they needed to know more about the students' central university learning to make appropriate links.

This coming year…

As last year, a practice will take two groups of students, but each group will be smaller, ie between 4 and 6 students. This will enable more practices to teach and will address the space issues that some practices have. We hope that this will further improve the quality of our teaching, will give the students more opportunity to interact directly with patients, to participate in consultations and discussions and get personal feedback from their GP teacher.

We have arranged for a CBL lead to attend the workshop to share what the course entails and discuss ways for further integration. EC will be covered as well.

All the useful tips from GP teachers regarding integration of learning and practical aspects of delivering the teaching have been added to this guide and shared at the GP teacher workshop.

Changes to central university processes mean that students will have completed their mandatory learning earlier than previously, so the vast majority of students will be able to start their unsupervised patient contact from the second FoM session.

As per last year, all students will be provided with medical student scrubs by the University, which they are encouraged to wear whilst on all clinical placements including general practice. We hope they will get these earlier this academic year, though this may not be before their first session. If you would prefer they don't wear them then please advise them of your own practice dress code.

There will be a session at the workshop covering patient selection for home visits. Also, we are happy with some flexibility with patients attending the surgery if easier, and for the patient not to match the system if easier. Most important is speaking with a patient who is well enough and happy to discuss their life an health in an open way.

Also at the workshop, in response to GP teacher feedback, we will discuss ways to enable students to take an active role in the consultations from the beginning, and to lead in simple consultations toward the end of the block. We are also introducing the option of patient interviews in small groups in practice (instead of home visit) in session 6 or 7 so that the GP teacher can observe and give feedback on consulting skills. This would also help with the time pressure in the already full last session.

4. Dates, summary session plans and suggested timings

Foundations of Medicine Session 1	26/9/24	Patients and health (group A)
	3/10/24	Patients and health (group B)
Foundations of Medicine Session 2	10/10/24	Doctor-patient relationship (A)
	17/10/24	Doctor-patient relationship (B)
Foundations of Medicine Session 3	7/11/24	Professionals and health (A)
	21/11/24	Professionals and health (B)

Please note that due to central timetabling changes these are not always alternate Thursdays for the first block.

Human Health & Wellbeing	
16/1/25	MSK (A)
30/1/25	Cardiovascular (B)
13/2/25	Respiratory (A)
13/3/25	Gastrointestinal (B)
27/3/25	Renal/Urinary (A)
01/05/25	Neurological (B)
15/05/25	Endocrine (A)

Typical session plan

GP teachers are provided with detailed session guides. Please note that the timings can be flexible and that for the first session slightly longer is allocated for the introduction to allow you to get to know your students and show them around. For this first sessions in Foundations of Medicine students should not have any unsupervised patient contact. Please can you invite a patient to meet with the group, and support and observe them conducting the interview. From the second session all students will have completed all their mandatory training and can begin unsupervised patient contact including home visits.

GP advance preparation Read the session guide: arrange an appropriate patient to meet with the students and a short surgery (3/4 patients) for students to observe			
Session plan		**Morning**	**Afternoon**
Introduction: check in/pre-brief — catch up, discuss session plan, patient, themes	30 min	09.00-09.30	14.00-14.30
Patient contact Half group interview patient- (ideally home visit, can be in surgery) Half observe consultations, half interview a patient	1 hr 20	09:30-10.50	14.30-15.50
10-minute break			
Debrief and discuss patients encounters, consultations observed and learning points	50 min	11:00 – 11.50	16:00 –16.50
Close	10 min	11:50 – 12.00	16:50 –17.00
GP tasks after session Write own reflective notes, complete attendance form, prepare for next session			

5. GP1 Components Explained

What do I need to do before my students arrive for their first session?

- Read this teachers' guide
- Read the session plan relating to the first day in practice
- Check all the teaching dates (see above). Are there any you cannot manage? If so, we would ask you to arrange cover with your colleagues in the first instance
- Think about which room(s) you will be using
- Send practice info/welcome email/directions to lead student as needed*
- Review the plan for the sessions and think about which patients you may invite/how you will structure your sessions. If you wish, there is flexibility, as long as the students can meet and talk with patients, and observe some consultations

- The day before teaching, you may wish to remind the patient(s) that are expecting to meet the students in their homes/the surgery
- Advise the surgery team that you have students coming, think about how they can be welcomed and your processes for ensuring patients are aware and have given valid consent for students to observe the consultation. There is a printable letter you can provide for patients in the appendix (or you could send via AccuRx)
- Please email Phc-teaching@bristol.ac.uk if you have any queries

*One student from your group is nominated to contact the surgery and confirm arrival time, resolve any queries about how to get there etc. Please ask for the lead student's phone number.

On the day:

Preparation time

- Review the session guide so you are aware of themes
- You may wish to print out information for home visit if needed — possibly summary record/map/clinical info
- Ensure you have patients booked for consultations with students observing
- Reception staff remind patients on arrival that students are present (or a visible notice)

Introduction

In the first session, we suggest some ice-breaker activities and discussing group rules. Please meet briefly individually (in private) with each student. Ask them if there is anything they would like to let you know about, any additional help they may need on placement, and if they want to discuss anything with you in private in future how they can do that.

The beginning of each session will be an opportunity to check in with students (how they are, what they have been learning) and to brief them on the plan for the session including on the patient they are going to meet.

In advance of each session, we will send you a specific session plan for the day that will set out a few points for discussion with the students that relate to the topics and case they are learning about.

Spend time "setting up" the session; introduce the patient, clinical theme, session plan and tasks.

Patient contact

We would like students to have as much opportunity as possible talking to patients and gathering information about their presentation, symptoms, and health. We particularly aim for students to have a holistic approach to the people that they talk to; we want them to consider the patient's lifestyle, their perspective on their health, and the impact of their health upon them and their families.

Choosing patients to meet students on home visits (or in the surgery)

For the first term, the focus is on developing skills and confidence chatting with patients and learning about the meaning of health and what comprises good healthcare.

Essentially it can be any patient who has had significant interaction with the health care service and is willing and able to discuss their health, healthcare, and lifestyle with early years medical students to help them learn. Healthy people who have had a non-medical life changing experience (bereavement/being a refugee/having a baby...) are also a good choice.

Patient interviews can last up to one hour, so you may need to consider how much energy the patient has. Further considerations might include how reliable they are, and the possibility of people being too unwell to be seen. Having said that, students have visited carefully chosen patients who are terminally ill, or who are recovering drug addicts/alcoholics, and these have often proved to be very fruitful encounters. Most GP teachers or their practices keep a list of patients who are happy to be involved in teaching.

Some suggestions from previous GP teachers:

- New mothers
- Families with children with a disability
- Someone with a story to tell who talks easily
- Terminal patient
- Fit elderly patient with multiple pathologies
- Patient with: diabetes and complications, COPD, brittle asthma, stroke or heart disease, long term back pain (off work), rheumatoid arthritis, bipolar disorder.
- Problem drinkers/drug users

For the HHW block in the second term, the curriculum is organised around case-based learning where the cases are system based e.g. the cardiovascular or musculoskeletal system, so we ask that, where possible, you find a patient with healthcare issues related to this system – suggestions below. If this is not possible, then that is fine but in do share recent case stories or past encounters of patients with related conditions to help bring their learning to life.

Musculoskeletal	Back pain, OA, rheumatological conditions or joint replacements.
Cardiovascular	Angina, previous MI, CCF or other cardiovascular condition
Respiratory	Asthma, COPD or pulmonary fibrosis or h/o acute SOB e.g. PE or pneumothorax, lung cancer
Gastrointestinal	IBD, coeliac disease, bowel cancer or previous acute abdomen e.g. pancreatitis or cholecystitis
Urinary	Kidney disease or urological conditions
Neurology	MS, previous CVA, frequent migraines, epilepsy, dementia
Endocrine	Diabetes

We advise that you **contact patients** with dates and expectations in good time to ask if they would like to participate. If they agree for a home visit, you can follow this up with the informational letter in the Appendix (or you can print the students a copy of this to give the patient on the day or send as a text attachment). It can be very useful one or two days before to check that the patient is still available — most GPs text or phone (or ask reception to phone) the patient. It is also useful to give the students the home visit letter for the student to look through with their patient.

You may wish to **prime the patient** about how to present their story before the session. You are likely to be inviting patients with longstanding conditions so you may wish to tell them where to start their story, and how much to give away.

Preparing the students for the patient encounter:

Discuss the patients and share any essential info at the beginning of the session

They may wish to discuss in advance how they will take it in turns to lead the conversation with others observing, possibly taking notes, and later feeding back. There is time in the introduction to discuss general and more specific questions they may wish to ask, and suggestions for this in the study guide.

Some GPs take the students and settle them in, some deliver to the doorstep, some give directions, and they find their own way there. It's helpful to give your mobile number or surgery number in case of difficulties, and make sure you have theirs. Remind the students of timescale and to take notes for their assignment. They should take ID, and the home visit consent letter if the patient has not already seen it.

If you take some of the students to a home visit it is helpful for students staying behind to have a task, such as practising clinical skills on each other, reading some of the notes in their handbook or on-line prior to watching you consult, researching information based on the patients booked into the surgery (www.patient.co.uk), sitting in reception or waiting room to observe patients.

The purpose of the patient interview/home visit is to practice listening to and being with patients. It should also give students the opportunity to think about their use of body language, tone of voice and questions, and similarly to notice the patient's verbal and non-verbal communication.

In the first session with you, students will have practised introducing themselves and asking questions. Before any patient encounter, you may wish to brainstorm what the students know before the patient comes in and what their aims are, what do they want to find out and why?

However, some students remain nervous about it: "what if the patient doesn't like me?", "What if I clam up – or cry?" It may help to run through these fears and offer some tips and reminders:

- Many patients are pleased to help in the future education of doctors. Many welcome the opportunity to talk and tell their story. It may even be therapeutic or cathartic.
- Remind the students about open questions and active listening skills.
- It is okay to take anonymous notes. The student should check briefly with the patient "I want to write a few things down to remind me of what we talk about today. I won't put your name on them—is that okay?" It also may feel more appropriate to just listen.
- One student could talk, and another write.
- The students need to realise that sometimes a patient can become emotional. They may need some time or silence. It is valuable for them to learn to be comfortable with emotion or silence.
- After a patient has been very emotional and space has been given, it can be helpful to acknowledge their frustration, fear, sorrow, or grief e.g. *"It must have been a very lonely time for you."*

- If the student is worried about freezing or getting stuck, they might want to write down a few questions before the visit as a reminder e.g. *"How were you given the diagnosis? Do you remember your reaction*?" The student's learning resources have more useful questions, and also a log to make notes about the home visit in. The appendix has lots of tips to help conversations with patients. If needed, the group could all brainstorm some questions together if they did not do this in the introductory session.

If the students arrive back before you have finished surgery, give them time to get ready to "present" their patient back to the group.

Observing consultations

Introducing consultation skills (teaching surgeries)

Learning to communicate effectively with patients is one of the aims of the Effective Consulting course. Obviously, we do not expect Year 1 students to be able to conduct a consultation, but they should be introduced to the purpose of history taking and the communication skills that are used to do so. Communication skills can be divided into verbal (e.g. open questions: "Can you tell me more about your pain?") and non-verbal (e.g. nodding head or good eye contact). The point of good communication is to be able to develop a shared understanding of the patient's problem and what management they hope for. The students will learn about specific communication skills, such as active listening, in their Effective Consulting lab sessions.

Students can initially watch for various aspects of the consultation as below: this helps to keep them alert and interested and encourages them to think about active listening and communication skills.

1. How did the consulter introduce him/herself and start the conversation?
2. Were there any silences?
3. Did a good rapport develop? What seemed to help or hinder this?
4. Find examples of closed and open questions and reflect on the effect this has on the encounter
5. Were there any difficult parts of the consultation and how were these managed?
6. How did the patient make you feel?
7. If appropriate, what body language did you observe?
8. Use of verbal/non-verbal communication
9. Conversation or consultation structure/flow
10. Any cues/hidden agenda/elephant in room
11. Patient satisfaction

In the appendix, there is a template based on COGConnect for observing consultations. Or students may observe you and use this as a tool to reflect on the consultation. You can use this for CPD!

You might like to ask patients to arrive early to their appointment and meet the students before they go in to see the GP. The students can also follow the patient out and ask them about the consultation. You will need a spare room, and to brief and gain consent from the patients when they book and when they arrive.

If you do use this method you could rotate 2 groups of students through a surgery.

Please involve students in the consultation as much as you can. They can ask simple questions, and possibly learn examination techniques or do simple checks (e.g temperature). If students are confident and patients willing, towards the end of the year you may wish to let the students start or lead the consultation and give them feedback. A powerful question for you or the students to ask each patient at the end is 'what do you think makes a good doctor?'.

Learning from discussion with the GP tutor within the teaching surgeries

Through discussion with you, students should gain an understanding that different patients and different clinical scenarios require varying levels of patient involvement in decisions about their care and treatment with an appreciation of informed consent and right to refuse or limit treatment. You can help the student begin to understand the importance of psychological, spiritual, religious, social, and cultural factors on the patient's clinical presentation. For instance, depression may present with somatic features in the elderly or some cultural groups. Some of the patients you see together will illustrate that one of the roles of the GP is to support the patients in caring for themselves.

Keep learning active: where possible, students should actively talk to patients and practice their skills. Encourage them to identify learning needs and find the answers themselves; you can verify or build on their learning but do not spoon feed them. Help students to 'have another go' – incorporating points of feedback. This way a teaching session is more likely to finish on a positive note with a more confident student. Keep everyone engaged: asking questions, learning basic clinical skills, looking medication up in the BNF or "writing the notes" to later present back to the group.

Clinical skills: Examinations/clinical skills: Students are formally taught basic practical skills and examinations at the university, so this is not a requirement of year 1 clinical contact. However, do feel free to show them basic equipment (e.g. sats probe, peak flow, BP machine, thermometer) and teach them how to use it, and involve them in simple examinations where appropriate. They love some early practice, and it helps them to see the relevance if linked in with patients that you have seen or discussed. It may also enable them to participate in and feel valued in a consultation if they can check the patient's temperature or pulse.

Other activities if needed

The session plans are reasonably full but sometimes patients cancel or there may be other circumstances when additional teaching resources are needed.

- Activity practising patient introductions – see appendix or here on our website. This is a good one to do in the first session, or even as a reminder at any time.
- Discussing recent cases you've seen relevant to their learning
- Students could observe you telephone consulting or participate if the patient consents. They could use the observation tool in the appendix
- **Show and tell** with common consulting room equipment. E.g. thermometer, auroscope, sphyg, urine dip, swab, sats probe. Hold one up and ask students to tell you what it is, how to use, what is normal etc.

- Use https://speakingclinically.co.uk/. Watch together a clip of a patient describing a condition and then reflect on this as a group. Log in at https://speakingclinically.co.uk/accounts/login/. Use email as phc-teaching@bristol.ac.uk. Password: primcareGP1GP2
- Discussing significant events that have occurred recently at the surgery
- Role play as below

Role playing a simulated patient as a group – this should be a straightforward problem that you briefly talk the students through in advance e.g. minor MSK problem, viral URTI, insect bite, D+V, needing self-care advice. One student plays the patient, another is the medical student meeting the patient before their consultation. Please allocate the others specific areas to observe and give feedback on the role-play afterwards.

An alternative would be a patient who presents with a longstanding mole but actually wants to talk about her husband who she thinks might have dementia.

Or a patient who has recently had an MI who you suspect is not taking their newly prescribed secondary prevention meds. The patient's agenda is centred on fear that they will not be able to return to work/exercise/social life and they want to know about this.

For HHW, optional relevant role plays will be provided with the session plan. The students will need some basic info and lots of guidance but should be able to give it a go, it is great practice for them, and it will help make the discussion more real.

Debrief and discussion

At the end of each session please review the following with your students:

- **Home visits/patient interview**—allow these students to present a summary back to the group. What surprised, interested, or challenged them? What did they learn?
- Ask the students who sat in the surgery to briefly present a summary of each **observed consultation.** Consider if there are any patients that surprised, challenged, or interested them? Any questions?
- Consider the themes of the week in relation to the patients they have met and observed or talked to (you will be provided with further information on each theme.)
- Please encourage the students to reflect using the 5C's of COGConnect (see details in the appendix)
- Where possible please facilitate active discussion round consultation skills and where appropriate the GP teachers and other students and give feedback to the student colleagues on their consulting skills.
- Please remind the students about their **on-line reflective log** which is part of the learning e-

portfolio, at the end of each session for their portfolio (they do not have to do this for the first session, as they will not yet have had their training session). Questions to support their reflections:

- *What was happening with this patient?*
- *Was there anything that stood out for you?*
- *What did the patient say and think about their health/illness?*
- *What did the patient think was going on? What were they concerned about? What did they want to happen?*
- *What situation was the patient in, what other factors had a role to play in their situation?*
- *What did the doctor say and think?*
- *What did you want to learn more about?*
- *Help them consider the values and judgements they bring to their understanding of the patient, e.g. a student may struggle to empathise with a drug addict; do they explore why?*

- End each session by discussing what worked well/less well – anything to stop/start/continue for future sessions
- Encourage each student to share a learning point with the group.

GP tasks after the session

- Make own **reflective notes** on the session if you wish
- You may wish to send a thank you message to the patient from that session
- Prepare for the **next session:** you may wish to use this time to think ahead and contact future patients.
- Complete **attendance data** (link will be emailed to you)

Frequently Asked Questions

Can more than one GP deliver the teaching? Yes, although we would prefer no more than two regular teachers per block.

Can I change the timings of the day? Yes, with agreement with your students as it will depend on other learning commitments that day. Morning students should usually finish by 12pm. Afternoon students should usually finish by 5pm.

If I have a GP trainee, can they help? Yes, we welcome involvement from GP trainees and would encourage you to involve them in training as it is an important part of the RCGP curriculum.

Will we still get emailed in advance of the session? Yes, we will email you two weeks in advance of each session with a copy of session plan for that day. The session plans will be available on our website further in advance as well.

When do we get paid? Payment is retrospective – we aim to pay practices during the 6 weeks that follow the end of each block. Towards the end of the teaching year, we will also send out a Payment Form which you will need to complete. On receipt of these, we will pay the practice for the final block during the following 6 weeks.

Are the students DBS checked? All the first-year students will be DBS checked.

Have the students had information governance training? Yes, the students have had training on the importance of confidentiality and the management of patient identifiable data (PID). We can provide you with a link to the mandatory sway tutorial and declaration if you wish.

How should I consent patients for student consultations? We would expect you to obtain verbal consent from the patient. Ideally, the patient should be told and agree to students being present at the point of booking the appointment, reminded at check-in and a final verbal check before entering the room

What should I do if I am unable to teach for any reason? We would expect you to arrange for a colleague to deliver the session for you. If this is not possible then please rearrange the day of the teaching at a time that is agreeable to your students, and let us know what the revised day/time is. They cannot opt out of any other scheduled teaching to attend GP sessions. If you are having difficulties or unable to deliver any sessions, please let us know as soon as possible.

6. Attendance and assessment

- Students must attain minimum 80% **attendance** for Effective Consulting (includes GP placement)
- Summative **written exam at** the end of the year which contains questions contributed by Effective Consulting/clinical contact
- Compulsory **creative work** (prizes available) based on a clinical contact that they have met during the year. This is done in April next year; we will tell you more nearer the time. This is a means of extending the students' understanding and reflection using creative methods in any media and is accompanied by written reflection. This is presented to and reviewed by their EC lab peers and tutor. You can see past examples of great work at http://www.outofourheads.net. Your student may base this on a patient they met in GP. If so, you may wish to allow time in the final session to review and discuss these as a group, but you do not need to mark them.
- Student **e-portfolio log** of anonymised patient cases, minimum of 3 (formative) reviewed by their professional mentor
- **Multi-source feedback via Team Assessment of Behaviour (TAB).** As part of Personal and Professional Development (PPD) within the MBChB Programme, your students will likely contact you to complete a Team Assessment of Behaviour (TAB) which enables them to obtain and later reflect on multi-source feedback with their professional mentor.

7. Concerns about a student

Due to the regular contact with the same GP teacher, you may identify concerns about a student. Students should engage well with teaching, and we would be grateful if you could let us know as soon as possible if you have concerns about student's engagement or their wellbeing.

Please also let us know about any significant events in relation to teaching as we have regular SEAFE (Significant Event Analysis For Education) meetings in the department.

Student concerns usually fall into the following areas

1. Professional behaviour/attitude
2. Pastoral
3. Safety – to patients/themselves/colleagues
4. Clinical knowledge/skills including communication

If you have a concern about a student's performance, then keep good notes and please address the issues with the student directly initially (for example they seem quiet in a session). If you are not easily able to resolve your concerns with the student, try to inform the student you will be seeking further advice.

Please see here for student support training and here for a clear flowchart for how to support students in these circumstances.

There is detailed information about the central support available for students at:

http://www.bristol.ac.uk/students/wellbeing/services/

Wellbeing Access is not intended to be a route for students to access emergency/crisis support. Students in crisis should continue to be directed towards the appropriate emergency services. If you are concerned about a student's health, please recommend that the student contacts their own GP/Student Health Service.

If you have an immediate safety or fitness to practise concern about a student, act accordingly to local policy then submit a Student Referral Form via this webpage. If you have any questions, please contact the Faculty of Health Science's Fitness to Practise administrators via fohs-ftp@bristol.ac.uk.

If you are worried about a student, or you don't know how to proceed or you just want to run things by someone then please just get in touch with us via PHC email or phone.

8. Appendices

8.1 COGConnect

COGConnect is the consultation model taught in Effective Consulting to all Bristol medical students. It builds on the strengths of existing models and was designed for use in primary and secondary care teaching in the new MB21 curriculum here in Bristol. The consultation phases are represented by cogs, flow of the consultation can be in either direction and there is an emphasis on explicit clinical reasoning, activation of patient self-care and learning from the interaction.

The visual image and tag line of "Connection. Cognition. Care", serve to remind learners and teachers that consulting is a whole-person commitment of head, heart and hand. You will also see the "Five Cs". These are values that patients like and to which practitioners can aspire and are sequenced to reflect their likely appearance in the consultation process. These are taught formally in Effective Consulting sessions but in general practice, we would like to contextualise this learning through contact with real patients and discussions with experienced clinicians (you!).

- **Compassionate** – approaching clinical situations, colleagues, and self, with kindness
- **Curious** – keen to get the bonnet up on the intricacies of ill health
- **Critical** – avoiding diagnostic bias and being discerning in the use of tests and treatments
- **Creative** – trying to find new answers to old problems
- **Collaborative** – ready to work alongside patients, carers, and colleagues

When students are with you, they have many opportunities to practise when they sit in on surgeries, speak with or examine patients, and when they are directly observed by you and receive feedback on their interactions with patients. We hope that COGConnect can be a useful learning tool to help students consult, and help you structure and communicate your observations and feedback.

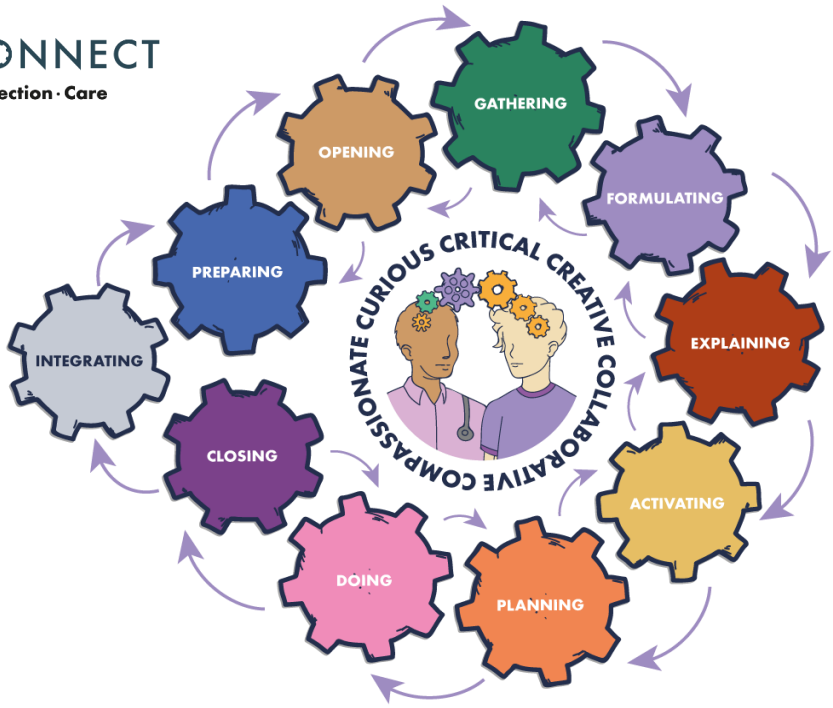
We understand that many of you will not already be familiar with this. Please see below for a visual overview of COGConnect and here for the COGConnect observation guide. The visual overview, observation guide and more information on COGConnect also be found on our website where there is a short YouTube clip about COGConnect as well.

It will be covered in the GP teacher workshop and there is a 30-minute Sway called **GP teachers COGConnect Sway 2024-25** which is designed for teachers of Bristol's undergraduate medical students and contains lots of teaching tips.

The 5Cs are introduced in Foundations of Medicine and we encourage the student to reflect using these as below. The students do not start learning in detail about the different cogs/stages until Human Health and Wellbeing in the second term. Each session will be linked with a stage of COGConnect so we will provide some guidance about how you can facilitate this.

If you wish, you could give your students a copy of the visual model of consultation observation guide to assist observing consultations- see following page. Not every part of the observation guide will be relevant, but it will help the student identify areas that are covered, such as how the doctor introduces themselves and "opens" the consultation. If you would like to learn more about using COGConnect in your teaching or being an Effective Consulting Tutor next year, teaching consultation skills using this model, then do let us know!

COGCONNECT
Cognition · Connection · Care



PREPARING
Am I prepared?

- Preparing oneself
- Preparing the space
- Checking the medical record

OPENING
Are we off to a good start?

- Establishing the agenda
- Establishing relationships
- Initial observations

GATHERING
Have we covered all the relevant areas?

- Sources of understanding
- History
- Clinical examination

FORMULATING
What is going and what is next?

- Bias checking
- Considering the options
- Red flag signs and symptoms

EXPLAINING
Have we reached a shared understanding?

- Chunking
- Checking
- Visual Aids

ACTIVATING
Is the patient better placed to engage in self-care?

- Identifying problems and opportunities
- Rolling with resistance
- Building self-efficacy

PLANNING
Have we created a good plan forward?

- Encourages contribution
- Proposing options
- Attends to ICE (IE)

CLOSING
Have I brought things to a satisfactory end?

- Summary
- Patient questions
- Follow Up

DOING
Have I provided a safe and effective intervention?

- Formal and informal consent
- Due regard for safety
- Skilfully conducted procedure

INTEGRATING
Have I integrated the consultation effectively?

- Clinical record
- Informational needs
- Affective progressing

COGCONNECT
Cognition · Connection · Care

Reflective tool – identifying the 5Cs in clinical practice
We would like you to try and identify the 5Cs in clinical practice to facilitate observing professional values in action during your clinical placements.

Specifically think about: what did you see? How did you know that was what it was? What did you learn? How might it impact you? What do you think the patient's perspective was?

1. Curiosity
2. Collaboration
3. Criticality
4. Creativity
5. Compassion

In each clinical encounter, think about the following, make some notes, jot down any questions and consider in the debrief and discussion with your GP tutor.

Curiosity: what did you see/hear today? How did the doctor ask questions? What questions did you ask? What one thing did they patient share that has stuck in your memory? Was there anything else you wanted to know about the patient's story? What piqued your interest? What are you intrigued to find out more about (their condition, perceptions of health, physiology, anatomy, pharmacology etc)? What were the patient's ideas about their health / illness?

Collaboration: did you hear anything about team work today? If yes, what? If no, what teams do you think might be involved? Why do you think they weren't mentioned? Have the doctor and patient collaborated? Do you think the doctor and patient had the same agenda? Do you think the patient and doctor had a shared understanding of what was going on? How do you think doctors and patients facilitate shared understanding?

Criticality: are there clinical guidelines available relating to the condition you heard about today? Is the patient receiving treatment according to those guidelines? If so, what? If not, do you know why? How do doctors make decisions? Did you observe any decision making today? What medication did you hear about today? What is the evidence for how it works? Did you notice any unconscious bias today? In yourself? In others? How might unconscious bias have affected the story of the person you met today?

Creativity: did you hear any 'new answers to old problems' today? Are there any creative works relating to the patient narrative you heard today? Could you write about what you heard today in a creative way? Perhaps from the patient perspective? Or from the perspective of the clinician? Is this a story that resonates for you? Why? Is this a story you could base your creative piece on? Why? Is this a clinical encounter that would be an interesting narrative for the Foundations of Medicine Conference?

Compassion: did you observe compassion in the doctor-patient relationship today? If yes, what do you think facilitated it? If no, what do you think hampered it? Did you hear about any good examples of compassionate clinical care? Or any difficult examples? How can we be compassionate doctors, who empathise with patients, without becoming overwhelmed by emotion? How can you learn to do this?

COGConnect Consultation Observation Guide

Consulter Name…….

Competence task	**Score** 0=not done, 1=some done poorly, 2=some done well, 3=all done well (TICK)				Date: ___/___ /_____
Preparing and opening the session:	0	1	2	3	Points of strength & Points for improvement
Prepares self and consultation space and accesses medical record prior to direct patient contact. Introduces themselves and shows other evidence of rapport building. Identifies patient's main reason(s) for attendance and negotiates this agenda as appropriate.	O	O	O	O	
Gathering a well-rounded impression:	0	1	2	3	Points of strength & Points for improvement
Obtains **biomedical perspective** of presenting problem and relevant medical history including red flags. PC, HPC, PMH, ROS, DH & allergies *as appropriate to presentation*.	O	O	O	O	
Elicits **patient's perspective**: ideas, concerns, expectations, impact, and emotions (ICEIE)	O	O	O	O	
Elicits **relevant background information** such as work and family situation, lifestyle factors (e.g. sleep, diet, physical activity, smoking, drugs, and alcohol) and emotional life/state.	O	O	O	O	
Conducts a **focused examination** of the patient	O	O	O	O	
Formulating:	0	1	2	3	Points of strength & Points for improvement
Can summarise the information gathered so far. Shows evidence of understanding current problems/issues and differential diagnoses. Makes judicious choices regarding investigations, treatments, and human factors (e.g. how to deal sensitively with patient concerns).	O	O	O	O	
Explanation and planning:	0	1	2	3	Points of strength & Points for improvement
Consulter offers explanations to patient, taking account of their current understanding and wishes (ICEIE). Provides information in jargon-free language, in suitable amounts and using visual aids and metaphors as appropriate. Checks patient understanding.	O	O	O	O	Any examples of chunking, checking, or clarifying?
Develops clear management plan with patient-sharing decision-making as appropriate.	O	O	O	O	
Activating:	0	1	2	3	Points of strength & Points for improvement
Affirms current self-care. Enables patient's active part in improving and sustaining health through, for instance, smoking cessation, healthier eating, physical activity, better sleep, and emotional wellbeing. Enables patient using skills of motivational interviewing where appropriate.	O	O	O	O	

Closing and housekeeping:	0	1	2	3	Points of strength & Points for improvement
Brings consultation to timely conclusion, offers succinct summary, and checks patient understanding. Gives patient opportunity to gain clarity via questions.	O	O	O	O	
Arranges follow-up and safety-nets the patient with clear instructions for what to do if things do not go as expected.	O	O	O	O	
Integration:	0	1	2	3	Points of strength & Points for improvement
Writes appropriate consultation notes +/- referrals etc. Identifies any learning needs Identifies any emotional impact of consultation.	O	O	O	O	
Generic Consulting Skills:	0	1	2	3	Points of strength & Points for improvement
Posture. *Voice*: pitch, rate, volume. *Counselling skills*: Open questions, Affirmations, Reflections (Simple and Advanced) and Summaries. *Advanced skills*: picking up on cues, scan and zoom, giving space to patient, conveying hope and confidence	O	O	O	O	
Organisation and efficiency:	0	1	2	3	Points of strength & Points for improvement
Fluency, coherence, signposting of the stages, keeping to time.	O	O	O	O	

8.2 Some example phrases when interviewing patients

The following is reproduced from the student guide and has some useful phrases for when students talk with patients. They can adapt phrases to ones they are comfortable using, and have it to hand when they watch you consult so they can compare the phrases to ones they hear you use. (Thanks to educator Damian Kenny for sharing this, and Sarah Jahfar who adapted it for year one student needs.)

STAGE OF CONSULTATION	EXAMPLE PHRASES
The very beginning	Introduce yourselves. *Thank you for agreeing to speak to us today. As Dr X told you, we are year 1 medical students, here to learn about your health problems and how these may have affected your life. We are also interested in hearing about your experiences with the health services and what you think makes a good doctor.* (Use silence as a tool and try not to interrupt, unless becoming very awkward!)
Active listening **Encouraging the patient's contribution**	Tell me more… I see… yes… right…mmm… go on… etc. If you treat it as a story, when did it all start? Could you explain more about it? What do you mean by...?

Responding to cues **Acknowledging emotions**	You appear to be in a lot of pain … That must be really hard for you. Is it something that you want to discuss with me? You seem very … upset/frustrated/angry/annoyed/ambivalent/negative/elated. You mentioned about ….
Empathy	You have an awful lot to cope with. I think most people would feel the same way. You've clearly been through a lot. I appreciate it's been a difficult time for you. It sounds like a very difficult situation.
Information gathering	I need to ask you a few more questions if that's okay … Would you mind if I ask you a few more questions to clarify things? Can I ask few more specific questions? (Start with open questions, move to closed questions, avoid leading questions)
Exploring patient's narrative about their illness	How were you given the diagnosis? Do you remember your reaction? What was the impact of the illness on …? your self-image? Your relationships with friends and family? Your roles at home? Your ability to work? What do you think the impact was on your friends and family? How has your life changed? What has helped you most to adjust to the illness? What has been the most difficult part of adjusting to the illness?
Exploring patient's health understanding/ knowledge	You mentioned lumbago? What do you mean by that? You mentioned that you thought you might be depressed. What do you understand by depression? What do you know about X? (referring to something the patient has mentioned). How do you feel about taking medication? What advice would you give another person who had just been diagnosed with this illness?
Obtaining social and psychological information to enable the doctor to put the complaints in context (holistic approach)	How is this affecting your job or life? How has it made you feel? Is it having an impact on what you are doing? How is it affecting you as a … (builder)? What have you been unable to do due to your symptoms? How has this problem restricted what you can do? Help me to understand …
Exploring interaction with the health care service	How do you find communicating with health professionals in the GP surgery or in the hospital – nervous, relaxed? What aspects of your doctors' care have been most/least helpful? How would you describe a good doctor?
Ending with positive statement	Thank you very much for spending so much time with us. We have learned such a lot, which will really help us to be better doctors in 5 years' time.

8.3 Consultation Skills activity to practice introductions

(With thanks to Dr Sara Vogan for sharing this)

Allocate each student a number/patient from the list below. Give them a minute to think about how a doctor might prepare for and open a consultation. Think about how differing age, physical or communication needs, or others present may impact on a consultation. You may wish to think about collecting the patient from a waiting room, or how this might work with a remote consultation. Allow a short role play followed by discussion of how we introduce ourselves differently depending on the context and what implications this may have.

1. 86-year-old man (James Smith), with wife and daughter
2. Mum (Jane Smith) with three young children
3. 15-year-old girl (Jayden Smith) with mum
4. Woman (June Smith) with guide dog
5. Man (Jake Smith) uses mobility scooter
6. Woman (Jess Smith), hearing impaired and lip reads
7. 6-year-old boy (Jack Smith) and dad
8. 40-year-old woman (Janu Smith) needs a telephone interpreter
9. 86-year-old woman (Jeanette Smith), known dementia, with daughter/carer
10. Dr J Smith – consultant from hospital
11. Josh Smith, 8 years old, autism and learning difficulty, with mum
12. J Smith (female, 50 years old) and is your patient and your colleague (nurse)

8.4 Home visit letter

A letter to send or give to your patients about the home visit is on the following page.

Bristol Medical School
Primary Care Teaching Office
1st Floor, 5 Tyndall Avenue
Bristol BS8 1UD
+44 (0)117 428 2987
Phc-teaching@bristol.ac.uk
bristol.ac.uk/primaryhealthcare/
𝕏 @capcbristol

September 2024

To patients who have agreed to help with first year medical student education

Thank you for agreeing to talk with first year medical students from the University of Bristol.
We have asked your GP to find some patients who are willing to spend time talking with new medical students for two very important reasons. First, so that students may learn from your experiences of illness and your experiences with doctors and the NHS and second, so that the students can begin to learn how to talk with patients about their health.

Some students will be very shy. If you are chatty and open this will really help to keep the conversation going! Please remember that these students are in their first few weeks of their course. They will not be able to answer any medical questions.

After meeting a few patients, the students are asked to reflect on what they have heard and may be discussed with the GP and the group of students placed with them (up to six students).

Over the course of the year students are also asked to do an assignment about a patient they have met. They will choose one patient's experience to explore in more detail through an essay or creative piece of work. Often students write well about patient experiences, and we like to use some of these accounts in our teaching. This means allowing other students to see the work, uploading the assignment on our teaching website and in our course handbooks. Occasionally edited pieces of student art or written work and their reflections are collected into small books for wider distribution. We always keep your information confidential by changing key identifying factors such as names, ages and places. Please inform the GP or the student if you would not like them to consider your story and experiences for their assignment.

With many thanks

Lucy Jenkins, Year 1 GP Teaching Lead, University of Bristol