

CLINICAL CONTACT IN PRIMARY CARE SESSION 2

10th OCTOBER (group A) and 17th OCTOBER (group B) 2024

Spotlight on the core value of collaboration, the doctor-patient relationship, and the healthcare team

Session plan		Morning timings	Afternoon
Introduction	40 min	09.00-09.40	14.00-14.40
Patient contact	1 hr.	09:40-10.40	14.40-15.40
10-minute break			
Debrief and discussion	1 hr.	10.50 – 11.50	15.50 – 16.50
Close	10 min	11:50 – 12.00	16:50 – 17.00

In this second session, the group is still forming, and you will be able to get to know them all a bit better. Again, most important is that the students have some patient contact. This can be a home visit or a patient interview at the surgery, or you can start to split the group so that half speak with a patient and half observe you doing a small number of consultations. In the debrief, these patient encounters and your own clinical experiences will feed into discussion about the doctor-patient relationship and an introduction to agendas, ICE etc.

Please use this plan in conjunction with the GP teacher guide which can be found [here](#).

Timings are approximate and it doesn't matter if you don't cover everything. If discussion leads the group in a different direction, then that is fine.

Any problems on the day, please email PHC-teaching@bristol.ac.uk or call 0117 428 2987 or 0117 455 2739

Central University learning in the preceding weeks:

- Further lectures and tutorials on Ethics and Law
- A lecture and tutorial on Doctor-Patient relationship models
- An EC tutorial on personal well-being and work-life balance
- Lectures on the medical profession, medical diversity and Art in Medicine
- Anatomy of the respiratory tract, nervous system, and physiology of nerve conduction
- Introduction to Genetics
- Some students will have started their BLS training

They will have been introduced to the **Foundations of Medicine Project**. This is done in groups and presented at a FoM conference on 29th November. They may choose to focus on a case or medical condition they see on placement. You will not be asked for formal input or to mark this, but you are welcome to attend should you wish.

Aim: for students to become more confident in the clinical setting and talking to a patient

Objectives

By the end of the session they will have:

- Introduced themselves and participated in a patient interview
- Considered the doctor-patient relationship, what patients need from their doctors and how doctors meet those needs
- Discussed how doctors find the reason for a patient's presentation and differences between agendas
- Considered patient-centred consulting
- Discussed the multidisciplinary team and *Collaboration*
- Reflected on interprofessional working and understand how this might support patient care

GP advance prep

- Read this guide: arrange an appropriate patient to meet with the students (the surgery or at home), ideally one who has received care from a number and range of different healthcare professionals

Introduction (40 min)

09.00-09.40 or 14.00-14.40

- Welcome and **catch up** – Everyone shares one thing they have done/learned recently. Further ice-breaker if you wish. You may wish to tell the students about a recent clinical session or interesting patient
- **Pastoral** – check in, anything for you to be aware of? Offer support and one-to-one discussion if needed.
- Review the last session and discuss the **learning objectives, session plan and timings** for this session

Introduce the themes before the patient contact. Focus is on:

- *The doctor-patient relationship, how to be patient-centred. Patient and doctor agendas*
- *Collaboration between doctor and patient and within multidisciplinary teams*

You may wish to:

- Ask if any of the students have any **past experience of the doctor-patient relationship in general practice**; possibly work experience, a job, or parents as GPs or a personal experience or that of a family member - not specifics but thinking about the associated emotions and perspectives – discuss as a group.
- Ask them to think of ways that as GPs, we can strive to be patient-centred.
- Talk through how you start a consultation and how you try to be patient-centred
- Think about the consultation as the tool to develop this relationship and how the information you gather facilitates patient-centred consulting.
- **Brainstorm different members of the healthcare team** that may be involved on a patient's care and examples of collaboration in patient care

Patient contact (1 hr.)

09:40-10.40 or 14.40-15.40

Either all students meet a patient who is happy to talk to the group about their experiences of health and illness. Usually this patient will attend the surgery for the first session but could be visited at home. You may wish to arrange two patients for two shorter interviews.

Alternatively you may wish to arrange for two patients to meet with two groups of students

Or:

- half the students interview a patient – ideally a home visit (but can be in surgery)
- the other half observe you consulting with 3 or 4 patients

For the students doing the patient interview, you may wish to brief the students on the patient and consider what questions they might ask as below. The students should all introduce themselves to the patient by name and role, and then start the interview focusing on the patient's life story and interaction with the health care service. Please encourage them to think about the following:

- *What qualities does the patient think makes a good doctor?*
- *What do they need from their doctors?*
- *Has a doctor helped them understand or cope with their illness better?*
- *How does the GP relationship with a patient affect their experience of being ill?*
- *How important is it to them that a doctor knows them and their medical history?*
- *How important is it for them to be involved about decisions about their care?*
- *What does the patient think makes a good doctor?*
- *Do they have any advice for the students during their training?*

They may wish to think again about 'Patients and health' from the first session: *the patient's perspective on their health and wellbeing is? Did anything the patient said or did give any clues about what their perspective is?*

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?*

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

Debrief and discussion (1hr.)

10:50 – 11.50 or 15:50 – 16.50

Discuss and reflect on the patient encounters, with reference to the suggested questions above, including communication skills and question types used. Answer any questions the students have.

Discuss **collaboration** with patients in the context of the patient interview, and how doctors can strive to get a shared understanding with their patients. You may wish to talk about **ICEIE** (Ideas, concerns, expectations, emotions, impact) – more about this on the next page.

Discuss **multidisciplinary communication** within the primary care multidisciplinary healthcare team, with secondary care and other community services. What facilitates successful interprofessional working? How might patients benefit from working with students?

If relevant and you have time: discuss agendas, how the doctors and patient agenda may differ

- Think about when and why agendas might be ‘hidden’
- Consider the ‘elephant in the room’ and ‘the clinical iceberg’
- Think of instances where a paternalistic approach might be appropriate

Further questions if you have time.

- Is it important for patients to make decisions about their treatment? What are the limits of this? Can a patient pass a decision about their treatment to the GP or to carers/family? What are the issues when a patient says, “I don’t mind doctor, whatever you think is best.”
- When might a GP break confidentiality?
- Think of how a doctor-patient relationship may be harmed and how this can be managed.

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.
- Discuss what worked well/less well – anything to **stop/start/continue** for future sessions?
- Outline plan and set-up for the next session

GP tasks after the session

- Make own **reflective notes** on the session if you wish (try to keep a record of which students have had the opportunity to consult so others can next time). Prepare for the next session.
- Complete online **attendance data**

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

Further resources

I.C.E.I.E - is the acronym the students are taught to help uncover patient’s perspective and agenda.

IDEAS – what does the patient think is going on?
CONCERNS – what is the patient’s main concern about their problem?
EXPECTATIONS – what was the patient hoping that you would do today?
IMPACT – what impact is this having on the patient?
EMOTIONS – how does the patient feel about this?

<https://bigp.org/content/55/519/793>

The six interactive components of the patient-centred clinical method.

- Exploring both disease and the patients' illness experience
- Understanding the whole person
- Finding common ground
- Incorporating prevention and health promotion
- Enhancing the patient-doctor relationship
- Being realistic

And this useful table taken from Patient-centred medicine – Stewart et al (Sage Publication)

