

MBChB Year 2 Clinical contact in GP – Body Defence 19th November 2026

Context for the session

The Intended Learning Outcomes for this session are:

Discuss how to work effectively on clinical placement
Describe how to prepare for a clinical consultation
Describe & perform opening a clinical consultation
Describe & practise strategies for building rapport
Undertake a clinical consultation (clerking) & gather information relevant to the patient presentation with focus on the systems review
Describe & practise strategies to elicit patient's ideas, concerns, expectations, impact and emotions (ICE-IE)
Describe & perform an approach to the clinical examination (WIPE) (see vital signs protocol)
Assess and document vital signs including pulse, respiratory rate oxygen saturations, temperature and blood pressure (see vital signs protocol)
Describe and practise the use of an otoscope to look in the ears and throat

Overview of tasks for this session: This is the first session in Primary Care for your Year 2 students and the first time you have met them. Please allow enough time to get to know your students and set up the group for success. You may only have time to see one patient this session.

TASK	Notes
Meet and greet your students: <ul style="list-style-type: none">• Orientate them to the practice and area. Where will they leave their personal belongings? What is your patient list size, demographic etc?• Introductions: Get to know your students & tell them about yourself and career journey. Remember also that the students may not know each other.• Group rules: Set expectations of the group and outline what they can expect from you. Agree how to work together as a group, e.g. punctuality, keeping discussions confidential, listening to others' perspectives etc.• 1:1 time – briefly meet each student individually so that they have an opportunity to tell you anything that they want you to be aware of	<p>Consider with the reception team how to welcome students.</p> <p>Consider how you want the students to communicate e.g. a back-office number for absence on the day</p> <p>Work on “group rules” for success together with your students – keep a note of these (everyone could take a photograph)</p> <p>Consider a rota for consulting/examining/ observing etc</p>
Set up the session:	

<ul style="list-style-type: none"> Find out what your students have been learning about so far in this case-based learning block (Body Defence) Share clinical experience. Any top tips for seeing patients? Discuss opening a consultation - how to get off to a good start, and things you do to help build rapport Give an overview of the patient(s) who are coming in today. Allocate tasks e.g. history taker, observer 	<p>For tips on opening and building rapport do refer to the COGConnect part of the primary care website</p> <p>When allocating tasks to students consider who will consult & who will examine, & assign tasks to the observing students e.g. specific areas to observe and feedback on. For example, this might be a focus on: opening, rapport building, use of ICE-IE, organisation of questions.</p>
<p>Patient consultation:</p> <ul style="list-style-type: none"> Introduce the patient and outline the task Please allow students to practice assessing vital signs (ideally on a patient) Show the students how to use an otoscope to look in the ears and throat 	<p>Students to consider how to find out the impact of the patient's health on their life, and how to elicit the patient's ideas, concerns and expectations for their health condition and what they want from their doctor</p> <p>Share any top tips from your clinical experience for assessing vital signs</p>
<p>Feedback and debrief:</p> <ul style="list-style-type: none"> Reflect on patient story and learning from the session with the group. Any further learning the students plan to do? What did the student do that helped the consultation? What is one specific skill they would like to develop before the next session? The students' next session with you is in their Pharmacology & Therapeutics block. Anything that needs covering in advance of this session 	
<p>Closing:</p> <p>Submit attendance form (including any late arrival or early leaving with timing)</p> <p>Manage any student concerns that you need to communicate with the GP teaching team</p>	

Specifics for the Body Defence session in GP clinical contact

Session structure and format

Please refer to the [GP2 Teacher Guide](#) for generic information and advice on how to structure and deliver each session.

Learning needs/ brainstorm/ preparation to see the patient

You are not expected to give a tutorial on immunity and infection. The students have had teaching on this, so start by getting them to tell you what they have learnt. Brainstorm their thoughts on a flipchart or whiteboard (see Figure 1) and/or use these prompts:

- What common infections or allergies do you see in your clinical practice?
- How do patients with infections or allergies present?
- What is the difference between an allergic reaction, infection and sepsis? (See below definitions)
- If you are asked to assess someone presenting with an infection/allergy, how do you prepare? What do you look at in the notes before you speak to them?
- When someone presents with a possible infection or allergy, what do you want to find out about?
- What are the most important things you want to cover in the medical history and why? What are “red flags” in a patient presenting with an infection/allergy? i.e. how do you know when they are seriously unwell and need hospital admission?

Definitions

Allergy: an immune-mediated hypersensitivity reaction.

Anaphylaxis: a serious systemic hypersensitivity reaction that is usually rapid in onset and may cause death. Severe anaphylaxis is characterized by potentially life-threatening compromise in airway, breathing and/or the circulation.

Infection: the state produced by the establishment of one or more pathogenic agents (such as a bacteria, protozoans, or viruses) in or on the body of a suitable host.

Sepsis: a life-threatening organ dysfunction due to a dysregulated host response to infection.

Patient one

For this session, due to the time it will take to get to know your group you may only have time to bring in one patient. Where possible we would like the students to speak to a patient who has had a serious infection (e.g. sepsis) or is immunocompromised or has recurrent infections who can describe the symptoms and signs of infection they have learnt to recognise. Alternatively, the students could see some same day patients with you who may be presenting with infective symptoms. You could also bring in a patient who lives with a serious allergy. However we know it is not always possible to link a patient to the case, therefore would like you to use the session to build the students’ confidence in speaking to a patient, and we would also like the students to have a go at assessing vital signs in a patient (pulse, respiratory rate, oxygen saturations, temperature and blood pressure). We would like the students to practise measuring vital signs on real patients as they may have only tried this on their peers.

Ideal patients for the block are people who:

- Have had a previous serious infection or who manage recurrent infection(s)
- Are immunocompromised
- May have a current infection (consider the same day triage list)
- Have a serious allergy (including having had a previous anaphylactic reaction)
- Additionally, are willing to have their pulse, respiratory rate oxygen saturations, temperature and blood pressure checked (see [protocol linked here](#)) Or consider another patient for vital signs.

Examining the ear (from Macleod)

Explain to the patient what you are going to do/doing!

Inspection: Pinna skin, shape, size, position, scars from previous surgery/trauma, deformity.

Palpation:

- Gently pull on the pinna and push on the tragus to check for pain.
- Gently palpate over the mastoid bone behind the ear to assess for pain or swelling.

Otoscopy

- Use the largest otoscope speculum that will comfortably fit the meatus.
- Hold the otoscope in your right hand for examining the right ear (left hand to examine left ear).
- Rest the ulnar border of your hand against the patient's cheek to enable better control and to avoid trauma if the patient moves
- Gently pull the pinna upwards and backwards to straighten the cartilaginous external auditory canal. Use the left hand to retract the right pinna.
- Inspect the external auditory canal through the speculum, noting wax, foreign bodies or discharge. You should identify the tympanic membrane and the light reflex antero-inferiorly.

What else students will have covered in the two-week Body Defence block:

In **Case-Based Learning** they have will considered and compared the cases of an 18-year-old woman who develops a severe allergic reaction and an older man with tongue swelling. Students will consider the role of immunoglobulins, mast cells and histamines; types of hypersensitivity reactions and angioedema; and how adrenaline, chlorphenamine, and steroids work.

In **lectures, workshops and practicals** they will learn about:

- Inflammation, healing and repair
- Types of immunity (antibodies and T-cells)
- Virology
- Microbiology – types of bacteria, bacterial structure, normal human flora vs pathogens and host-microbe interactions.
- Immune system histology
- When things go wrong: Allergies and hypersensitivity, immunodeficiency and autoimmunity
- Antimicrobials and resistance
- Immunisation
- How an infective outbreak is managed (with input from microbiology, public health and the UK Health Security Agency (UKHSA))

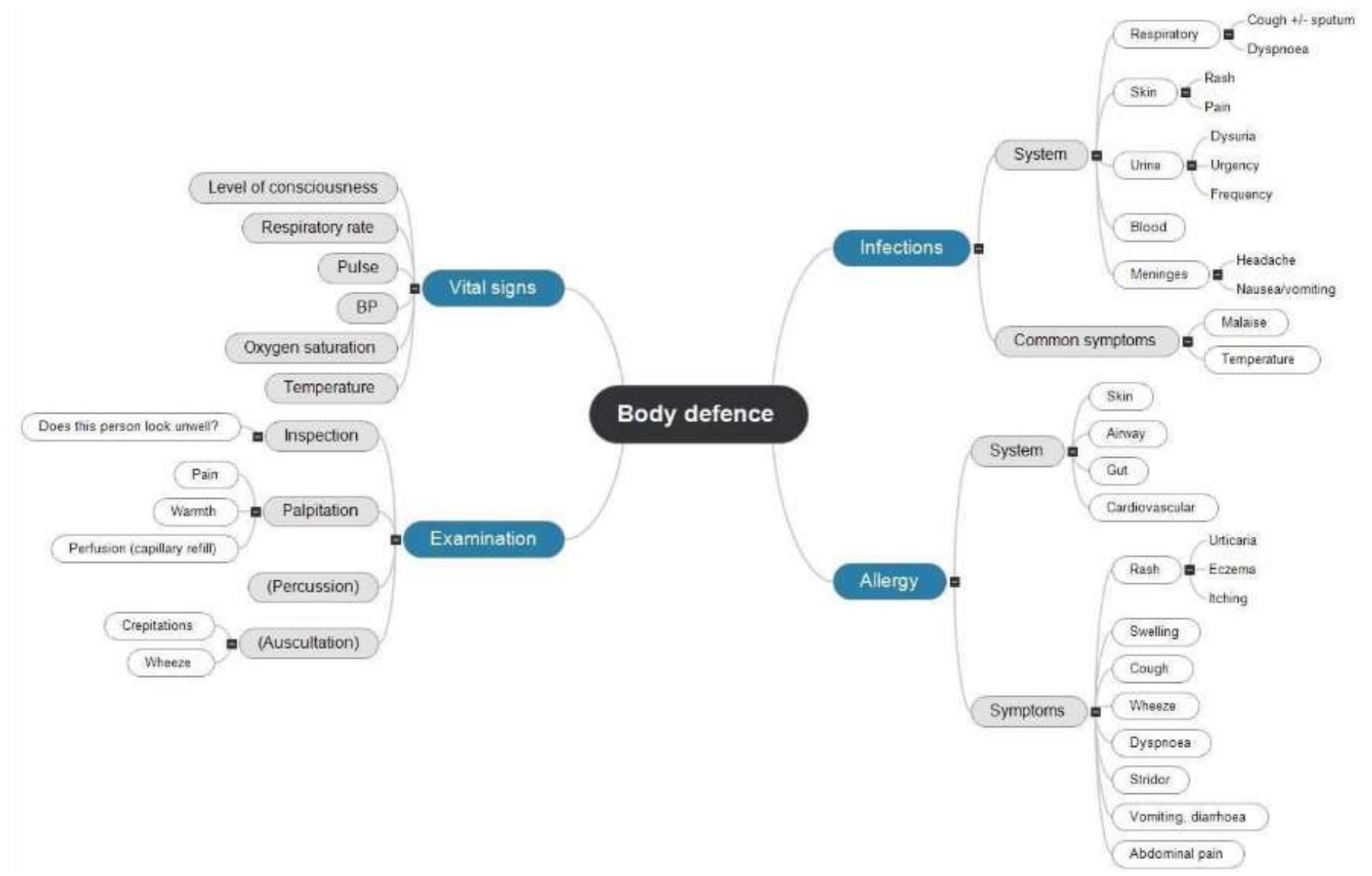
In their **Effective Consulting** lab session, they will learn how to:

- Gather a focused history in a patient presenting with a suspected infection including the systems review
- Describe "red flag" symptoms in relation to infections including describing how sepsis can present
- Compare the difference between a differential diagnosis and a problem list
- Discuss strategies to keep a consultation on track

In their **clinical skills** session, they will be covering:

- Describe & demonstrate how to perform A-E exam
- Demonstrate how to perform observations required for an A-E assessment (including manual BP)
- Demonstrate how to record and interpret a NEWS score
- Identify common signs of sepsis
- Describe the Sepsis 6

Figure 1. Body Defence Brainstorm
infection/allergy systems, symptoms and signs “brainstorm”



Student information on Body Defence history and examination

Please see link here for the resources students are provided with for Body Defence
[Effective Consulting Year 2 – Resources for Body Defence \(2026-27\) | Rise 360](#)

You do not need to “teach” this but if the students do see a patient with an infective or immunity related condition with you it is useful to know what they are taught centrally about how to approach the history. There is also some useful information on Systems Review.