Year 1 GP Teacher Guide 2026-27

GP1

University of BRISTOL

Bristol Medical School

Contents

1. Introduction

Thank you for committing to teaching our year 1 students and a special welcome if this is your first year doing so! Your time, experience and enthusiasm make a real difference to their learning, and we are delighted to have you involved.

Approximately 290 students will be starting the course this September, and within four weeks they will all have spent time in practice, speaking with patients and learning from you in a real clinical environment.

These sessions are consistently one of the most popular parts of the course. They give students an early opportunity to experience the realities of consulting with patients, begin developing their consulting skills and, importantly, see how their developing knowledge and skills come together in a clinical environment. You can read a summary of the feedback from last year on our website.

Students learn through meeting and talking with patients, observing consultations and participating in consultations. This is followed by group debriefing, reflection and discussion, allowing students to think about what they have seen and heard and explore themes relating to consulting and general practice.

The teaching links closely with the wider curriculum. In the Foundations of Medicine (FoM) block, the sessions help students make connections between their early scientific and clinical learning and the skills needed to consult effectively with patients. In the second block, Human Health and Wellbeing (HHW), half of the group will observe and participate in your consultations, while the other half will meet a patient with a health problem related to the body system they are currently studying. This provides a valuable opportunity for students to connect their learning about health and disease with the experience of an individual patient.

Key information

We hope this guide will give you everything you need to feel confident and prepared for the sessions

The dates for teaching are listed on page 7. Please note that, because of changes to the central timetable, the sessions in the first block will not always take place on alternate Thursdays.

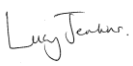
Session plans and other useful information are available on our website. We will also email you approximately two weeks before each day in practice with the relevant session plans. These will be available on the website earlier if you would like to look ahead.

Our admin team will be available by phone or email on the day of teaching if you need any help or support.

We are very grateful for the time and expertise you give to our students. We hope you enjoy working with them and seeing their confidence develop as they begin to find their feet in the clinical environment.

As always, we value your feedback, so please do get in touch with any questions, suggestions or comments.

Best wishes,



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https://www.bristol.ac.uk/primaryhealthcare/teaching/teaching-in-practice-by-year/one/

2. Overview of GP1, aims and objectives

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

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.

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

What are the students learning?

First term - September – December 2026. Foundations of Medicine

The students have a welcome week then start the course on first year starts with a 10-week introductory block called Foundations of Medicine on 21st September 2026.

- 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.
- **Clinical and examination skills** are taught on campus starting in the first term, and will be practised on peers, and patients in clinical contact in primary and secondary care.
- 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 are trained 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 – May 2027. 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, then in the labs, they meet actors (observed by clinical tutors) and practise their skills.
- **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 have the opportunity to practice clinical skills and relevant examinations that they have been taught at the university on each other.**
- They also spend time shadowing an HCA in a Bristol hospital.

3. Dates, session plans and suggested timings

Session dates

Foundations of Medicine

Session	Date	Topic
1	01/10/26	Patients and health (A)
	08/10/26	Patients and health (B)
2	22/10/26	Doctor-patient relationship (A)
	12/11/26	Doctor-patient relationship (B)
3	26/11/26	Professionals and health (A)
	10/12/26	Professionals and health (B)

Human health and wellbeing

Date	Topic	EC theme
21/01/27	Musculoskeletal system (A)	Preparing and opening
04/02/27	Cardiovascular system (B)	Gathering
18/02/27	Respiratory system (A)	Formulating
18/03/27	Neurological (B)	Explaining
22/04/27	Gastrointestinal system (A)	Activating
06/05/27	Urinary system (B)	Planning, doing, closing and integrating
20/05/27	Endocrine system (A)	Planning, doing, closing and integrating

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 session 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 should have completed all their mandatory training and can begin unsupervised patient contact including home visits if you are happy for this (and unless we have advised otherwise).

GP advance preparation Read the session guide: arrange an appropriate patient to meet with the students and a short surgery (3 or 4 patients) for students to observe			
Session plan	**Duration**	**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 GP teacher doing 3-4 consultations – from FoM 2 or 3	1hr 20	09:30 – 10:50	14:30 – 15:50
10-minute break			
Debrief and discuss patients encounters, consultations observed and learning points. Possible skills practice	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			

4. 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
- 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.
- You may wish to send a welcome email* to all students – see example below
- If you have been told that any of your students have a Student Support plan (SSP) then please consider any adjustments for this, you may wish to contact the student in advance
- 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

*Sample email message

> *'I'm looking forward to meeting you next week. You may feel nervous and apprehensive but please don't worry. This is a safe place to learn and make mistakes.*
>
> *You may have suffered with your own health or had experience of friends and family with certain illnesses that may be triggering. We will go through this on the day and have a chance for 1:1 time, but if there is anything you think would be helpful for me to know in advance then please email me individually. Things change, so please do this at any point through the year.*
>
> *Please arrive to start at 2pm. The practice is XXXXXXXXXX. Supplementary instructions on where to go XXXXXXXXXX. Just let the receptionists know you have arrived.*
>
> *I've copied you all into the email so you have each other's addresses, but it might be easier for you to create a WhatsApp group or equivalent so you can travel and arrive together. The practice/my number is XXXXX if you get lost on the way or have any issues getting here.'*

Study Support Plans (SSPs)

Students with a range of disabilities, learning difficulties and other health and mental health conditions can apply to the University Disability Services to be assessed for a Student Support Plan (SSP).

SSPs are official, confidential University documents which contain a personalised summary of reasonable adjustments recommended for the student's teaching and learning whilst at university. They can include things like rest breaks, teaching materials in advance etc. Some of these adjustments will be good practice which you

may already have in place, many are generic and standardised and some of them will not be relevant for clinical practice.

A significant number of students have SSPs, and most will not need any additional support. However, the process enables all GP tutors to know without the student repeatedly having to tell someone at the start of every placement. If any of your students have an SSP, we will inform you via email but as the year 1 students have only just started at the university, it is unlikely that you will have these before the placement starts. Instead, we will let you know via email as soon as we are made aware of it, with any recommended adjustments for their clinical placement. The students are aware of this process, and where students have consented, this will also include sharing a diagnosis.

On the first day of placement, we suggest you have a 1:1 meeting with all students (as below). If you are advised (at any time) that any of your students have an SSP, you may wish to email the student to advise you are aware, offer the opportunity to discuss or ask if there are any adjustments they feel could help.

Please note, for various reasons, not all students with a disability or health condition will have applied for an SSP. So please check in with all your students about any individual needs and direct them to disability services to apply for a SSP if needed.

If you have any queries about adjustments, please do email us.

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 interviews

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
- Well patients with past mental health problems
- 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

Observing -> participating -> student led 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 complete 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 two groups of students through a surgery if needed.

Please involve students in the consultation as much as you can. They can ask simple questions and learn examination techniques or do simple checks (e.g. temperature).

When the students are confident and assuming that the patients are willing, please allow the students to take the 'hot seat' and start/lead the consultation and support then throughout. You will likely need to take back control in the second half of the consultation, but students have feedback that being able to lead the consultation has really focused their consulting skills and increased confidence and has felt enjoyable. It also allows you and the other observing student to give them timely specific and personalised 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?'

In their last session of year 1, if not before, we would like all students to conduct (with your support), an observed consultation which you will give feedback on afterwards. More about this below.

Student-led consultations

The aim here is to consolidate and authenticate the communication and consulting skills that students have developed through EC labs and patient encounters in their first year. We hope that it will enable provision of specific feedback for each student and will boost their confidence and consulting ability before moving into year 2. Some GP teachers start this early on the second block and feedback from students, teachers and patients has been positive.

We suggest:

- Booking specific patients into 4 x 20min appts – please arrange this in advance
- Careful patient selection- straightforward easy patients - ideally with one simple problem. Minor illness would be ideal for this
- Patient aware and agrees in advance for year 1 student to start and lead the consultation
- Consider aspects of COGConnect 'Preparing' and allow the student to do these
- GP teacher to help the prep - briefly brainstorm potential questions based on the presenting complaint
- GP teachers to briefly discuss with/prime patients before they are called in
- Student in the hotseat, introduces self and process and starts with open questions, attempts history
- GP teacher and one other student observing*
- GP teacher has low threshold to suggest questions/step in, but try to allow the student to continue for as long as possible
- When appropriate, GP teacher to step in and lead on examination, diagnosis and management, but continue to try to enable the student to contribute as much as possible
- At the end, request patient feedback about what the student did well, and on what that patient feels makes a good doctor.

***Areas to consider for observation and feedback**: Introduction and starting the consultation. Use of open and close questions. Verbal vs non-verbal communication. Rapport building. Gathering the patient perspective/ICEIE. Any difficult parts to the consultation and how were these managed. Consultation structure/flow

The **COGConnect observation guide** here may help to guide and record feedback

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

Relevant practical skills and examinations are formally taught at the university, in lectures and clinical skills labs. New in the last few years has been a significant expansion of our offering of clinical skills sessions in the early years of the programme. Students are taught clinical skills on campus and can then practice in clinical contact in primary or secondary care. This enables all students to have the same opportunities to practice and will increase integration of their learning by bringing relevant skills to life in the clinical environment. They love some authentic skills 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.

For each practical skill, the students will have been taught this in a lecture, then attended a skills lab where the examination is demonstrated followed by supervised practice in groups of 4-5. We ask that facilitate opportunistic use of these skills on patients during observed consultations or after patient interviews, if you feel it is appropriate and the patient consents. Equally there may be tome in the debrief to focus on clinical skills practice on fellow students, but this is not essential as the students now have more opportunities ion campus to do this. We do ask that at the end of the third session in FoM that the students run through the skills to record the observations for a NEWS score. Please note that you are not required to 'teach' the skill, but to provide clinical context and to facilitate peer practice and feedback in a supportive clinical environment.

You can access all the **examination protocols** here.
Before any skills practice, you may wish to

- Ask if any of the students have done this in other roles e.g. HCA, carer etc.
- Discuss the principles of consent – for patients and peers*
- Consider 'preparing' for any examination and the opening/explanation that should accompany the examination
    - Use COG Connect to guide steps for this
    - Try running through 'WIIPPPPE' (abbreviated to WIPE).
        - **W** - Wash hands
        - **I** – Introduction self, Identify patient
        - **P** - Gain Permission. Position, Pain, Privacy
        - **E** - Expose as appropriate

- Consider factors which may make this examination more difficult, such as hearing issues, confusion, pain/distraction, language, relatives/phone, barriers to movement, vision etc

Regarding a specific skill, you may wish to:

- Ask the students to 'feed-forward' i.e. tell and show you what they learned in the lecture
- Ask when/why this examination would be necessary

- Talk through the examination as a group
- Look at the protocols above or review videos on Geeky medics with students as a reminder for them.

You may wish to organise the students in pairs or threes, where one is the 'patient/examinee' and the other(s)start(s) practising the examination. A third student can observe and give feedback. Your role is to observe and support them and give feedback. Please also share your experience of performing these examinations in the primary care setting.

Afterwards, encourage the students being examined to reflect on what worked well in terms of explanations and for all students to consider any learning needs for further practise.

*Students are aware of the **MBChB protocol on "developing clinical skills by examining each other"** which can be accessed here. This reminds us that this excludes invasive examinations; and should only be done if the examinee has consented to being told should any possible, unknown abnormality be identified – in which case, they should seek advice from their own GP.

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
- 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
- Roleplay 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 did consultations in the surgery to briefly present a summary of each **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)
- Please facilitate active discussion round consultation skills. You may ask the students to give feedback to you on your consulting skills (appraisal folder!) and please encourage and support them to feedback on each other's contributions
- Please remind the students about their on-line reflective log at the end of each session for their portfolio (although they do not have to do this for the first session, as they will not yet have had their training session). The on-line reflective log is part of the learning e-portfolio.
- **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.

Useful links to help you facilitate the placement

COGConnect tutorial to help you use COGConnect in your teaching

Session plans and session specific information for each session

Clinical examination protocols – for students to follow when examining patients

Protocol for developing clinical skills by examining each other

Improving gender inclusivity for medical students in Primary Care placements – a guide for staff (clinical and nonclinical) – online training - takes 15 mins and can be shared with all staff in your GP surgery

Student standards (professionalism, confidentiality, mandatory training and dress code)

Medical Student Understanding This is an optional document for you to discuss and sign with your students if you wish. You do not need to send it back to us.

5. Attendance and assessment

- There is information about student Standards, including confidentiality and information governance, mandatory learning, dress code and Occupational health available on our website
- Students must attain minimum 80% **attendance** for Effective Consulting (which 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.

6. Concerns about a student

Due to the regular contact with the same GP teacher, you may identify concerns about a student.

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 or behaviour, then keep good notes and please address the issues with the student directly initially (for example if they seem quiet in a session). If you are not easily able to resolve your concerns with the student, please try to inform the student you will be seeking further advice where appropriate.

Basically, we would be grateful if you could let us know if you have any concerns about a student's engagement, behaviour or their wellbeing, so that we can support them and you in next steps. This may include filling in a 'MBChB Programme support request form'. We can support you with this as needed. The student should be aware that you are submitting the form and the reasons that you are completing it. These forms are reviewed at least once a week by the senior tutors who will triage and offer support where appropriate. Any immediate risks of harm should be directed to 999/111. The forms ensure that only those people that need to know concerns about students are involved.

If there are concerns about professionalism and Fitness to Practice, then we can support you in addressing and reporting this as well.

If you are uncertain about what to do, or have low level concerns, then still the GP year leads are here to discuss and support you- please email phc-teaching@bristol.ac.uk.

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

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

We recognise the significant contribution made by GP teachers and practice teams in supporting undergraduate medical education. Your enthusiasm, expertise and willingness to welcome students into your practice have a lasting impact on their learning, confidence and developing professional identity. Thank you for your continued support

7. Appendices

7.1 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.

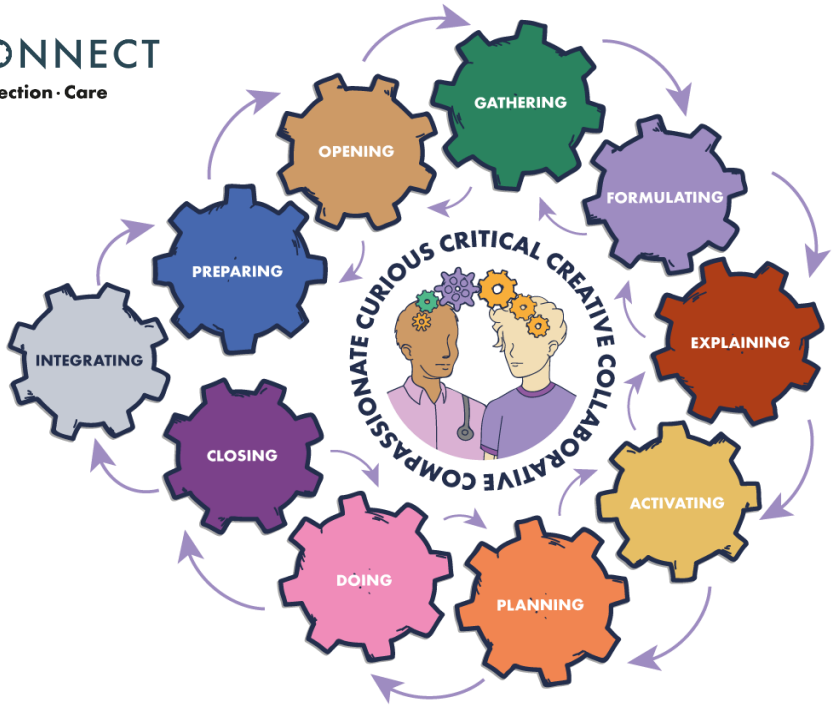
We understand that many of you will not already be familiar with this. Please see below for a visual overview of COGConnect and the COGConnect observation guide (also linked here). The visual overview, observation guide and more information on COGConnect also be found on our website where there is a 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 was 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?

7.2 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	

7.3 Phrases for students to use 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?
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.

7.4 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)117 455 0031
Phc-teaching@bristol.ac.uk
bristol.ac.uk/primaryhealthcare/
@capcbristol.bsky.social

October 2026

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