Year 1 GP Teacher Guide

2025-26

GP1

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, as per the examples below:

'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 for more detail on this. We are pleased to be able to continue with the smaller group size of 4 students in most groups. This allows more direct patient contact and improves the quality of teaching and direct feedback to student. It may also relieve space issues that many practices have.

The students 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

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

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 2025. Foundations of Medicine

The first year starts with a 10-week introductory block on 23rd September 2025. (University welcome week starts 15th September 2025)

- 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 2026. 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. Feedback from 2024-25 and changes for 2025-26

The intended learning outcomes did not change this year, other than the addition of clinical skills practice - which came after the academic year had started. The aim was to support new central clinical skills teaching, providing students with the opportunity to practice newly learned clinical skills on fellow students, with supervision and support from the GP teacher.

Feedback from students was obtained centrally in December and then again in May. GP teachers were able to give feedback after each session and invited to complete a questionnaire at the end. This year the teachers' feedback was also supported by a focus group at the Festival of Education.

The mean student enjoyment rating for GP1 was 4.83/5, where 5 = excellent and 1 = poor. There was a brilliant 4.90 for teacher enthusiasm and 4.86 for welcoming and belonging. Please see below for other mean scores out of 5.

In summary students value the GP teachers' motivation, enthusiam and efforts to teach and support them. They love early authentic patient interactions, with many asking for more of this (including without the GP teacher being there), and to do their own observed consultations. Some students and GP teachers would like more practice specifically on history taking, and/or to talk to patients about a current health issue rather than a more general chat/life history. Integration with central learning is valued, the students feel that this works well for EC labs but was less consistent for CBL. Travel time, cost and inconvenience is the only negative.

'Really enjoyed the GP sessions, I think we had a nice mix of group teaching and speaking to patients in and out of the GP surgery. Got to see a wide variety of conditions and people, and I found it really useful coming back and practising summarising and passing on knowledge to the GP and our peers.'

'Loved it. Felt that the format worked well (checking, contextualising the session, observing consultation/home visit, debrief) Debrief in particular was helpful as it was an opportunity to hear reflections from other students I hadn't considered or thought of.'

'...genuinely makes me excited to get up at 7am.'

Welcome and belonging	Advance medical knowledge	Efficiently structured	Level of responsibility	Reasonable adaptations	Travel time	Enjoyment	High quality teaching	Enthusiastic teacher	Feedback	Authentic picture of GP life	Communication from UoB	Quality of teaching materials
4.86	4.47	4.67	4.76	4.87	3.81	4.83	4.88	4.90	4.64	4.81	4.22	4.12

Your feedback was that GP teachers rated the quality of the teaching materials as 4.9 and the communication from the central team as 4.8. The change from 6 to 4 students in nearly all groups has been very well received

Administrative and academic support from the university team, and the teaching resources were helpful. Some felt that the session plans were too long. Most stuck to the suggested session structure, but valued flexibility. Some teachers found it hard to find the right (and available) patient especially linking with a body system. Some teachers wanted to observe the students more to enable more specific and detailed feedback.

Clinical skills practice was felt to be helpful for the students, but a few GP teachers felt ill-prepared, and that there was inadequate time for this if home visits were also occurring.

A detailed feedback summary with reflection and actions can be found on our website.

This coming year…

As last year, each practice will take two groups of students, mostly groups of 4 (though may be up to 6) students. The session plans/teacher resource have been shortened to max 4 pages, including ILOs, central learning, session plan and essential supporting info, with links to further relevant info, on the PHC website.

Further changes:

- Allow GP teachers some flexibility with location of the patient interview and the medical background of the patient, i.e. does not have to match the CBL system.
- Introduce minimum requirements (as long as DBS completed) that **each student* does a minimum two patient interviews without the GP teacher present**. Within these patient interviews at least **one will be a home visit**. *assuming full attendance
- Introduce a **student-led consultation, one per student, with GP teacher observing and providing feedback, for each student's final session**.
- Plan to continue with clinical skills but enable flexibility as to when it is done in the session. CTFs invited to attend the GP teachers' workshop to demonstrate how and what the students are taught and share methods to teach/consolidate these skills in practice.
- 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.

4. Dates, summary session plans and suggested timings

Foundations of Medicine Session 1	2/10/25	Patients and health (group A)
	9/10/25	Patients and health (group B)
Foundations of Medicine Session 2	23/10/25	Doctor-patient relationship (A)
	6/11/25	Doctor-patient relationship (B)
Foundations of Medicine Session 3	20/11/25	Professionals and health (A)
	4/12/25	Professionals and health (B)

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

Human health and wellbeing			
	Case/theme	EC theme	Practical skill in GP
22/1/26	MSK (A)	Preparing and opening	Yes. GALS
5/2/26	Cardiovascular (B)	Gathering	Yes
19/2/26	Respiratory (A)	Formulating	Yes
19/3/26	Neurological (B)	Explaining	-
23/4/26	Gastroenterology (A)	Activating	-
7/5/26	Urinary (B)	Planning, doing, closing and integrating	-
21/5/26	Endocrine (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 this is not the case, we will let you know.

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	20 min	09.00-09.20	14.00-14.20
Patient contact Half group interview patient- (ideally home visit, can be in surgery) Half observe GP teacher doing 3-4 consultations – from FoM 3	1 hr. 10	09:20-10.30	14.20-15.30
10-minute break			
Debrief and discuss patients encounters, consultations observed and learning points Skills practice (20-30 min)	50 min	10:40 – 11.50	15:40 –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
- 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 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 (including any student support plans) then please email me individually. Things change, so please do this at any point through the year.
Please arrive to start at 2pm. The practise is XXXXXXXXXX. Supplementary instructions on where to go XXXXXXXXXXX. Just let the receptionists know you have arrived.

I've copied you all into the email so you have each others' 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.'

Student 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 before the placement starts, or 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). For students with SSPs we recommend you give them an option of a conversation with you about how their SSP and how these adjustments may be best supported in GP. 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 hear about a new SSP mid-block, 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.

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 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 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). 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?'.

In the final session of HHW, all students will conduct (with your support), an observed consultation which you will give feedback on afterwards. A separate guide will be provided for this nearer the time.

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: Relevant practical skills and examinations are formally taught at the university, in lectures and clinical skills labs. New last year was an 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.

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 then ask that you devote 20-30 minutes of the three-hour session to facilitating practice on each other. We think this may fit well after the patient contact and break, but please feel free to do it whenever it best suits your session. 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.

Resources will be provided in the session guide appendix to include slides and info given to students and short videos showing how the students are taught these skills.

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 'WIPER'
        - **W** - Wash hands
        - **I** - Introductions
        - **P** - Gain Permission
        - **E** - Expose as appropriate
        - **R** - Reposition
- 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
- Watch the short video with the students as a reminder for them.

Please then 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.

In addition to this, please 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)
- Please facilitate active discussion round consultation skills. You may ask the he students to give feedback to you on your consulting skills (appraisal folder!) or they can 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.

6. Attendance and assessment

- There is information about student Standards, including confidentiality and information governance, mandatory learning, dress code and Occupational health available here
- 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 if 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 according to local policy then submit a Student Referral Form via this webpage. If you have any questions, please discuss with Dr Jenkins who can liaise with the Faculty of Health Science's Fitness to Practise administrators.

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.

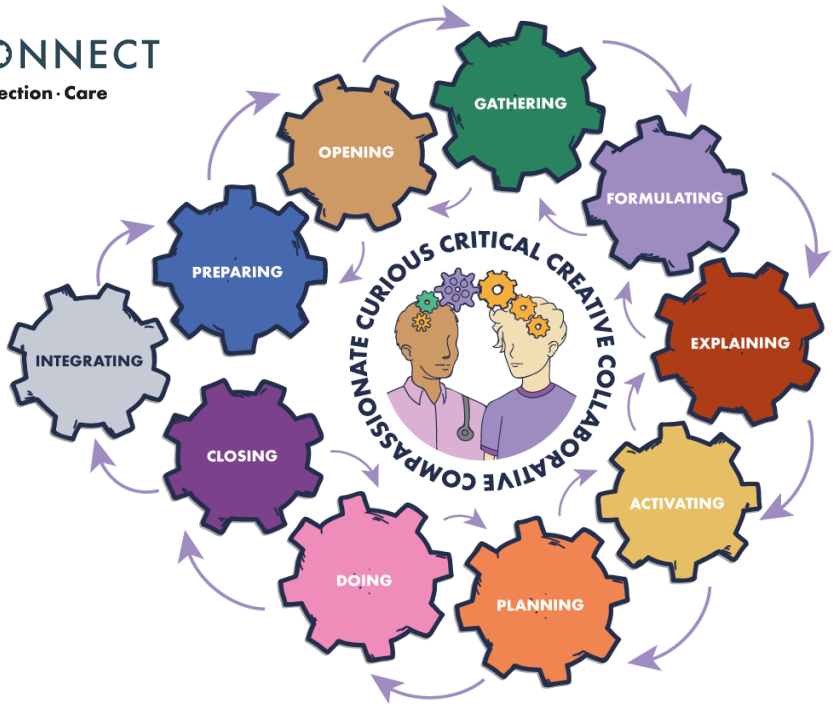
We understand that many of you will not already be familiar with this. Please see below for a visual overview of COGConnect and here for the COGConnect observation guide. The visual overview, observation guide and more information on COGConnect also be found on our website where there is a short YouTube 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 whoadapted 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)117 455 0031
Phc-teaching@bristol.ac.uk
bristol.ac.uk/primaryhealthcare/
@capcbristol.bsky.social

October 2025

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