University of BRISTOL

NIHR | School for Primary Care Research

Clinical Contact in General Practice Years 1 & 2, 2026-27

GP Teacher Workshop

Dr Lucy Jenkins, Dr Georgina Neve, Kiera Jones
Dr Gayani Herath, Dr Rohin Athavale, Sneha Ravi

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Agenda

09:00 – 09:30	Arrival, coffee/tea and registration	
09:30 – 09:45	Introductions and agenda setting	
09:45 – 10:30	MBChB headlines, course overview, feedback and updates	
10:30 – 10:40	**Introducing the student voice – Sneha Ravi**	
10:40 – 11:10	**Teaching tips - learning environments and supervision**	
11:10 – 11:30	Break (new teachers meet with Georgina and Lucy)	
11:30 – 11:45	**The wider context of GP teaching: EC/CBL/clinical skills integration – Dr Gayani Herath**	
11:45 – 12:15	**Beyond the teaching plan: managing student behaviours, concerns and health**	
12:15 – 13:00	Lunch	
13:00 – 13:45	**AI in clinical practice and in teaching – Dr Rohin Athavale**	
13:45 – 14:45	**Year 1: Top tips**	**Year 2: Top tips**
14:45 – 15:00	Round up, CPD and teaching opportunities, close and feedback	

Introductions and agenda setting

Lucy Jenkins

Year 1 CC lead
GP, Concord Medical Centre
Senior Clinical lecturer,
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Georgina Neve

Year 2 CC Lead
GP, Heart of Bath
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Primary Care Teaching
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University of BRISTOL
Bristol Medical School

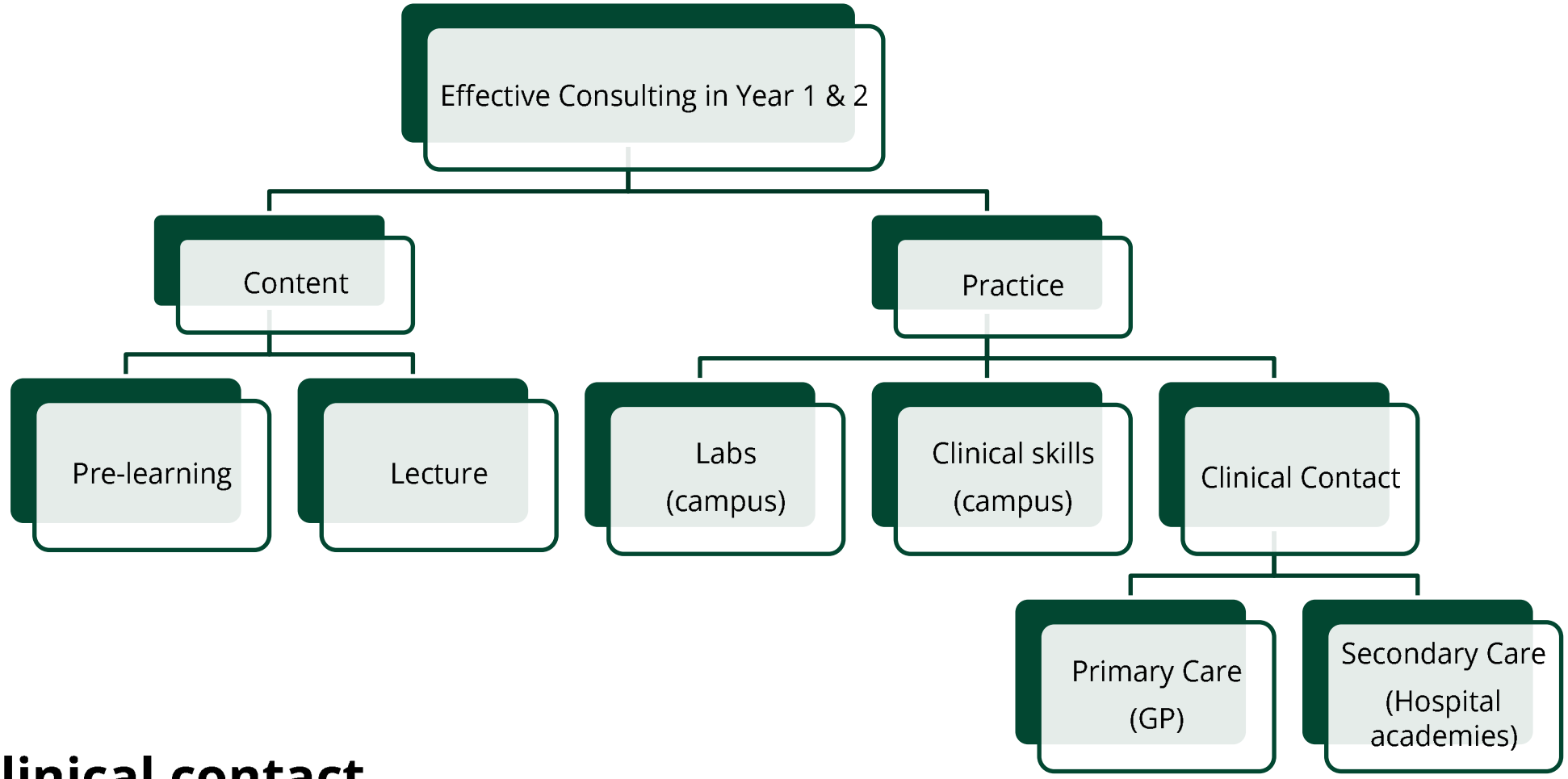
Housekeeping

- Toilets
- Coffee and lunch
- Fire alarms

MBChB course overview and updates

- Case-based learning
- Early patient contact
- Increased clinical skills learning in the early years
- Innovative SSC and intercalation opportunities
- Penultimate year finals
- Year 5 - preparing for professional practice

Increasing Widening Participation initiatives
International Foundation Programme starting September 2026
Graduate Entry Medicine starting September 2027
Professional services restructuring



Aims of clinical contact

Year 1: To introduce students to healthcare environment; gain skills and confidence in talking with patients; understand professionalism

Year 2: To develop students as self-directed, reflective learners; who can consult with patients, practice clinical skills, and think critically about the clinical problems they encounter

Administration

Admin and Organisation

phc-teaching@bristol.ac.uk

- Student placement allocation
- Sending resources and updates (2 weeks before each teaching session)
- Letting us know if you can't teach a session
- Attendance monitoring (and why it is important)
- GP teacher payments

If urgent, call us at **0117 455 0031**

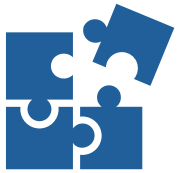
Your expectations of the PHC Team

Teacher guide

- Contains everything you need to know!

Provide themes and structured session plans

- including further reading/signpost to resources as needed
- flexibility where possible/as needed



Administrative support

- E.g., group allocations

Quick response to questions and concerns

- Easily accessible IT/admin support when needed

Guidance and support

- If you are concerned regarding a student's wellbeing or behaviour

Feedback

- Feedback on the course
- Feedback on your own teaching

Reflective template for your CPD

Monthly teaching newsletter

Where to find information

Website: **bristol.ac.uk/primaryhealthcare/teaching/**

- GP teacher guide – step-by-step guide to running a session
- Session plans: emails two weeks before; copies on website

- Contact us at: **phc-teaching@bristol.ac.uk**, who can forward as appropriate to:
  - Lucy (Year 1) lucy.jenkins@bristol.ac.uk
  - Georgina (Year 2) georgina.neve@bristol.ac.uk

Year 1

Year 1 Overview

Start of year 1: Foundations of Medicine (FoM)

- 10-week block introducing ethics, behavioural and social science, EBM, effective consulting (including clinical contact in GP), 3D (disability, diversity, difference), physiology, pharmacology, neuroscience, anatomy.
- Clinical skills teaching
- FoM Conference

Teaching block two: Human health and wellbeing (HHW) - Case based learning

- 7 x fortnightly system-based cases focusing mostly on health and wellbeing (little pathology or symptomatology). MSK, CVS, Resp, GI, Urinary, Neuro and Endocrine.
- Ends with a summative written exam.

Early Clinical exposure

- In GP – 3 times in FOM, 3 or 4 times in HHW.
- TB 2-clinical contact in secondary care
- HCA shift x 3
- BLS training

Learning objectives:

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.

Key information

- 3 x 3 hour sessions in Foundations of Medicine
- Patient contact, observed consultations, clinical skills practice and discussion

Human Health and Wellbeing

- Alternate between GP and secondary care
- Some integration with CBL
- Meet and talk to patients
- Observe doctors at work
- Practice clinical skills on peers/patients
- Develop consultation skills
- Lead consultations

Changes last year

- Earlier session information and shorter session plans
- Clinical skills
- Reviewing the frequency of home visits
- More student involvement in consultations, and student led consultations

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 and participate

Session plan		Morning	Afternoon
Introduction: check in/pre-brief — catch up, discuss session plan, patient, themes	30 min	09:00 – 09:30	14:00 – 14:30
Patient contact – interviews/consultations Minimum one home visit each,	1 hr 20	09:30 – 10:50	14:30 – 15:50
10-minute break			
Debrief and discussion, learning points Clinical 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: own reflective notes, complete attendance form, prepare for next session			

Overview of Foundations of Medicine

Session	Theme/System	Stream A	Stream B	Focus and activity
1 2	FOM1 Patients and Health	01/10/26	08/10/26	Introduction Curiosity **Patient contact: whole group meets & interviews a patient in the surgery with GP teacher present**
3 4	FOM2 The Doctor-patient relationship	22/10/26	12/11/26	Collaboration **Patient contact** • **half the students interview a patient** • **half observe 3-4 GP consultations**
5 6	FOM 3 Professionals and Health	26/11/26	10/12/26	Compassion Patients, carers, colleagues and looking after ourselves **Patient contact** • **half the students interview a patient** • **half observe 3-4 GP consultations** **Clinical skills practice - NEWS**

Human Health and Wellbeing

Session	Theme/System	Stream A	Stream B	EC focus
7	Musculoskeletal system (A)	21/01/27		Preparing and opening
8	Cardiovascular system (B)		04/02/27	Gathering
9	Respiratory system (A)	18/02/27		Formulating
10	Neurological (B)		18/03/27	Explaining
11	Gastrointestinal system (A)	22/04/27		Activating
12	Urinary system (B)		06/05/27	Planning, doing, closing and integrating
13	Endocrine system (A)	20/05/27		Planning, doing, closing and integrating

Average GP1 student feedback

I was made to feel welcome in the practice and I felt like I belonged.	This GP placement advanced my core medical knowledge	My learning time in practice was efficiently structured	The level of responsibility that I was given was about right	It felt inclusive for me and made reasonable adaptation for any additional needs	The distance and travel time to the practice was acceptable
4.89	4.71	4.74	4.81	4.81	3.87

The time spent with allied health professionals was a good use of my time on placement	I enjoyed my GP placement	I received high-quality teaching from my GP teachers	My GP teachers were enthusiastic	During the placement, I was provided with high quality, individualised feedback	My GP teacher shared an authentic picture of GP life
4.70	4.81	4.88	4.89	4.66	4.79

Student feedback

‘Definitely improved my confidence speaking to patients and structuring consultations. At the start I was quite nervous about leading conversations and knowing what questions to ask, but over time I’ve become a lot more comfortable and confident. It’s also helped me improve my communication skills and clinical thinking by seeing a wide range of patients and presentations.'

‘More time in GP please!’

‘It makes the lectures and CBL cases feel more real'

‘The practice treated me like I was already a professional within their team which was very empowering'

Your feedback

'I have really enjoyed teaching this year – the students were really engaged and have shown brilliant communication skills with patients. They always reflect on what they have been doing in EC, and this has brought lots of confidence when seeing patients.'

'The last two sessions where the students got to lead a consultation worked really well - better than expected! Observing them consult gave me more to discuss in their 1-1 feedback conversations and I could be more constructive.'

'Wish I had let the students do their own consultations earlier'

'Brings much needed variety to my working week'

'This feels very worthwhile and it's quite fun'

'The patients seem to like it too'

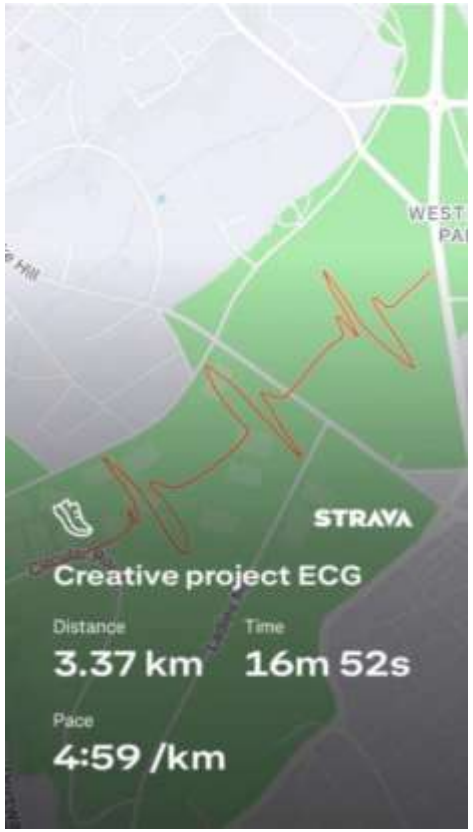
Changes based on feedback

- Keep smaller groups – mostly 4 students
- Clinical skills practice – on peers and opportunistic on patients but not at expense of other patients contact
- Earlier access to session guides which will be kept concise
- Flexibility with location of the patient interview and medical background of the patient. Minimum of one home visit/student
- Increase student involvement in consultations
- Supervised student-led consultations as soon as GP teacher feels is appropriate

Assessment

- Attendance is no longer a progression requirement
- Engagement
- Progress test
- TAB
- Effective Consulting/GP questions in end of year written exam
- Compulsory creative assignment -a piece of creative work and a reflection, based on a real patient encounter
- Showcase work at end of year in EC Lab, prizes and 'exhibited at https://outofourheads.net/

Examples of creative work



More here - https://sway.cloud.microsoft/TA7ZMR6Um4DCYx7l

Year 2

ILOs for Year 2

1. To build on the **foundations laid in Year 1** to enable students to begin learning about disease processes
2. To develop students' understanding of **medical terminology**
3. To continue the development of **communication skills and effective consultation skills**
4. To develop students' **professional behaviour**
5. To continue to help students to function as part of the **NHS and as part of multidisciplinary teams**
6. To allow students to meet patients and discuss their **disease and how it impacts on them**
7. To encourage students to deal with **uncertainty** and doubt within their practice

Year 2 overview [1]

Start of year 2: **Effective Consulting Clerkship** (and **Student Choice Project** which may be clinical placement)

- 3-week attachment to a clinical team in secondary care
- History and examination in key systems (cardiovascular, respiratory, abdominal and neurological)
- Introducing students to clinical reasoning skills

Case based learning

- Autumn system based (TB1): Skin; Body Defence; Pharmacology & Therapeutics; and Anaemia, Blood & Clotting
- Winter/Spring symptom based (TB2): chest pain; breathlessness; abdominal symptoms; urinary symptoms & thirst; joint (including back) pain; low mood; headache; and collapse.

Average GP2 student feedback

I was made to feel welcome in the practice and I felt like I belonged	This GP placement advanced my core medical knowledge	My learning time in practice was efficiently structured	The level of responsibility that I was given was about right	It felt inclusive for me and made reasonable adaptation for any additional needs	The distance and travel time to the practice was acceptable
4.84	4.73	4.62	4.72	4.80	4.04

The time spent with allied health professionals was a good use of my time on placement	I enjoyed my GP placement	I received high-quality teaching from my GP teachers	My GP teachers were enthusiastic	During the placement, I was provided with high quality, individualised feedback	My GP teacher shared an authentic picture of GP life
4.80	4.72	4.82	4.80	4.47	4.69

Creating a supportive learning environment “[My GP teacher] created a very supportive environment where we felt comfortable asking questions and participating in history taking and examining the patients.”

High-quality teaching “Excellent teaching, very useful feedback and engaging sessions. Thank you”

Consolidating learning “Really constructive teaching, super engaging and has been really helpful in consolidating my knowledge”

Opportunities to practise clinical skills “I felt I got to practice taking histories really well this year”

Gaining in confidence

“[My GP teacher] has really helped me become more confident with consulting and doing examinations!”

GP2 teacher feedback

Guidance, teaching plans and support from the university

“The support from the university was really good and I felt well-equipped and empowered to lead the sessions”

GP teachers enjoy teaching the students

“I loved teaching the students and found it really energising on a personal level”

Diversifying patient selection

“It was great trying to diversify the type of patients I brought into these sessions, prompted by talking about that at the start of the year teaching session”

Challenges/opportunities

Travel

Themed patients vs ‘acute’ patients

GP teacher-student relationships

Year 2 overview [2]

- Groups of 4 (can be 3-6) five to six times across the year
- Groups alternate between primary and secondary care
- Must start and finish on time: 9am-12pm or 2am-5pm

Session	Stream A	Topic	Stream B	Topic
1	05/11/26	Skin and Integument	19/11/26	Body Defence
2	03/12/26	Pharmacology	17/12/26	Anaemia, Blood and Clotting
3	28/01/27	Chest Pain	11/02/27	Breathlessness
4	25/02/27	Abdominal Symptoms	11/03/27	Urinary Symptoms and thirst
5	15/04/27	Joint and Back Pain		*No session**
6	13/05/27	Headache	27/05/27	Collapse

** Students attend a secondary care psychiatry setting instead of GP*

Typical session plan

AM	PM	Activity	Details
09:00	14:00	**Set up*** 30 mins	Take register Check in with your students – what have they covered in their campus-based learning this fortnight? Review the session plan and learning objectives Brainstorm topics relevant to patients attending
09:30	14:30	**Clinical** 50 mins	Patient One: Students practise the clinical history (20 mins) and relevant clinical examination (20 mins) with a patient Present a summary to the GP/group and consider clinical reasoning
10:20	15:20	**Break** 10 mins	
10:30	15:30	**Clinical** 50 mins	Patient Two: Students practise the clinical history (20 mins) and relevant clinical examination (20 mins) with a patient Present a summary to the GP/group and consider clinical reasoning
11:20	16:20	**Debrief** 30 mins	Discuss the day's cases and draw out learning points GP to give feedback to students Students to identify new learning needs
11:50	16:50	**Wrap up & close** 10 mins	Plan for next time Submit attendance form register
12:00	17:00	**Close**	

Assessment in Year 2

- Written paper
- TAB
- Optional creative piece
- CAPA

CAPA

Clinical And Practical Assessment

Coombe Dingle Sports Centre, Bristol

6 active stations, each 10 minutes long
2 minutes reading time
1 minute moving time

+ 2 rest stations

Student Voice

Teaching tips

Learning environments
Supporting students

How do you create a supportive learning environment for students?

- 5-minute small group discussion:

- **Think about a teacher or supervisor who helped you learn effectively. What did they do?**

  OR

- **How do you create a supportive learning environment for students?**

How do you create a supportive learning environment for students?

- Approachable
- Encouraging
- Knew their name
- Interested in them personally
- Comfortable asking questions
- Gave constructive feedback
- Allowed mistakes
- Developing a relationship

Inclusive learning environments

- Students learn best when they feel:
  - ✓ Welcome
  - ✓ Respected
  - ✓ Valued
  - ✓ Able to ask questions
  - ✓ Safe to make mistakes
  - ✓ Able to be themselves

Students with additional needs
What is an SSP and what is your role?

- SSP is a Study Support Plan - "a personalised summary of the reasonable adjustments recommended for teaching and assessment"
- Written by Disability Services
- May or may not include details of condition
- Your role: be aware of existence of these (we will email)
- Check with students how to implement adjustments (if needed)
- Keep confidential, or support the student to share with the group if they want to
- Inclusive teaching approach

Welcoming students / the first session

Welcome them, names on noticeboard, tour and introduce to whole practice. Make them feel part of the team

1:1 meeting in first session then email all the students at the end of the first session – separately – to open up a channel of communication, maybe a short walk

Ice breakers – find which works for you, e.g. 'what would you have done if you hadn't picked Medicine? Any idea of what kind of doctor you want to be? Ever met anyone famous?

Ensure they know that group is a **safe confidential space** to learn, be honest, make mistakes etc

Keep notes about each student so can refresh your memory before later sessions; and it helps when asked to complete TAB feedback as well

Follow up with an email if there has been a difficult issue

Feedback at the end - so group have autonomy, be flexible to group needs

Cake/biscuits may help! Start a rota.

Practice Approaches

- Welcome email to whole team to explain who students are and their year and names
- Medical student teaching sign to show patients that you are hosting students
- Encouraging staff to meet students in the coffee room
- Including students in practice-wide meetings
- Share a ‘meet the team’ sheet
- Contact about practicalities e.g. best bus routes and parking spaces
- Tour of the building, space for them to leave their things

Small behaviours with a big impact

Start of placement

- Learn and use names
- Ask about interests and goals
- Clarify expectations
- Explain the structure of the session

During placement

- Check in regularly
- Notice participation changes
- Invite reflection

End of placement

- Ask "What went well today?"
- Ask "What would you like more opportunity to practise?"

Helpful approaches

- Sitting alongside students rather than across a desk
- Welcoming questions
- Admitting uncertainty
- Giving specific positive feedback
- Showing genuine interest

Phrases that help

- "That's a really good question."
- "It's completely normal not to know that yet."
- "Would you like to have a go first?"
- "What are you hoping to get out of today?"

How to manage a challenging learning environment

- Discuss a challenge you have had as a GP educator, or if you are a new GP teacher, are their any challenges you can foresee in your role? – share with the group

Three things students remember

- Did I feel welcome?
- Did I feel safe to learn?
- Did somebody believe I could become a doctor?

- Small teacher behaviours often have the biggest impact on students' confidence, sense of belonging, and learning.

Break

New tutors to meet Lucy and Georgina

EC, CBL and clinical skills

How we can integrate this into our teaching

University of BRISTOL

CBL

- Transitioning to adult learners and exploratory learning, in **2 week blocks**

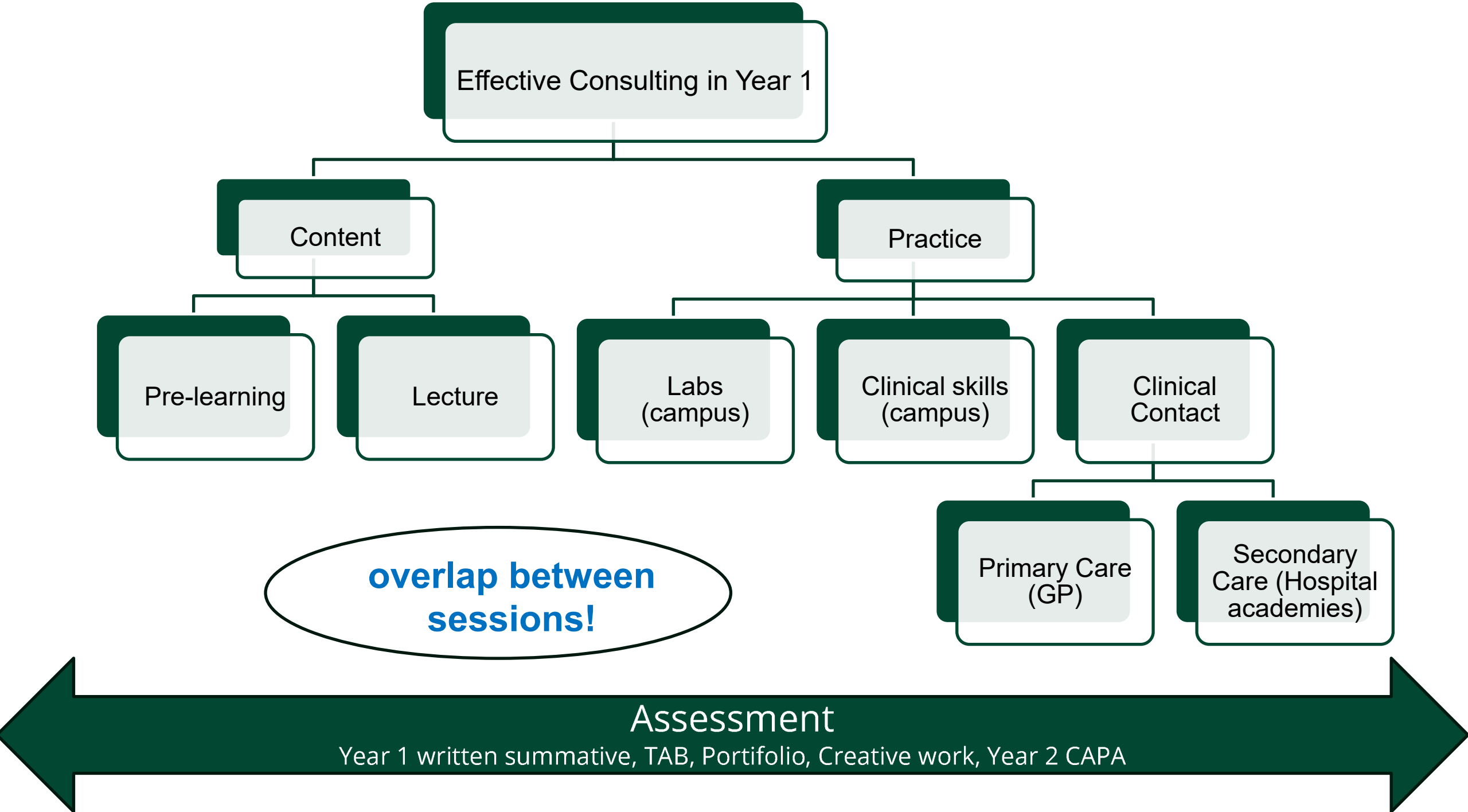
Session 1 – Exploration: analyse the case, ID gaps in knowledge and questions
Session 2 – Knowledge sharing: present information gathered, identify any further gaps +/- update on case
Session 3 – Consolidation: consolidate knowledge of case

Year 1: Focus on health & wellbeing

- TB1: mini-case
- TB2: MSK, CVS, Respiratory, Neuro, GI, Urinary, Endocrine

Year 2: Focus on disease (symptom-based)

- TB1: Skin, body defence, pharmacology, anaemia/blood/clotting
- TB2: Chest pain, breathlessness, abdo Sx, urinary Sx & thirst, joint pain, low mood, headache, collapse


Effective Consulting in Year 1
Content
Practice
Pre-learning
Lecture
Labs (campus)
Clinical skills (campus)
Clinical Contact
Primary Care (GP)
Secondary Care (Hospital academies)
overlap between sessions!
Assessment
Year 1 written summative, TAB, Portifolio, Creative work, Year 2 CAPA

Effective Consulting

[COGConnect module]

The five C's -values that underpin COGConnect

We want to convey a firmly *values driven* approach to consulting. We want all our students graduating from the Effective Consulting Course to be:

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

GP Placement in Year 1

Foundations of Medicine
= the middle bit (values)

Human health and wellbeing
= the outside bit (COGs) Consulting

Patient contact, clinical environment, clinical role models

Clinical skills

- Clinical skills = practical skills related to healthcare provision
- Include:
  - physical examinations (CVS, resp, abdo exams etc)
  - procedures (venepuncture, inhaler technique)
  - processes (documenting and presenting a clerking)

- Progression from Y1 to Y2
- Focus on performing the “routine” in Y1, to fluency and linking to pathology ie relevance of clinical signs in Y2
- Examination protocols

Integrating GP with central teaching

ASK the students what they have covered in the past two weeks

- Check session guide for details of CBL cases and activities in EC lab
- Use the COGConnect consultation observation tool
- Discuss and use the 5Cs reflective tool – make links between learning on-campus and patient contact
- Label and discuss with the students
- Specific activities: One GP runs a mini 'activating' clinic for her students to speak with relevant patients

Beyond the teaching plan: managing student behaviours, concerns and health

Case studies

Health concerns

Please discuss the scenarios on your tables in small groups including:

- Immediate action
- ?notification and escalation
- Documentation
- Your ongoing role

How to manage and when to share concerns **regarding behaviours and professionalism**

Scenario 1: You are supervising a group of Year 1 students who are practising taking capillary blood glucose measurements on each other.

•One of your students has a BM of 30. They are not known to have any medical conditions.
•What do you do?

Scenario 2: You are supervising a Year 2 student who has recurrent migraines, they are experiencing a new visual change which is different from previous symptoms.

•You are concerned about this student. They are the nominated driver in their group.
•What do you do?

Scenario 3: You are supervising a group of Year 1 students. One of them has a nut allergy and is accidentally exposed in the GP surgery with minor symptoms.

•You were not aware of this allergy.
•What do you do?

Scenario 4: You see a patient with heavy periods who is offered the coil. Afterwards one of the students stays behind to ask you about their own symptoms and if they would be eligible for a coil.

•What do you do?

Scenario 5: Two year 1 students report loneliness in an elderly patient who they visited at home. Another student in the group is visibly upset and leaves the room unexpectedly.

•What do you do?

•Scenario 6: One of the students in your group seems disinterested and somewhat distracted, often turning up late, and requesting to leave early on two occasions

- What do you do?

Scenario 1

- You are supervising a group of Year 1 students who are practising taking capillary blood glucose measurements on each other.
- One of your students has a BM of 30. They are not known to have any medical conditions.

- What do you do?

Scenario 2

- You are supervising a Year 2 student who has recurrent migraines, they are experiencing anew visual change which is different from previous symptoms.
- You are concerned about this student. They are the nominated driver in their group.

- What do you do?

Scenario 3

- You are supervising a group of Year 1 students. One of them has a nut allergy and is accidentally exposed in the GP surgery with minor symptoms.
- You were not aware of this allergy.

- What do you do?

Scenario 4

- You see a patient with heavy periods who is offered the Mirena coil.
- Afterwards one of the students stays behind to ask you about their own symptoms and if they would be eligible for a coil.

- What do you do?

Scenario 5

- Two year 1 students report loneliness in an elderly patient who they visited at home.
- Another student in the group is visibly upset and leaves the room unexpectedly.

- What do you do?

Scenario 6

- One of the students in your group seems disinterested and somewhat distracted, often turning up late, and requesting to leave early on two occasions

- What do you do?

Group dynamics

"Problem students"

- Set expectations/group rules for all at beginning – time-keeping; attendance and engagement; safe place to learn. What does a good group look like? How do you want to work together?
- Quiet student - arrange to speak 1:1, are they shy, problems at home

Dominant student – give them a job

- Group dynamics
- Rotate pairings and tasks, assign tasks – "you're doing this next" [keep notes on who's done what]
- Mix groups up
- Consider discussing in 1:1

Student health problems on placement

Immediate Assessment and Patient/Student Safety

- Establish the nature and severity of the student's illness, ensure their immediate safety, and determine whether urgent medical attention is required.

Notification and Escalation

- Inform the appropriate practice lead and relevant university contact
- Practice Response and Support. Consider the impact on clinical activity, provide appropriate support to the student, and ensure confidentiality is maintained while addressing operational needs.
- Consider if student needs Occupational health or university support.

Documentation and Record Keeping

- Record the incident, actions taken, and communications made, following practice policies

Reflection, Learning and Prevention

- Identify any lessons learned, review whether existing procedures were effective, and agree any changes needed to reduce the likelihood or impact of similar incidents in the future.

Your role in student health/support

- Immediate Assessment and Patient/Student Safety
- Role of educator not clinician *'A doctor but not their doctor'*
- Consider if fit to continue with placement that day
- Advise and signpost, incl own GP/wellbeing/senior tutor
- Escalate and notify

Pastoral concerns - listen, support, advise

Discuss and share concerns – so student can get support they need

- Likely to be impacting other areas of the course
- Refer on – signpost help from the most relevant person who has capacity to support and follow them up MBChB Programme Support Request Form
- Contemporaneous notes/secure email
- Factual not opinion based
- Inform the student/copy into comms
- You are not bound by a duty of confidentiality

1. MBChB Programme Support Request Form

- To let us know about difficulties the student is having
- To ask us to meet with the student and formulate a plan
- To let us know information the student wants passed on to other placements
- To let us know what adjustments the student has required
- To ask us for help in supporting the student in any way
- As an access to any other support services.
- **The senior tutors will review each form, contact the referrer and let them know what we have done.**
- There should be no surprises for the student in the form

Lunch

Start back again at 13.00

AI in clinical practice and in teaching

Dr Rohin Athavale

RCGP position on AI in General Practice (Jan 2026)

https://www.rcgp.org.uk/representing-you/policy-areas/artificial-intelligence

- **AI has potential benefits** — can reduce admin workload, improve efficiency and patient access
- **Current uses:** clinical documentation, professional development, admin and some clinical decision support.
- **Key concerns:** patient safety, accuracy, professional liability, regulation, data privacy and environmental impact.
- **RCGP calls for clear national guidance and regulation** to ensure consistent and safe AI use across the UK.
- **GPs should be involved in AI design and implementation**, with appropriate training and ongoing support.
- **AI must be properly evaluated** — including transparent reporting of both benefits, limitations and harms.

Intro to AI in health

Dr Rohin Athavale
Lecturer in medical education

University of BRISTOL

About me

Lecturer at Bristol medical school

- MBChB
- MSc AI for medicine and health
- Research:
  - RAG-LLMs for clinical examinations
  - Systematic review on medical students & LLMs
  - LLMs as OSCE history markers

Session aims

- Describe some applications of AI in health and education
- Discuss how AI can be wrong and impact doctors and patients
- Explore how AI can be used in teaching

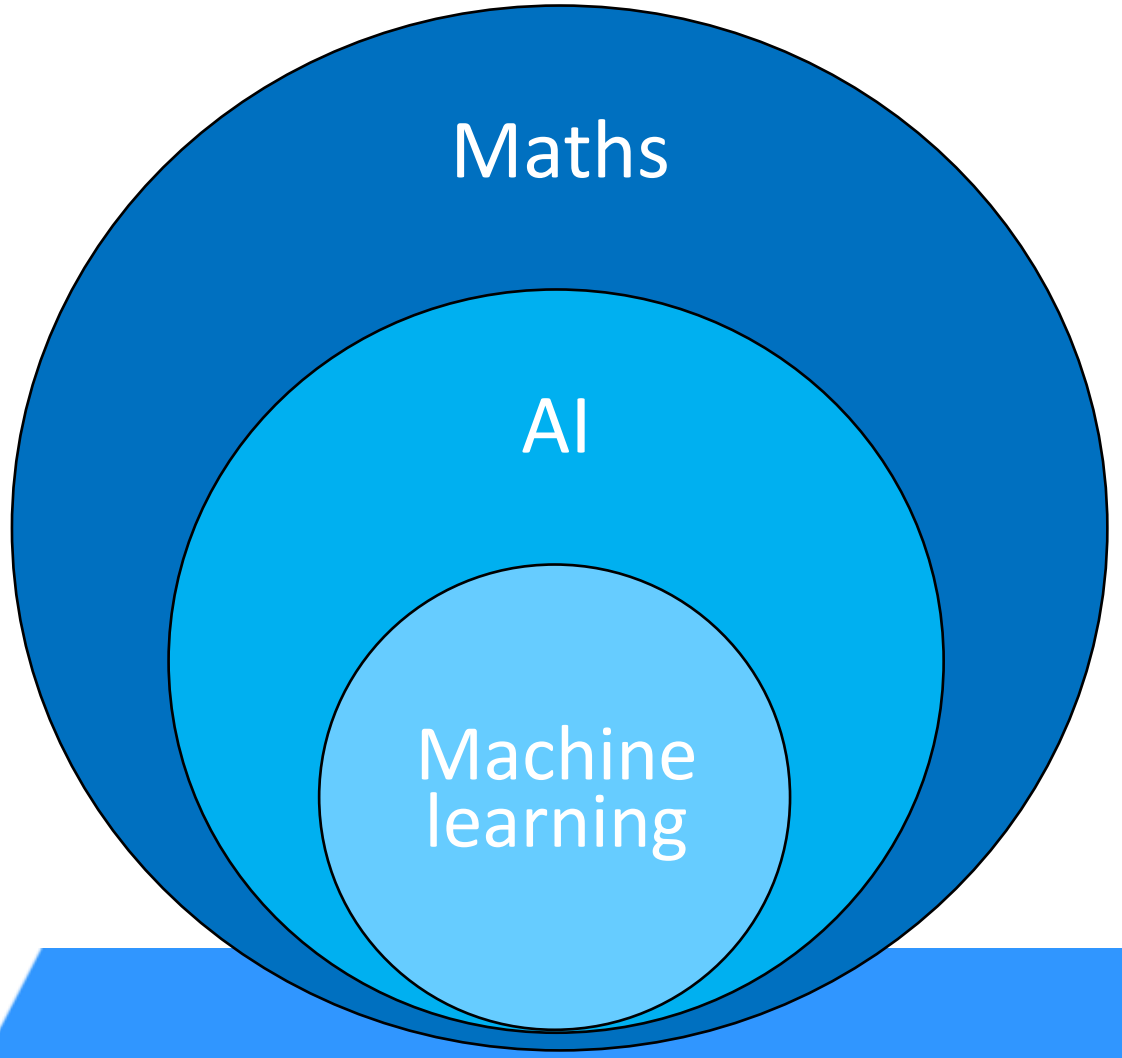
What is AI?

Artificial intelligence

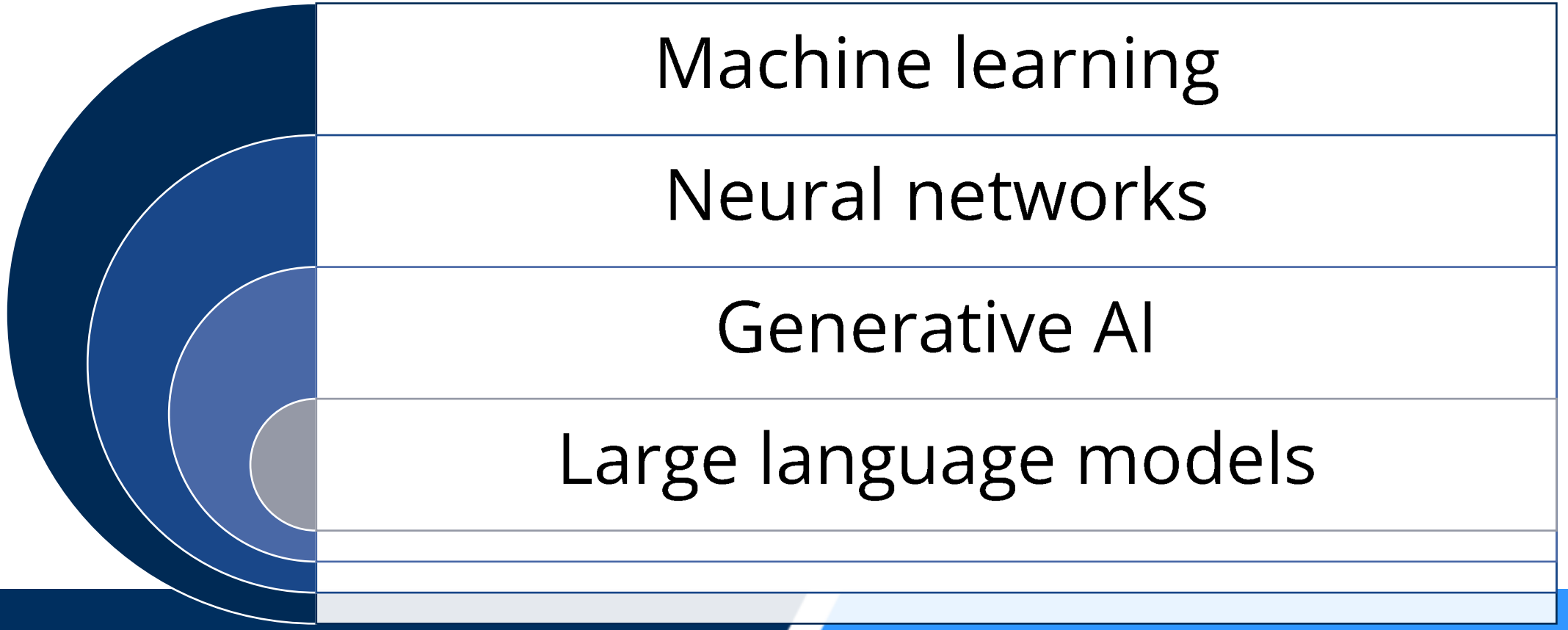
- Technology that mimics human intelligence

Machine learning

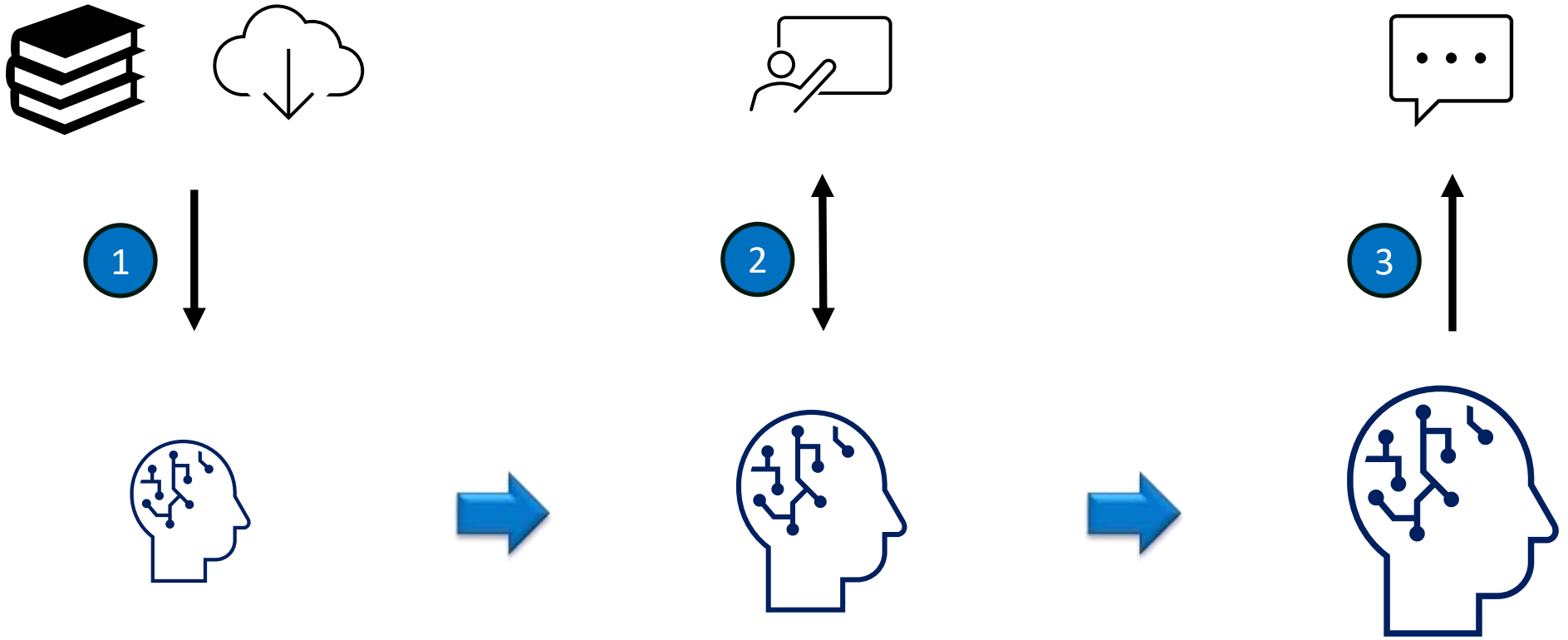
- Programs that analyse datasets, learn from them, and make decisions based on them



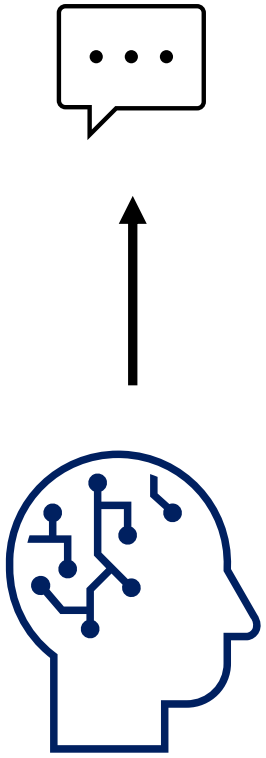
AI in health


Machine learning
Neural networks
Generative AI
Large language models

Large language models



Large language models



"The cat sat on the [?]"

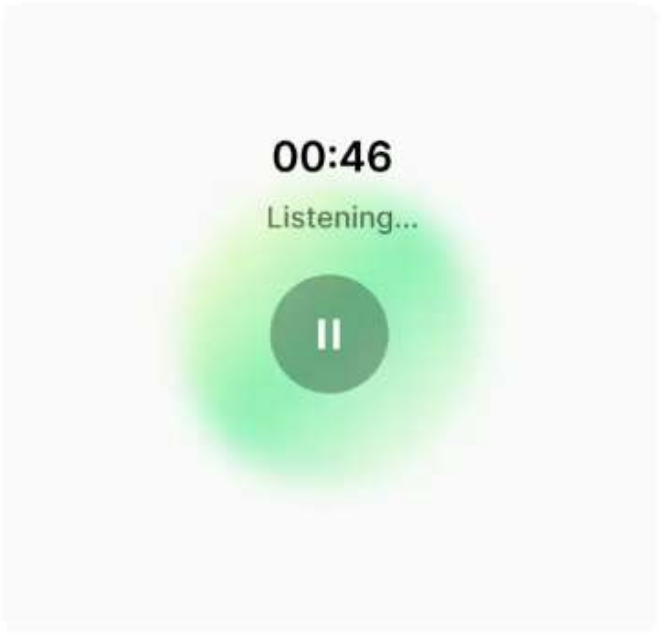
mat

doctor

Tandem health

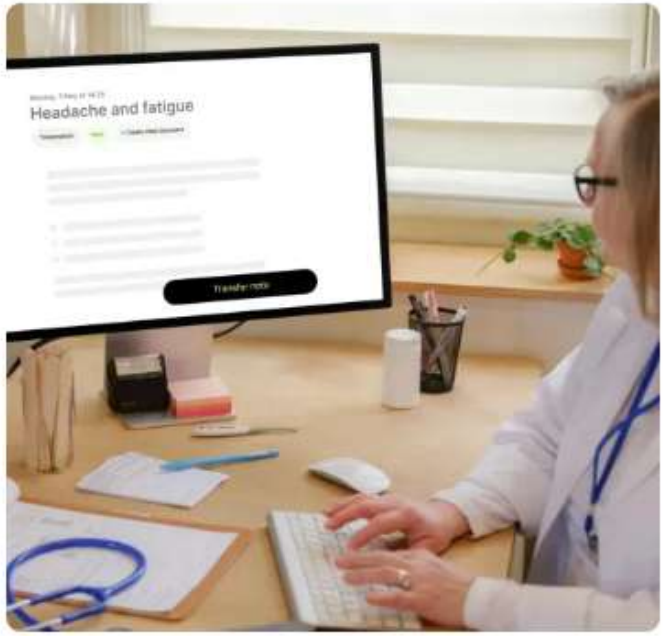
1. Start Tandem

Simply start Tandem on your computer or mobile, and you're all set. It works seamlessly for both in-person and virtual visits.



2. Your note is created

While you care for the patient, Tandem works in the background to draft your note.



3. Review and send

Review the note and send to your medical record system in one click. Then get back to your day.

Tandem

- Do you use ambient scribes in your practice? Why or why not?
- What are some advantages or disadvantages you've found to AI in clinical practice?

LLMs in medical education

PERSONAL TUTOR

INCREASED LEARNING EFFICIENCY

PRACTICE OF COMMUNICATION SKILLS

How can you discuss AI in teaching?

1. Bias in AI – where it comes from; how might it affect patients
2. How might ambient scribes impact the doctor-patient relationship?
3. Are LLMs beneficial or harmful for understanding health information? Is Dr ChatGPT better than Dr Google?
4. Would you rather have your [discharge summary] written by a person or AI? Why?
5. How could the role of doctors change as the role of AI in health increases?

How can you discuss AI in teaching?

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Task 1: bias

Small groups

- Explore how AI can impact doctors and patients
- Discuss some limitations of LLMs
- Describe how these limitations relate to how AI works

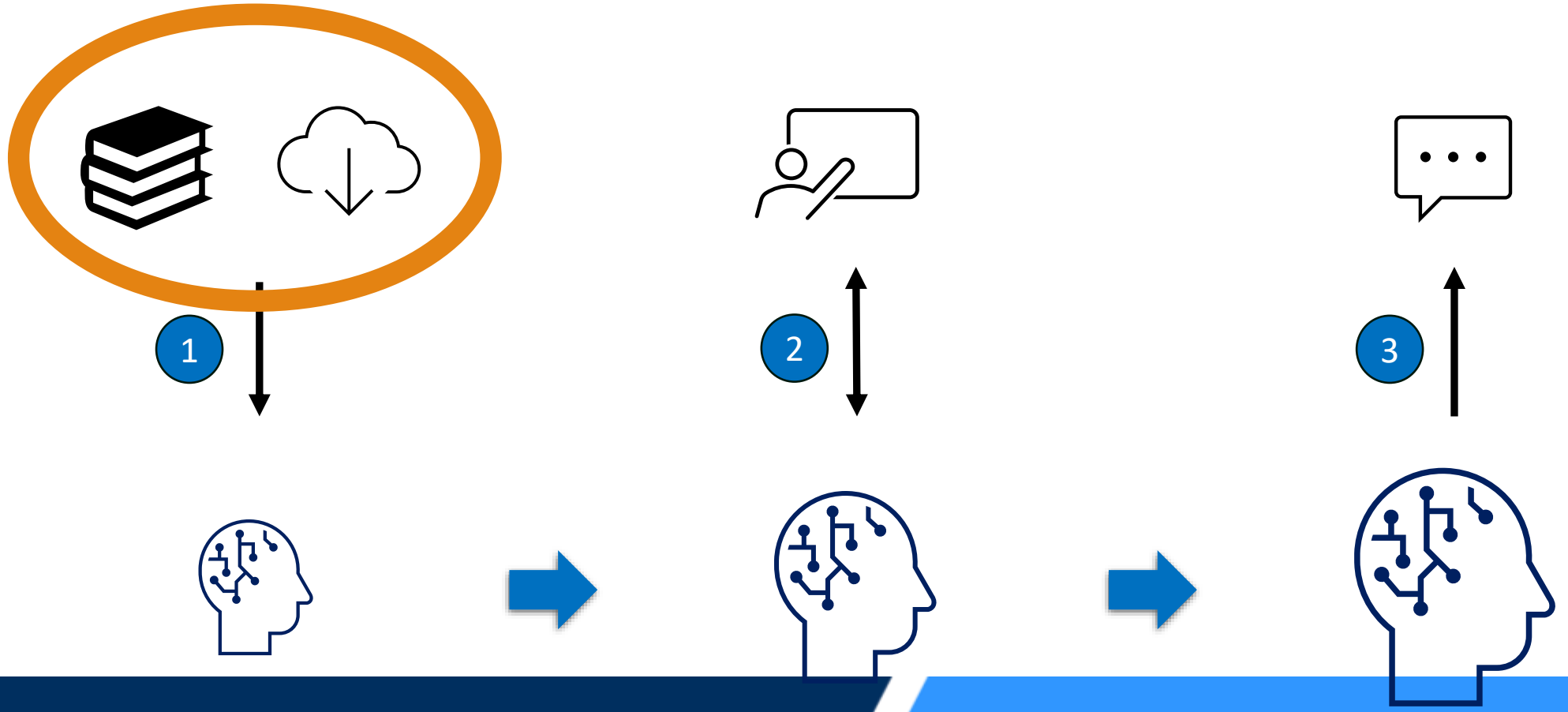
Task 1: bias

At a hospital using an AI symptom checker:

- A man in his 50s writes, “I have chest pain, which came on suddenly at the gym.”
  - *The system recommends immediate evaluation at the emergency department.*
- A woman in her 50s writes, “I feel burning in my chest, like stomach fire, when I walk.”
  - *The system suggests it may be indigestion and advises trying over-the-counter remedies.*

- **What may be some negative consequences?**
- **Is there any evidence of bias?**

Why does AI have biases?



Task 1: bias

- A 54-year-old woman arrives in the emergency department (ED) complaining of chest discomfort and fatigue.
- In a recent GP visit, the note suggested “acid reflux.” The ED physician, after a brief assessment, prescribes medication for acid reflux and discharges her.

- **What may be some negative consequences?**
- **Is there any evidence of bias?**

Comparing bias

- ‘A 54-year-old woman arrives in the emergency department (ED) complaining of chest discomfort and fatigue.
- In a recent GP visit, the note suggested “acid reflux.” The ED physician, after a brief assessment, prescribes medication for acid reflux and discharges her.’

- At a hospital using an AI symptom checker:
- A man in his 50s writes, “I have chest pain, which came on suddenly at the gym.”
  - The system recommends immediate evaluation at the emergency department.
- A woman in her 50s writes, “I feel burning in my chest, like stomach fire, when I walk.”
  - The system suggests it may be indigestion and advises trying over-the-counter remedies.

How are human and LLM biases similar or different?

Which do you think is more dangerous and why?

How might harm from bias be mitigated?

Comparing bias

How might harm be mitigated?

Human:

- Awareness of cognitive biases
- Structured checklists; diagnostic ‘second looks’ etc.

AI:

- Diversifying datasets
- Audits of bias
- Clinician-in-the-loop

How can you discuss AI in teaching?

1. Bias in AI – where it comes from; how might it affect patients
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4. Would you rather have your [discharge summary] written by a person or AI? Why?
5. How could the role of doctors change as the role of AI in health increases?

Further reading

- **How can you discuss AI in teaching?**
- https://drive.google.com/file/d/1I-qVRIwTXd4zk3syX_UbtyjcAGPvXQeq/view?usp=sharing

- **Nature: Transforming Medical Education through Artificial Intelligence**
- https://www.nature.com/collections/ehadbhgiji

- **AI in medicine: an introduction…**
- https://obgyn.onlinelibrary.wiley.com/doi/10.1111/tog.12950

Questions

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Top tips for Year 1

- What does success look and feel like as a year 1 GP teacher?
- How did/might you achieve this?

If you're new – what are you most looking forward to, what are you most worried about?

Experienced tutors:
- What do you usually do that works well?
- Is there anything you want to try or change about your current teaching practice?

New tutors:
- What do you want to ask the experienced tutors?

Possible areas to discuss

- Welcoming students /the first session
- Patient selection including diversity
- Running the session
- Patient interview in surgery vs home visits
- Observed consultations
- Student led consultation
- Clinical skills practice
- Integrating learning
- Giving feedback
- Group dynamics
- Discussion and debrief
- Contingency plans and additional activities

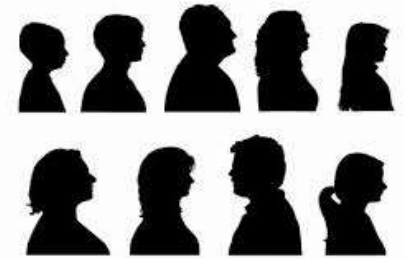
Tips for running a session

How to engage the students and help them to learn

- Ask the student what they are learning this fortnight. Give an overview of the range of issues related to their case-based learning that you commonly see in primary care.
- Have you got any clinical examples to share?
- Any updates on patients you have previously seen together?
- Revisit group rules?

- Brief them on the patients organised for the session (and set tasks) - note patient may not directly link to the case – but may relate to previous cases
- Brief the patient as to how to present/ where to start their story
- Set students observer tasks to keep everyone active and engaged
- For clinical examination assign a peer observer
- Specific student feedback
- Debrief (see next slide)

Identifying and preparing patients



How? Keep a list

- Involve colleagues
- Record ID/names on Excel, share across the practice
- EMIS search or look at recent clinic attendees (e.g. COPD clinic for Resp case)
- Invite patients opportunistically - ask if you can contact them in future (code “Seen by medical students”)
- Ask after if they would like to do it again!

Who? 'Good patients'

- Are **willing and able** to discuss their health, healthcare and lifestyle
- Are **well enough** to speak with students and are reliable
- Have **symptoms or a story** that students can learn from.
- For year 1, simple and nice trumps interesting and complex!
- May be healthy people who have had a life changing non-medical life changing experience
- Are **available** on the date/time of the teaching session

Preparation

- Reminder the day before
- Year 1 home visit letter
- Guide them to talk to the students on and student level
  - what topic of interest is
  - where to start in their story, e.g. from first symptoms
  - how much information to give

Patient interviews and home visits

- Home visit vs in surgery interview – either is fine
- Finding the right patient
- Ensure patient are well enough to speak with students and reliable
- Great opportunity for you to get to know your patients better!
  - Need chatty, engaging patients.
  - Includes healthy people who have had a life changing non-medical life changing experience e.g. pregnancy, bereavement. See study guide f examples
  - For home visits – consider distance, house pets, allergies etc
- Ask colleagues to help to find specific cases
  - Record names/identifiers on Excel sheet, shared across the practice
  - EMIS search or look at recent clinic attendees (eg COPD clinic for Resp case)
  - Invite patients opportunistically - ask if you can contact them in future (add code “Seen by medical students” or similar)
- Ask them after if they would like to do it again! Thank you letters(drop off immed) and Christmas cards
- Consider bringing your 'expert patients' together before the sessions, to share their expertise/experiences

Group dynamics

"Problem students"

- Set expectations/group rules for all at beginning – time-keeping; attendance and engagement; safe place to learn. What does a good group look like? How do you want to work together?
- Quiet student - arrange to speak 1:1, are they shy, problems at home

Dominant student – give them a job

- Group dynamics
- Rotate pairings and tasks, assign tasks – "you're doing this next" [keep notes on who's done what]
- Mix groups up
- Consider discussing in 1:1

Observed consultations

Keep it active!

- How did the consulter introduce themselves and start the conversation?
- Were there any silences?
- Use of verbal/non-verbal communication
- Did a good rapport develop? What seemed to help or hinder this?
- Find examples of closed and open questions and reflect on the effect this has on the encounter
- Were there any difficult parts to the consultation and how were these managed?
- How did the patient make you feel?
- Conversation or consultation structure/flow
- Any cues/hidden agenda/elephant in room
- Patient satisfaction

How to involve students in consultations early on

- Put a copy of the CogConnect map on wall, to refer to
- Use the CogConnect observation guide (if they use it to observe you, log this for your own PDP)
- Ways to get started:
  - Introducing themselves
  - One question each in the history then
  - Share the history, with one summarising
- Give them specifics to look at and encourage structured feedback, e.g. non-verbal comms
- Encourage *constructive* feedback to each other
- Get them to give you feedback – use it for your CPD
- Patient feedback is very powerful, e.g. what makes a good doctor?
- Get them to present back to you

Tips for the student led consultation

- **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 ideal**
- **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 help the prep - briefly brainstorm potential qu based on presenting complaint**
- **GP teachers to briefly discuss with/prime patients before they are called in**
- **Student in hotseat, introduces self/process and starts with open questions, then 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.**

How to give effective feedback

- Students want and need specific and meaningful feedback.
- They don't always recognise feedback - explicitly badge it.
- A student should be able to answer: "**What should I keep doing, what could I improve or work on and how should I go about that?**"
- Involve the student receiving feedback (it is the student themselves who must accept and assimilate feedback) but they also need honesty (blind spots)
- Set expectations in group rules to facilitate honest, constructive feedback
- Make it a conversation
- Get the students to create their own action plan

Further reading:

Twelve tips to promote a feedback culture with a growth mind-set: Swinging the feedback pendulum from recipes to relationships: Medical Teacher: Vol 41 , No 6 - Get Access

Discussion and debrief

- Summarise learning points and identify new learning needs
  - Get each student to identify something they have
    - learnt or understand better now/something that surprised them
    - need to revise/read-up on (and bring back to the group if appropriate)
- Planning for next time:
  - What's the topic?
  - How do you plan to divide the activities/group?

Contingency plans and additional activities

- No show – If time, find a substitute – scan urgent doctor/another person's list that morning/afternoon? Staff member with a PMH? Patient in chronic dis clinic? Observe consultation with (another) GP
- Try a student led consultation
- Activity practising patient introductions (on PHC website)
- Discussing recent cases you've seen relevant to their learning
- Observe telephone consulting or participate if the patient consents
- Show and tell with common consulting room equipment. Practice skills, e.g. a pulse, BP
- 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 using the email phc-teaching@bristol.ac.uk, with password: primcareGP1GP2
- GPs behind closed doors, CSA cases (story/scenario to work through)
- Discussing significant events that have occurred recently at the surgery
- Skills practice – role play: example cases provided in HHW

Ensuring learning applies to diverse populations and different ethnicities

- Discuss demographics of your practice population and where problems/inequalities may occur
- Acknowledge and openly discuss challenges
- Aim for ethnically diverse examples of case presentations – share your past experiences if there are no current examples in your practice population
- Consider differing health needs e.g. SE Asian increased risk DM and implications
- Discuss health promotion in this context
- Decolonisation of the curriculum
- Addressing the awarding gap
- Race and Ethnicity | Bristol Medical School | University of Bristol

Top tips for Year 2

Paired discussions

- If you've taught before – what was a highlight and the lowest point – share this and then start a discussion
- If you're new – what are you most looking forward to, what are you most worried about?

Paired discussion

- Think about feedback – when it’s gone well, when it’s gone less well.
- Why was this?
- What worked?
- What did not work?

Paired discussion

- Experienced tutors:
- What do you usually do that works well?
- Is there anything you want to try or change about your current teaching practice?

- New tutors:
- What do you want to ask the experienced tutors?

Top Tips for Year Two: The first session

The first session is skin and integument (and a new group for body defence)

The tasks:
How to prepare for the first/subsequent sessions.

- Meeting and greeting
- Orientating students
- Outlining expectations
- Establishing goals
- Discussing formal or informal channels of pastoral and/or education support
- Getting to know the students – icebreaker?
- Meeting students individually
- Developing a sense of community for our students
- Developing a sense of belonging for the students

Top Tips for Year Two: The first session

- Choosing a patient (you probably only have time for one person)
- Does not have to have a skin condition – but bring in skin if you can
- Examination skills – vital signs

Setting up for success – first session

- Contact lead student with any info about getting to practice
- Orientate to practice – toilets, where to leave bags, how to contact you on the day e.g. back office number
- Getting to know your students: share something about you, consider icebreaker (but make it low stakes e.g. "a boring fact about you"
- Group rules – hand control for these to your students and then input. Consider professionalism, expectations of clinical practice such as being prompt to sessions, contacting you asap if not able to come. Also think about feedback and how they would like feedback.
- Meet students 1:1. What do they want you to know about them? Can set the other group members the task of writing group rules on whiteboard and photograph – useful to refer back to.
- Managing quieter students - thinking time before answering a question, quizzes where the answers are anonymous such as Kahoot, working in pairs

Session-specific information emailed to you every 2 weeks beforehand

Group arrangements and tasks for sessions

Students

- Check in
- Interview
  - Prepare and open, gather and formulate, etc (refer to COGConnect)
  - Verbal/non-verbal cues, biomedical vs patient perspective, etc
- Examination (use year 2 protocols for clinical examination)
  - WIPE
  - Inspect, percuss, palpate, auscultate
- Presenting/summarising
- Clinical reasoning

Tutor

- Keep order, maintain structure
- Ensure participation of students and comfort/safety of patient(s)
- Time keep
- Link case to previous learning/identify learning needs
- Role model
- Feedback (with opportunity to practise)

Session-specific information emailed to you every 2 weeks beforehand

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Feedback...

- Students should feel good about their efforts but willing to trying new things
- Students need support in learning how to give good feedback – role model
- When **giving** feedback remember to be:
  - Objective, directed at behaviour not person
  - Specific & meaningful
  - Actionable: Something that the student can change
  - Goal orientated: Clear about next steps and when achieved
  - Non-judgemental and end positively
  - Suggestions not advice "I wonder if..." "Something you could try is..."
- Consider ***quote and comment***: "When you said X, I noticed the patient opened up"
- Teaching feedback
  - an essential skill
  - Model it
  - Expect it

Discussion and debrief

- Summarise learning points and identify new learning needs
  - Get each student to identify something they have
    - Identified as a personal development goal
    - learnt or understand better now
    - need to revise/read-up on (and bring back to the group if appropriate)

- Planning for next time:
  - What’s the topic?
  - Consider assigning tasks in advance e.g. who hasn't examined…

Further teaching opportunities

CPD

Final Q&A

Further teaching opportunities

- Teach in other years (packages)
- Small group teaching: **Clinical skills**, Effective Consulting Labs or Year 5 Cluster Based Teaching
- Being an examiner
- Become a Professional Mentor
- Honorary teacher scheme | Centre for Academic Primary Care | University of Bristol
- MBChB admissions interviews (MMIs)
- Student Choice Projects

?Opportunities for peer networking

University of BRISTOL

University of Bristol Medical School are looking for mentors who are above F2 or equivalent to meet with and support our students during their training.

We run mentor events so you can achieve CPD points, meet other mentors and get advice.

WANT TO KNOW MORE?

University of BRISTOL

- The role of a mentor is similar to that of a Personal Tutor on other courses. Mentors meet with their students at least 3 times per year to discuss their professional progress.
- Most of our mentors see their students through from year 1 to year 5 – they find it really rewarding to watch them develop and eventually graduate.
- Our mentors usually take on 3-5 students depending on their other professional commitments or role within the programme.

Scan the QR code to visit
https://medmentors.blogs.bristol.ac.uk/joinus/

You can also contact the Professional Mentorship Team on
med-mentors@bristol.ac.uk

Please get in touch if you have any questions! Thank you

CPD

- Developing your teaching skills: monthly newsletter
- Festival of Teaching – 27th April 2027
- Online training and other workshops from PHC

Health Professions Education | Health Professions Education | University of Bristol

Foundations in Medical Education | Health Professions Education | University of Bristol
Free online course "for colleagues in the University and Clinical Academies who are actively involved in teaching University of Bristol student doctors." Self-learning materials and synchronous tutorials

Optional CPD
Bystander and bias sessions, COGConnect, and gender inclusivity

https://sway.cloud.microsoft/4lGx35fKdY86zy4C?ref=Link&loc=play

https://sway.cloud.microsoft/hfCglLDA6oHqsBcE?ref=Link

https://sway.cloud.microsoft/VGVG0WtMkLoszQ0I?ref=Link&loc=play

GP1 and GP2 Workshop Feedback (17/09/26)

https://forms.cloud.microsoft/e/6gUhVsbLL0

Thank you for listening

bristol.ac.uk/primaryhealthcare/teaching/

Contact us at: phc-teaching@bristol.ac.uk

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