Year 2 GP Teacher Guide 2026-27

GP2

University of BRISTOL

Bristol Medical School

Contents

1. Introduction to Year 2 GP placements

Thank you for teaching Clinical Contact in Primary Care to Year 2 students. This is your Year 2 GP Teacher Guide for this part of the course.

1.1 How the GP placement fits in with the curriculum

The Bristol Medical School undergraduate curriculum is organised around case-based learning. In Year 1 the cases are system based (cardiovascular, musculoskeletal and so on). In Year 2 the students move from systems to symptoms, such as 'chest pain'.

Clinical Contact is part of Effective Consulting, which spans the whole five years of the MBChB curriculum at Bristol Medical School. It provides integrated learning opportunities in Clinical Reasoning, Clinical Communication and Clinical Skills. In Years 1 and 2 Effective Consulting comprises campus-based teaching sessions (lectures, Effective Consulting Labs and clinical skills sessions) and a half day of Clinical Contact alternating between primary and secondary care.

Clinical Contact in the early years aims to develop students in a community of practice:

- Year 1 introduces students to the healthcare environment through Clinical Contact and Healthcare Assistant shadowing; students meet and talk with patients to gain skills and confidence in clinical communication, understand the patient perspective, and meet clinicians and other members of the clinical team to understand professionalism and the role of healthcare in health and wellbeing.
- Year 2 begins with the Effective Consulting Clerkship, a three-week attachment to a clinical team in secondary care. The Clerkship emphasises history and examination in key systems (cardiovascular, respiratory, abdominal) and introduces students to clinical reasoning skills. All students also complete a three-week Student Choice Project; some of these projects include a clinical placement. The rest of Year 2 builds on these experiences, and aims to develop students as self-directed, reflective learners; and compassionate, patient-centred practitioners who can consult with patients, practise clinical skills, and think critically about the clinical problems they encounter.

Year 2 students should learn how to consult with and examine patients, apply their understanding of anatomy and physiology, and practise formulating problem lists and making diagnoses. They are not expected to form detailed management plans but should, over the course of the year, understand how common conditions are usually investigated and treated and learn about commonly prescribed medications.

Over the coming year students cover the following in their Case Based Learning:

- In the Autumn term (Teaching Block One) the cases cover the following **systems**: Skin; Body Defence; Pharmacology and Therapeutics; and Anaemia, Blood and Clotting.
- After Christmas (Teaching Block Two) the cases cover specific **symptoms**: chest pain; breathlessness; abdominal symptoms; urinary symptoms and thirst; joint (including back) pain; low mood; headache; and collapse.

During each two-week case block, Year 2 students also have pre-learning (which can be lecture based) on clinical and consulting skills related to the case-based theme, they meet actors to practise their skills (observed by clinical tutors).

1.2 Clinical Contact in General Practice

Students attend Primary Care placements in groups of four (occasionally up to six) on five or six occasions during Year 2. They alternate each fortnight between primary and secondary care. Please check all the teaching dates (Appendix 1) and put them in your diary now. **If there are sessions you can't manage, please arrange cover with your colleagues.**

GP teachers should invite patient(s) with conditions relevant to the systems or symptoms the students are covering in that two-week block **where possible**. However, we understand the need for flexibility around which patients can attend AND are suitable for Year 2 medical students to consult with. Please try to ensure that students see a wide variety of patients, enabling them to practise the main system examinations across the year, bearing in mind that the students have less experience examining the neurological system at the start of Year 2 and we would ask that this is not the focus until after the Easter break. We also recognise that students may wish to see 'acute' patients with new symptoms and we offer you the flexibility to include these patients too, if appropriate.

Please help students practise gathering clinical information through history-taking and examination using the COG Connect Consultation model.

This GP Teacher Guide is designed to give an overview of GP2; more detailed information will be available for each session on our website. The administration team can be contacted by phone or email for urgent queries on the day.

While students appreciate and usually enjoy being immersed in real life clinical practice at this early stage in training, it can also challenge some and raise anxieties. We know you understand this and will make the students feel welcome. For the occasional student who needs more support please familiarise yourself with the support available for students.

I hope you enjoy the sessions and please let us know if there is anything we can do to help. I would welcome any feedback or thoughts on session development.

Dr Georgina Neve
Lead for Year 2 GP Clinical Contact

September 2026

2.Further information, help and contact details

The GP teaching section of the Centre for Academic Primary Care website www.bristol.ac.uk/capc contains information and links about medical student teaching in General Practice, materials to support this (e.g. description of COG Connect, teaching resources, and teaching policies) and information specific to Year 2.

We circulate regular teaching newsletters with information, updates and workshops. If you do not already receive these, please ask to join the mailing list. Finally, if you are on Bluesky, please do follow @capcbristol.bsky.social.

Please contact a member of the team regarding administrative matters. If you have any questions or comments about the format or delivery of the teaching, please email the Clinical Contact lead.

Main Contact		
Kiera Jones	Primary Care Teaching Administrator	phc-teaching@bristol.ac.uk 0117 455 0031

Year 2 GP Clinical Contact Lead		
Dr Georgina Neve	Year 2 GP Lead	georgina.neve@bristol.ac.uk

3.Overview of Clinical Contact in GP, Year 2

3.1 Key facts

- Usually four students per group (occasionally up to six), 5 to 6 sessions each
- Morning (09.00-12.00) or afternoon (14.00-17.00) session on Thursdays (see Appendix 1 for dates)
- Session duration: 4 hours (1 hour GP preparation time, 3 hours student contact time)

Please adhere to the start and finish times as students must get to (or from) other teaching on the same day.

3.2 Suggested timetable

For sessions up to and including joint pain

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 mins)
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 (10 mins)
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 register
12.00	17.00	**Close**	

*For your **first session** with the students we would like you to get to know your students and orientate them to the practice. Please set aside some time to meet with each student individually for a few minutes, both to get to know them and their needs, and specifically to ask whether they have a Study Support Plan (SSP) and discuss any reasonable adjustments or support that would help them participate fully in the placement.

We suggest you adjust the timings shown above so that you spend the first hour with your students before bringing in a patient. You may only have time to see one patient in the first session.

The final sessions with your students will be either Headache (13/05/27) or Collapse (27/05/27) cases. We would like you to **spend an hour at the end of the session giving students individual feedback** while the rest of the group are facilitated to complete an online questionnaire. It is also a chance for your students to feedback to you about their time in GP. Student feedback is essential to help us understand their experience and continuously improve the placement. We specifically allocate time for this and would also request that you complete our feedback too, once again to allow us to understand more and develop as needed. We will share the students' feedback with their GP teachers, so this feedback is a valuable insight into your own teaching skills.

Adapted session plan for final session Headache (13/05/27) and Collapse (27/05/27)

AM	PM	Activity	Details
09.00	14.00	**Introduction** 15 mins	Take register and check in Brainstorm topics relevant to patients attending
09.15	14.15	**Clinical** 45 mins	**Patient One:** Students practise the clinical history (15 mins) and relevant clinical examination (15 mins) with a patient Ideally neurological examination Debrief and discussion and further learning points (10 mins)
10.00	15.00	**Clinical** 45 mins	**Patient Two:** Students practise the clinical history (15 mins) and relevant clinical examination (15 mins) with a patient Ideally neurological examination Debrief and discussion and further learning points (10 mins)
10.45	15.45	**Break** 5 mins	
10.50	15.50	**Feedback session** one hour	GP teacher to provide individual feedback to students (5-10 mins each) **Students to complete online feedback form** Group feedback on placement and overall learning
11.50	16.50	**Wrap up & close** 10 mins	Submit register, **submit GP teacher feedback**
12.00	17.00	**Close**	

Creating a sense of belonging

Research consistently shows that students learn more effectively when they feel welcomed, valued and part of the clinical team. For many Year 2 students, this placement may be one of their first opportunities to develop an ongoing relationship with a clinician and a practice team.

Simple actions can make a significant difference to students' confidence, wellbeing and engagement. We encourage you to:

- Learn and use students' names.

- Introduce students to members of the practice team where possible.
- Show interest in their experiences, learning and career aspirations.
- Create a supportive environment where students feel comfortable asking questions and making mistakes.
- Recognise that students arrive with different backgrounds, experiences and levels of confidence.
- Encourage participation from all group members and be mindful that some students may need more encouragement to contribute.
- Help students feel included in the practice community, for example by involving them in appropriate clinical discussions or team activities when opportunities arise.

Developing a sense of belonging can support students' learning, professional identity formation and wellbeing, and may be particularly important for students who are new to clinical environments or who have previously felt less connected to medical school or healthcare settings.

Year 2 Learning Objectives

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

3.3 Effective Consulting

At the heart of General Practice is the consultation, and integral to an effective consultation are the core skills of clinical reasoning, clinical communication, and clinical skills. At Bristol Medical School, students learn these skills on the Effective Consulting course which spans the whole 5 years of the MBChB curriculum. When students are with you, they should have many opportunities to practise speaking with and examining patients, and receive feedback from you, based on your direct observations. We have developed a unique visual teaching and learning tool called COG Connect to help students consult and help you structure and communicate your observations and feedback.

Please see Appendix 4 for a visual overview of COG Connect and the COG Connect observation guide. The visual overview, observation guide and more information on COG Connect can also be found on the Year 2 Section of our website.

Using the observation guide will help students prepare for their assessments e.g. CAPA (Clinical And Practical Assessment), OSCEs (Observed Structured Clinical Examinations) and clinical competency assessments that start in Year 3.

If you would like to learn more about using COG Connect in your teaching, please see this e-learning module which contains lots of teaching tips.

4.Teaching session detail

4.1 Preparation and administration

We have allowed one hour preparation/administration time for each three-hour contact session. You will need to use some of this time in advance of the session and on the day to:

- Read this guide and the session plan that relates to that day
- Identify and invite patient(s) to attend; and support with preparing them (see below)

You may want to set up a group email with your students to facilitate communication. **We do not recommend other forms of communication such as WhatsApp** as there is no auditable trail, and we would ask that you encourage all students to check their university email regularly. Do discuss how students can communicate short notice absence with you e.g. a back-office phone number.

After the session you will need time to:

- Submit the attendance form (a link will be emailed to you on the day of the session)
- Make notes to yourself on anything you want to remember about the session e.g. which student(s) consulted or examined, or things to follow-up with the group next time such as reading around a patient condition.
- Deal with any queries or issues

4.2 Identifying and preparing patients

Invite patients to help with the teaching, who:

- Are willing and able to discuss their health, healthcare and lifestyle with early year medical students, to help them practise talking with and examining patients
- Have symptoms or a story that students can learn from. We ask that where possible you link the patient to the case topic the students are learning about, but this is not essential.
- Can attend in person. However, if circumstances mean some valued patients can only contribute by MS Teams or AccuRx, that is also acceptable if you can make the technical and practical logistics work.

We suggest you brief the patient before the session on where to start their story and discuss what to focus on. For example:

- If the patient has multiple problems, you may need to tell the patient that the students are particularly interested in when they were admitted to hospital with <symptom>.
- You may also want to suggest how much information to give, for example “Please don’t tell them straight away that you had <diagnosis>, just start by saying what symptoms you had and how you felt. They will ask you some questions and try and work out what might have happened to you.”

4.3 Introduction

Take the register.

At the **first** session of the year, find out who knows each other in the group, and spend 5-10 minutes agreeing some ground rules. Make it a 'safe' space, where it is okay to:

- take 'time out' and to ask you/the group if they get stuck.
- make mistakes

We would encourage you to spend time with students 1:1 on the first session to see if the student has a study support plan (SSP) or if there is anything helpful that you need to know to support their learning. We are keen for students to get to know their GP teachers and develop a working relationship so please do try and get to know them on a personal level.

Each session: **Check in**: get everyone to speak, by asking after them and their case-based learning this fortnight.

- How are they?
- The students come to you at the end of a case-based learning block. What have they been learning about in this block? What have they enjoyed most? What have they found more challenging?
- Any learning, reflections, issues, or concerns from the previous session with you? Any updates on patients you have seen together.

Review the session plan and learning objectives:

- Spend some time linking their case-based learning to General Practice. For example, if they are doing 'chest pain' have you seen a patient recently with chest pain you can discuss with them?
- What is the plan for the session? Brief them on any planned patients that are coming in. Brainstorm what the students know before the patient comes in: what do they want to find out and why? (It can be useful for the students to see undifferentiated patients where possible e.g. same day presentations)
- Assign tasks as appropriate – which student is going to take the lead on the consultation and/or examination? What tasks are you going to set the observers to support feedback? Consider how those students not in the 'hot seat' can make the most of this learning opportunity.

4.4 Clinical interview/examination

We want students to have as much opportunity as possible to talk to patients and gather information about their presentation, symptoms, and health. We 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.

We suggest that for a group of four students they take turns to interview and examine two patients per session (one could lead the interview with patient 1, and one lead the examination. Then one student leads the interview with patient 2 and one leads the examination). However, we do give you the flexibility to configure your sessions in the way that works best for your situation as this does depend on room availability/size and how many students are in your group.

So, if you have room availability and a bigger group you could have two patients in at the same time in two rooms and move between the groups.

Students also value observing doctors consulting with patients. For example, there may be a patient on the urgent surgery list with a problem pertinent to the week's case – see if they would be willing to be seen by you, with medical students taking part; and debrief medical students on what they saw and heard after the patient has left.

Teaching tips

In Year 2 when students have limited clinical knowledge, they can find it difficult to meet both the doctor's and patient's agendas. Consequently, they can fire a lot of questions at a patient, trying to remember what to ask next, without really thinking about what they are hearing.

- It can help to encourage the students to present a summary of each case to you. Get them to think about what is going on, and why might this patient be presenting at this time.
- Also, encourage students to ask patients what it is like to live with their condition, and what helps them manage their symptoms.

Clinical examination: Ideally, on a patient, but as appropriate/with consent from the group, on each other. Please see MBChB Protocol for peer clinical examination and clinical examination protocols.

Students should appreciate that most diagnoses are made from the patient's narrative combined with the focused information the doctor gathers, mostly from the history but also from physical examination and investigations.

Presenting: Ask your students to summarise their findings to you and the group so that they consider what is important from all the information that they have heard. The following prompts may help:

- Can you summarise what you have found so far? What are the important features/ absence of features here?
- Does it tell a story from beginning to end?
- Can you tell what the probable diagnosis is (main problem)? And what it isn't (differential diagnosis)?
- What is the worst thing it could be (what you must not miss)? (Do this after the patient has left, to avoid inducing unnecessary health anxiety)
- Do you know what the patient thinks is wrong and worried about?

After discussion, please help them summarise using the following suggested structure:

[Demographic] with a background of [PMHx] presented with a [duration] history of [symptom/s] with/in the absence of [associated symptoms]

e.g. *Mr Smith is a 64-year-old builder with a 20-pack year smoking history who presents with a three-week history of non-productive cough with weight loss in the absence of fever.*

4.5 Debrief

This is an opportunity to draw the threads of the session together:

Symptom-orientated learning: Doctors largely use a 'pattern recognition' or 'hypothetico-deductive' model focusing in on what they think is the likely cause of the problem at an early stage. It is useful for students to understand this. A good way to teach the focused approach is to take a common symptom, e.g. breathlessness, and explore how a doctor decides whether this is likely to be due to cardiovascular disease, respiratory disease, anaemia, anxiety etc.

The importance of onset of symptoms: Timeframe of symptoms can support in making a diagnosis, e.g. sudden onset of symptoms in a stroke, compared to slow insidious onset of symptoms with Parkinson's disease, compared to intermittent symptoms in epilepsy.

Patterns of symptoms: The importance of how symptoms come together in specific diagnoses, e.g. the likely diagnosis of pleuritic chest pain in a young thin man is different from pleuritic chest pain in an older person with a temperature and purulent sputum, and different again in a pregnant woman.

Link to students' anatomy knowledge: For example, draw an abdomen and ask the students to think of the organs in the abdomen and add '-itis' to the name. This is a fun way to make them think about abdominal problems and draws on what they already know.

Feedback is one of the most valuable aspects of the GP placement. Year 2 students are still developing confidence in talking with and examining patients, so regular observation and supportive feedback are essential to their learning.

Effective feedback should:

- Be based on direct observation.
- Be timely and specific.
- Highlight effective behaviours and what the student should continue doing.
- Focus on behaviours and skills that can be developed, rather than personal characteristics.
- Encourage reflection and self-assessment.
- Identify one or two clear priorities for future development.

We encourage you to start by asking students how they felt the consultation or examination went and what they were pleased with. This helps develop reflective practice and encourages students to recognise their strengths as well as areas for improvement.

A useful approach is:

- **What went well?** Identify specific behaviours or skills that were effective.
- **What could be even better?** Explore one or two areas for development.
- **What will you try next time?** Agree a practical goal for the student's next patient encounter.

Role model professionalism: Show them that you are continuously learning (PUNs and DENs, appraisal portfolio, etc). Talk about what you do if you don't know, how common uncertainty is and how you manage it. Share the resources you routinely use – BNF, EMIS mentor, websites, books etc.

4.6 Wrap up

Summarise learning points and identify new learning needs: Get each student to say something they have either learnt or understand better now; and something they need to revise or read up on before next time, to bring back to the group if appropriate.

Planning for next time: Think ahead to the next session, is there anything they need to recap or prepare?

4.7 Study Support Plans (SSPs)

Students with a range of disabilities, learning difficulties and other health and mental health conditions can apply to the University Disability Services to be assessed for a Study 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 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 above). If you are advised (at any time) that any of your students have an SSP, you may wish to email the student to advise you are aware, offer the opportunity to discuss or ask if there are any adjustments they feel could help.

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

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

5.Attendance, assessment, and concerns

5.1 Attendance

To pass Effective Consulting, a minimum 80% attendance (including GP placement) is required. Please report attendance using the form that will be emailed to you every week.

5.2 Clinical and experiential learning diary

Students are asked to complete the clinical and experiential learning diary for Year 2, a reflective diary on their portfolio where they can record patients (anonymised) that they have seen, to keep a record of their learning. As a GP teacher, you only need to be aware that students may opt to write up a little about the patients they see with you this year (equally they might choose a patient from secondary care); they have been instructed on how to fully anonymise this. Students are also given the opportunity to submit a piece of creative work based on a patient/s they have met.

5.3 Multi-Source Feedback via Team Assessment of Behaviour (TAB)

As part of Personal and Professional Development within the MBChB Programme, students are requested to undertake Multi-Source Feedback through a Team Assessment of Behaviour (TAB). The main purpose of TAB is for students to gain feedback on their professional development and reflect on the attributes and professional behaviours necessary in becoming a doctor. This includes those skills that are less easily defined, such as working in a team, listening, participation and communicating both face to face and electronically.

Students may ask you for feedback and the email sent to you will contain a link to a form. TAB feedback should take no more than 10 minutes to complete and is structured around four domains:

- Maintaining Trust/Professional Relationships
- Verbal Communication Skills
- Teamworking
- Accessibility

Students should ideally communicate their intention to request feedback from you before sending their feedback request email to you. Feedback is anonymous. You may be asked for your ‘position’ (how you have worked with this student in the context of their course). This will not be shared with the student, but the student’s Professional Mentor will see your name, email address and your position.

Students then meet with their Professional Mentor to discuss their feedback which is released anonymously to the students. Students must complete their TAB to progress to their next year of study on the MBChB programme.

TAB is designed to be a positive process affirming a student’s professional development. Please ensure feedback is constructive and relevant to their year group and where they are in their development towards becoming a doctor. TAB should not be used as a mechanism to report issues such as continued absence or instances of gross misconduct/professional behaviour.

5.4 Assessment

Students sit a summative written exam at the end of the year which includes questions on clinical assessment. There is also a formative (not a pass/fail) Clinical And Practical Assessment (CAPA) at the end of the year which aims to give students a chance to practise their consultation and clinical skills and gain feedback. This also gives them a chance to practise this type of examination in preparation for their clinical assessments in Years 3 and 4.

5.5 Student wellbeing and concerns

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

Student concerns usually fall into the following areas:

1. Professional behaviour/attitude
2. Pastoral
3. Safety – to patients/themselves/colleagues
4. Clinical knowledge/skills including communication

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

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

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

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

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

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

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

6.Appendices

Appendix 1: Teaching dates and topics and Year 2 assessment dates 2026-27

Teaching dates and Topics

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

* Students are not with you this fortnight, as they visit a secondary care psychiatry setting.

Assessment dates

Year 2 Assessments 2026-27	
Progress Test 1	Monday 26th October
Progress Test 2	Wednesday 24th February
Year 2 Formative Quiz	Friday 26th February
Year 2 CAPA	Tuesday 24th May
Year 2 CAPA	Wednesday 25th May
Year 2 end of year exam	Monday 14th June
Year 2 end of year exam resit	Monday 12th July

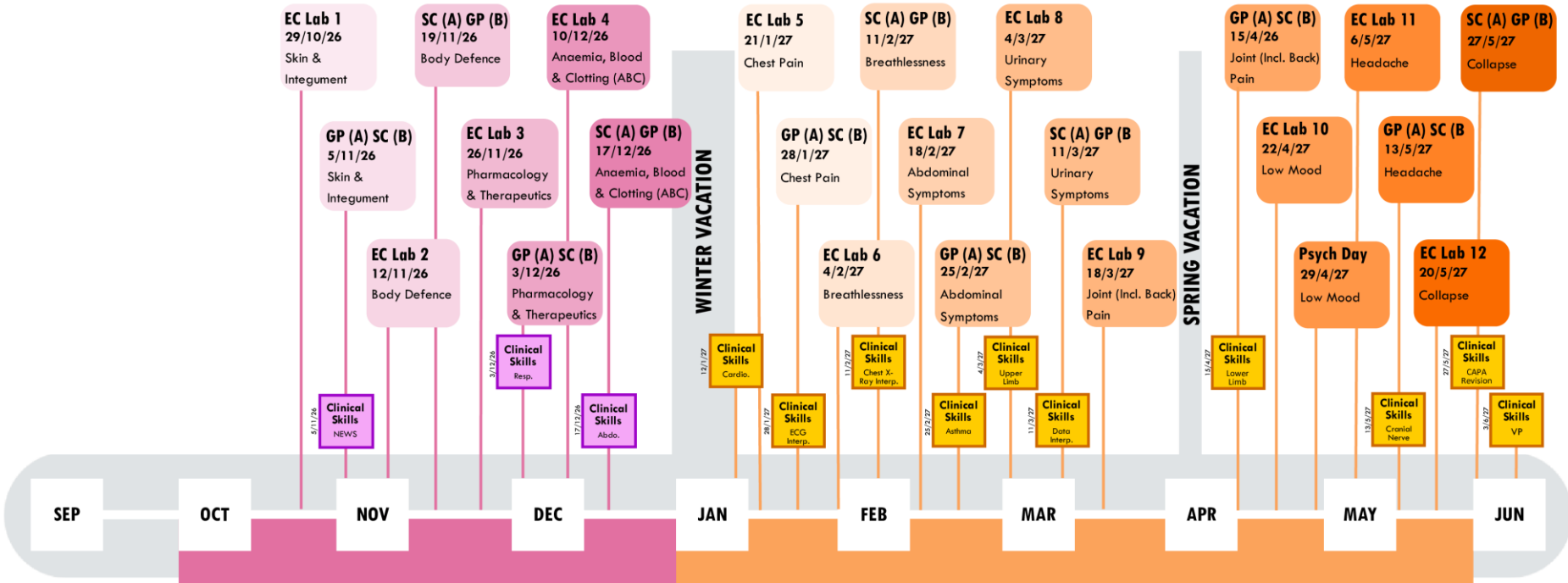
Clinical Skills and Effective Consulting lab dates

Clinical Skills dates and topics	
Date	**Session**
Thurs 05 Nov 2026	NEWS and sepsis
Thurs 03 Dec 2026	Respiratory examination
Thurs 17 Dec 2026	Abdominal examination
Tues 12 Jan 2027	CS: Cardiovascular examination
Thurs 28 Jan 2027	ECG interpretation
Thurs 11 Feb 2027	Chest radiology
Thurs 25 Feb 2027	Asthma and inhalers (MDI/PDI)
Thurs 04 Mar 2027	Upper limb examination
Thurs 11 Mar 2027	CAPA revision: Data interpretation
Thurs 15 Apr 2027	Lower limb examination
Thurs 13 May 2027	Cranial nerve examination
Thurs 27 May 2027	CAPA revision
Thurs 03 Jun 2027	Venepuncture

University of BRISTOL

MBCHB EFFECTIVE CONSULTING ROADMAP

2026-27 - Year 2 (*EC/GP/Sec. Care/Clinical Skills*)



Key:

GP – General Practitioner Visit

SC – Secondary Care Visit

(A) – Student Stream A

(B) – Student Stream B

Appendix 2: Additional teaching resources

These ideas and teaching resources can support your teaching, or plug gaps in the event of patient 'no shows' or other last-minute problems:

- Role playing a simulated patient
- Getting students to practise clinical skills such as taking a blood pressure or a clinical examination such as a respiratory examination on each other as per the protocols we provide
- Discussing recent cases, you've seen relevant to their learning (and supplement with Speaking Clinically). Log in at https://speakingclinically.co.uk/accounts/login/. Use email as phc-teaching@bristol.ac.uk. Password: primcareGP1GP2

Other useful links to help you facilitate the placement

COGConnect tutorial to help you use COGConnect in your teaching

Session plans and session specific information for each session

Clinical examination protocols – for students to follow when examining patients

Protocol for developing clinical skills by examining each other

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

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

Medical Student Understanding – see Appendix 6. This is just for you to discuss and sign with your students, you do not need to send it back to us. Students also complete a form to declare they understand confidentiality.

Appendix 3: Frequently Asked Questions

Can more than one GP deliver the teaching? Yes, although we would prefer no more than two regular GP teachers per block.

Can I change the timings of the day? No, the students have other teaching in the morning or afternoon, so it is important that morning sessions finish by 12pm, and afternoon sessions don't start until 2pm and finish by 5pm.

If I have a GP trainee, can they help? Yes, we welcome involvement from GP trainees and would encourage you to include them in teaching as it is an important part of the RCGP curriculum. However, we ask that a qualified GP has oversight of the student teaching.

Will we still get emailed in advance of the session like last year? Yes, we will aim to email you two weeks in advance of each session with any important information and/or links. The session plans and examination protocols will also be available on our website in advance of the session.

When do we get paid? Payment is retrospective – half-way through the year and again after the final session of the year. After the final session of the year, we also send out a payment form which we ask you to complete, to confirm that you have taught each session. We will pay the practice by BACS transfer. This is the same as our teaching in all other years.

Are the students DBS checked? Yes, the Year 2 students have all been 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). They have also completed a confidentiality agreement (copy available on request).

How should I consent patients for student consultations? We would expect you to obtain verbal consent from the patient.

What should I do if I am unable to teach for any reason? We expect you to arrange for a colleague to deliver the session on your behalf. If this is not possible then we ask that you rearrange the day of the teaching at a time that is agreeable to your students. They cannot opt out of any other scheduled teaching to attend GP sessions.

Appendix 4: COG Connect

Consultation Observation Guide

Use this form to provide feedback for a Consulter. Not all aspects will apply, depending on the nature of the consultation.

Chief Complaint of Patient:	**Score** 0=not done; 1=some done poorly; 2=some done well; 3=most done well				Date: Start time: End time:
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 self, checks correct patient, builds rapport. Identifies the patient's main reason(s) for attending 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:** presenting problem and relevant medical history including red flags, PC, HPC, PMH, RoS, DH & allergies *as appropriate to presentation*.	O	O	O	O	
Elicits the **patient's perspective:** ideas, concerns, expectations, impact and emotions (ICEIE).	O	O	O	O	
Elicits **relevant background information:** 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. Gains consent, cleans hands, examines courteously and sensitively. Explains examination findings.	O	O	O	O	
Formulating	0	1	2	3	Points of strength & Points for improvement
Summarises the information gathered so far. Shows evidence of understanding current problems/issues and differential diagnoses with reference to predisposing, precipitating and perpetuating causes. Makes judicious choices regarding investigations, treatments and human factors (e.g. dealing sensitively with patient concerns).	O	O	O	O	
Explaining	0	1	2	3	Points of strength & Points for improvement
Explains appropriately, taking account of the patient's current understanding and wishes (ICEIE). Provides information in jargon-free language, in suitable amounts and using visual aids and metaphors as appropriate. Checks that the patient understands.	O	O	O	O	Any examples of chunking, checking, clarifying?
Activating	0	1	2	3	Points of strength & Points for improvement
Affirms the patient's current self-care. Enables the patient's active part in improving and sustaining health through, for instance, smoking cessation, healthier eating, physical activity, better sleep and emotional wellbeing. Enables the patient to consider self-care, using skills of motivational interviewing, where appropriate.	O	O	O	O	
Planning	0	1	2	3	
Develops a clear management plan with the patient. Shares decision-making appropriately.	O	O	O	O	
Closing and housekeeping	0	1	2	3	Points of strength & Points for improvement
Brings consultation to a timely conclusion, offers succinct summary and checks the patient understands. 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	
Integrating	0	1	2	3	Points of strength & Points for improvement
Writes appropriate consultation notes, referrals, etc. Identifies any personal learning needs. Identifies any personal emotional impact of the consultation.	O	O	O	O	
Generic Consulting Skills	0	1	2	3	Points of strength & Points for improvement
Posture. *Voice:* pitch, rate, volume.	O	O	O	O	

Listening skills: silence, active listening, questioning techniques. *Counselling skills:* **O**pen questions, **A**ffirmations, **R**eflections (simple and advanced) and **S**ummaries. *Advanced skills:* picking up on cues, scan and zoom, giving space to the patient, conveying hope and confidence.					
Organisation and efficiency	0	1	2	3	Points of strength & Points for improvement
Fluency, coherence, signposting the stages of the consultation. Keeping to time.	O	O	O	O	

The skills of effective consulting are best learned through trying them out and getting feedback on our efforts. Because lots of stuff is going on, even in simple scenarios, it can be difficult for observers to recall their observations. CC-COG has been designed to help observers to structure and communicate their feedback to consulters. COG Connect is a codification of what already happens in practice – so its contents will come as no surprise.

Preparation

1. The observer needs a copy of this form and something to lean on – a clipboard is ideal
2. Observer and consulter can share in advance any areas they might like to focus on *
3. The observer should read over CC-COG in advance of observing (not necessary for the consulter to do this)

During the Consultation

4. Observer pays attention to generic skills and skills specific to particular phases of the consultation
5. Observer should write down snippets of what is said to trigger recall when giving feedback [content]
6. Observer makes evaluative notes as the consultation proceeds [comment]
7. Scoring by the observer [0-3] is optional and more often used when doing OSCE preparation
8. To distinguish “comment” from “content” it may help to use highlighters or different pen colours

After the Consultation

9. The observer should take a minute or so to check over their observations, rather than speaking immediately
10. Observer seeks to identify up to x3 things to affirm, notes any definite errors or omissions and notes up to x3 things that might have improved the consult

When Sharing Observations

11. Ask the consulter's perspective to start – e.g. "how did that one go?" or "what really struck you about that consultation?" or "what were the challenges for you in that consult?"
12. Affirm the skills that the learner has displayed (there will be many)
13. Correct any factual or procedural errors and omissions (learners really value this)
14. Share up to x3 "hypotheses as questions" e.g. "The girl was very quiet, and her mum did all the talking. I wondered what would have happened if you had got more input from the girl?"

After Sharing

15. Observer gives the consulter the Observation Guide with their notes

* CC-COG is based on the 10 phases of COGConnect. One consultation will not cover all of these and in the same sequence. Often, particularly in the simulation context, the learner may focus her efforts on one skill, such as explaining. In real consultations planning such a focus might not be practical for the *consulter*, but the *observer* can choose to focus on a particular aspect – such as body language or the use of open questions.

In group settings, group members can share out the observational roles and feedback giving. So, one learner could focus on feeding back on "information gathered", another on generic consultation skills such as body language or active listening skills.

Appendix 5: List of abbreviations

CAPA	Clinical and Practical Assessment
CAPC	Centre for Academic Primary Care
CBL	Case-Based Learning
CC-COG	Clinical Contact Consultation Observation Guide
COG Connect	Consultation Observation Guide Connect
DBS	Disclosure and Barring Service
DENs	Doctors' Educational Needs
MBChB	Bachelor of Medicine, Bachelor of Surgery
OSCE	Objective Structured Clinical Examination
PID	Patient Identifiable Data
PUNs	Patients' Unmet Needs
SIM	Simulation
SSP	Study Support Plan
TAB	Team Assessment of Behaviour

Appendix 6: Medical student understanding

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

General Practice: Medical Student Undertaking
As a practice we are committed to contributing to teaching and training medical students in a safe environment and will ensure our medical students have adequate supervision. The supervising registered healthcare professional retains overall responsibility for all patient encounters, decisions, and treatment.

Medical students have a duty to follow the guidance here in the GMC's Good Medical Practice.

In addition, Bristol medical students should adhere to the MBChB rules which they can access via SharePoint.

Medical students should have defence union membership which provides important benefits.

Please read the following statements and sign at the end to confirm that you understand them and agree to abide by them during your time at the GP surgery.

It must be clear to patients that you are a "medical student" and not a qualified doctor, it is best to avoid the term "trainee doctor" as this may cause confusion.

You are bound by the principle of confidentiality of patient records and patient data. Students should not, under any circumstances, copy or capture personal identifiable data (PID) (such as name date of birth and address), in any form other than in the patient's medical notes.

Outside of the GP practice, it may be appropriate to discuss cases in general terms. However, this should only be in confidential University teaching sessions, for learning or improvement of patient care, and must be **anonymised.** Any personal notes for your learning you make, including on OneNote, must be anonymised.

Only disclose identifiable information if this is a Uni course requirement e.g. part of a university assignment, and you **must** ensure and document explicit consent from a patient.

You are expected to listen to patients and respect their views, privacy and dignity and their right to refuse to take part in teaching.

You should not allow personal views about a person's age, race, disability, lifestyle choices, beliefs, gender or sexual orientation to prejudice your interaction with patients, teachers, or colleagues.

I confirm that I have read and understood the practice medical student policy

Name: **Signature:**

Year of study: **Date:**