Year 2 GP Teacher Guide 2025-26

University of BRISTOL
Centre for Academic Primary Care

Contents

1. Introduction to the Year 2 GP placements

Thank you for teaching Clinical Contact Primary Care to Year 2 students. This is your teacher's guide for this part of the course.

1.1 How the GP placement fits in with the curriculum

The Bristol medical undergraduate curriculum is organised around case-based learning. In the first year the cases are system based (cardiovascular, musculoskeletal and so on). In the second year 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. All students go to 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.
- Clinical exposure in Year 2 starts with the Effective Consulting Clerkship, a three-week attachment to a clinical team in secondary care. The clerkship emphasizes history and examination in key systems (cardiovascular, respiratory, abdominal) and introduces students to clinical reasoning skills. All students also do a three- week student choice project; some of these projects include a clinical placement. The rest of Year 2 builds on this, and aims to develop students as self-directed, reflective learners; and compassionate, patient-centred practitioners who can consult with patients, practice clinical skills, and think critically about the clinical problems they encounter.

Year 2 students should learn how to talk with and examine patients, apply their understanding of anatomy and physiology, and practice forming 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-based learning cycle, Year 2 students also have pre-learning (which can be lecture based) on the clinical & consulting skills related to the case-based theme, they meet actors to practice their skills (observed by clinical tutors).

1.2 Clinical contact in General Practice

Students come out to primary care, in groups of four (can be up to six) five- or six-times 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 there any you can't manage, please arrange cover with your colleagues.**

GP tutors 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 second year medical students to consult with. Please try and make sure that students see a good mix of patients, and cover practice of 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.

Please help your students practice gathering clinical information through history, and examination using the "COG Connect" Consultation model. This handbook is designed to give an overview of GP2; more detailed information will be available for each session on our website.

The administration team will be available by phone or email for any 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 familiarize 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!

Dr Jess Buchan
Lead for Year 2 Effective Consulting & GP Clinical Contact & Year 2 co-lead

August 2025

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 "X" (Twitter), follow @capcbristol.

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		
Ruby Pallon	Primary Care Teaching Administrator	phc-teaching@bristol.ac.uk 0117 455 0031
Year 2 GP Clinical Contact Lead		
Dr Jess Buchan	Year 2 GP Lead	jessica.buchan@bristol.ac.uk

3. Overview of Clinical Contact in GP, Year 2

3.1 Key facts

- Usually four students per group (up to six), 5 to 6 sessions each
- Morning (0900-1200) or afternoon (1400-1700) session on Thursdays (see Appendix 1 for dates)
- Session duration: 4 hours (GP 1 hour preparation, 3 hours contact time)

Please adhere to these 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**
0900	1400	**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
0930	1430	**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.
1020	1520	**Break** 10 minutes	
1030	1530	**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.
1120	1620	**Debrief** 30 minutes	Discuss the day's cases & draw out learning points GP to give feedback to students Students to identify new learning needs
1150	1650	**Wrap up & close** 10 mins	Plan for next time Submit register
1200	1700	**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 if they have anything relevant to a clinical placement on a Study Support Plan (SSP). **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 in the Headache (14.5.26) and Collapse (28.5.26) 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.

Adapted session plan for final session **Headache (14.5.26) and Collapse (28.5.26)**			
AM	**PM**	**Activity**	**Details**
0900	1400	**Introduction** 15 mins	Take register & check in Brainstorm topics relevant to patients attending
0915	1415	**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 & discussion & further learning points (10 mins)
1000	1500	**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 & discussion & further learning points (10 mins)
10:45	1545	**5 min Break**	
1050	1550	**Feedback session** one hour	GP to give feedback to students individually – (5-10 mins each) Students to complete online feedback form Group feedback on placement and overall learning
1150	1650	**Wrap up & close** 10 mins	Submit register
1200	1700	**Close**	

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 our website.

Using the observation guide will help students prepare for their assessments e.g. 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 handbook and the session plan that relates to that day.
- To identify and invite patient(s) to attend; and to prepare 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 and notes, 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 years medical students, to help them practice talking to and examining them.
- Have symptoms or a story that students can learn from. We ask that where possible you link the patient to the case 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.

Prime the patient before the session on where to start their story and what to focus on. For example:

- If the patients have 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 say 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.
- to make mistakes

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 they have been learning about in this block? What have they enjoyed most? What have they found more challenging?
- Any learning, reflections, issues, or concerns from 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 patient's 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 a lead on the consultation and/or examination. What tasks are you going to set the observers for feedback.

4.4 Clinical interview/examination

We want students to have as much opportunity as possible talking to patients and gathering 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 leads the interview with patient 1, and one leads 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 consult. 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 the MBChB protocol on "Protocol for peer clinical examination"*

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 worries about?

After discussion, please help them summarise using the following:

[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 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: It is important students are observed by you and given feedback and the opportunity to have another go. Invite self-assessment, ensuring the learner lists positive things rather than focusing immediately on what they may be worried they got wrong. Good feedback is:

- Non-judgmental
- Well timed
- Descriptive
- Specific
- Directed at behaviour that can be changed.

"Sandwich" suggestions for change, starting and ending on a positive note with a suggestion for improvement sandwiched in the middle.

Encourage them to identify learning needs and find the answers themselves; you can verify or build on their learning, but do not spoon feed them.

Role model being a professional: 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 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?

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 GP tutor, you only need to be aware that students may opt to write up a little about the patients they see with their GP this year (equally they might choose a patient from secondary care), they have been instructed on how to fully anonymise this. They also have a chance 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 how far along their journey of becoming a doctor they are. 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. The written exam at the end of the year includes questions on clinical assessment. There is also a formative (not a pass/fail) clinical and practical skills assessment (CAPA) at the end of the year which aims to give students a chance to practice their consultation and clinical skills and gain feedback, this also gives them a chance to practice this type of examination in preparation for their clinical assessments in Year 3 and 4.

5.5 Student wellbeing and concerns

Students should engage with teaching, and we would be grateful if you could let us know as soon as possible if you have concerns about a student's engagement or wellbeing.

If you have a concern about a student's performance (for example they seem quiet in a session), please address the issue(s) with the student on a one-to-one basis initially. However, it is important that our students get the support from the right person at the right time, and that you pass on concerns to protect you and the university. Remember, in this role you are their tutor not their clinician. Please encourage students to get support from the University or Academy teams and if necessary, see their own GP.

You can **request support for a student or report a concern** via the MBChB Programme support request form.

Information on student support can be found at University Student Wellbeing page and you can signpost your student here. For help for you to know how to respond to a concern you have about a student's wellbeing or professionalism can be found on the Wellbeing pages of the CAPC website. Please see here for a clear flowchart for how to support students.

Wellbeing Access is not intended to be a route for students to access emergency/crisis support. Students in crisis should continue to be directed towards the appropriate emergency services. If you are you concerned about a student's health and/or wellbeing, please recommend that the student contacts the student advisors as above or advise them to see their own GP/Student Health Service.

If you have an immediate safety or fitness to practice concern, act according to local policy and then discussed with the GP2 lead. There is information on referrals for Student fitness to practise | Faculty of Health and Life Sciences | University of Bristol) but please discuss these concerns with the year lead first.

6. Appendices

Appendix 1: Teaching Dates and Topics and Year 2 assessment dates 2025-26

Session	Stream 2A ("Purple")	Topic	Stream 2B ("Green")	Topic
1	30/10/25	Skin	13/11/25	Body defence
2	27/11/25	Pharmacology	11/12/25	Anaemia, blood and clotting
3	15/01/26	Chest pain	29/01/26	Breathlessness
4	12/02/26	Abdominal symptoms	12/03/26	Urinary & thirst
5	16/04/26	Joint pain	No session	See below*
6	14/5/26	Headache	28/05/26	Collapse

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

Assessment dates

Year 2 2025 –2026 Assessments	
Student Choice (Year 2) Report	Deadline: Friday 17th October 2025
Progress Test 1	Monday 27th October 2025 (marks release: Thursday 13th November 2025)
Student Choice (Year 2) Poster	Friday 12th December 2026 (marks release: Wednesday 28th January 2026
Clinical & Practical Skills Assessment (CAPA) - Formative	Tuesday 2nd and Wednesday 3rd June
End of Year 2 summative exam	Monday 15th June 2026 (Marks release Monday 29th June 2026 resit date Monday 13th July 2026)
Team Assessment of Behaviour (TAB)	Deadline: Friday 16th January 2026

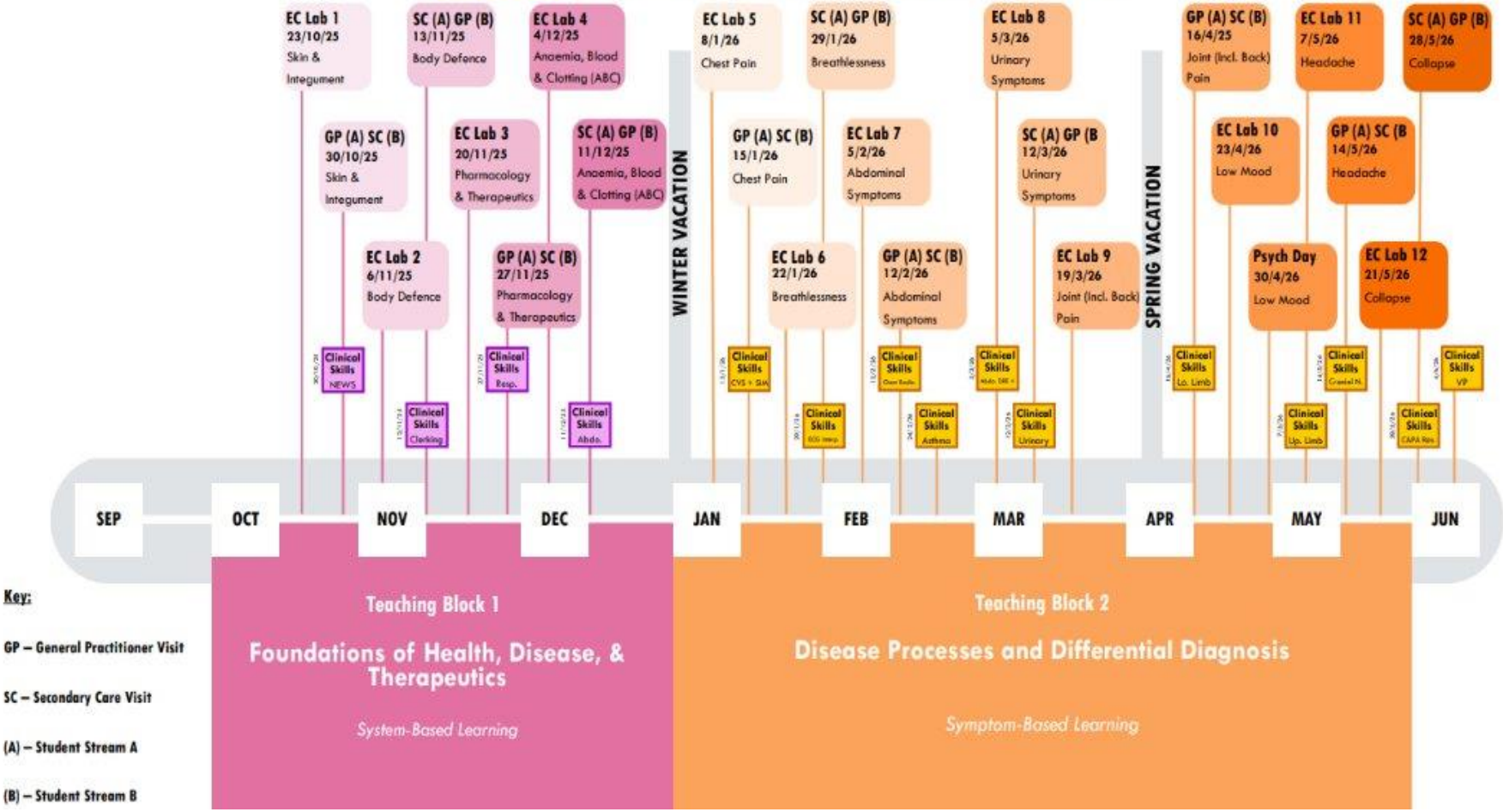
Clinical skills and Effective consulting lab dates

Clinical Skills dates and topics	
Date	**Session**
Thursday 30 October 2025	NEWS and sepsis
Thursday 13 November 2025	Clerking
Thursday 27 November 2025	Respiratory exam
Thursday 11 December 2025	Abdominal exam
Thursday 15 January 2026	CVS + SIM stethoscope
Thursday 29 January 2026	ECG interpretation (?12 lead)
Thursday 12 February 2026	Chest radiology session
Tuesday 24 February 2026	Asthma, peak flow and inhalers (MDI/PDI)
Thursday 5 March 2026	Abdo + DRE + urine dip
Thursday 12 March 2026	Urinary case studies – interpreting dip/MC&S and U&Es
Thursday 16 April 2026	Lower limb neuro examination
Thursday 7 May 2026	Upper limb neuro examination
Thursday 14 May 2026	Cranial nerve examination
Thursday 28 May 2026	CAPA revision (student-led)
Thursday 4 June 2026	Venepuncture

University of BRISTOL

MBCHB EFFECTIVE CONSULTING ROADMAP

2025-26 - 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 practice 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 5. 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 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 12 pm, and afternoon sessions don't start until 2pm and finish by 5 pm.

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

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.	O	O	O	O	

Gives patient opportunity to gain clarity via questions.					
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. *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.	O	O	O	O	
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 do 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: Medical Student Understanding

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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:**