

**YEAR 1 CLINICAL CONTACT IN PRIMARY CARE SESSION**Thursday 5<sup>th</sup> February 2026 – am or pm - group B

Themes: Cardiovascular

Consultation skill: Gathering information

Session plan		Suggested timings: AM	PM
Introduction	20 min	09.00-09.20	14.00-14.20
Patient contact	1 hr. 10 min	09:20-10.30	14.20-15.30
10-minute break			
Debrief and discussion	1hr 10 min	10.40 – 11.50	15.40 – 16.50
Skills practice (20-30 min)			
Close	10 min	11:50 – 12.00	16:50 – 17.00

The busy GP teacher will find all you need to know for the session here. The session format is the same as in the previous sessions. Please use this plan in conjunction with the GP teacher guide which can be found [here](#). Timings are approximate and flexible. Most important is patient contact with subsequent discussion and reflection. Patient contact ideally involves a mix of students observing/participating in consultations and meeting patients, in their own homes if possible. In addition, students can practice their newly acquired clinical and cardiovascular examination skills on each other, and patients, as appropriate.

The consultation skill focus is 'gathering', including finding out the patient's agenda and their ideas, concerns, and expectations. On our website [here](#), you can find more info on this, including links to information extracted from the students' digital notebook (OneNote) and further resources to enable you to help the students make links between the patients they see and their learning at the university. This includes the patient's lifeworld (relevant background factors), the concept of the iceberg and the acronym ICEIE to find the patient's perspective (Ideas, concerns, expectations, impact and emotions).

There is also information about how the students are taught cardiovascular examination.

As ever, please use your own clinical experiences to feed into the discussion. It doesn't matter if you don't cover everything, relevant alternative discussions or activities are fine.

Any problems on the day, please email [PHC-teaching@bristol.ac.uk](mailto:PHC-teaching@bristol.ac.uk) or call 0117 4550031.

**Central University teaching context**

**Case-based learning** focuses on a male student who is training for a marathon. He is motivated by body image. He has considered buying anabolic steroids. He gets lightheaded getting out of the bath. Older members of his family have hypertension. He asks his GP for advice. These sessions are supported by lectures and lab-based practicals. In **effective consulting labs**, the focus is on gathering information and taking a broad history in three domains: the medical problem, the relevant background, and the patient perspective. The students create their own patient scenario, they consider what questions doctors might use to gather information in these areas, and practise this.

**Learning objectives**

By the end of the session, students will be able to:

- Describe the risk factors for cardio-respiratory disease and the role of the clinician in health improvement and illness prevention
- Practise gathering information from a patient building on skills of active listening
- Explain the use of signposting and summarising in the clinical encounter
- Discuss how to manage emotion in the consultation
- Describe the importance of eliciting the patient's agenda and how the patient's ideas, concerns and expectations inform the health professional's understanding of the problem

<b>GP advance preparation</b>	
<ul style="list-style-type: none"> <li>• Read this guide: arrange an appropriate patient (if possible, one with a current or past cardiac condition to meet with half the students (at home or in the surgery).</li> <li>• Arrange a short surgery (3/4 patients) for the other half of the students to observe. These consultations do not have to be linked to the cardiovascular system</li> </ul>	
<b>Welcome, catch-up and introduction (20 min)</b>	09.00-09.20 or 14.00-14.20
<ul style="list-style-type: none"> <li>• Welcome and <b>check in</b></li> <li>• <b>Pastoral</b> check in, anything for you to be aware of? Offer support and one-to-one discussion if needed</li> <li>• Run through the <b>learning objectives, session plan and timings</b> for this session</li> </ul> <p>You may wish to:</p> <ul style="list-style-type: none"> <li>• Revise preparing and opening from the last session</li> <li>• Brainstorm the broad areas of the medical history</li> <li>• Consider the elements of the cardio-respiratory system that can be assessed clinically in GP e.g. pulses, O2 saturations, BP, heart sounds. You may wish to think about how these could be assessed remotely (see p.3)</li> </ul>	
<b>Patient contact (1 hr. 10)</b>	09:20-10.30 or 14.20-15.30
<ul style="list-style-type: none"> <li>• Half the students interview a patient – ideally a home visit but can be at the surgery if needed</li> <li>• The remaining 2 or 3 students observe you consulting with 3 or 4 patients</li> </ul> <p>You may wish to brief the students on the patients in advance. Whether they are interviewing a patient or observing consultations, the students should all introduce themselves to the patient by name and role.</p> <p><b>Patient interview.</b> Ideally, this will be a patient with a current or past cardiovascular problem such as angina, previous MI or CCF. Students should take it in turns to lead the interview and be prepared to feedback to each other on consultation skills (see the GP Teacher guide for practical information about this and a patient letter).</p> <ul style="list-style-type: none"> <li>• Discuss what information can be gathered from active, purposeful observation of patients</li> <li>• Try to gather a history in all three domains</li> <li>• Ask about symptoms and any known risk factors for heart disease</li> <li>• Reflect on how you or the person you observed facilitated rapport with the patient</li> </ul> <p><b>Observing consultations.</b> Ask the students to practice and observe <b>communication skills</b>, for feedback and discussion in the debrief.</p> <ul style="list-style-type: none"> <li>• Verbal/non-verbal communication skills which help the patient tell their story/demonstrated listening</li> <li>• How did you encourage the patient to talk? Were there any silences?</li> <li>• Were there any difficult points in the interview and how did you deal with these?</li> <li>• Observe how the GP prepares for and opens the consultation (COGConnect template, available <a href="#">here</a>)</li> <li>• Reflect on gathering information, the content and process and what questions worked well</li> </ul>	
<b>10-minute comfort/toilet/stretch/tea break as needed</b>	
<b>Debrief and discussion (50 min)</b>	10:40 – 11.50 or 15:40 – 16.50
<p>Ask one student to summarise the patient’s story from the <b>patient interview</b>.</p> <p><b>Discuss and reflect</b> on the patient’s narrative — you may wish to use the reflective tool based on the 5C’s of COGConnect to aid this — available <a href="#">here</a>. Reflect on the experiences of having heart problems and how these impact on patients’ lives.</p> <p>Students should present the patients from <b>observed consultations</b> to the group: followed by debrief, feedback and discussion around any issues that arise.</p> <ul style="list-style-type: none"> <li>• Discuss which communication skills and question types worked well in the patient encounters with specific focus on gathering the history and finding out the patient’s ideas, concerns, and expectations</li> <li>• Discuss risk factors for cardio-respiratory disease and the role of primary care in health improvement and illness prevention</li> <li>• If not done already, discuss cardiorespiratory examination that can be done remotely (see p3 below)</li> </ul>	

**Practical skills:** ideally 20-30 min- can be at any point in the session – and can form part of a patient interview or consultation if felt appropriate.

For general info, tips and peer examination policy, please refer to the practical skills section in the GP teacher guide. In this CVS CBL block, they will have learned a full cardiovascular examination, see [here](#) for specific details of what they are taught. You may wish to ask the students to show you what they learned in the skills session or watch a short video like the one on Geeky Medics [here](#) to remind them.

They have also previously learned:

- NEWS/Vital Signs
- Intro to cardiovascular exam
- Intro to resp exam
- Intro to abdo exam
- Intro to neuro exam (Upper limb)

One student can be the patient, one is the examiner, and others can observe and feedback. Your role is to observe and support them and share your experience of performing these examinations in the primary care setting

**Close (10 min)**

11:50 – 12.00 or 16:50 – 17.00

- **Take home messages** – share something learned/something that surprised them/ a learning goal etc.
- Remind students about their reflective log/ePortfolio
- Discuss what worked well/less well – anything to **stop/start/continue** for future sessions?

#### **GP tasks after the session**

- Make own **reflective notes** on the session if you wish (try to keep a record of which students interviewed patient/consulted).
- Prepare for and consider appropriate patient(s) to invite to the next session (with your other group on Thurs 19<sup>th</sup> Feb 2026, CBL fortnight: Respiratory. Cons skill focus: gathering information and formulating)
- Complete online attendance data on the form emailed by PHC or [here](#).

Any questions or feedback, contact [phc-teaching@bristol.ac.uk](mailto:phc-teaching@bristol.ac.uk) or [lucy.jenkins@bristol.ac.uk](mailto:lucy.jenkins@bristol.ac.uk)

#### **Remote assessment of the cardiorespiratory system**

Ask the students to think about what they already know about how a standard cardiorespiratory examination would be done in GP or hospital and consider which parts of this may be able to be done remotely? Consider the following:

- Observation around the patient. Look for clues like portable oxygen.
- General appearance via video. Do they appear to be in pain or breathless or unwell? Can you assess complexion?
- How much can you easily see by asking the patient to show you e.g. chest wall movements
- Can you count a respiratory rate in a video or telephone consultation?
- Show students the equipment that you use which some patients may have at home e.g. home BP and saturations monitors. Discuss any advantages and disadvantages of this.
- Discuss if and how can we teach our patients to take their own pulse and resp rate remotely.

If needed there are ideas for **optional additional activities** [here](#) or you could try a simple CVS **role play as a group**. An example would be a patient who has recently had an MI who you suspect is not taking their newly prescribed secondary prevention meds. The patient's agenda is centred on fear that they will not be able to return to work/exercise/social life, and they want to know about this.



<p><b>PREPARING</b> <i>Am I prepared?</i></p> <ul style="list-style-type: none"> <li>• Preparing oneself</li> <li>• Preparing the space</li> <li>• Checking the medical record</li> </ul>	<p><b>OPENING</b> <i>Are we off to a good start?</i></p> <ul style="list-style-type: none"> <li>• Establishing the agenda</li> <li>• Establishing relationships</li> <li>• Initial observations</li> </ul>
<p><b>GATHERING</b> <i>Have we covered all the relevant areas?</i></p> <ul style="list-style-type: none"> <li>• Sources of understanding</li> <li>• History</li> <li>• Clinical examination</li> </ul>	<p><b>FORMULATING</b> <i>What is going and what is next?</i></p> <ul style="list-style-type: none"> <li>• Bias checking</li> <li>• Considering the options</li> <li>• Red flag signs and symptoms</li> </ul>
<p><b>EXPLAINING</b> <i>Have we reached a shared understanding?</i></p> <ul style="list-style-type: none"> <li>• Chunking</li> <li>• Checking</li> <li>• Visual Aids</li> </ul>	<p><b>ACTIVATING</b> <i>Is the patient better placed to engage in self-care?</i></p> <ul style="list-style-type: none"> <li>• Identifying problems and opportunities</li> <li>• Rolling with resistance</li> <li>• Building self-efficacy</li> </ul>
<p><b>PLANNING</b> <i>Have we created a good plan forward?</i></p> <ul style="list-style-type: none"> <li>• Encourages contribution</li> <li>• Proposing options</li> <li>• Attends to ICE (IE)</li> </ul>	<p><b>CLOSING</b> <i>Have I brought things to a satisfactory end?</i></p> <ul style="list-style-type: none"> <li>• Summary</li> <li>• Patient questions</li> <li>• Follow Up</li> </ul>
<p><b>DOING</b> <i>Have I provided a safe and effective intervention?</i></p> <ul style="list-style-type: none"> <li>• Formal and informal consent</li> <li>• Due regard for safety</li> <li>• Skillfully conducted procedure</li> </ul>	<p><b>INTEGRATING</b> <i>Have I integrated the consultation effectively?</i></p> <ul style="list-style-type: none"> <li>• Clinical record</li> <li>• Informational needs</li> <li>• Affective progressing</li> </ul>