

YEAR 1 CLINICAL CONTACT IN PRIMARY CARE SESSIONThursday 23rd April 2026 – am or pm – group A

Themes: Gastroenterology

Consultation skill: Activating

Session plan		Suggested timings: AM	PM
Introduction	30 min	09.00-09.30	14.00-14.30
Patient contact	1 hour 20	09:30-10.50	14.30-15.50
10-minute break			
Debrief and discussion	50 min	11:00 – 11.50	16:00 – 16.50
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 in the first few pages. Please use this in conjunction with the GP teacher guide which can be found [here](#).

The session format is the same as in the previous sessions, but there are no specific clinical skills to practice this time. Half the group meet a patient (ideally with a gastrointestinal problem) and half observe and participate in consultations with you. The main consultation skill focus is “**activating**”: thinking about how patients' lifestyles contribute to their health, and how we, as doctors, motivate patients to make lifestyle changes and manage their health and wellbeing. Do share the resources you give to patients to help them to manage their own health e.g. websites, charities. We ask that you also discuss exploring sensitive topics and remote examination of the urinary/GI system. If time, you may wish to revisit specific clinical skills. On our website [here](#), you can find more info, 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.

Timings are approximate and flexible. Most important is patient contact with subsequent discussion and reflection. 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 or call 0117 4550031

Central University teaching context

Case-based learning focuses on patient who is physically inactive and obese and is advised to lose weight. A second patient has diarrhoea and symptoms of a UTI.

Effective consulting labs, the students think about the cycle of change and practise activating a patient (actor) to make diet changes to help manage diverticular disease.

Learning objectives

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

- Describe the importance of activating patient's self-care in the clinical encounter
- Describe how health professionals might activate their own self-care to maintain wellbeing
- Describe the factors involved in the assessment of patients' lifestyle and resilience, and how this can be used to facilitate and activate patients' self-care
- Be aware of the use of motivational interviewing skills in a clinical encounter, which builds on active listening and counselling skills
- Describe an approach to asking sensitive questions (e.g. about bowel and bladder function)
- Describe the importance of eliciting the patient's understanding, ideas and concern for engaging patients in self-care and behaviour change

GP advance preparation

Read this guide: arrange a patient to meet with half the students (ideally in their home). This can be either someone with a current or past GI condition, a chronic health problem/addiction that has required significant lifestyle change 'activation'.

Arrange a short surgery (3/4 patients) for the others to observe. These consultations do not have to be about a GI problem.

Welcome, catch-up and introduction (30 min)

09.00-09.30 or 14.00-14.30

- Welcome and **catch up**
- **Pastoral** check in, anything for you to be aware of? Offer support and one-to-one discussion if needed
- Run through the **learning objectives, session plan and timings** for this session

You may wish to:

- Brainstorm the importance of and aspects of activating
- Discuss how we can ask questions about sensitive issues (see below)
- Discuss a GI examination in GP: can it be done remotely? (see below)
- Discuss Health Professionals' own self-care, do you have any examples of how members of the Practice maintain their own wellbeing?

Patient contact (1 hr 20)

09:30-10.50 or 14.30-15.50

- Half the students interview a patient – ideally a home visit (but can be at the surgery if needed)
- The remaining students observe you consulting with 3 or 4 patients
- You may wish to brief the students on the patients in advance. Whether they are interviewing a patient or observing consultations, all students should all introduce themselves by name and role.

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).

Student tasks:

- Were there any topics that felt difficult or sensitive to raise with the patient?
- Observe and note how you or your GP approached any sensitive topics e.g. weight or bowels
- How did you (or the doctor if you were observing) find out about the patient's lifestyle?
- Were there any opportunities to Activate patient self-care in today's session?
- Do you think there are any lifestyle changes the patients you met could make that would improve their wellbeing? Do you think the patient is motivated to make lifestyle changes? If not, is there anything that they might be needed to make changes e.g. more info or support?
- For these patients, can you, with your GP's help, identify any apps or resources that might help your patients better manage their problems?
- How does your GP look for information that is accurate and evidence based?

Observing consultations. Ask the students to practice and observe **communication skills**, for feedback and discussion in the debrief. **Specific tasks:**

- Think about what information can be gathered from active, purposeful observation of patients
- Observe how the GP prepares for and opens the consultation (COGConnect template, available [here](#))
- Reflect on gathering information, the content and process and what questions worked well
- Can you identify the patient's agenda? What do you think were their ideas, concerns, and expectations about what was going on? What about impact and emotions as well?
- In relation to **activating**
 - *Is lifestyle relevant in this consultation?*
 - *Any opportunity to activate patient self-care? Is the patient motivated?*
 - *How can a GP help with this? What resources might help?*
- If appropriate, observe and note how the GP approached any sensitive topics e.g. weight or bowels

Debrief and discussion (50 min)	11:00 – 11.50 or 16:00 – 16.50
<p>Ask one student to summarise the patient's story from the patient interview.</p> <p>Discuss and reflect on the patient's narrative — you may wish to use the reflective tool based on the 5C's of COGConnect to aid this — available here. Reflect on the experiences of having a GI problem and how these impact on patients' lives.</p> <p>Students present the patients from observed consultations to the group: debrief, feedback and discussion around any issues that arise. Discuss which communication skills and question types worked well with specific focus on gathering the history and finding out the patients' ICE and activating (refer to student consultation observation tasks above).</p> <p>Discuss activating: What? When? How? Any examples where anyone tried to engage a patient in self-care and behaviour change? What resources/apps/charities help patients manage the conditions they live with?</p> <p>Addressing sensitive areas of the history if not already covered.</p>	
Close (10 min)	11:50 – 12.00 or 16:50 – 17.00
<ul style="list-style-type: none"> • Take home messages – share something learned/something that surprised them/ a learning goal • 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 a patient to invite to the next session (with your other group Thurs 7/5/2026, CBL fortnight: Urinary/renal systems. Cons skill focus: planning and doing)
- Complete online **attendance data**
- Any questions or feedback, email phc-teaching@bristol.ac.uk

Debrief and discussion

The students should be starting to present back a coherent narrative about a patient they have seen to you and the group. This is likely to be more of 'the story so far' rather than a structured case presentation but please support them in developing this.

Further information:

Remote examination of the gastrointestinal system

Ask the students to think how they have been taught to do a standard GI examination. The purpose of this discussion is to get the students thinking about the different sorts of consultations that are being carried out and how not all medical consultations are held face to face nowadays.

What can we examine over the phone?

- Patient can self-report weight and height to enable BMI calculation
- Can ask patient if looking/others noticed pallor/jaundice etc.
- Thinking outside the box for proxy measures e.g. reduced frequency of urination or darker urine as markers of possible dehydration
- Self-measured temperature, pulse, and blood pressure.
- As a screening tool, a family member or carer can be instructed on abdominal palpation solely to elicit any signs of tenderness. What are the advantages and disadvantages of this?

On a **video consultation** you may be able to assess colour, general health, body habitus, if in pain.

Clinical Communication: Exploring sensitive topics – info to guide discussion

Doctors have the privilege and responsibility of gathering information about all aspects of a patient's health and life, and as medical students you are often conferred that privilege. To start with it can be nerve-racking asking patients about areas of life that are often 'taboo' like bowel and urinary habits.

Making sure you have got off to a good start (prepared well), developed a good rapport with your patient and explained to them why you are asking (opened well) as this can facilitate gathering this sort of information. The gastrointestinal and urinary system covers several topics that students and patients may perceive to be sensitive areas:

- Weight
- Bowel habit
- Urinary symptoms
- Alcohol intake
- Chance of pregnancy (and sexual history) - you will cover this later in the course.

Medical student anxiety may stem from not being used to asking about these topics, not knowing how to word questions, or not knowing how patients will react. Patient anxiety may stem from embarrassment, worries about being judged, worries about confidentiality or being uncertain of the relevance of the questions they are being asked.

Techniques that decrease anxiety include:

- Explain why you are asking—you may need to address confidentiality
- Ask permission
- Talk in factual terms (not judgmental terms)
- Ask about specifics not generalisations

Preparing the patient and setting the context	"I need to ask you about your lifestyle to better understand your situation" "I need to ask you about your bowels to understand how your gut is working"
Asking permission	"Is it okay if I ask you some questions about your lifestyle to get an understanding of your overall health?"
Ask factual, specific questions	"How often do you open your bowels?" (rather than 'do you open your bowels frequently?' (which contains a judgement)) "Has your weight changed recently?"
Avoid generalisations and judgmental questions e.g. "Do you eat a healthy diet?"	Instead: "Talk me through what you eat in a typical day?"
Normalise	"Sometimes people notice blood in the stool or after they've opened their bowels, is that something you've ever noticed?" Discussing stool consistency with patients can be helped by using the Bristol stool chart see here: https://www.bladderandbowel.org/wp-content/uploads/2017/05/BBC002_Bristol-Stool-Chart-Jan-2016.pdf
Assume the behaviour is already happening (normalizing)	"How often do you have a drink containing alcohol?" (be careful as these might be leading questions...)
Closed questions and a "menu" of responses	When asking sensitive questions, closed questions can help relieve anxiety about how to answer as can giving a menu of responses. "Do you open your bowels; every day, several times a day, or do you go for a day or more without opening your bowels?"

