YEAR 1 CLINICAL CONTACT IN PRIMARY CARE SESSION
Thursday 7th May 2026 – am or pm – group B
Renal/Urinary system
Consultation skills: Planning, Doing, Closing and Integrating

Session plan		**Suggested timings: AM**	**PM**
Introduction	20 min	09.00-09.20	14.00-14.20
Student led consultations (pairs)	1 hr. 30	09:20-10.50	14.20-15.50
10-minute break			
Debrief, discussion and feedback	1hr	11:00 – 12.00	16.00 – 17.00

Please use this session guide in conjunction with the GP teacher guide here. This will be these students last clinical contact in primary care so we would like for them all to try to conduct **one observed consultation** – more about this below. The other two students can use this time to complete the online feedback form, and practise clinical skills. There are suggestions for further activities below if needed. If student consultations are not possible then please follow the previous format whereby half the group interview a patient (at home or in the surgery) and half observe you consulting.

The CBL case has been based on the urinary system so in the intro we ask that you discuss exploring sensitive topics and if time, consider remote examination of the urinary/GI system (see below). In EC labs the students have been focusing on **"planning, doing, closing and integrating"** including the shared decision-making process that supports this, so you may be able to discuss this. As usual, on our website 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.

The final part of the session is for **feedback.** Please can you give each student some individual feedback – including on their communication and consultation skills (if not done in the group debrief).

Any questions or problems, please email phc-teaching@bristol.ac.uk or call 0117 4550031.

Central University teaching context
Case-based learning - The urinary case explores fluid balance, dehydration and overhydration. Two students are training for a marathon debate whether it is better to drink regularly or when thirsty. The second case is a post-operative patient on IV fluids, and how doctors work out how much fluid is needed.

In effective consulting labs: the students have practiced gathering information relevant to urinary symptoms/ diabetes with a simulated patient and then looked at how to plan and close the consultation.

Learning objectives
By the end of the Effective consulting fortnight, students will be able to:

- Describe the structure and components of a well-rounded medical history
- Describe an approach to asking sensitive questions (e.g. about bowel and bladder function)
- Describe the importance of closing consultations effectively, and how to do this
- Describe the importance of planning and shared decision making for best patient care, including the importance of clear safety netting
- Describe the importance of a whole person approach to the consultation and clinical care including the consultation as a therapeutic tool
- Reflect on the importance of partnership and collaboration with patients in all parts of the consultation to provide whole person "patient shaped" care
- Begin their own consultation and complete this with support from their GP teacher where needed

GP advance preparation
Read this guide: set up a short surgery with 4 patients who are appropriate/happy for a year 1 student to lead the consultation with another student observing and GP teacher supervising.

Welcome, catch-up and introduction (20 min) 09.00-09.20 or 14.00-14.20

- 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
- Prepare the students for student led consultations

If time:

- Discuss how we can ask questions about sensitive issues and shared decision making (see below)
- Discuss if the urinary/GI system can be examined remotely. Can remote urine testing help?
- Discuss planning, doing and closing in the consultation, and integrating after, share how you do this

Patient contact (1 hr. 30) Student led consultations 09:20-10.50 or 14.20-15.50

Student led consultations
The aim is to consolidate and authenticate the communication and consulting skills that students have developed through EC labs and patient encounters in their first year. We hope that it will enable provision of specific feedback for each student and will boost their confidence and consulting ability before moving into year 2. Some GP teachers are doing this already, and most students are participating actively in observed consultations, so this is the next step.

We suggest:

- Booking specific patients into 4 x 20min appts – please arrange this in advance
- Careful patient selection- straightforward easy patients - ideally with one simple problem. Minor illness would be ideal for this
- Patient aware and agrees in advance for year 1 student to start and lead the consultation
- Consider aspects of COGConnect 'Preparing' and allow the student to do these
- GP teacher to help the prep - briefly brainstorm potential questions based on the presenting complaint
- GP teachers to briefly discuss with/prime patients before they are called in
- Student in the hotseat, introduces self and process and starts with open questions, attempts history
- GP teacher and one other student observing*
- GP teacher has low threshold to suggest questions/step in, but try to allow the student to continue for as long as possible
- When appropriate, GP teacher to step in and lead on examination, diagnosis and management, but continue to try to enable the student to contribute as much as possible
- At the end, request patient feedback about what the student did well, and on what that patient feels makes a good doctor.

*__Areas to consider for observation and feedback__: Introduction and starting the consultation. Use of open and close questions. Verbal vs non-verbal communication. Rapport building. Gathering the patient perspective/ICEIE. Any difficult parts to the consultation and how were these managed. Consultation structure/flow

The **COGConnect observation guide** here may help to guide and record feedback

Activities for the two students who are not consulting/observing:

- Complete the **online feedback form** (a link will have been emailed to them and is available on OneNote). We will later share this feedback with you.
- Practise clinical skills

- Short patient interview – any condition, or opportunistic e.g. patient attending for vaccine/diabetes review
- Sit in with other GPs/AHCP

Debrief, discussion and feedback (40 min) 11.00 – 12:00 or 16:00 – 17.00

Each student to 'present' their patient to the group. Aim for a simple summary as below

- Student to reflect on how it went, then peer feedback from observing student, followed by feedback from the GP teacher. The aim is for this feedback to be positive and affirming.
- Gentle constructive feedback is fine, and ideally each student will have a specific area to focus on in the next academic year. You may wish to do this as a group, or it can be in the one-to-one feedback if felt more appropriate.

Student tips for presenting a patient in year 1

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.

Tips for summarising

Start with WHAT - write a summary of the information gathered. This is usually a few sentences, picking out the most important findings from your clerking. This can also be a way of preparing to present your case, as the summary can be used as the opening sentence for when you present.
i.e. (*Demographic- age/sex*) with a background of (*PMH*) presented with (*duration*) history of (presenting complaint) with/in the absence of (associated symptoms)
Example : A *55-year-old smoker* with a background of *asthma* presents with a *two-month* history of *increasing breathlessness* associated with a *cough and weight loss of 5kg*.

If time, you may wish to discuss any planning, doing, closing and integrating within the consultation

- *Is there a patient-centred plan or shared decision making?*
- *What is done to end the consultation?*
- *Was there summarising and safety netting?*
- *How might the consulter feel? Was there any integrating?*

Feedback and close (30 mins) 11.30-12.00 or 16.30 - 1700

Spend time with your **group reviewing your sessions** together. What have they learnt? What did they like/what could be improved? Please see tips about giving feedback below.

Please spend a few minutes separately with each individual students giving them **individual feedback** on their progress and what to concentrate on in their clinical and consultation skills learning.

If your student opted to do their EC creative assignment based on a patient encounter in GP, then they may share it with you.

Finish with a **final take home message** about their first clinical contact on their journey to become doctors.

Remind students about their reflective log/ePortfolio.

GP tasks after the session

- Complete online attendance form emailed via PHC or here

Supporting information

Giving feedback

Group feedback. It may be useful, as a group, to reflect upon how the small group worked together. You may wish to ask questions specific to your teaching and practice and use this for your own CPD purposes. Please allow dedicated time for your students to complete the feedback questionnaire that we have sent – and we can later share this with you. The university collects central year 1 feedback which includes questions about general practice, but PHC are not permitted to ask the students further specific feedback questions outside of their time in GP.

Individual feedback. Feedback is a high priority as it contributes greatly to student learning. Your feedback has the potential to help students develop academically, clinically, reflectively. The National Student Survey has previously highlighted that students do not feel they receive enough feedback on their work, so we are encouraging, and labelling this. (You may have already given some feedback via their TAB – thank you for doing this as well).

Principles for giving feedback.

1) Ask the student what they think/how the placement went for them
2) Affirm qualities—individual and thinking about group work, qualities that may help working in a team as a doctor and in future group learning. There is evidence that this is motivating.
3) Areas for development—offer observations, not assumptions. Students are often poor at identifying their weak areas and feedback from others can help them to improve.
4) End on a positive note (completing the feedback sandwich of "positive comment—area for improvement—positive comment")

Feedback should be:

- Constructive
- Specific. Good: "I noticed that you did not greet the patient at the start of the consultation…." Poor: "You seem to have a problem establishing rapport"
- Descriptive and based on observations. Good: "I noticed that you did not make eye contact with the patient…" Poor: "You are a poor at communicating"
- Objective, non-judgmental
- Address behaviour not personality. Good: "I noticed that you chose the treatment option for your patient…." Poor: "You are very paternalistic with your patients…."
- Normalise difficulties.

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?

- Patients 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.

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?"