

YEAR 1 CLINICAL CONTACT IN PRIMARY CARE SESSION
Thursday 21st May 2026 – am or pm. Group A
Endocrinology 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](#). The structure of this session is essentially the same as the one on 7th May 2026, but with your second group of students. 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. Whilst they are doing this, the remaining two students can review and discuss the video of the memory consultation which they have not yet covered, and they can complete their feedback questionnaire. There are some other suggested activities below if needed. If student led consultations are not possible then you can follow the previous format whereby half the group interview a patient (at home or the surgery) and half observe you consulting.

The CBL case has been based on the Endocrine system, and in their 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 consultation skills (if not done in the group debrief).

Any questions or problems, please email phc-teaching@bristol.ac.uk or call 0117 4282987.

Central University teaching context

The **CBL case** revisits Mr. Sayal (GI case) who is losing weight but at risk of T2 diabetes, and a (not diabetic) medical student who panics in an exam as she has not brought food and worries that she will go ‘hypo’. The students’ learning is supported by lectures and practicals. In their **effective consulting labs**, the focus is Integrating, including how we process the emotional aspects of a consultation and any areas for our own development and learning. The students will be showcasing their creative assignments based on a patient encounter in Year 1.

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 planning, doing and closing in the consultation, and share how you do this

Patient contact (1 hr. 30) Student led consultations

09:20-10.50 or 14.20-15.50

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 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:

- Review the memory impairment consultation video and discuss aspects of the consultation in pairs. You do NOT need to go through this with them
- Complete the feedback questionnaire - a link will have been emailed to them and is available on OneNote). We will later share this feedback with you.
- Practise clinical skills

- Sit in with other GPs/AHCP if needed

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.

Students who based their EC creative assignment on a patient encounter in GP may share it with you.

Remind students about their reflective log/ePortfolio.

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

GP tasks after the session

- You may wish to **reflect** on your teaching this year. There is a reflective template available [here](#). You can use this for your appraisal and CPD.
- Complete online **attendance form** emailed through or [here](#)
- Please also complete the **feedback questionnaire** which includes questions about the teaching content, resources, support etc so that we can review and improve next year

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.