

**YEAR 1 CLINICAL CONTACT IN PRIMARY CARE SESSION**  
**Thursday 22<sup>nd</sup> January 2026 – am or pm - group A**

**Themes: Musculoskeletal**  
**Consultation skills: preparing and opening**

<b>Session plan</b>		<b>Suggested timings: AM</b>	<b>PM</b>
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 Skills practice (20-30 min)	1hr 10 min	10.40 – 11.50	15.40 – 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 here. The session format is the same as in the previous sessions, but with skills practice where possible. Please use this plan in conjunction with the GP teacher guide which can be found [here](#). There are also additional resources [here](#)- for your further preparatory reading if you wish -to enable you to help the students make links between the patients they see and their learning at the university. This includes the students' resources on preparing and opening consultations, the impact of MSK conditions and functional assessment, and practical skills information.

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 examination skills on patients and each other as appropriate.

As ever, please use your own clinical experiences to feed into the discussion.

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.** This block, the students are introduced to case-based learning in a small group, facilitated by a tutor. This fortnight, they study the impact that breaking bones has on an 85-year-old man and an 18-year-old girl. This includes the impact on the lives of the patients, as well as the underlying biology of the bone, why these particular breaks happened and how they heal. This is supported by lectures and practicals.

In their effective consulting (EC) lab: they are introduced to preparing for and opening the consultation. There are three scenarios for students to consult with simulated patients: bad back GP consultation, new rheumatoid arthritis in outpatients and a broken foot in ED. The other students observe and give feedback.

**Objectives.** By the end of the session, students will be able to/have:

- Describe how doctors prepare for clinical encounters with patients and how patients might prepare to see their doctors
- Explain how to open a consultation effectively with a patient, including gaining consent and facilitating rapport (students to practice or observe this)
- Describe what can be learnt from active, purposeful listening to and observation of patients
- Reflected on consultation skills to help patients explain their personal stories
- Understand the patient perspective
- Based on their experience with the expert patient: describe generally how MSK conditions can impact on patients and describe aspects of the environment that can impact on functional ability
- Identify some solutions that have been found for problems encountered and some problems that still remain an issue for the patient.
- Describe the elements of a functional assessment including functional loss, limitation of activity, and restriction of participation.

<p><b>GP advance preparation</b></p> <ul style="list-style-type: none"> <li>• Read this guide: arrange a patient – ideally with a current or past MSK problem (e.g. back pain, OA, rheumatological condition, joint replacement) to meet with half the students (at home or in the surgery). If you cannot have an appropriate MSK patient, other conditions will be fine.</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 system in case-based learning.</li> </ul>
<p><b>Welcome, catch-up and introduction (20 min)</b> <span style="float: right;">09.00-09.20 or 14.00-14.20</span></p>
<ul style="list-style-type: none"> <li>• Welcome and <b>check in</b> after the holiday</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>• Brainstorm how doctors, and their patients, prepare for clinical encounters. Discuss what you do. Show the students the electronic medical record you use to prepare e.g. last consultation/recent letters/results.</li> <li>• Discuss opening statements for doctors and students (NB the clerking consultation/patient interview (what students do) is different from a ‘real’ consultation.) The students will have come up with their own opening statements and practiced these in EC last block</li> <li>• Practice introductions and opening the consultation in different scenarios using the fun activity <a href="#">here</a>.</li> <li>• Ask students to consider aspects of patients you can observe before you have even started talking to them e.g. Gait, posture, facial expression and general demeanor, clothing and grooming, height and weight, odour, use of aids e.g. walking stick</li> </ul>
<p><b>Patient contact (1 hr. 10min)</b> <span style="float: right;">09:20-10.30 or 14.20-15.30</span></p>
<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 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 and explain the purpose of the interview.</p> <p>Ask the students to observe <b>communication skills</b>, for feedback and discussion in the debrief.</p> <ul style="list-style-type: none"> <li>• <i>Verbal/non-verbal communication skills which help the patient tell their story/demonstrated listening</i></li> <li>• <i>How did you encourage the patient to talk? Were there any silences?</i></li> <li>• <i>Were there any difficult points in the interview and how did you deal with these?</i></li> <li>• Observe how the GP prepares for and opens the consultation (COGConnect template, available <a href="#">here</a>)</li> </ul> <p>Meeting a patient with an MSK problem:</p> <ul style="list-style-type: none"> <li>• Discuss which areas of the patient's life have been most affected by the condition</li> <li>• Identify any solutions for problems encountered and any problems that remain an issue for the patient</li> <li>• Discuss what information can be gathered from active, purposeful observation of patients</li> </ul>
<p><b>10-minute comfort/toilet/stretch/tea break as needed</b></p>
<p><b>Debrief, discussion and practical skills</b> <span style="float: right;">10.40 – 11.50 or 15.40 – 16.50</span></p>
<p>Discuss which communication skills and question types worked well in the patient encounters with specific focus on preparing and opening</p> <p>Ask one student to summarise the patient’s story. <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>.</p>

- Reflect on the experiences of having a mobility issue and how this may impact on patients' lives e.g. Physical symptoms e.g. pain, loss of function, mobility. Also, emotional wellbeing, work, social life, hobbies
- Discuss the functional ability of the patient (you can read more about this in the additional info)
- Consider interventions that reduce the impact of injuries and immobility e.g. Symptom control: pain relief or reducing inflammation through RICE if swollen joint. Information. Aids/Adaptations. Support—physical, financial, social, emotional. Psychological intervention. A change to their working hours or role etc.

**Practical skills:** can be at any point in the session

For general info, tips and peer examination policy please refer to the practical skills section in the GP teacher guide. You may wish to ask the students to show you what they learned in the lecture and skills lab or watch the short video with the students as a reminder for them. In this first MSK CBL block, they will have learned knee examination. 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 and 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 to invite to the next session (with your other group Thurs February 5<sup>th</sup>, 2026, CBL fortnight: Cardiology. Cons skill focus: gathering information)
- 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)

Please note there are additional resources on the PHC website [here](#) you would like to read more:

1. COGConnect info on Preparing and opening the consultation. This is the consultation stage of COGConnect which students will be focussing on this fortnight. This info includes the pre-reading the students are given, student observation tasks and some GP teacher tips.
2. Info about the impact of MSK conditions and functional assessment
3. Clinical skills practice- general info and knee examination proforma



**PREPARING**  
*Am I prepared?*

- Preparing oneself
- Preparing the space
- Checking the medical record

**OPENING**  
*Are we off to a good start?*

- Establishing the agenda
- Establishing relationships
- Initial observations

**GATHERING**  
*Have we covered all the relevant areas?*

- Sources of understanding
- History
- Clinical examination

**FORMULATING**  
*What is going and what is next?*

- Bias checking
- Considering the options
- Red flag signs and symptoms

**EXPLAINING**  
*Have we reached a shared understanding?*

- Chunking
- Checking
- Visual Aids

**ACTIVATING**  
*Is the patient better placed to engage in self-care?*

- Identifying problems and opportunities
- Rolling with resistance
- Building self-efficacy

**PLANNING**  
*Have we created a good plan forward?*

- Encourages contribution
- Proposing options
- Attends to ICE (IE)

**CLOSING**  
*Have I brought things to a satisfactory end?*

- Summary
- Patient questions
- Follow Up

**DOING**  
*Have I provided a safe and effective intervention?*

- Formal and Informal consent
- Due regard for safety
- Skillfully conducted procedure

**INTEGRATING**  
*Have I integrated the consultation effectively?*

- Clinical record
- Informational needs
- Affective progressing