YEAR 1 CLINICAL CONTACT IN PRIMARY CARE SESSION
Thursday 19th February 2026 – am or pm – group A
Themes: Respiratory
Consultation skill: gathering information and formulating

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 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. 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 session with some linking of the cardiac and respiratory systems. 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 respiratory examination skills on each other, and patients, as appropriate.
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. There is also information about how they are taught respiratory examination.
Please continue to help the students to think about gathering a history in primary care, including finding out the patient's agenda and their ideas, concerns, and expectations. Please also consider with the students how we examine patients, and address and manage risk factors for heart and respiratory diseases.
The main consultation skill focus is **"formulating"**– thinking about the information they (or you) have gathered from a patient and what it might mean. As a minimum, please look at the mnemonic for formulating — STOP!4WHAT? on page 3 as the students will have practiced this thought process in their EC labs.
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 or call 0117 4550031.

Central University teaching context
Case-based learning focuses on a medical student who is breathless when running. She smokes and would like to stop. Also, an older woman who has smoked 5 cigarettes/day for 30 years and becomes suddenly breathless associated with anxiety. She is taken to the ED and after investigation a panic attack is diagnosed.
In **effective consulting labs,** the focus is on gathering information and how that supports reaching a diagnosis and proposing a management plan. The focus is on the process: preparing, opening, gathering, formulating. The students role-play a medical student in GP, with a simulated patient.

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

- Practise gathering information from a patient building on skills of active listening
- Describe the structure and components of a medical history and the clinical examination
- Describe the importance of developing an evidence based, patient-centred clinical formulation
- Practise formulating a hypothesis drawing on gathered building on skills of active listening
- Practise presenting clinical information in a coherent structure
- Describe the importance of eliciting the patient's understanding and agenda and how the patients' ideas, concerns and expectations inform our formulation of clinical problems
- Describe the risk factors for cardio-resp disease and the role of the clinician in health improvement/illness prevention
- Carry out a respiratory examination

GP advance preparation

Read this guide: arrange a patient (ideally with a current or past respiratory condition) to meet with half the students (at home or in the surgery).

Arrange a short surgery (3/4 patients) for the others to observe. These consultations do not have to be linked to the respiratory system.

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

- Welcome and **check in**
- **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:

- Revise preparing, opening and gathering from the last session. Consider aspects of formulating
- Brainstorm the broad areas of the medical history
- Consider the elements of the cardio-respiratory system that can be assessed clinically in GP e.g. pulses, O2 saturations, BP, heart sounds. Think about how these could be assessed remotely

Patient contact (1 hr 10) 09.20-10.30 or 14.20-15.30

- Half the students interview a patient – either a nearby home visit or can be at the surgery if needed
- The remaining 2 or 3 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, the students should all introduce themselves to the patient by name and role.

Patient interview. Ideally, this will be a patient with a current or past respiratory problem such as asthma, COPD, lung cancer or pulmonary fibrosis or history of acute breathlessness e.g. PE or pneumothorax. 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). Specific student tasks:

- Consider the broad areas of the medical history when you are interviewing a patient or observing consultations this week. Try to gather a history in all three domains
- Ask about symptoms and any known risk factors for respiratory disease
- Reflect on how you or the person you observed facilitated rapport with the patient: verbal/non-verbal communication skills which help the patient tell their story/demonstrated listening
- How did you encourage the patient to talk? Were there any silences?
- Were there any difficult points in the interview and how did you deal with these?

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

- Discuss 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?
- What information did you/your GP need to find out what was going on? Were all the clues in the history and examination or did they order further tests?
- Try using the STOP!4WHAT? template for formulating

10-minute comfort/toilet/stretch/tea break as needed

Debrief and discussion (50 min) 10.40 – 11.50 or 15.40 – 16.50

Ask one student to summarise the patient's story from the **patient interview. 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 respiratory problem and how these impact on patients' lives

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 in the patient encounters with specific focus on gathering the history and finding out the patients' ideas, concerns, and expectations, and formulating.

Discuss risk factors for cardio-respiratory disease and the role of primary care in health improvement and illness prevention

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 respiratory 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, and full cardiovascular exam
- Intro to resp exam
- Intro to abdo exam
- Intro to neuro exam (Upper limb)
- Knee exam

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
If not done already, discuss cardiorespiratory examination can be done remotely (see below)

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 to invite to the next session (with your other group) after a 4 week gap - Thurs 19th March 2026, CBL fortnight: Neuorology. Cons skill focus: explaining)
- Complete online attendance data on the form emailed by PHC or here.

Any questions or feedback, contact phc-teaching@bristol.ac.uk or lucy.jenkins@bristol.ac.uk

Useful additional info

STOP!4WHAT? — a Mnemonic for clinical reasoning in the consultation

STOP!	Self-consciously pause in the consultation, allowing yourself a moment to consider (during or just after a summary can be a good time)
What?	What do you know? Mental summary of history, observation, examination findings.
So What?	What do I think is going on here? Consider aetiologies: predisposing, precipitating, and perpetuating factors. Differential diagnoses and / or salient problems.
What else?	What else do I need to consider? Actively think of alternate diagnoses and other problems. Consider common biases and how they might be impacting your thinking. What do you not want to miss?
What Next?	What should we do now? Judicious consideration of possible tests, treatments, referrals, and human factors. Consider EBM, AND the person in front of you.

See the second part of the additional resource for formulating in the context of cardiovascular risk assessment.

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.

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 can try a simple role play as below.

Student 1 has 5 mins to read up on (patient.co.uk) and prepare a case for a respiratory consult. Student 2 plays the GP, practising opening the consultation and taking a history. Others can observe and feedback. The students will need some basic info and lots of guidance but should be able to give it a go, it is great practice, and it will help make the discussion about themes more real.
-Recurrent chest infections and SOB on exertion in a 60-year-old factory manager. Smoker since aged 16. Now struggling to play golf and to look after his grandchildren. Likely new diagnosis COPD
-Or coughing up blood in a 39-year-old with recent Covid, persisting mild cough. Non-smoker, otherwise well. No other symptoms. Missing social contact as he now works from home (since the pandemic) and generally worried but not depressed. Possible PE, pneumonia or torn blood vessel due to cough.

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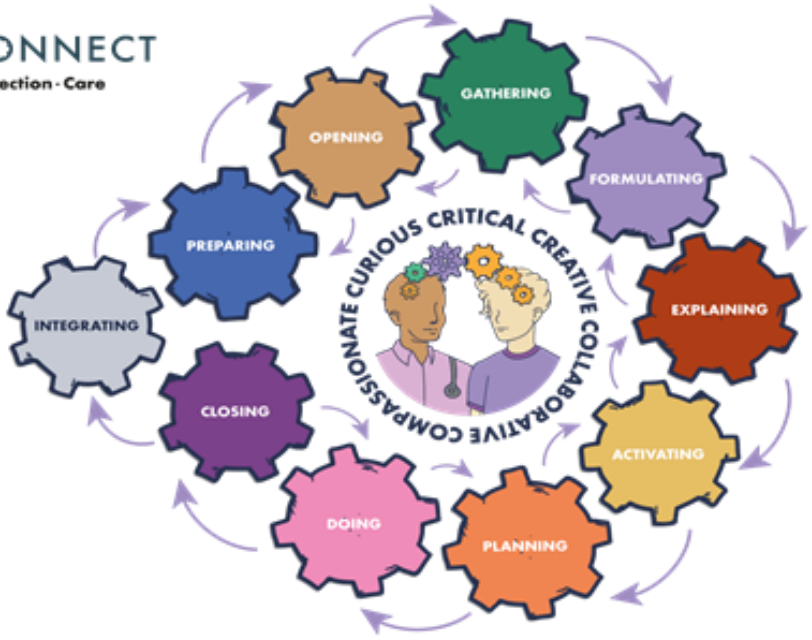

PREPARING
Am I prepared?

- 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

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