

YEAR 1 CLINICAL CONTACT IN PRIMARY CARE SESSION

Thursday 19th March 2026 – am or pm – group B

Theme: Neurology and cognitive assessment

Cons skills: Explaining

Session plan		Suggested timings: AM	PM
Introduction	20min	09.00-09.20	14.00-14.20
Patient contact	1-hour 10min	09:20-10.30	14.20-15.30
10-minute break			
Debrief and discussion	40 min	10.40 – 11.20	15.40 – 16.20
Focus on cognitive assessment	30 min	11.20 – 11.50	16.20 – 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 sessions, but with time allocated to review cognitive assessment in the debrief (instead of clinical skills). Half the group meet a patient (ideally with a neurological or cognitive problem) and half observe consultations with you. The main consultation skill focus is “**explaining**”. 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.

The session includes an activity discussing **cognitive assessment** as this is an important early part of the curriculum and an area where GPs have lots of experience. This discussion is based on a short consultation clip from *GPs: Behind Closed Doors* which the students will have viewed in advance and we ask that they watch again with you on the day. More info about this below, and on our website you can see the students’ pre-reading about methods of cognitive assessment.

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

The **CBL case** involves an older couple, George and Margaret. George makes an appointment to see his GP as he has been getting worried about his memory. When George attends his doctor’s appointment the following week, his GP asks him some questions about his memory and general health and then does some simple memory tests. She notices a bruise on his arm, and he tells her how he tripped and fell in the park. She examines him, including checking his reflexes, and strokes the sole of his foot with a blunt orange stick to check his plantar reflex.

The students’ learning is supported by lectures and practicals.

In **effective consulting labs**, the focus is on explaining. In pairs, the students will attempt collaborative discussion explaining information to their ‘patient’ using Check: Chunk: Check and Teach Back (you can read more about this in the additional materials). They will be focusing on ears and eyes. They also practice asking the questions in GPCOG.

Learning objectives

- Describe the importance of developing shared understanding in the clinical encounter
- Describe the structure and components of a well-rounded medical history including assessment of cognitive function
- Describe some of the features involved in explaining ideas and developing shared understanding (chunking, checking, clarity and the use of aids) in the clinical encounter
- Practice explaining clinical information to patients, relating this to information gathered, clinical formulation, and the patient's ideas, concerns and expectations.
- Describe the importance of eliciting and confirming the patient's understanding
- Describe how the patients' ideas, concerns and expectations inform health professionals explanation of clinical problems

GP advance preparation

- Read this guide: arrange a patient, ideally with a neurological or cognitive problem, to meet with half the students (at home or in the surgery).
- Arrange a short surgery (3/4 patients) for the others to observe.
- Watch the 5 min GPs Behind Closed Doors clip if time (details below)

Welcome, catch-up and introduction (20 min)

09.00-09.20 or 14.00-14.20

Check in and pastoral review.

Run through session plan and learning objectives/task

You may like to brainstorm the importance of and aspects of explaining

Patient contact (1 hr. 10 min.)

09:20-10.30 or 14.20-15.30

Patient interview

Ideally, this will be a patient with a current or past, neurological condition, dementia or dementia carer. 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).

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?
- Did the patient agree with their doctors' perspective, or do they have a different perspective?

Regarding **explaining**, think about

- What information did the patient want and need to know?
- What is important to think about when you explain something to a patient? Does the patient have a good understanding of their condition?

<ul style="list-style-type: none"> ○ Check/chunk/check or teach back (<i>see observation tool for this in link above for additional info on the PHC website</i>) ○ What resources help e.g. visual/decision-making aids or signposting online or to information leaflets? ○ When was it important that a “shared understanding” was reached e.g. did the doctor have to ask additional information to understand terminology that the patient used? Did the patient and doctor agree on a plan of action?
10-minute comfort/toilet/stretch/tea break as needed
Debrief and discussion (40 min) 10:40 – 11.20 or 16:00 – 16.20
<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.</p> <p>Reflect on the experiences of having a neurological problem and how these impact on patients’ and carers’ lives.</p> <p>Students present the patients from observed consultations to the group: debrief, feedback and discussion around any issues that arise</p> <p>Discuss which communication skills and question types worked well with specific focus on gathering the history and finding out the patients’ ICE and explaining (refer to student consultation observation tasks above).</p>
Focus on Cognitive assessment (30 min) 11.20 – 11.50 or 16.20 – 16.50
<p>As a group, watch the clip from <i>GPs: Behind Closed Doors</i>. See details below. Reflect on this consultation as a group (can use COGConnect template below)</p> <ul style="list-style-type: none"> • Discuss the challenges of cognitive assessment. GP teachers to share tips and experiences diagnosing dementia, differentiating from other causes of cognitive decline, overlap with depression etc.
Feedback and close (10 min) 11.50 – 12.00 or 16.50 – 17.00
<p>Spend time with your group reviewing your sessions together. What have they learnt? What did they like/what could be improved?</p> <p>Remind students about their reflective log/ePortfolio.</p>

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 24th April 2026**, CBL fortnight: Gastroenterology. Cons skill focus: Activating
- Complete online attendance data on the form emailed by PHC or [here](#).

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

This is a full session so it is unlikely that you will need any additional activities, but see [here](#) as needed.

Further info regarding assessing cognitive function.

The students pre-reading is available on our website [here](#).

In addition, they have been asked to prepare in advance for this session by viewing a 5-minute clip from *the GPs: Behind Closed Doors* series. If you are able, you can also watch this brief clip in advance:

<https://mediasite.bris.ac.uk/Mediasite/Play/759f68d8390d41139040ce2d4a4dbc8d1d>

In the session, please watch the video with the group and discuss the consultation using the table below to link with COGCONNECT. Please share and reflect upon your experiences of assessing cognition in various instances in clinical practice. It may be useful to have in mind cases which have been particularly interesting or challenging.

COGConnect Phase	Questions to consider whilst watching the video	Space for your notes
Preparing	Pause the video and look at the way the room is set up for consulting. What do you notice?	
Opening	How does the Doctor open the consultation? What do you notice about the patient's response?	
Gathering	<i>This consultation is edited for TV and is therefore shorter than a normal consultation and some of the memory assessment is missing.</i> Despite that, what do you notice about the information gathered? What are the patient's ideas about his memory problems (what does he think might be causing them)? What are the patient's worries about this situation? What aspects of a patient's lifeworld might be important where memory is a problem? How do we 'examine' memory? What other information gathering can you identify?	
Formulating	What does the doctor think is going on here?	

Explaining	Can you identify any explaining in this consultation? If so, does it take account of the patient's understanding?	
Activating	Do you notice any activating in this consultation? What aspects of lifestyle might be important for a patient with memory problems?	
Planning	Can you identify a clear management plan? What do you think the pitfalls might be?	
Closing	How does the doctor close this consultation?	
Integrating	<p>What does the doctor need to do now to appropriately integrate this consultation?</p> <p>How do patients integrate new information about their health, or new potential diagnoses?</p> <p>What might this patient do now?</p> <p>What might the emotional impact of this consultation be for the doctor?</p> <p>What might the emotional impact of this consultation be for the patient and his wife?</p>	
Generic Consulting skills	Note down the skills you observe being used in this consultation	