

**YEAR 1 CLINICAL CONTACT IN PRIMARY CARE SESSION**  
**Thursday 27<sup>th</sup> March 2025 – am or pm – group A (blue stream)**  
**Themes: Gastroenterology**  
**Consultation skill: Activating**

Session plan		Suggested timings: AM	PM
Introduction	30 min	09.00-09.30	14.00-14.30
Patient contact	1 hour 20	09:30-10.50	14.30-15.50
10-minute break			
Debrief and discussion	50 min	11:00 – 11.50	16:00 – 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 in the first few pages. Please use this plan in conjunction with the GP teacher guide which can be found [here](#).

The main consultation skill focus is “**activating**”: thinking about how patients' lifestyles contribute to their health, and how we, as doctors, motivate patients to make lifestyle changes and manage their health and wellbeing. Do share the resources you give to patients to help them to manage their own health e.g. websites, charities. Exploring sensitive topics and remote examination of the urinary/GI system are also included.

There are notes on all this in the appendix including info the students are given about the wellbeing wheel to support self-care. There is also some guidance on exploring sensitive topics.

It contains further information extracted from the students’ digital notebook (OneNote) and resources to enable you to help the students make links between the patients they see and their university learning.

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 where possible. 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](mailto:phc-teaching@bristol.ac.uk) or call 0117 4282987.

### Central University teaching context

**Effective consulting labs**, the students think about the cycle of change and are briefly introduced to motivational interviewing (more about this in the appendix below). Actors help the students practice activating people to make lifestyle changes.

### Learning objectives

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

- Describe the importance of activating patient’s self-care in the clinical encounter
- Describe how health professionals might activate their own self-care to maintain wellbeing
- Describe the factors involved in the assessment of patients’ lifestyle and resilience, and how this can be used to facilitate and activate patients’ self-care

<ul style="list-style-type: none"> <li>• Practise using motivational interviewing skills in a clinical encounter, building on active listening and counselling skills.</li> <li>• Describe an approach to asking sensitive questions (eg about bowel and bladder function)</li> <li>• Describe the importance of eliciting the patient's understanding, ideas and concern for engaging patients in self-care and behaviour change</li> </ul>	
<p><b>GP advance preparation</b></p> <p>Read this guide: arrange a patient to meet with half the students (ideally in their home). This can be either someone with a chronic health problem/addiction that has required significant lifestyle change 'activation', or with a current or past GI condition</p> <p>Arrange a short surgery (3/4 patients) for the others to observe. These consultations do not have to be about a GI problem.</p>	
<b>Welcome, catch-up and introduction (30 min)</b>	<b>09.00-09.30 or 14.00-14.30</b>
<ul style="list-style-type: none"> <li>• Welcome and <b>catch up</b></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 the importance of and aspects of activating</li> <li>• Discuss how we can ask questions about sensitive issues (see appendix)</li> <li>• Discuss a GI examination in GP: can it be done remotely? (see the appendix if needed)</li> <li>• Discuss Health Professionals' own self-care, do you have any examples of how members of the Practice maintain their own wellbeing?</li> </ul>	
<b>Patient contact (1 hr 20)</b>	<b>09:30-10.50 or 14.30-15.50</b>
<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 2 or 3 students observe you consulting with 3 or 4 patients</li> <li>• You may wish to brief the students on the patients in advance. Whether they are interviewing a patient or observing consultations, all students should all introduce themselves to the patient by name and role.</li> </ul> <p>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).</p> <p><b>Student tasks:</b></p> <ul style="list-style-type: none"> <li>• Were there any topics that felt difficult or sensitive to raise with the patient?</li> <li>• Observe and note how you or your GP approached any sensitive topics e.g. weight or bowels</li> <li>• How did you (or the doctor if you were observing) find out about the patient's lifestyle?</li> <li>• Were there any opportunities to Activate patient self-care in today's session?</li> <li>• Do you think there are any lifestyle changes the patients you met could make that would improve their wellbeing? Do you think the patient is motivated to make lifestyle changes? If not, is there anything that they might be needed to make changes e.g. more info or support?</li> <li>• For these patients, can you, with your GP's help, identify any apps or resources that might help your patients better manage their problems?</li> <li>• How does your GP look for information that is accurate and evidence based?</li> </ul> <p><b>Observing consultations.</b> Ask the students to practice and observe <b>communication skills</b>, for feedback and discussion in the debrief. <b>Specific tasks:</b></p> <ul style="list-style-type: none"> <li>• Think about what information can be gathered from active, purposeful observation of patients</li> <li>• Observe how the GP prepares for and opens the consultation (COGConnect template, available <a href="#">here</a>)</li> <li>• Reflect on gathering information, the content and process and what questions worked well</li> <li>• Can you identify the patient's agenda? What do you think were their ideas, concerns, and</li> </ul>	

<p>expectations about what was going on? What about impact and emotions as well?</p> <ul style="list-style-type: none"> <li>• In relation to <b>activating</b> <ul style="list-style-type: none"> <li>○ <i>Is lifestyle relevant in this consultation?</i></li> <li>○ <i>Any opportunity to activate patient self-care? Is the patient motivated?</i></li> <li>○ <i>How can a GP help with this? What resources might help?</i></li> </ul> </li> <li>• If appropriate, observe and note how you/your GP approached any sensitive topics e.g. weight or bowels</li> </ul>	
<b>Debrief and discussion (50 min)</b>	<b>11:00 – 11.50 or 16:00 – 16.50</b>
<p>Ask one student to summarise the patient's story from the <b>patient interview</b>. <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>. Reflect on the experiences of having a GI problem and how these impact on patients' lives.</p> <p>Students present the patients from <b>observed consultations</b> 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 <b>activating</b> (refer to student consultation observation tasks above).</p> <p>Discuss <b>activating</b>: What? When? How? Did you see any examples today where a GP tried to engage a patient in self-care and behaviour change? What resources/apps/charities help patients manage the conditions they live with?</p> <p>Addressing <b>sensitive areas</b> of the history if not already covered (info in appendix)</p>	
<b>Close (10 min)</b>	<b>11:50 – 12.00 or 16:50 – 17.00</b>
<ul style="list-style-type: none"> <li>• <b>Take home messages</b> – share something learned/something that surprised them/ a learning goal</li> <li>• Remind students about their reflective log/ePortfolio</li> <li>• Discuss what worked well/less well – anything to <b>stop/start/continue</b> for future sessions?</li> </ul>	

#### 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 a patient to invite to the next session (with your other group Thurs 1/5/2025, CBL fortnight: Urinary/renal systems. Cons skill focus: planning and doing)
- Complete online **attendance data**
- Any questions or feedback, email [phc-teaching@bristol.ac.uk](mailto:phc-teaching@bristol.ac.uk)

#### 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.

#### Optional additional activities if needed (as in the GP Teacher Guide)

The session plans are reasonably full but sometimes patients cancel or there may be other circumstances when additional teaching resources are needed.

- Activity practising patient introductions – see [here](#)
- Discussing recent cases you've seen relevant to their learning
- Students could observe you telephone consulting or participate if the patient consents.

- **Show and tell** with common consulting room equipment. E.g. thermometer, sphygmomanometer, urine dip, swab. Hold one up and ask students to tell you what it is, how to use, what is normal etc.
- Discussing significant events that have occurred recently at the surgery

**Role play as below:** one student plays the patient; another is the medical student meeting the patient before their consultation. Please allocate the others specific areas to observe and give feedback on the role-play afterwards.

- 30-year-old with central abdo pain, off food and feeling hot/unwell. Tried Paracetamol and rested but not improving. Bowels normal and no problems passing urine. Normal periods, on the contraceptive pill. Possible appendicitis.
- Or 76-year-old, previously well other than high blood pressure for which he/she takes Amlodipine. Tired but otherwise well over the last few months, puts it down to doing less due to Covid. On direct questioning, has been a bit constipated and possibly lost some weight. Non-smoker, no alcohol. Possible colorectal cancer.

Use <https://speakingclinically.co.uk/>. Watch together a clip of a patient describing a condition and then reflect on this as a group. Log in at <https://speakingclinically.co.uk/accounts/login/>. Use email as [phc-teaching@bristol.ac.uk](mailto:phc-teaching@bristol.ac.uk). Password: primcareGP1GP2. The students have been signposted to specific relevant patients on this site and can access this with you through their OneNote if needed.

- <https://speakingclinically.co.uk/videos/ulcerative-colitis-2/>

A 19-year-old Mother of two who aspires to be a nurse or doctor. She has severe UC and has had many extra-intestinal manifestations such that she is considering a colectomy

- <https://speakingclinically.co.uk/videos/crohns-disease-5/>

A 41-year-old woman with Crohn's disease, with recurrent obstruction, now with a stoma. Symptoms impacting on all parts of her life.

For further patient experience videos, the students are also signposted to

<https://healthtalk.org/experiences/bowel-cancer/symptoms-and-diagnosis-bowel-colorectal-cancer/>

There is some basic information about bowel cancer here followed by a selection of patient videos showing the different ways it can present.

And <https://www.necuk.org.uk/post/my-journey-surviving-necrotising-enterocolitis>

This is the account of a teenager who developed a condition called necrotising enterocolitis as a baby and required surgery. She was left with a very short gut meaning that she has ongoing problems and needs to go to the toilet many times a day.

## APPENDICES

COG connect consulting model

Activating

Exploring sensitive topics

Remote examination of the gastrointestinal system and BMI

## Clinical Communication: taken from students' resources



### 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
- ⚙ Skilfully conducted procedure

### INTEGRATING

*Have I integrated the consultation effectively?*

- ⚙ Clinical record
- ⚙ Informational needs
- ⚙ Affective progressing



## Gathering clinical (hi)stories

A comprehensive history is essential to help activating patients with self-care and lifestyle change. Students are encouraged to obtain a well-rounded impression and to consider the information they gather in the 3 domains:

- Nature of the medical problem
- Patient perspective on the problem
- Relevant background and lifeworld

## Activating

*Describe how clinicians can work collaboratively with patients, to activate patients' own resources, and motivate change from within*

## Motivating patients to make lifestyle changes

The skill of motivating patients to make lifestyle changes builds on the skills of explaining we addressed in the GI case. One reason we might give explanations to patients is to motivate them to make changes in their life. If patients understand that their nutrition, habits, or lifestyle are causing some of their symptoms, or puts them at future risk they may be more motivated to make changes.

In your EC Lab you will have started to learn some techniques and skills for communication and consultation around behaviour change. We want you to be aware of why doctors need to understand a patient's lifestyle and the role doctors have in engaging the patient to take care of their own health.

## Why is lifestyle important?

People's lifestyle has an enormous impact on their health. Smoking, sexual risk taking, inactivity, poor diet and alcohol are the cause of a number of diseases. There is also considerable evidence that improving lifestyle factors improves symptom control in a number of chronic conditions. Most evidence-based guidelines such as those produced by the National Institute for Health and Clinical Excellence (NICE) address lifestyle factors as a key part of treatment. For example, the British Thoracic Society recommends that patients with Chronic Obstructive Pulmonary Disease (COPD) are referred for pulmonary rehabilitation to improve exercise capacity, health status, dyspnoea (breathlessness) and psychological wellbeing.<sup>1</sup> The NICE guideline on Depression in adults: recognition and management recommends that a treatment programme should address sleep, physical exercise, social isolation, and engagement with social activities.<sup>2</sup>

There is little people can do to influence their genetic susceptibility to illness, and social circumstances can be difficult to change in the short term, but people can make changes to their lifestyle and influence their health if they know how to do so, and why it's important to them. Doctors are in an ideal position to advise people on healthy lifestyle and encourage people to make changes. People are often particularly willing to review their behaviour at times of transition such as pregnancy or illness.

Some areas where patient self-care is important

Area of impact	Example
Prevention of illness and premature death by tackling root causes	Reduction of cardiovascular risk by stopping smoking and healthy eating
Improved prognosis and delaying need for pharmacological management	Diet change and weight loss in impaired glucose tolerance prevents type 2 diabetes
Improved concordance with treatment	Sticking to an exercise regime after injury
Benefit to families	Improved child health when parents stop smoking
Benefit to societies	Prevention of ill health is more cost effective than treatment.

Doctors can:

- Provide objective, accurate information
- Compare a patient's behaviour with normal or recommended e.g. see box 1 physical activity
- Give specific advice tailored to the patient, and make it personally relevant
- Help the patient make concrete plans and goals, or refer to another service e.g. pulmonary rehabilitation
- Support and encourage over time

**Box 1: Recommendations on physical activity**

<b>The Chief Medical Officer recommends the following<sup>3</sup>:</b>
<ul style="list-style-type: none"><li>• All adults (over 19) should be active daily</li><li>• At least 2.5 hours per week of moderate intense physical activity* in bouts of 10 minutes or more (or 75 minutes of vigorous activity**).</li><li>• Exercise to improve muscle strength two times per week</li><li>• Minimise time being sedentary for extended periods of time</li><li>• Older adults (over 65) at risk of falls should aim to undertake activity aimed at improving balance and co-ordination two times per week</li></ul>
<p>*Moderate-intensity physical activity leads to faster breathing, increased heart rate and feeling warmer. Moderate-intensity physical activity could include walking at 3–4 mph, and household tasks such as vacuum cleaning or mowing the lawn.</p> <p>**Vigorous-intensity physical activity leads to very hard breathing, shortness of breath, rapid heartbeat and should leave a person unable to maintain a conversation comfortably. Vigorous-intensity activity could include running at 6–8 mph, cycling at 12–14 mph or swimming slow crawl (50 yards per minute).</p>

<sup>1</sup> British Thoracic Society. BTS Guideline on Pulmonary Rehabilitation in adults. Bolton CE, et al. Thorax 2013;68:ii1–ii30. doi:10.1136/thoraxjnl-2013-203808

<sup>2</sup> NICE Depression in adults: recognition and management available from: <https://www.nice.org.uk/guidance/ng222> (accessed 25.2.25)

<sup>3</sup> Department of Health. Start Active, Stay Active: A report on physical activity for health from the four home countries' Chief Medical Officers available from: [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/216370/dh\\_128210.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216370/dh_128210.pdf) (accessed 25.2.25)



## Supporting patients to live well with challenges to their health

Patients are experts on themselves and their lives and make choices about their health and wellbeing. Unless a patient is admitted to hospital for intensive care e.g. after major trauma or relies on a carer to provide their needs, most people look after themselves for the majority of their lives and make their own decisions. In the context of an adult's life, a visit to the doctor is a very short and (usually infrequent) occurrence. Most symptoms e.g. sore throats, tiredness, headaches, and joint pains are managed in the community without people seeking professional healthcare. To help them self-manage people may look up information about their symptoms or get advice from friends or family. There is a vast amount of information available in magazines, online and from Apps. But how do people know what is accurate information? When we see patients, it should be part of our routine consultation to make sure they know where to access advice that is helpful, accurate, kept up to date and evidence based.

Once someone has visited the doctor, they have to put into place the management plan agreed with the doctor whether it is to monitor their symptoms, make changes to their lifestyle, do prescribed exercises, take medication, or book a further appointment. Often patients can't take on board all the information they need to manage their health in one consultation with a doctor, and they may have further questions that they didn't think to ask in the consultation. This is where doctors can help by providing symptom or disease specific resources. It may be a charity or support group for patients, or it may be further information about their condition.

## Wellbeing wheel for activating self-care

You may have discussed the wellbeing wheel when talking about self-care and resilience in Foundations of Medicine. Using tools such as the wellbeing wheel can be a good starting point in consultation with patients. It can be a good way to get patients to consider what things impact on their health, and what impact their health has on other areas of their life. This can be a useful point at which to begin discussions about **Activating**.





## How to complete your Wheel of Wellbeing

For each of the three domains (Daily Life, Physical/Mental Wellbeing, Connectedness) there are 4 areas to consider. For each area, ask yourself “how am I doing in this area right now?”. If you’re doing well at sleep for example, then shade the whole segment in from centre to outer edge. If you’re doing not so well in Finance for example, then you might only want to shade the central section of this particular wedge. When you’ve done this for all 12 areas, you’ll have a wheel that might look a bit like this (it will be different for everyone).



Once you have completed your wheel, reflect on how well-balanced things are for you right now. What are you happy with and what are you doing to maintain that area? What are you struggling with – is there something you could change to improve things in this area?

The Wellbeing Wheel is a way to assess your (or a patient's) lifeworld at a point in time. Used over time, it can be a way to monitor health and wellbeing and identify areas needing support. The wheel can help us consider what supports health and what drains it, what helps us 'roll along' and what 'trips us up'. Balance is often more useful than perfection.

The prompts below will help you consider each area as you complete your wheel.

### CONNECTEDNESS

**Self** – How in touch do you feel with the things that give meaning and joy in your life? What are your sources of joy and strength? How connected do you feel to yourself? Are you able to get in touch with a sense of peace or stillness?

**Family** – for some people family is a source of joy and happiness. For others, family is a challenge, or even a trauma. Whatever your circumstances, the question here is ‘how happy am I with current circumstances?’ Do you feel as connected to your family as you wish to? Are your significant others available to you if you want them to be? Who are the people who matter most to you?

**Friends** – for some, large networks of people are preferential, for others, small core groups or individual friends are key. Who are the people who matter most to you? Are there important relationships in your life? Are you able to share your feelings and experiences comfortably? Do your close relationships sustain and support you?

**Community** – this may mean your ‘community of practice’ (i.e. other medics!) or your housemates, or church, a community group, your halls, sports groups, clubs, voluntary organisations. Again, it can mean different things to different people. What is the social atmosphere like where you live, work,

play? Do you have people who you get along with? Are you getting what you need from your community?

## PHYSICAL AND MENTAL WELLBEING

**Healthy eating** – How is your digestion? Do you understand the principles of a healthy diet? Are you able to apply these? Are you looking after your body and mind by eating well? How are your energy levels? Do you know how to cook, and shop?

**Sleep** – How is your sleep? Do you know how much sleep you need? Are you able to get that? Does your environment help or hinder your sleep? Do you manage to get to sleep at roughly the same time most nights? Is there anything (physical, environmental, or emotional) which keeps you awake at night?

**Exercise** – How are you physically? Are you in pain? Are you able to do as much physical exercise (to the level you wish/are able) as you would like? Are you looking after your mind and body with physical activity?

**Emotional wellbeing** – How well are you able to manage stress, and how much does it affect you? How helpful is your pattern of thinking? Does your pattern of thinking get in your way? What are your levels of anxiety like? How easy is it to know what you are feeling? Can you express how you feel? Are there some feelings you won't allow yourself or are unable to shift?

## DAILY LIFE

**Finance** – How is your financial situation affecting your health? Are there competing demands on your finance? Do you feel confident looking after your money?

**Work** – How is your work situation affecting your health? Are there competing demands on your time? How do you balance this? Are day to day tasks manageable for you (like cleaning and cooking)?

**Environment** – Do you feel safe? How do the places you live and work in affect you? Is there fresh air and natural light? What are the noise levels like? Can you get out into nature or be outdoors easily? What do you need around you to feel comfortable?

**Fun** – how are your energy levels? Are you able to enjoy things? Do you have a hobby or society you belong to? What do you enjoy and are you able to do this? Are you able to laugh easily? What supports this?

*For more information including some of the research background behind each of these areas, have a look at your OneNote. Dr Brown and Dr Thompson have adapted this for medical students from generic wheels (google 'wheel of wellbeing'). We would also specifically like to acknowledge The Penny Brohn Centre who adapted and developed a wellbeing wheel for use in healthcare settings. We are grateful that we have been able to adapt the questions provided by Penny Brohn to help students understand the concept of each domain and area in the wellbeing wheel.*

Your GP may use the [BNSSG toolkit](#) with patients.

# Wellbeing Toolkit

Tick any three boxes to start your change

## Sleep



- ☐ Fixed bedtime/wake-ups
- ☐ Don't nap during the day
- ☐ No screens 1 hour before bed
- ☐ Go outside often for daylight
- ☐ Bedtime routine - read, bath or meditate
- ☐ Caffeine before midday only
- ☐ Eat evening meal early

## Move



- ☐ 15 - 20 minutes per day
- ☐ Join a Parkrun
- ☐ Choose what you enjoy - dance/cycle/swim/football
- ☐ "Couch to 5K" app
- ☐ Outside is best
- ☐ Install "Pacer App" - build up step count gradually

## Eat



- ☐ Mediterranean Diet - fruit/nuts/veg/fish
- ☐ Limit processed/fast food
- ☐ Omega 3 foods - mackerel/salmon/flaxseeds
- ☐ Minimise alcohol/sugar
- ☐ No recreational drugs
- ☐ [www.nhs.uk/live-well/eat-well](http://www.nhs.uk/live-well/eat-well)

## Relax



- ☐ Meditate 10 minutes a day
- ☐ Practise Mindfulness - [www.bemindful.co.uk](http://www.bemindful.co.uk)
- ☐ Relax with yoga or music
- ☐ Separate work from home
- ☐ Install "Headspace App"
- ☐ Do something creative
- ☐ Install "Beat Panic App"

## Clinical Communication: Exploring sensitive topics

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: <a href="https://www.bladderandbowel.org/wp-content/uploads/2017/05/BBC002_Bristol-Stool-Chart-Jan-2016.pdf">https://www.bladderandbowel.org/wp-content/uploads/2017/05/BBC002_Bristol-Stool-Chart-Jan-2016.pdf</a>
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?"

## Remote examination of the gastrointestinal system

Ask the students to think about what they already know about how 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?

- Patient can self-report weight and height. Can discuss possible issues with this and limitations of BMI as below
- 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.

**Body mass index:** a measure of whether someone is a healthy weight for their height. It needs plotting on a regular basis to give an objective measure of someone is gaining or losing weight. It is calculated by dividing body weight (in kilograms) by height squared (metres<sup>2</sup>). You can find a BMI calculator here: <https://www.nhs.uk/live-well/healthy-weight/bmi-calculator/>

It is a simple, inexpensive screening test but there are problems with it. It is a proxy measure of body fat, but it doesn't measure actual body fat or distribution of fat. It is less accurate if a patient has a high muscle mass e.g. athletes or has loaded with water (anorexic patients may drink excess amounts of water before weighing). In children BMI must be interpreted relative to age and sex.

