

# Learning Progress Analysis Report

Generated: Friday, 6 February 2026

Based on 6 consultations

## OVERALL LEARNING TRAJECTORY

MIXED ↑

**Progress Summary**  
mixed

### Key Insights

- Consultation time management is a significant issue, with multiple consultations being far too short.
- Safety-netting and explicit safety advice are frequently missed, particularly regarding medication.
- While empathy and some history-taking skills are present, a structured approach to consultations is lacking.
- There is inconsistent application of shared decision-making and checking patient understanding.

### Performance Consistency

Low. The grades vary significantly, and the consultation durations are inconsistent, with several being critically short.

## DOMAIN ANALYSIS

### Clinical Management & Medical Complexity

Declining | Average Grade: F

CF

STRENGTHS	AREAS FOR DEVELOPMENT
<ul style="list-style-type: none"> <li>• Appropriate management plan in principle with both short-term (desmopressin) and longer-term (treat constipation, referral to enuresis services) options identified.</li> <li>• Clearly explained purposes of key medications and identified likely causative agents for the patient's symptoms.</li> <li>• Appropriate safety-conscious approach with plan for follow-up and offer of counselling; communicated hope and support.</li> </ul>	<ul style="list-style-type: none"> <li>• Failure to provide explicit safety advice, especially regarding medication side effects (e.g., desmopressin and hyponatraemia).</li> <li>• Confusion regarding medication names and doses.</li> <li>• Lack of specific review dates and escalation criteria.</li> <li>• Failure to agree on a specific management plan with the patient, including adherence strategies and a written action plan.</li> <li>• Failure to state clearly, concise mental health screening, verbally formulate and share a differential diagnosis and link this to clear next steps (which investigations will be arranged, likely results timeline, and when to return).</li> </ul>

### Recommendations:

- Develop a habit of providing explicit safety advice for all prescribed medications, documenting that this advice has been given. Use the BNF and NICE guidelines as resources.

- Clarify and confirm exact medication names, doses, and duration with the patient and document this in the consultation record.
- Always provide a specific review date and clear escalation criteria. Use a 'safety-netting' template to ensure all key elements are covered.
- Develop a written action plan in collaboration with the patient, outlining management steps, adherence strategies, and follow-up arrangements.
- Verbally formulate and share a differential diagnosis and link this to clear next steps (which investigations will be arranged, likely results timeline, and when to return).

### Data Gathering & Diagnosis

**Stable** | Average Grade: F

CF

STRENGTHS	AREAS FOR DEVELOPMENT
<ul style="list-style-type: none"> <li>• Comprehensive history taking covering onset, daytime continence, constipation and psychosocial triggers (school trip, family separation).</li> <li>• Took a focused, structured history and elicited psychosocial context (living alone, low mood) which informed management.</li> </ul>	<ul style="list-style-type: none"> <li>• Insufficient questioning on symptom frequency and prior exacerbations.</li> <li>• Failure to use targeted follow-up questions to build diagnostic reasoning.</li> <li>• Incomplete mental health screening.</li> <li>• Failure to take comprehensive history encompassing past medical history, medications, allergies, substance use, family history in the consultation.</li> </ul>

#### Recommendations:

- Adopt a structured approach to history-taking using the Calgary-Cambridge model. Specifically, focus on agenda-setting at the start of the consultation.
- Develop and use brief templates or checklists for common presentations to ensure key diagnostic and safety items are covered.
- Practice targeted questioning techniques to quantify symptoms and identify red flags. Refer to the RCGP curriculum for guidance on common presentations.
- Include mental health screening questions as part of routine history-taking, especially in patients presenting with prolonged symptoms.

### Relating to Others

**Stable** | Average Grade: F

CF

STRENGTHS	AREAS FOR DEVELOPMENT
<ul style="list-style-type: none"> <li>• Empathetic and non-judgemental communication which reduced parental distress (acknowledged separation and embarrassment).</li> <li>• Friendly, empathetic opening and doctor introduced themselves clearly.</li> <li>• Demonstrated empathy and allowed the patient to describe their concerns without interruption.</li> </ul>	<ul style="list-style-type: none"> <li>• Failure to elicit the patient's ideas, concerns, and expectations.</li> <li>• Lack of teach-back to confirm understanding.</li> <li>• Insufficient involvement of the child in the management plan (where appropriate).</li> <li>• Failure to actively involve carers or family members in discussions (with patient consent).</li> <li>• Lack of empathic language and invitation for patient to prioritise concerns to support shared decision-making and workplace-related planning.</li> </ul>

#### Recommendations:

- Actively elicit the patient's ideas, concerns, and expectations (ICE) at the start of the consultation.
- Use teach-back to confirm the patient understands the plan and any safety-netting advice.
- Involve patients in decision-making by presenting options and discussing their pros and cons.
- Where appropriate, speak directly to children and involve them in the management plan. Obtain consent before involving carers or family members.

# LEARNING PLAN

## IMMEDIATE PRIORITIES (Next 1-2 months)

- Improve consultation time management.
- Implement routine safety-netting practices.
- Enhance shared decision-making skills.

## MEDIUM-TERM GOALS (3-6 months)

- Develop structured approach to consultations (e.g., using the Calgary-Cambridge model).
- Improve medication management skills, including accurate documentation and patient education.
- Increase confidence in managing complex cases.

## Learning Activities

<ul style="list-style-type: none"><li>• Consultation time management</li><li>• Safety-netting</li><li>• Shared decision-making</li><li>• Medication reconciliation</li></ul>	<ul style="list-style-type: none"><li>• Patients with multiple co-morbidities</li><li>• Patients requiring medication reviews</li><li>• Patients presenting with vague or undifferentiated symptoms</li><li>• Patients with mental health concerns</li></ul>

## REFLECTION QUESTIONS

1. What factors contributed to the short consultation times?
2. How could I have improved the safety-netting in these cases?
3. What strategies can I use to elicit the patient's perspective more effectively?
4. How can I better involve patients in decision-making?

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