CONSULT MENTOR

13 June 2026

Learning Progress Report

Mixed Based on 6 consultations

Progress summary
The trainee shows a cluster of Competent Fail (CF) grades with one Fail (F) and one Pass (P), indicating performance is at a borderline pass/fail standard with significant inconsistency.

Performance consistency
Highly inconsistent, ranging from a very brief, unsafe 1-minute consultation to a more adequate 13-minute one. The majority of consultations (4 out of 6) were critically short (1-2 minutes), suggesting a major problem with consultation structuring and time management.

Key Insights

- The most critical and recurring issue is the dangerously short consultation duration for 5 of the 6 cases, making safe assessment and management impossible. This is the primary driver of the Fail and Competent Fail grades.
- There is a pattern of incomplete safety-critical steps, such as omitting safety advice for desmopressin and failing to provide clear, documented medication plans and follow-up arrangements.
- The trainee shows a specific weakness in systematic history-taking, often gathering only the presenting complaint without exploring background, red flags, or functional impact, especially in short consultations.
- The single Pass case demonstrates the trainee is capable of good practice (e.g., comprehensive history, psychosocial context, clear plan) when given adequate time, highlighting the impact of consultation length on performance.

Domain Analysis

Data Gathering & Diagnosis

Stable

Average grade: F

Borderline Competent (CF mode)

Strengths
- Comprehensive history-taking covering onset, associated factors, and psychosocial triggers in the enuresis case.
- Elicited key medication names and acknowledged adherence problems in the polypharmacy case.
- Used open questions effectively to invite the patient's account (e.g., 'Tell me').

Areas for development
- Inability to perform a systematic, safe assessment in short consultations, missing essential data like past medical history, medication review, or mental health screening.
- Fails to ask targeted, quantified questions to build a clear picture (e.g., symptom frequency, reliever use).
- Inconsistent in exploring patient ideas, concerns, and expectations (ICE).

Recommendations
- Adopt the Calgary-Cambridge model's 'Gathering Information' phase: always start with an open question, then use structured, focused questions to explore the presenting complaint, pertinent positives/negatives, and associated symptoms.
- For any consultation presenting with a chronic or vague symptom (e.g., persistent hoarseness, low mood, recurrent falls), use a brief mental checklist: PMH, Medications, Allergies, Substance use, Family Hx, Social Hx, and a targeted Red Flag screen.

This automated learning-progress analysis is provided to support reflection and professional development. ConsultMentor is not affiliated with any medical organisation or regulatory body, nor with the authors of the consultation models referenced. Please discuss this report with your educational supervisor.

- Incorporate the RCGP 'RAG' tool into practice by verbally asking about and documenting key safety points: Risk factors, Actions, and Goals for each presentation.

Clinical Management & Medical Complexity

Mixed

Average grade: F

Borderline Competent (CF mode)

Strengths
- Appropriate management plan in principle for nocturnal enuresis, including both pharmacological (desmopressin) and non-pharmacological (constipation, referral) options.
- Clear explanation of purposes of key medications in the polypharmacy case.
- Safety-conscious approach with plan for follow-up and offer of counselling in the low mood case.

Areas for development
- Critical omission of safety advice for medications (e.g., desmopressin fluid restriction, hyponatraemia risk).
- Failure to resolve medication name confusion, specify exact doses, formulations, or durations.
- Inconsistent provision of written information, clear review dates, and escalation criteria.
- Management plans are often absent or incomplete due to insufficient history-taking.

Recommendations
- For any prescription, explicitly state and document: drug name (generic), dose, formulation, frequency, duration, key safety advice, and review date. Use the '5 Rights' as a mental check.
- Always end a consultation with at least one explicit, agreed-upon action: a prescription with safety-netting, a referral, a follow-up plan, or clear self-care advice. Verify the patient's understanding using teach-back.
- Develop a standardised approach for common conditions (e.g., asthma/COPD action plan, medication review for polypharmacy) to ensure all management steps are covered.

Relating to Others

Stable

Average grade: F

Competent (P mode)

Strengths
- Empathetic communication that reduces distress (e.g., parental embarrassment about bedwetting).
- Clear, friendly opening and introduction.
- Effective use of summarising and inviting questions.
- Demonstrates active listening and allows the patient to describe concerns without interruption.

Areas for development
- Does not consistently speak directly to children in family consultations to elicit their perspective.
- Needs to improve the use of shared decision-making techniques, such as eliciting ICE and checking understanding with teach-back.
- May need to develop more structured ways to involve carers appropriately.

Learning Plan

Immediate priorities (next 1-2 months)

- Extend consultation time to a minimum of 8-12 minutes for all cases. Use appointment scheduling or triage to ensure adequate time.
- Implement a mandatory 'closing checklist' for every consultation: 1) Summarise, 2) Agree and document a clear management plan with actions, 3) Provide/arrange safety-netting, 4) Check patient understanding with teach-back.
- Adopt a systematic approach to medication prescribing: always state and document generic name, dose, formulation, duration, key safety advice, and review date.

This automated learning-progress analysis is provided to support reflection and professional development. ConsultMentor is not affiliated with any medical organisation or regulatory body, nor with the authors of the consultation models referenced. Please discuss this report with your educational supervisor.

Medium-term goals (3-6 months)

- Master the Calgary-Cambridge model, focusing on the transitions between the stages, particularly from Gathering Information to Sharing Information and Planning.
- Develop templates or checklists for common presentations to ensure all safety-critical data (e.g., red flags, mental health screening, medication review) are covered systematically.
- Improve skills in involving children/young people directly in consultations and using shared decision-making frameworks like the Option Grid.

Practice areas

- Consultation structure and time management using the Calgary-Cambridge model.
- Safe and complete medication prescribing and management planning.
- The 'Closing the Session' phase: summarising, agreeing next steps, and safety-netting.

Case types to seek

- Cases involving complex medication reviews or polypharmacy to practice systematic history-taking and safe deprescribing.
- Paediatric consultations to practice involving children directly.
- Presentations of chronic, undifferentiated symptoms (e.g., fatigue, pain) to practice structuring a safe diagnostic process in limited time.

Reflection questions

1. After each consultation, ask: 'Did I complete a safe assessment? Did I agree and explain a clear plan? Did I check understanding?'
2. Review the failed/short consultations: 'What was the single most important thing I missed? How could I have structured the time to include it?'
3. Consider: 'How did my opening set the agenda for this consultation?'

This automated learning-progress analysis is provided to support reflection and professional development. ConsultMentor is not affiliated with any medical organisation or regulatory body, nor with the authors of the consultation models referenced. Please discuss this report with your educational supervisor.