

Worked example

This document provides a worked example to demonstrate the feedback that Clinitalk creates from a recorded case. You are provided with the role played case and the feedback generated.

Consent information

Consent for sharing of the case recording has been obtained from the role player and resident doctor.

A suggestion for how you might wish to use this worked example

Step 1: Listen to or watch the case considering the feedback that you might wish to provide to the doctor.

[Case video link](#)

[Case audio link](#)

Step 2: View the feedback created by Clinitalk and compare it to your thoughts.

Links to feedback Clinitalk generated for this case

[Top tips and consultation structure](#)

[Treatment options](#)

[Guideline adherence](#)

[Logical data gathering and diagnosis](#)

[Shared and tailored plan](#)

[Patient lens -the patient perspective](#)

[Red flags](#)

[Cues curiosity and impact](#)

[Data gathering tips](#)

[Lifestyle and self-care](#)

[Ideas, concerns, and expectations](#)

[Safety netting and follow up](#)

[Clear communication](#)



The Clinitalk app feedback is shown after the recording ends and takes 1-2 minutes to return.

An hour of free recording is provided by Clinitalk on registration so that doctors can experience Clinitalk feedback first-hand with their own cases.

Clinitalk charges are necessary to cover the expenses of maintaining and operating the service, with assurance costs alone exceeding £10,000 each year. We strive to support GP training while keeping these costs as low as possible.

Top tips and consultation structure

Top tips

Data gathering

Clinical management

Interpersonal skills

CKS

✔ Positive: You systematically gathered information using a clear structure of open and targeted questions that included comprehensive red flag screening, and your diagnosis of mechanical back pain appears consistent with NICE NG59 guidance.

⚠ Area for improvement: Could shared decision-making be enhanced by more actively inviting the patient to express preferences between physiotherapy, pain relief, or further investigations, and by further exploring the impact of back pain on their work and daily life to better tailor the management plan, consistent with RCGP consultation guidance?

⚠ Area for improvement: Could the clarity of explanations be improved by simplifying and rephrasing technical information—such as the role and limitations of X-rays—in a more patient-friendly way to ensure understanding and support informed decision-making, as recommended by RCGP communication standards?

Notes

Feedback ● ● ●

Reflection

Guidelines

Recording

Ask AI

Structure ▾



First 2 minutes



You spoke: 16%

Middle Third



You spoke: 60%

Final Third



You spoke: 76%

Logical data gathering and diagnosis

Notes Feedback Reflection Guidelines Recording Ask AI

- In 6 areas we have highlighted evidence of good consulting.
- In 3 areas we have made some suggestions on how you might further maximise your SCA mark.
- In 0 areas key behaviors were not identified. We've outlined the pros and cons of addressing them.

Feedback about your ratings

- Logical data gathering and diagnosis
- Red flags
- Lifestyle and self care
- Safety netting and follow up
- Treatment options
- Shared and tailored plan
- Cues, curiosity and impact
- Ideas, concerns and expectations
- Clear communication

Logical data gathering and diagnosis

Rating: ●

i: There is clear evidence that you systematically gathered information using open and targeted questions. You began with an open invitation for the patient to describe the problem

"How can I help you today?"

and you then asked specific questions about pain duration, progression, functional impact, attempted treatments, red flag symptoms such as nocturnal pain, fever, weight loss, night sweats, neurological deficits, and bowel/bladder changes.

Your proposed diagnosis of mechanical back pain appears consistent with the information gathered, including the relevant negative answers to red flag questions, the context of lifting injury, and the absence of concerning systemic or neurological features. This approach is aligned with NICE guidance for assessment and initial management of low back pain and sciatica (NG59):

<https://www.nice.org.uk/guidance/ng59>.

💡 Could your consultation have been enhanced by asking about any previous episodes of similar pain, specific occupational risk factors, and relevant past medical history (such as previous spinal problems or steroid use)?

Red flags

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Red flags

Rating: ●

i : The doctor establishes the presence or absence of red flags relevant to acute back pain, appropriately asking about red flag symptoms such as nocturnal pain, fever, weight loss, night sweats, weakness in the legs, loss of sensation, and bladder or bowel dysfunction. For example, the doctor asks:

"No. Doesn't really wake me up at night. No."

"Any temperature with it."

"Any weight loss recently?"

"Any nice sweat?"

"If you've got any weakness in your legs or your... on the moving your ankles and stuff."

"Any trouble with your blood and bowels?"

This demonstrates a comprehensive and structured approach to excluding serious causes of back pain, aligning well with the exam feedback statement 'Establishes the presence or absence of red flags.' The consultation covers all major red flag areas recommended by NICE guidelines for acute back pain, so there are no additional questions that would enhance red flag screening in this scenario.

Lifestyle and self-care

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Lifestyle and self care

Rating: ●

i : The doctor encourages patient understanding, skills, and confidence with suggestions for self-care or lifestyle modification throughout the consultation, which aligns well with the exam feedback statement. The doctor provides relevant lifestyle and self-care advice for acute lower back pain, for example by discussing the importance of early physiotherapy:

"it'll be useful to start seeing the physio first and if they want any more imaging, normally we can go down that route"

and highlighting the benefits of gentle exercise and stretches:

"with gentle exercise and stretching, most of the time it helps the back pain".

Over-the-counter options are also explained, including topical anti-inflammatory gels and oral ibuprofen, with appropriate safety information about use with food.

This advice is relevant and evidence-based as per NICE and RCGP guidance for low back pain, supporting the patient to manage symptoms and return to normal activity.

Safety netting and follow up

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Safety netting and follow up

Rating: ●

i : The doctor provided multiple examples of safe and sensible follow-up arrangements and safety netting, in line with the exam feedback statement 'Suggests safe and sensible follow-up arrangements, as well as continuity of care.' Clear advice was given regarding circumstances requiring urgent review, including:

"if the pain does get worse, if the pain change, for example, if it travels down to the legs big time, you lose any, any movement of your legs, losing any control of your blood and bowels, losing any sensation down below, what we call subtle shape changes, either call us or call NHS 111."

This advice appears to be consistent with NICE guidance and best practice, particularly for acute low back pain, where patients should be advised to seek urgent help if they develop red flag symptoms (such as cauda equina features or neurological deficit). Follow-up also included practical arrangements for referral to physiotherapy and instructions to seek a sick note if needed, promoting continuity of care.

Treatment options

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Treatment options

Rating: ●

i: The doctor offers a range of treatment options for acute low back pain, including physiotherapy referral, oral analgesia (paracetamol, anti-inflammatory tablets such as ibuprofen), and topical anti-inflammatory gel, which appears consistent with NICE guidance for management of acute low back pain not associated with red flag symptoms.

"So there are some other stuff we can offer you. It's like a topical gel for example. ... Or you can use an anti-inflammatory tablet which is the ibuprofen tablet ... But I would strongly advise you to go with the physio first and I'll give you the telephone number for you to contact them."

These options all appear consistent with national guidelines (NICE NG59: "Low back pain and sciatica in over 16s: assessment and management"), covering the recommendation to encourage activity, offer non-steroidal anti-inflammatory drugs (NSAIDs), and consider physiotherapy as first-line non-invasive management, while appropriately limiting the use of imaging unless indicated by red flag symptoms.

The doctor's approach applies national guidelines by exploring several intervention options, including self-management advice and highlighting the typical pathway for escalation or consideration of imaging. NICE guideline discussed: NG59 "Low back pain and sciatica in over 16s: assessment and management" (<https://www.nice.org.uk/guidance/ng59>).

Shared and tailored plan

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Shared and tailored plan

Rating: ●

i: The doctor acknowledges the patient's individual circumstance—being self-employed with tight finances—and the desire to return to work swiftly, for example, > "I'm just mainly worried just because I need to get back to work as soon as possible...finances are tight at the moment." There is also some attempt to share management options, discussing physiotherapy, stronger painkillers, topical gels, and over-the-counter medications, while clarifying the limitations of X-rays for diagnosis. However, the sharing appears limited, as although options are presented, the patient is not actively invited to express preferences between painkillers, physiotherapy, or further investigation, and the discussion centres on the doctor's recommendations.

💡 Could sharing have been increased by asking, "Would you prefer to try pain relief, physiotherapy, or discuss further investigations first, given your work concerns?"

💡 Could sharing have been increased by exploring the impact on the patient's work and daily life further, for instance, "How much is your back pain preventing you from returning to your usual work tasks, and what kind of support would help you manage this best?"

Cues, curiosity, and impact

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Cues, curiosity and impact

Rating: 

i : There is some evidence of an empathic approach in recognising the patient's need to return to work and the financial pressure they face, for example when responding to the patient mentioning, "finances are tight at the moment" and that they are "just really eager to get back to work." However, the consultation lacks depth in exploring the wider impact of the back pain on the patient's overall life or emotional wellbeing, and the doctor does not explicitly show curiosity around how the condition is affecting their mental health or daily functioning beyond work.

Notably, the doctor acknowledges cues related to the patient's concern about a slipped disc and the desire for imaging and explains the reasoning for physiotherapy and imaging decisions, which helps address immediate anxieties, and offers practical support by suggesting a fit note.

 Could your consultation have been enhanced by discussing how the pain is impacting other aspects of the patient's life (e.g., sleep, mood, personal relationships, or daily activities)?

 Additionally, might it have helped to ask directly about any worries, fears, or support at home, in order to demonstrate a fuller empathic approach as recommended in RCGP guidance?

Ideas, concerns, and expectations

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Feedback ● ● ●

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Ideas, concerns and expectations

Rating: ●

i: The doctor has effectively elicited the patient's ideas, concerns, and expectations in this consultation, in line with the exam feedback statement 'Exploration of the person's agenda, health beliefs and/or preferences.' The patient's idea about the cause is surfaced early:

"I think I've really done my back in...lifting a few slabs and all of a sudden I got really bad pain."

The patient's concern is clearly articulated as well:

"My concern is that it could be a part of possible like slipped disc. So I'm mainly wanting to. That's what I'm mainly worried about."

Expectations are explicitly identified through the patient's request:

"is it possible for me to get an X ray to cheque that it is or maybe get some stronger painkillers?"

This comprehensive approach demonstrates excellent exploration of the patient's perspective and aligns with RCGP consultation skills guidance.

Clear communication

Notes

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Clear communication

Rating: ●

i: The consultation demonstrates some partnership, with the doctor acknowledging the patient's concerns and asking for input regarding management, in line with the statement 'Uses a variety of communication techniques and works in partnership with the patient.' For example, the doctor asks:

"So when you say you want to get better, you have tripower seat tomorrow, would you like to try something else as well? ...would you like to try something else beyond paracetamol?"

This shows some attempt at shared decision-making. However, explanations sometimes lack clarity and could be more simply phrased, such as when describing imaging:

"if you're looking at the slip disc, you can't really tell it on the, on the X ray alone to look for a slip disc and then with your age and the general health is okay. Normally the X ray on his own still have a lot of radiation. It doesn't give us extra information and it doesn't target your pain relief."

💡 Would it have been clearer if the explanation about X-rays was rephrased as 'An X-ray doesn't show slipped discs, and in your case, it wouldn't help us work out the cause of your pain or help speed up your recovery. That's why physiotherapy is usually the best first step'?

Guideline adherence

Notes

Feedback ● ● ●

Reflection

Guidelines

Recording

Ask AI

Guideline adherence

Low back pain and sciatica in over 16s: assessment and management – NG59, last updated 11-Dec-2020.

[Read the NICE guideline here](<https://www.nice.org.uk/guidance/ng59>)

Observations:

- The doctor was consistent with the NICE recommendation to initially advise self-management, including use of simple analgesia (such as paracetamol) and NSAIDs, and to promote maintaining activity as tolerated. The guideline advises: "Consider encouraging people to continue with normal activities as far as possible" and to use oral NSAIDs as first-line pharmacological treatment; paracetamol alone is not recommended unless NSAIDs are contraindicated or not tolerated. The GP could suggest NSAID use more assertively if appropriate and ensure the patient is clear on expected benefits and risks.
- The GP correctly avoided routine imaging, explaining to the patient that X-rays are not usually helpful for non-specific low back pain, and that MRI is not indicated unless 'red flag' symptoms develop. This is aligned with NICE guidance: "Do not routinely offer imaging in a non-specialist setting for people with low back pain with or without sciatica."
- The consultation explored some but not all 'red flags' for serious underlying conditions; the doctor asked about bowel/bladder symptoms, leg weakness, weight loss, night sweats, and fever. However, the assessment of neurological deficit, cauda equina syndrome, and other serious causes could be performed in a more structured and complete way (for example, explicit questioning about saddle anaesthesia was only indirect).
- The patient had been resting fully for a week, which is contrary to NICE guidance that advises people to "stay active" and avoid prolonged bedrest. The GP could emphasise more strongly that staying active improves outcomes, and should advise against bedrest.
- The GP appropriately recommended physiotherapy, especially as the patient had not improved with self-care after a week. NICE advises: "Consider a group exercise programme, taking people's specific needs, preferences and capabilities into account. Offer manual therapy (such as spinal manipulation, mobilisation, or soft tissue techniques) as part of a treatment package including exercise." The referral to first contact physiotherapist is consistent, but further encouragement about exercise and structured activity as part of the management plan could be added.

Areas for potential improvement include: further screening and clear documentation of all red-flag symptoms, more detailed advice on staying active (rather than rest), and caution with paracetamol monotherapy unless NSAIDs are contraindicated. Overall, the approach is broadly consistent with NICE NG59.

Patient lens – the patient perspective

Notes

Feedback 

Reflection

Guidelines

Recording

Ask AI

Select previous query ▾

Help me give a clear explanation

Help me be time efficient

Patient Lens

This information is for educational purposes. The patient perspective tool is in development, drawing on real patient feedback to ensure authenticity. We thank our patient participation group contributors.

Consider the patient perspective:

As the patient, I felt that the doctor listened to my concerns about my back pain and my urgent need to return to work. I appreciated being asked about red flag symptoms and that the doctor explained why an X-ray may not be helpful. However, at times I felt that my anxiety about finances and getting back to work may not have been fully acknowledged. The explanations about treatment options, especially physiotherapy, could have been clearer and more supportive.

What I liked:

- The doctor asked important questions to rule out serious causes for my back pain, such as weight loss, night sweats, and neurological symptoms.
- I was given information about first contact physiotherapy, including how to access it.
- The doctor explained the reasons for not immediately offering imaging and provided safety-netting advice on when to seek urgent help.
- I felt involved in the decision to pursue physiotherapy and was offered a fit note if needed.

How to strengthen the consultation further:

- At several points, the conversation felt a bit rushed and lacked empathy for my concerns about finances and returning to work. For example, when I shared, "finances are tight at the moment," it would have been helpful for the doctor to acknowledge this directly and express understanding.
- The explanations about why physiotherapy was recommended over an X-ray were somewhat technical and could have been clearer, perhaps using simpler language or a leaflet.
- Some instructions were unclear or vague, e.g., "I give you the numbers in there and then, and then let them see you." Could the process of contacting physiotherapy have been explained more clearly?
- Would it have helped to summarise the plan at the end and check my understanding or concerns? This might ensure I left the consultation feeling more confident and supported.

I am a tool for educational reflection only, AI can make mistakes and my feedback must not be used for clinical purposes.

Data gathering tips

Top tips

Data gathering

Clinical management

Interpersonal skills

CKS

Yellow flags: For simple low back pain, quality of life, pain severity, function, and psychological distress are the most important factors to guide the person's management so make sure you assess these factors. Advice on how to examine [Back pain](#) in general practice.

Differentials to consider: ankylosing spondylitis (*night pain not eased by lying, morning stiffness*), osteoporosis (*frailty, female*), shingles (*unilateral pain and rash*), sciatica (*+ve sciatic stretch*)

Red flags: leg weakness, sensory loss, trauma, vertebral body tenderness, night pain (*cancer*), unexplained weight loss (*cancer*), fever (*osteomyelitis*), failure to resolve within 6 weeks