**MICROSKILLS TEACHING: CASE 2 – RESIDENT**

One of your 24-hour appointment slots has been booked for a 31 y/o female with abdominal pain. You figure this would be a good opportunity for your student to practice history taking and physical exam skills. After the student goes in, your MA talks to you separately and states that they are concerned for this patient, as they appeared to be in a lot of discomfort. You keep this in mind while you listen to the student’s report.

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| **Microskill** | **Response** |
| Get a commitment |  |
| Probe for supporting evidence |  |
| Reinforce what was right |  |
| Correct errors |  |
| Teach general rules |  |

**Sample Responses utilizing 5 Microskills**

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| **Microskill** | **Sample response** |
| Get a commitment | What do you think is causing this patient’s abdominal pain? |
| Probe for supporting evidence | What makes you think it is X? What would point away from X? |
| Reinforce what was right | (If X is a reasonable differential). I think having X on the differential is definitely important to consider, as it could present like this.  |
| **Correct errors** | What are your thoughts on the patient’s severity of pain and rebound tenderness?Given the severity of her pain and presence of rebound tenderness, we should have a high level of suspicion for a serious intraabdominal process like appendicitis. A clinical presentation such as this requires additional evaluation and management, and potential admission.  |
| Teach general rules | Even if you think it is probably something else, the presence of guarding and rebound tenderness should prompt you to consider serious causes of abdominal pain and a potential transfer to the Emergency Department.  |

The goal of this case is to focus on correcting errors. If the learner shows insight, you can give them a chance to critique themselves first. This can help the learners better remember the lesson if they come to the conclusion themselves. In addition to correcting the current error, it is important to give guidance on how to avoid the mistake in the future as well.

Microskills Teaching: Case 2. Correcting Errors Student Script:

Student presentation:

31 y/o female presents with a one day long history of lower abdominal pain. The patient says that she has had “gas pains” before when she was constipated but this feels much worse. She describes it as a sharp, stabbing pain. She cannot pinpoint one location where the pain is. It is constant and does not radiate. She reports constipation for the last 2 days and has a decreased appetite. She reports nausea and subjective fevers. Denies vomiting, night sweats, chest pain, and SOB.

His vitals are significant for a temp of 38.1 deg C, blood pressure of 135/77, HR of 90, RR of 20, and PO2 of 99% on RA. Patient appears to be in mild distress due to pain. Abdominal exam significant for tenderness to palpation in the right lower quadrant. Abdomen is not distended. Normoactive bowel sounds. Positive for rebound tenderness and guarding. Normal CV and pulm exams.

In summary, a 31 y/o female presents with a day long history of abdominal pain. Since the patient has had “gas pains” before, I think this is just gas pain again. I want to send her home with Miralax and to follow-up in 2 weeks if she is not getting better.

Additional info:

* PMH: G1P1, no other history. 8 months post-partum and formula feeding only.
* SH: sexually active with her husband, does not use birth control
* If prompted: I guess it could be appendicitis or ovarian torsion, but I really think it is gas pains since she has had this before.

*(Error should be anchoring bias because the student anchored on the diagnosis of “gas pains” when the patient mentioned that she has had it before. Clinical suspicion should be raised for appendicitis/ovarian torsion/ectopic pregnancy/something more serious than gas as the diagnosis from the presentation)*