**MICROSKILLS TEACHING: CASE 1 – RESIDENT**

You have a 57 y/o F here for diabetes follow-up in your clinic, and you sent the student in to gather information. You have noticed that the last few blood pressure readings in clinic have been mildly elevated, but do not see any anti-hypertensive medications on the patient’s medication list. You want to be sure to address this during the visit today.

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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 blood pressure medication would you want to start on this patient? |
| Probe for supporting evidence | Why would you choose X for this patient? |
| Reinforce what was right | If ACE/ARB selected: I think that would be an excellent choice for this patient, due to her additional diagnosis of diabetes.  If ACE/ARB not selected: I agree that X would be a reasonable choice to treat hypertension in general / it is one of our first line medications we use to manage blood pressure |
| Correct errors | If ACE/ARB not selected: In general, for patients with hypertension and diabetes, we start them on an ACE inhibitor or ARB in order to preserve renal function.  If history of hypertension was not obtained: It is important to remember to assess for hypertension in our patients with diabetes, as uncontrolled hypertension can lead to cardiovascular disease and renal disea.se |
| **Teach general rules / a pearl** | An ACE or an ARB can help prevent progression to end stage renal disease in patients with kidney disease. |

The purpose of this case is to focus on teaching a clinical pearl. These are teaching points that should be generalizable to future patient encounters the learner will have. These can be rules, concepts, or general considerations. It is important to target the learning pearl to your learner’s level of training.

**MICROSKILLS TEACHING: CASE 1 – STUDENT**

Teaching a Pearl Student Script:

Student presentation:

57 y/o female presents for a diabetes follow-up. He was diagnosed last year with an HbA1c of 7%. At that time, he was started on metformin. He states that he is feeling well and has no acute concerns. He denies polyuria, polydipsia, dizziness, lightheadedness, fever, chest pain, SOB, abdominal pain.

Her vitals are significant for a temp of 38 deg C, blood pressure of 150/95, HR of 70, RR of 18, and PO2 of 99% on RA. Exam is within normal limits. Most recent HbA1c is 6.5%. Recent urine microalbumin:Cr is <30.

In summary, a 57 y/o female presents for diabetes follow-up. She is at goal HbA1c with her current regimen of metformin. Plan to continue metformin. She is also due for a diabetic foot exam so I want to do that today. She should also be referred to ophthalmology for an annual exam.

Additional info ONLY if prompted

* PMH: none
* SH: drinks 1 beer per day
* FH: mother with high blood pressure
* I guess when I was looking through the chart that her blood pressure has been a little bit high above 140/90 for the last few visits.
  + If prompted what you want to start – I’ve seen amlodipine started as a common first line agent for hypertension, so I would probably start that.