Case: "It's All Fibromyalgia"

Key Phrases:

- Addressing anchoring bias

Jane, a first-year fellow, is preparing to see a new patient in clinic. In her pre-charting, she notices the patient is Spanish-speaking, and her primary care provider (PCP) notes describe diffuse pain that sometimes seems more intense but is always present. The PCP started the patient on a low dose of nightly gabapentin after antinuclear antibodies (ANA) and inflammatory markers were within normal limits, with no declarative details found through imaging or lab work. The gabapentin has improved the patient's sleep. The patient's daughter booked the appointment seeking a second opinion about her mother's joint pain.

When the patient arrives, she shares that her pain worsened after her husband died. Jane's clinic mentor, Mary, examines the patient, evaluating her hands, wrists, and elbows, which are tender but show no signs of synovitis. Mary concludes that the patient likely has fibromyalgia and plans to continue the gabapentin regimen.

However, before the appointment concludes, the patient communicates in Spanish that the pain is sometimes worse in her feet. Jane, able to communicate effectively with the patient, conducts a focused examination and finds that the right metatarsophalangeal joints (MTPs) are tender and swollen. Although Jane recognizes the need to address this potential indicator of rheumatoid arthritis, she feels hesitant to challenge her mentor's diagnosis, grappling with her position as a first-year fellow.

Case Questions:

1. How can Jane leverage her ability to communicate with the patient while navigating her professional role as a first-year fellow in discussions with Mary?
2. What are the next steps Jane should take in patient care to investigate the potential diagnosis of rheumatoid arthritis?
3. What training approaches can be implemented in the fellowship program to help fellows recognize and mitigate anchoring bias when diagnosing conditions like fibromyalgia?