



## Case: GCA Myth

### Key Phrases:

- Navigating difficult conversations with mentors
- Racial bias

Katie, a first-year fellow has a new consult in the emergency department (ED). An 84-year-old Black-identifying female presented with an intractable right sided headache which awoke her from sleep. Upon waking up, she had intermittent visual loss in the right eye which prompted her to present to the ED where she was found to have elevated inflammatory markers, computed tomography (CT) of the head normal. Katie is very concerned for giant cell arthritis (GCA) when she receives this consult. This concern is amplified by a physical exam that reveals right sided temporal tenderness and the patient endorses she has not been able to braid her hair on that side for the past month. Katie discusses the case with the attending on call, John via phone. John is a decorated professor who has practiced rheumatology for over 35 years and has been a clinical mentor to Katie since she was an intern. He is much less concerned that this could be GCA because the patient identifies as having African American ancestry and plans to proceed with a more conservative evaluation and without empiric treatment. Katie recently read a journal article in journal club which did not find a difference in the incident rate of GCA between White and Black-identifying patients but is unsure how to speak to a senior faculty member and mentor about this.

### Case Questions:

1. How can Katie approach her concern with John?
2. How may John respond? How can he improve his mentorship and teaching?
3. Who else could Katie discuss these concerns with?
4. Katie considers whether to present this case at an upcoming internal conference for broader discussion. What points might be highlight?