A patient with hearing loss stated that he was unable to visit audiology that day to have his hearing aids adjusted, when his provider recommended it. The provider didn’t ask why, but then the Veteran went on to say that he has trouble walking but also doesn’t want to use a wheelchair. He said: “I don’t want to be pushed there.” It sounded like the Veteran was self-conscious about appearing disabled. However, the provider let it pass without asking about the patient’s concerns to see if they might be addressed. As a result the Veteran did not visit the audiology department that day to adjust his hearing aids. It’s also possible that the patient’s apparent anxiety about being seen in a wheelchair is affecting his health and healthcare more broadly.

A patient with diabetes was seen in the clinic with an A1C of 8.8 (contextual red flag), higher than his goal. Unprompted, the patient mentioned that he was not taking his short-acting insulin with meals as prescribed. The provider asked why (contextual probe), and the patient replied that he often ate out and was embarrassed about having to give himself injections in public (contextual factor). He feared that if others saw him using a syringe, they might think he was a “drug addict.” The provider reassured him that most people can tell the difference between someone injecting insulin, with the supplies in full view, versus taking illicit drugs. The patient acknowledged that was probably true. They also discussed strategies for taking insulin in public situations privately, such as in the patient’s car before entering a public place or using a stall in the restroom (contextualized care plan). The patient agreed that these strategies would enable him to take his short-acting insulin as prescribed.