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**Contextual Care Exercise[[1]](#footnote-1)**

*What is the best next thing for* this *patient at* this *time?*

*A note before you begin: It may be tempting to respond to questions below by saying that the physician would have done a better job if they’d had more time. While it may seem counter-intuitive, the length of time scheduled for an appointment has been demonstrated not to be relevant to the problems illustrated in the example below. There is research to show that when physicians explore, acknowledge, and respond to patients’ individual situations and address underlying needs, visits are not on average any longer. That is not to deny that longer visits would be beneficial, just that they are not a factor in accounting for why decision making is patient-centered in some encounters but not in others, under similar time constraints.*

Please read each of the examples below and respond to the questions (type your answers in the boxes below).

**CASE Example:**

A patient with COPD mentions during a visit that he is not using his inhalers.

*What clue(s) suggest this patient might be facing life challenges (“contextual factors”) that are relevant to their health or health care?*

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*What would be your next step?*

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**Example continued:**

The provider in our example did not ask the patient why he was not using his inhalers. The patient, on his own, went on to say that he was afraid of his inhaler because he didn’t want to abuse steroids.

*What contextual issue did the patient just reveal?*

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*How would you adapt your plan of care to incorporate this patient’s life context?*

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**Example continued:**

The provider in this example spent time educating the patient about the difference between corticosteroids and anabolic steroids, easing his concerns about steroid abuse. This is an example of addressing a deficit in the contextual domain of “Skills, Abilities and Knowledge” (see 12 domains below)

*Do you think the patient will begin using his inhalers after the visit?*

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*What are the challenges to incorporating a patient’s context into a future plan of care and what can providers do to explore and incorporate patient context?*

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| **CONTEXTUALIZING CARE *DOMAINS OF CONTEXT*** | |
| **1.** | **Access to Care** The patient’s ability to receive care in a timely manner. |
| **2.** | **Competing Responsibility** An obligation or commitment the patient has that impacts their ability to manage their health care. |
| **3.** | **Social Support** A patient’s access to a supportive network of individual(s) able to assist if needed*.* |
| **4.** | **Financial Situation**  The patient’s ability to afford health and health care needs*.* |
| **5.** | **Environment** The physical and social setting that encompasses a patient. |
| **6.** | **Resources** The possessions and materials available to a patient that can facilitate a person’s ability to manage their care. |
| **7.** | **Skills, Abilities and Knowledge** A patient’s intellectual understanding and physical ability to manage health care. |
| **8.** | **Emotional State** The emotional condition of a patient as it relates to their ability to manage their health care. |
| **9.** | **Cultural Perspective/Spiritual Beliefs** The customs or a faith-based practice a patient has that impacts health care. |
| **10.** | **Attitude Towards Illness** The feelings a patient has towards their condition that impacts their ability to manage it. |
| **11.** | **Attitude Towards Health Care Provider and System** The patient’s feelings and attitudes towards their providers and the health care system that impact their ability to manage their health care. |
| **12.** | **Health Behavior** The patient’s actions and lifestyle choices that impact their health care. |
| *Center of Innovation for Complex Chronic Healthcare (CINCCH)Edward Hines Jr. VA Hospital/Jesse Brown VAMC* | |

1. These materials have been developed with support from the Department of Veterans Affairs. Any views expressed are those of the authors and do not necessarily reflect the position or policy of the U.S. Department of Veterans Affairs or the United States government. [↑](#footnote-ref-1)