

Contextual Care Exercise¹

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.*

CASE:

A 72 year-old patient with COPD is visiting his primary care provider for a yearly routine exam in October. At the end of the visit, the provider asks the patient if he would like a flu shot. The patient replies that he does not want the flu shot.

What would be your next step?

Scenario One:

After the patient said he did not want a flu shot, the provider responded, "Okay, if you don't want one, we'll skip it."

What are your thoughts on this response?

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.

Scenario Two:

After the patient said he did not want a flu shot, the provider responded, “Is there a reason you don’t want a flu shot?”

What are your thoughts on this response?

How does this response differ from the provider’s response in Scenario One?

What kinds of information could be revealed in response to the provider’s question in Scenario Two?

Scenario Two (continued):

Provider: “Is there a reason you don’t want the flu shot?”

Patient: “I heard that they make you sick. That the shots give you the flu.”

How does this information influence your thoughts about next steps?

What are some possible reasons the provider in the first scenario didn't ask the patient why he didn't want the flu shot?

Scenario One (continued):

Provider: "Okay, if you don't want one, we'll skip it. But I'm warning you, I'll ask you again next year."

Do you think this patient will get his flu shot the next year?

Why do you think the patient didn't spontaneously reveal to this provider that he didn't want the shot because he thought it would make him sick?

Scenario Two (continued):

Provider: “I understand. Well, actually, the flu shot won’t give you the flu.”

Patient: “But doesn’t it have the flu germs in it?”

Provider: “Flu shots have inactivated viruses – the virus is dead. Long time ago, the flu shot had live virus and some patients got a mild case of the flu, but the current flu shot will not give you the flu.”

Patient: “Oh. I guess I’m thinking of old flu shots.”

Provider: “With the shot, you might get some tenderness in your arm where you got the shot, but if you’ve had the flu in the past, you’ll know that’s a lot less painful than getting the flu.”

Patient: “Yeah, I had a bad case of it last year, I was off work for three days.”

Provider: “And even though the flu shot isn’t 100% effective, we’ve found that if you do get the flu after getting the shot, you should get a less serious bout of it.”

Patient: “I felt awful.”

Provider: “Plus, with your history of breathing issues, the flu can be a very serious disease. I would strongly recommend you get the shot.”

Do you think the patient will follow the plan of care? Why or why not?

In Scenario Two, the provider was able to respond to the patient’s context, which was his knowledge or understanding of the flu shot and his risk of getting side effects.

What are the challenges to incorporating a patient's context into a future plan of care?

Have you encountered a patient where their context impacted their ability to manage their care? What happened?

Were you able to incorporate the patient's context into the plan of care? What was the outcome?

What can providers do to explore and incorporate patient context?