

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 patient arrives at the clinic, he had diabetes and his physician is recommending he change from an oral medication to insulin. The patient states, "There is no way I am going on insulin!"

What would be your next step?

Scenario One:

Provider: "I am sorry, but your diabetes has not been able to be kept in check with Metformin. In order to keep your blood sugars in check, we have to put you on insulin."

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.

What are your thoughts on this response to the patient's statement about taking a new medication?

Scenario Two:

Provider: "Why is it that you would prefer not to use insulin?"

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: "Why is it that you would prefer not to use insulin?"

Patient: "I can't shoot myself with a needle. Just thinking about it freaks me out. When I see people on TV using needles, it looks really complicated."

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 wouldn't go on insulin?

Scenario One (continued):

Provider: "I'll put in the order for the insulin and have you talk to a diabetic counselor."

Patient: "I can't do it."

Provider: "Your body needs this to control those blood sugars. You don't want to start getting nerve damage. You could lose a leg or lose your sight. This is the best course of action."

Do you think the patient will follow the plan of care correctly?

Why do you think the patient didn't spontaneously reveal to this provider that he was afraid of injecting himself?

Scenario Two (continued):

Provider: "Okay, I understand now. You're concerned about using needles."

Patient: "Yeah, when I see a doctor doing all that with tapping out the bubbles or whatever, and sticking them in bottles and then finding a vein. I can't do all that."

Provider: "Well, actually, the injections for diabetes are a little bit different and easier. You don't have to tap out bubbles, or find a vein. And there are pre-filled syringes we can get, so you wouldn't have to measure anything."

Patient: "So, it's not like on TV shows?"

Provider: "Tell you what, why don't I order the supplies, when you get them, bring them with you to a visit with me and we'll go over it so you can see exactly how it works. I think you'll see it's not as intimidating as you think."

Patient: "And I don't have to find a vein or anything?"

Provider: "Correct, sometimes you just have to pinch a bit of skin on your stomach."

Patient: (Laughing) "Well, I have enough of a stomach to work with! Okay, doc, let's do that."

Provider: "Great. Let's set up a return visit."

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 includes his attitude towards illness.

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?