

Name:

Date:

Contextual Care Exercise¹

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

The following case exercise is intended to facilitate reflection on the challenges of adapting Veterans' care to their individual needs and circumstances, or context. It is constructed from an audio recorded encounter between a clinician and Veteran in which the care plan was contextualized, and a visit for a similar encounter in which it was not. This exercise will count toward both category 1 CME credit and ABIM Maintenance of Certification (MOC) Credit for physicians participating in the Quality Improvement Project to Reduce Contextual Errors.

CASE:

A patient who currently takes warfarin (a blood thinner) has fallen twice in the last month.

What would be your next step?

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 One:

Provider: "You need to be careful. Patients on warfarin need to be careful to not fall."

Patient: "Yeah, I know."

What are your thoughts on this response to the patient's situation?

Scenario Two:

Provider: "Can you tell me more about why you fell? What's going on?"

Patient: "I have this chair I sit in to watch TV, and it's kind of on an angle. A lot of times I fall asleep in that chair and a couple of times I have just fallen out of the chair and landed on the ground."

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 for more details about his situation?

Scenario One (continued):

Provider: "It was great to see you today and remember, no more falls."

Patient: "Okay."

Provider: "How about we follow-up in four months."

Patient: "Okay."

Do you think the patient is less likely to experience another fall before the next visit in four months?

Why do you think the patient didn't spontaneously reveal to this provider that he was falling asleep in a chair that he was falling out of?

Scenario Two (continued):

Provider: "Let's talk about this - because you're on warfarin, falls are particularly hazardous for you."

Patient: "Yeah, I know."

Provider: "Tell me more about this chair and the angle of it. Are you falling out of the front of the chair?"

Patient: "Yeah, the chair kind of leans forward and if I fall asleep, I sort of lean more forward and then fall out. I ended up on the floor."

Provider: "Is there another chair you can sit in - maybe one with a footrest to keep you from leaning forward?"

Patient: "I do have a foot stool I could put there, keep my feet up. That might keep me in the chair better."

Provider: "Is there a rug or a hardwood floor?"

Patient: "It's more like linoleum."

Provider: "Can you get a carpet for the room? That might at least soften your fall."

Patient: "Yeah, I could see about carpeting the front room."

Provider: "Even better, how about making sure you go to bed before you fall asleep in that chair?"

Patient: "I could do that too, maybe set an alarm on my phone in case I nod off."

Provider: "Let me know at the next visit in four months if you're still falling out of that chair, maybe we can figure something else out."

Do you think the patient is less likely to experience another fall before the next visit in four months?

In Scenario Two, the provider was able to address the patient's context, or his life situation, as it impacted his ability to manage his health.

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

What can providers do to explore and incorporate patient context?

