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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:**

At a follow up visit you learn that a patient with an indication (tobacco use, history of a vertebral bone fracture) did not attend a scheduled bone density scan.

*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 asked the patient *why* he didn’t attend the scheduled scan. The patient responded that osteoporosis just meant he was old, and there was nothing to do about that.

*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 then spent time addressing the patient’s attitude towards his condition. The provider explained that while it was related to age, treating it could improve his quality of life. This is an example of addressing “Attitude Towards Illness” (see 12 domains below)

*Do you think the patient will now go get the bone density scan?*

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*Can you think of an example from your own work where a patient’s attitude could have adversely impacted their health outcomes, and how you responded?*

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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)