**Name:**

|  |
| --- |
|  |

**Date:**

|  |
| --- |
|  |

**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 ONE:**

A patient’s A1C is 14.1. The provider expresses concern about the situation and refers the patient to a pharmacist for diabetes medication management and to a nutritionist, but does not specifically ask the patient if anything in their life is impacting their ability to manage their health care.

*What are implications of referring the patient for services before asking for their input on why they have lost control of their chronic condition? How might this compromise care?*

|  |
| --- |
|  |

**CASE TWO:**

A patient states that he is suffering from migraines because he can’t always afford the bus fare to the VA to pick up his migraine medications. There is no discussion about why the patient would need to come to the VA to pick up refills. The provider did not address the patient’s inability to access his medication.

*What are some barriers that providers face addressing patient life situations like financial and transportation challenges?*

|  |
| --- |
|  |

*What are some strategies the provider could have tried to address the patient’s barrier to obtaining his prescribed medication?*

|  |
| --- |
|  |

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)