**Transcript of Narrative Medicine and Parallel Chart**

**Diagnosis of Type 2 Diabetes Symptoms/ Acute sequellae Comorbidities Therapeutic order drugs interventions**

* Laboratory  and imaging histories
* Physical exam
* Effective medical interviews
* Improve performance
* Creation of a therapeutic alliance with the patient
* Confidence and empathy

**Case Elise a 42-year-old female**

CC: type 2 diabetes, onset three years ago

* Needs advice on how to manage the condition better
* Aware of the need for watching hr does and exercising

**Social:**

Lives at home with the husband. A former city planner. Her hobbies include painting and sculpting. A mother of three with children living out of town.

Family history: a deceased father with mother currently admitted to a nursing home with dementia.

Medications: administration of 500mg of metformin with regular blood sugar level checks. Average levels are 7-8 ml/L

Practitioner experience: improved practitioner  confidence and patient satisfaction

**Patient outcomes:**

* Interviewing skills
* Empathy
* Compassion
* Improved compliance with medical attention
* Patient more involved in treatment regimen
* Trigger identification
* Enhanced awareness of the physician regarding patient's condition
* Notification of unresolved issues through proper care management and planning
* Visit structured to achieve patient-centered care

To meet the goals of narrative medicine, I was required to obtain in-depth knowledge and underlining of the patient's medical condition (Charon, 2006). This was accomplished by building confidence, competence, and patient-physician trust. Additionally, I had to arrange for individual meetings with Elise to identify mutual blind spots to facilitate my role as a healer. Nonetheless, despite these activities, it was important relaying to the patient the need for the use of powerful therapeutic interventions in controlling the condition. As a  result, my ability to absorb, interpret and apply narrative medicine in providing care was improved significantly. With these points in mind, I have developed my comprehension of the role of the caregiver as it has developed self-knowledge, self-criticism, and manner contentment.

**References**

Charon, R. (2006). *Narrative medicine: Honoring the stories of illness*. New York, NY: Oxford University Press.