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Conflict With Patient: Medication Fatigue and Non-compliance

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Medication Fatigue and Non-compliance

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Learning Community Group: Green 20



Professionalism Conflict with Patient

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Patient is upset that they have to take so many medications

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- Communicate with the patient through all of their medications and see which ones are no longer necessary that could be removed.
- Help the patient make a schedule + set up reminders on their technological device or on a paper planner to remind them to take all their medications.
- Ensure patient understands changes and benefits/risks of new treatment regimen

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Reflections

Throughout our second year of medical school, we anticipate our professional identities to become more internally defined as we gain further patient experience. Through the CEC experience, SL clinical experiences, and extracurricular activities, we believe we will gain a better understanding of our roles as physicians. Importantly, we recognize that our unique experiences and backgrounds will impact this development, leading to unique professional identities. A common theme to overcoming conflict with peers, administrators, and patients is open communication and flexibility. With peers, having similar experiences to help and openly communicating about the challenges we collectively face is necessary to thrive and overcome conflict. Conflicts with administration, similarly, rely on relaying important medical information to individuals who may not have a medical training background. Interpersonal communication involves relaying the needs of the patient which is necessary for overcoming and thriving within this conflict as well. With patients, communication is oriented towards meeting the patient where they are able and creating plans of care specific to each patient. This requires clear communication to understand the needs and values of the patients. This communication may be complicated by our identities as physicians. Particularly, with the use of the white coat which may complicate building the lines of open communication because it can potentially make speaking with physicians more intimidating. The direct associations of white coats with physicians can make patients more hesitant to share information, hindering communication. As such, after reading the “Are White Coats Becoming Obsolete” article, we believe that the white coat, while potentially important in professional identity formation, does not define the physician. It is an externally defining factor that can become internalized and impact how physicians interact with their patients. Ensuring effective communication and positive patient outcomes should be the utmost defining factors of the physician and should be what initiates and guides self-transformation within professional identity formation.

