Presence 5
Fostering physician humanism and connection with patients

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Fostering Humanism in Clinical Care

“Even though medicine changes, the fundamental role of the physician, the need for their presence, does not change...

...Cure is laudable but not always something we achieve, but comforting and healing is something we do.”

Abraham Verghese, MD, MACP
Director, Presence
The Art & Science of Human Connection
Presence 5 Background & Objective

Time constraints and administrative demands of modern medicine often impede the human connection that is central to clinical care.

Yet, busy clinicians are wary of implementing “one more thing.”

Objective
Develop a simple, scalable, evidence-based intervention that fosters physician humanism and patient connection.
Formative Research

- Systematic review
- Clinical observations
- Interviews with non-medical "analogous" professionals
- Evidence synthesis
Formative Research Systematic literature review

### Inclusion criteria

- RCT and controlled observational studies
- Study of interpersonal intervention:
  “Selective, systemic process that allows people to reflect and build personal knowledge of one another and create shared meanings” (Wood J, 2016)
- Quadruple aim outcome (health outcomes, patient/provider experience, cost)

### Review process

<table>
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<tr>
<th>Database Search</th>
<th>Abstract Screen</th>
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<tbody>
<tr>
<td>PubMed, PsycINFO, Embase</td>
<td>21,835 references</td>
<td>350 references</td>
<td>73 references</td>
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Many interpersonal studies show a positive impact on patient experience.

Enhanced interpersonal interactions can improve provider well-being, burnout, stress, and confidence in communicating with patients.

Cost (utilization, prescription rates) was evaluated in minority of studies.

Among studies with positive outcomes, interventions rarely increased visit length.

Interventions with low or moderate demand on provider time and effort were as effective as higher demand interventions.

Haverfield MC, et al., J Gen Int Med, 2019
Formative Research Review of related interventions

Three Function Approach to the Medical Interview
(Cole & Bird, 1990)

The 4 Habits Model
(Frankel & Stein, 1996/2010)

Narrative Medicine
(Charon, 2001)

Oncotalk
(Tulsky et al., 2007)

E.M.P.A.T.H.Y.
(Riess & Kraft, 2014)

Humanism Pocket Multi-tool
(Warde & Shaner, 2017)

ACES: Advancing Communication Excellence at Stanford
(Stanford Health Care)

Thriving in a Busy Practice
(Stein & Kwan, 1999)

COMFORT
(Goldsmith & Wittenberg-Lyles, 2013)
Formative Research Clinical observations & interviews

Stanford University
Stanford Primary Care & Family Medicine Clinics

Veterans Affairs
VA Palo Alto General Medicine Clinic

FQHC Clinic
Ravenswood Family Health Center

Primary Care Visits:
- 27 audio- or videotaped visits
- 10 PCP interviews- practices that foster connection with patients
- 27 patient interviews- physician behaviors and questions that foster connection

Analysis: Rapid ethnographic approach to identify promising practices
Interviews with 30 non-medical professionals for whom presence and connection are critical

Captured practices that establish trust and boundaries, and foster interpersonal connection

**Formative Research** Analogous professional interviews

How do non-medical professionals define Presence?

- **Journalist**
  "Staying focused on the moment, looking somebody in the eye, listening and responding to them."

- ** Documentary filmmaker**
  "Most of the time it's about hearing someone's story and about why they did something, and where it led them, and who they are now."

- **Restorative justice lawyer**
  "[I use the mantra]: 'Now. Here. This.' When I remember to do that, it has been helpful."

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Evidence Synthesis
**Evidence Synthesis** Generation of Presence practices

**Presence Definition:** A purposeful practice of awareness, focus, and attention with the intent to understand and connect with patients.


Practice development process:

- Generated list of promising practices from each research arm
- Triangulated lists to identify practices with broad support
- Conducted targeted lit review for each practice with evidence from diverse fields
- Generated evidence brief for each preliminary practice
Evidence Synthesis Modified Delphi Panel (n=14 experts)

Patient Experience
Effect of proposed practice on patient experience (i.e., overall satisfaction, experience with communication, perceived respect and empathy)

Clinician Experience
Effect of proposed practice on clinician experience (i.e., perception that clinical encounters are meaningful and contribute to well-being & job satisfaction)

Implementation Feasibility
Ease of integrating the practice into diverse outpatient clinical settings (consider practice complexity, time demands, training requirements)

Text box also offered for additional comments.
Managing emotions: what are my triggers and what frustrates me?

- Eye contact
- Positive language (one-word change, "something: vs. "anything")
- Empowerment
  - Engage your superpower (e.g., mantras, self-efficacy)
- Keep an open mind
- Recognize the power of touch
- Emphasize joint responsibility

Prepare with intention
- Listen intently and completely
- Agree on what matters most
- Connect with your patient's story
- Explore emotional cues

Prepare for the person
- Take a moment
- Position yourself
- Share the screen
- Stop and listen

Collaborative agenda setting
- "What's important to you?"
- Walk in the patient's shoes
- Focus on progress

Engage in emotion
- Recognize the power of touch
- Emphasize joint responsibility
- Keep an open mind

Zulman DM, et al., JAMA 2020
Prepare with intention
Familiarize yourself with the patient you are about to meet. Create a ritual to focus your attention before a visit.

Listen intently and completely
Sit down, lean forward, position yourself to listen. Don't interrupt.

Agree on what matters most
Find out what your patient cares about and incorporate these priorities into the visit agenda.

Connect with your patient’s story
Consider circumstances influencing your patient’s health. Acknowledge your patient’s efforts, celebrate successes.

Explore emotional cues
Tune in. Notice, name, and validate your patient’s emotions to become a trusted partner.

Presence 5
Prepare with intention

Familiarize yourself with the patient you are about to meet. Create a ritual to focus your attention before a visit.
Prepare with intention

• Perform a brief chart review, emphasizing key elements of the social history

• Create a brief ritual out of a routine practice (e.g. take a deep breath before entering room; take a moment to focus during handwashing)
Listen intently and completely

Sit down, lean forward, position yourself to listen. Don't interrupt. Your patient is your most valuable source of information.
Listen intently and completely

- Sit down and lean in toward the patient.
- Maintain an open body position and focus your gaze towards the patient.
- Avoid interrupting a patient during their opening description of health issues.
Agree on what matters most

Find out what your patient cares about and incorporate these priorities into the visit agenda.

"If you want to go fast, go alone. If you want to go far, go together."

- African Proverb
Agree on what matters most

• Use open-ended questions to ask the patient to describe why they are here

• Develop an agenda that incorporates patient priorities

• Review agenda and elicit any unaddressed priorities, e.g. “Is there something else you wanted to discuss today?”
Connect with the patient’s story

Consider the circumstances that influence your patient’s health. Acknowledge your patient’s efforts, celebrate successes.
Connect with the patient’s story

• Be curious about your patient’s life story

• Use positive language, including statements of approval, reassurance, and partnership

• Offer the patient genuine and honest praise for efforts; acknowledge successes when appropriate
Explore emotional cues

Tune in. Notice, name, and validate your patient's emotions to become a trusted partner.
Explore emotional cues

• Tune into patient's verbal and non-verbal emotional cues (e.g., changes in tone of voice, facial expressions, body language)

• Ask the patient how they are feeling about their health concerns and stressors

• Reflect, validate, and confirm your perceptions of a patient's emotions
Presence 5

JAMA, January 2020
Presence 5 Intervention design

JOURNEY MAPPING & FRAMEWORK DEVELOPMENT

CO-CREATION SESSIONS

USER FEEDBACK SESSIONS

LIVE PROTOTYPING

FINAL PRODUCT

Presence 5: A ritual of connection

Prepare with intention
Listen with your whole body
Agree on what matters most
Connect with your patient's story
Explore emotional cues

Presence Circle

Presence 5 Adaptations
Tele-Presence 5 Presence in the COVID-19 Pandemic
Tele-Presence 5 for Virtual Visits

LITERATURE REVIEW
712 abstracts screened
36 full-text reviews
+ guidelines from ACP/VA

CLINICIAN FEEDBACK
23 users

RESOURCE DEVELOPMENT
Poster
10-minute CME video
Articles (Ann Fam Med, KevinMD)

https://med.stanford.edu/presence/initiatives/stanford-presence-5.html
**Tele-Presence 5 for Virtual Visits**

Shankar M, *et al.* Strategies to foster meaningful connection during telemedicine visits. *MEDPAGE TODAY’s KevinMD*, April 2020

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<th>Step</th>
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<tr>
<td>Prepare with intention</td>
<td>Pause and refresh between virtual visits, and familiarize yourself with the next patient.</td>
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<tr>
<td>Listen intently and completely</td>
<td>Nod, maintain eye contact by looking at the camera, and avoid interruptions.</td>
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<tr>
<td>Agree on what matters most</td>
<td>Establish a virtual visit agenda that incorporates patient priorities and goals.</td>
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<tr>
<td>Connect with the patient’s story</td>
<td>Engage virtually with the patient’s home environment and social support.</td>
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<tr>
<td>Explore emotional cues</td>
<td>Tune into facial expressions, body language, and changes in tone and volume.</td>
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Presence 5 for Medical Trainees

AMA Reimagining Residency initiative

Reimagining Residency grant program

Following a five-month application and review process, the awardees of the $15 million Reimagining Residency grant program were named in June 2019. The grant teams join the Accelerating Change in Medical Education Consortium of 37 medical schools in their work to transform medical education across the continuum.

Johns Hopkins University School of Medicine, Stanford University School of Medicine and University of Alabama at Birmingham School of Medicine

Proposal title: The Graduate Medical Training "Laboratory": An Innovative Program to Generate, Implement, and Evaluate Interventions to Improve Resident Burnout and Clinical Skill

Project Description: Proposed by the Johns Hopkins University School of Medicine, Stanford University School of Medicine and University of Alabama at Birmingham School of Medicine, this project will implement methods to measure modifiable attributes of the training environment that may contribute to burnout among residents.
Presence for Racial Justice

An adaptation of Presence 5 to promote anti-racist dialogue among clinicians and to identify practices that build trust among Black patients and promote health equity.
Presence for Racial Justice Partner Clinics

1. Roots Community Health Center
   Oakland, CA

2. University of Alabama Medical Group
   Leeds, AL

3. Church Health
   Memphis, TN

4. Culver Medical Group
   Rochester, NY
Presence for Racial Justice

Communication Strategies to Promote Health Equity

Prepare with intention
Consider how your identity could influence how you perceive your patient and how your patient might perceive you

Listen intently and completely
Listen for your patient’s experiences with racism, bias, or mistreatment

Agree on what matters most
When creating a shared agenda with your patient, check yourself for biases that might influence what you prioritize for the visit

Connect with the patient’s story
As you listen to your patient’s story, consider how anti-Black racism has influenced your patient’s experiences with their health and health care

Explore emotional cues
Consider how racial trauma might influence your patient’s emotions
**Objective:** To adapt the Presence 5 framework and associated Presence Circles to develop a discussion-based curriculum to promote racial justice

- Foster anti-racist dialogue among medical students
- Teach strategies to reflect on personal biases and historical racism
- Encourage advocacy for Black patients
- Promote racial justice during clinical training
Summary

The *Presence 5* project leveraged human-centered design principles to develop a simple intervention that fosters physician humanism and connection with patients.

*Presence 5* adaptations highlight opportunities to connect with patients during telemedicine encounters and to address systemic racism and health equity in clinical care.
### Publications and Resources...

[https://med.stanford.edu/presence/initiatives/stanford-presence-5.html](https://med.stanford.edu/presence/initiatives/stanford-presence-5.html)

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<tr>
<th>Publication Title</th>
<th>Authors</th>
<th>Journal/Website</th>
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<tr>
<td>Virtual Care, Telemedicine Visits, and Real Connection in the Era of COVID-19</td>
<td>Zulman DM &amp; Verghese A</td>
<td>(JAMA, February 2021)</td>
</tr>
<tr>
<td>Can Patient-Provider Interpersonal Interventions Achieve the Quadruple Aim of Health Care?: A Systematic Review</td>
<td>Haverfield MC, et al.</td>
<td>(JGIM, January 2020)</td>
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<tr>
<td>Strategies to foster meaningful connection during telemedicine visits</td>
<td>Shankar M, et al.</td>
<td>(KevinMD.com, April 2020)</td>
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<td>Approach to Human-Centered, Evidence-Driven Adaptive Design (AHEAD) for Health Care Interventions</td>
<td>Fischer M, et al.</td>
<td>(JGIM, February 2021)</td>
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The Presence 5 Team

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**Expert Panel:** Steve Asch (Moderator), William Branch, Jr., Arleen Brown, Calvin Chou, Richard Frankel, Judith Hall, Manny Hernandez, Rumana Hussain, Lucy Kalanithi, Eliseo Pérez-Stable, Bill Polonsky, Helen Riess, David Sobel, Ian Tong, Elaine Wittenberg
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