

# 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



# Formative Research Literature review findings

- 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

# 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



# Formative Research “Analogous” professional interviews

- Interviews with 30 non-medical professionals for whom presence and connection are critical
- Captured practices that establish trust and boundaries, and foster interpersonal connection



Arts, Design, & Entertainment  
Documentary Filmmaker  
Design Researcher  
Professional Musician



Education  
Music Teacher  
Clinician Educator  
Psychology Professor



Protective Service  
Fire Station Captain  
Social Justice Lawyer  
Police Officer



Personal Care  
Yoga Instructor  
Recreational Therapist  
Massage Therapist



Community & Social Service  
Chaplain  
Social Worker  
Life Coach  
Health Coach



Business & Finance  
Talent Acquisition  
TV Commercial Sales  
Sales  
Restauranteur

# Formative Research Analogous professional interviews

How do non-medical professionals define Presence?

“Staying focused on the moment, looking somebody in the eye, listening and responding to them.”

*Journalist*

“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.”

*Documentary filmmaker*

“[I use the mantra]:  
‘Now. Here. This.’  
When I remember to do that, it has been helpful”

*Restorative justice lawyer*

# 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.

Brown-Johnson C, et al. *BMJ Open*

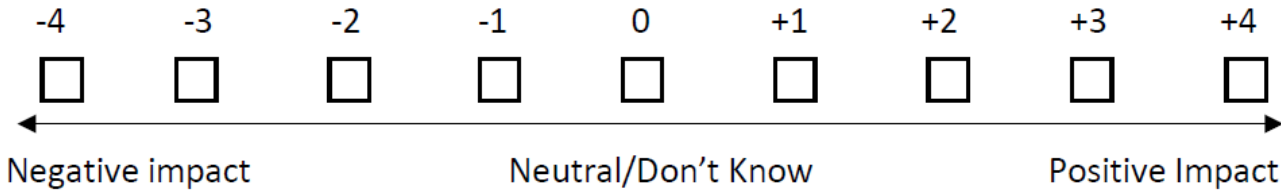
Practice development process:



# Evidence Synthesis Modified Delphi Panel (n=14 experts)

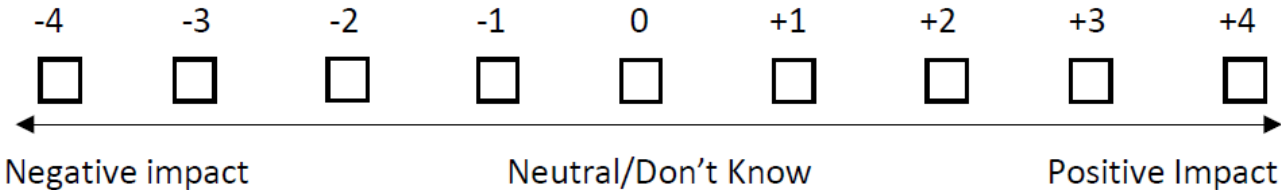
## Patient Experience

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



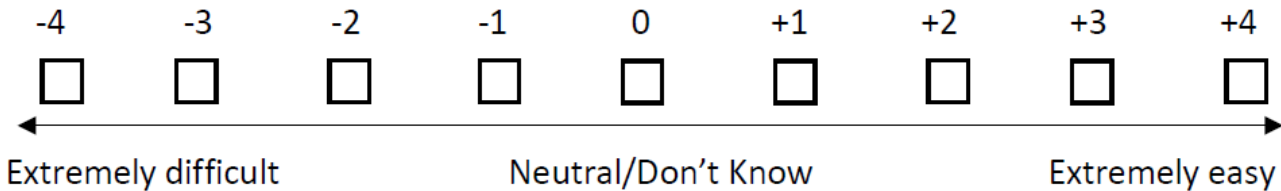
## Clinician Experience

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

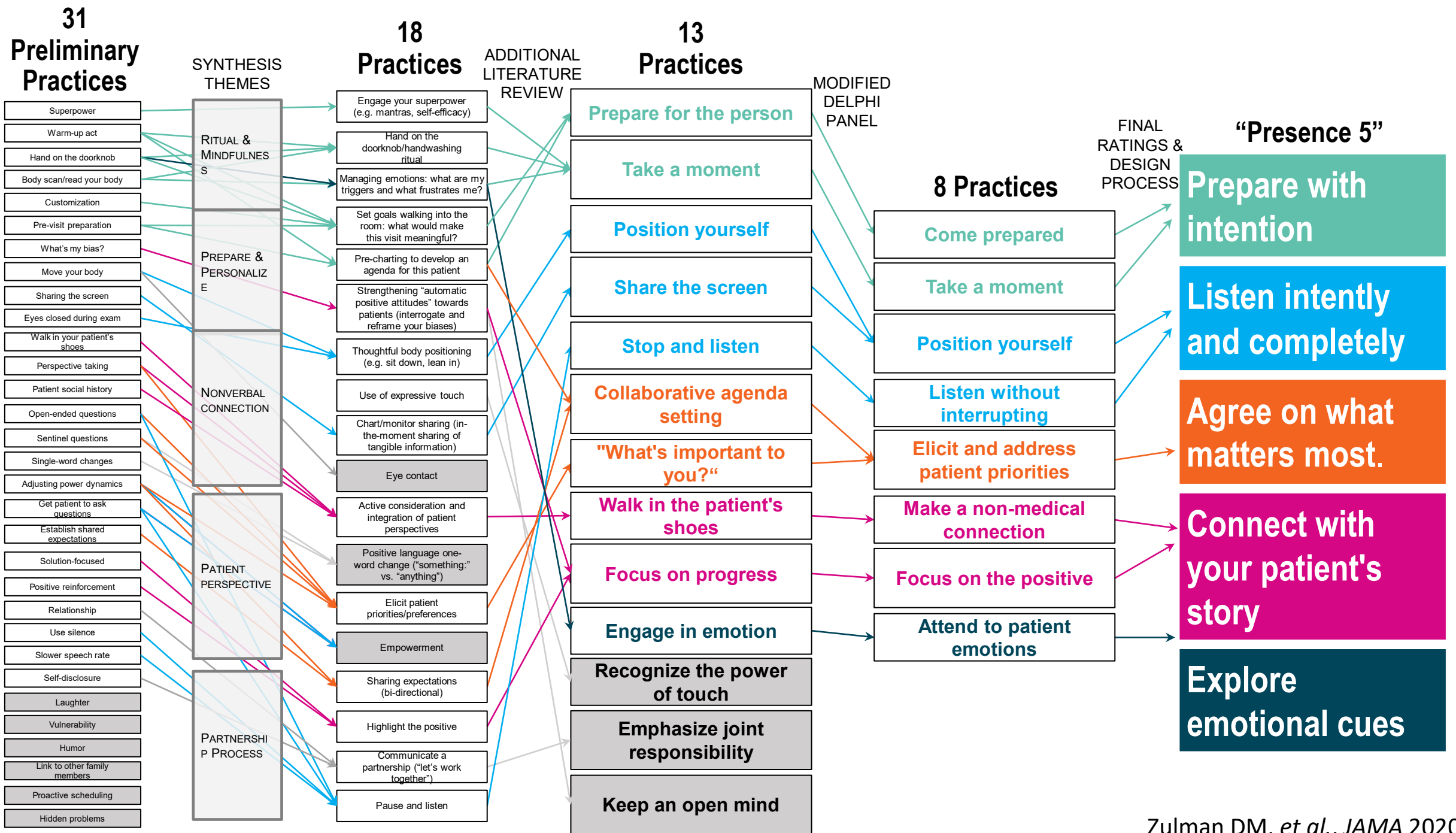


## Implementation Feasibility

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



*Text box also offered for additional comments.*



# Presence 5

Zulman DM & Verghese A, *et al.*  
*JAMA*, January 2020



## Prepare with intention

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



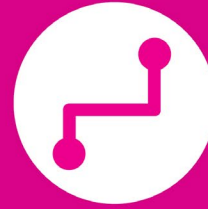
## Listen intently and completely

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.

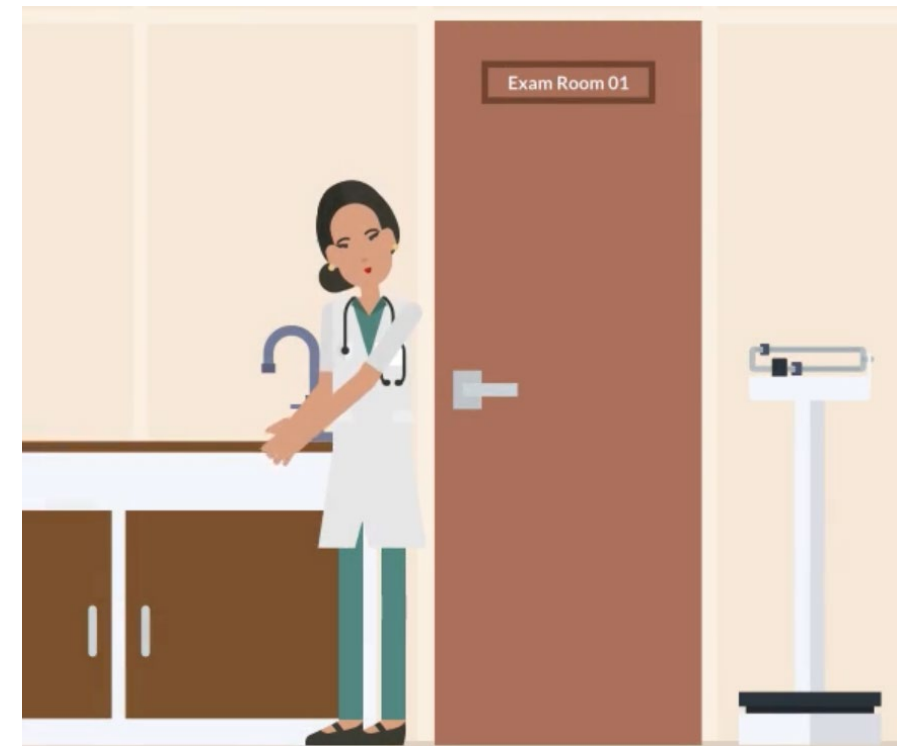
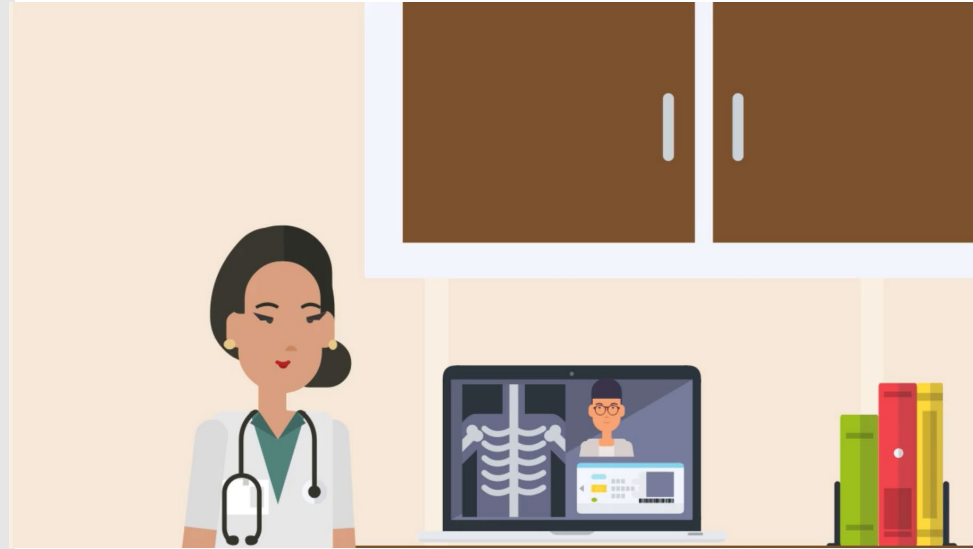


## Explore emotional cues

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

## Prepare with intention

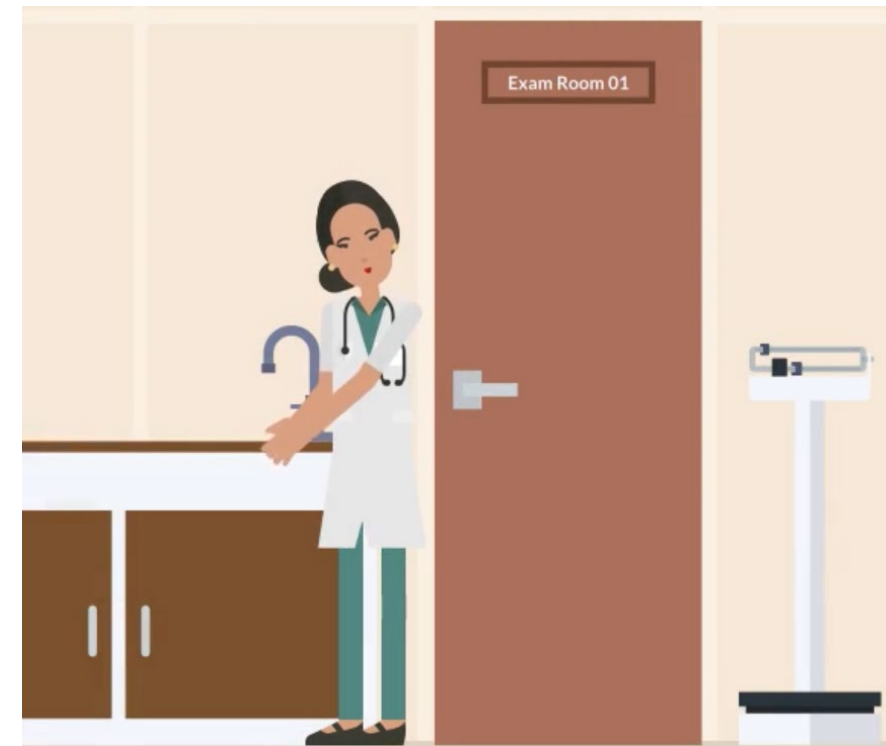
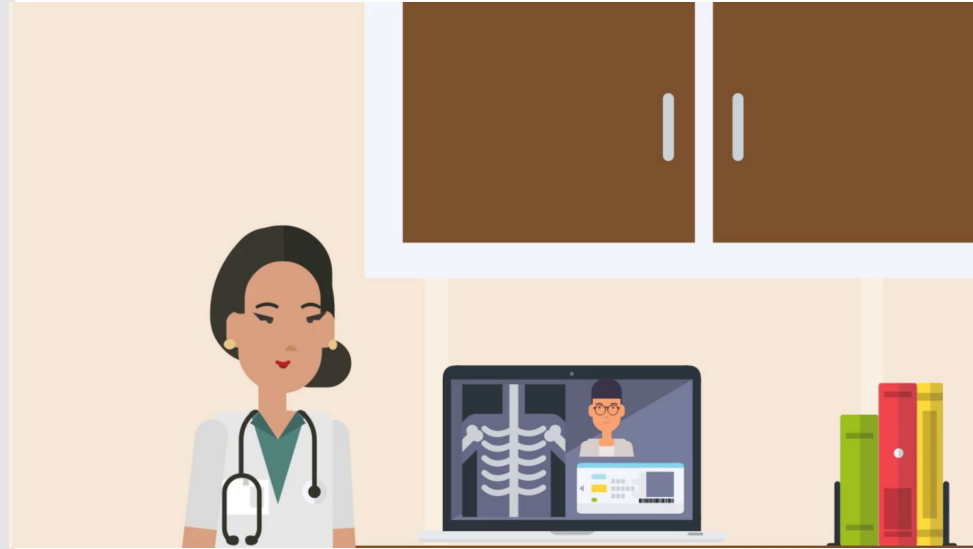
Familiarize yourself with the patient you are about to meet. Create a ritual to focus your attention before a visit.





## 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

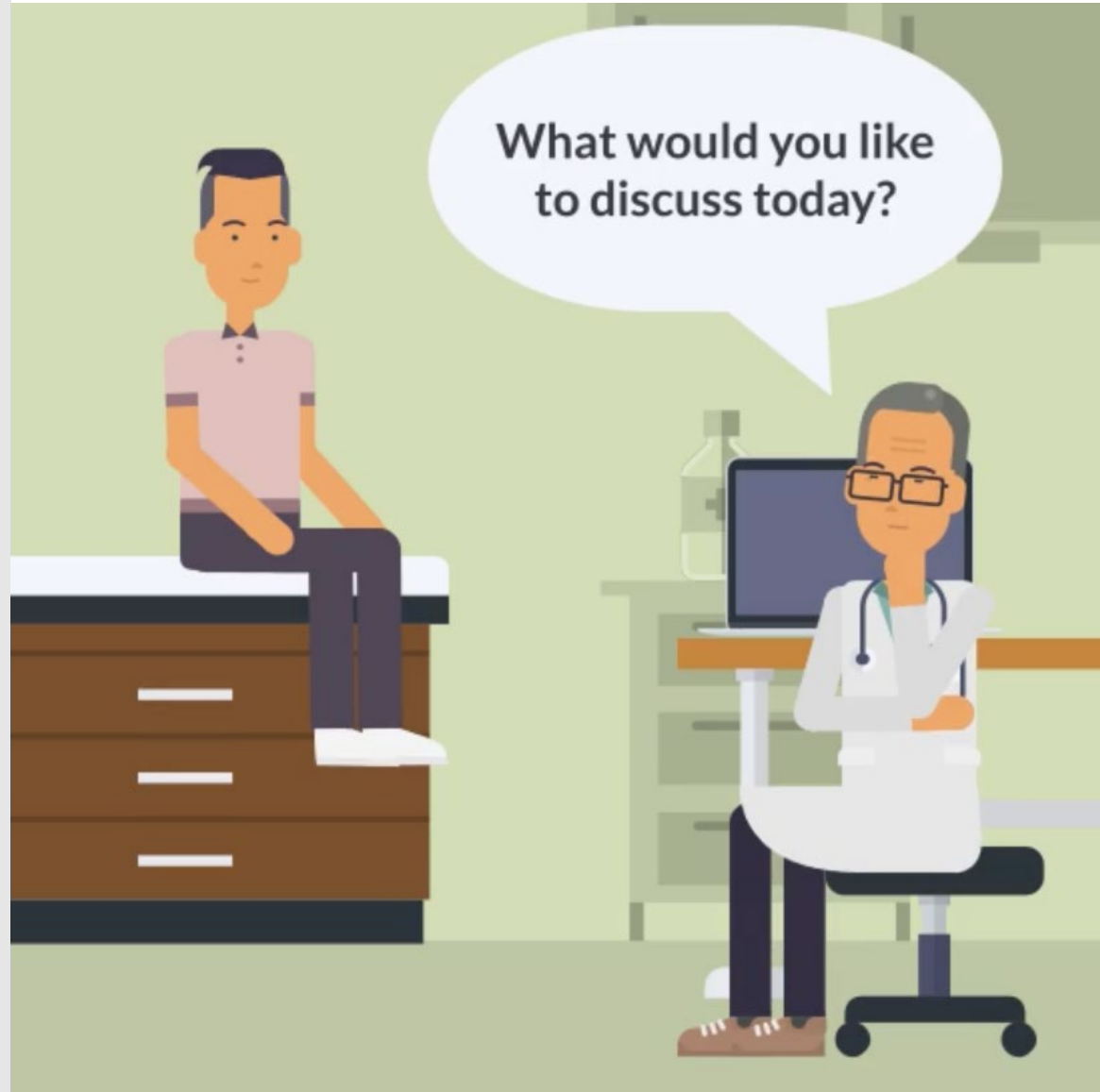
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## Agree on what matters most

- 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.

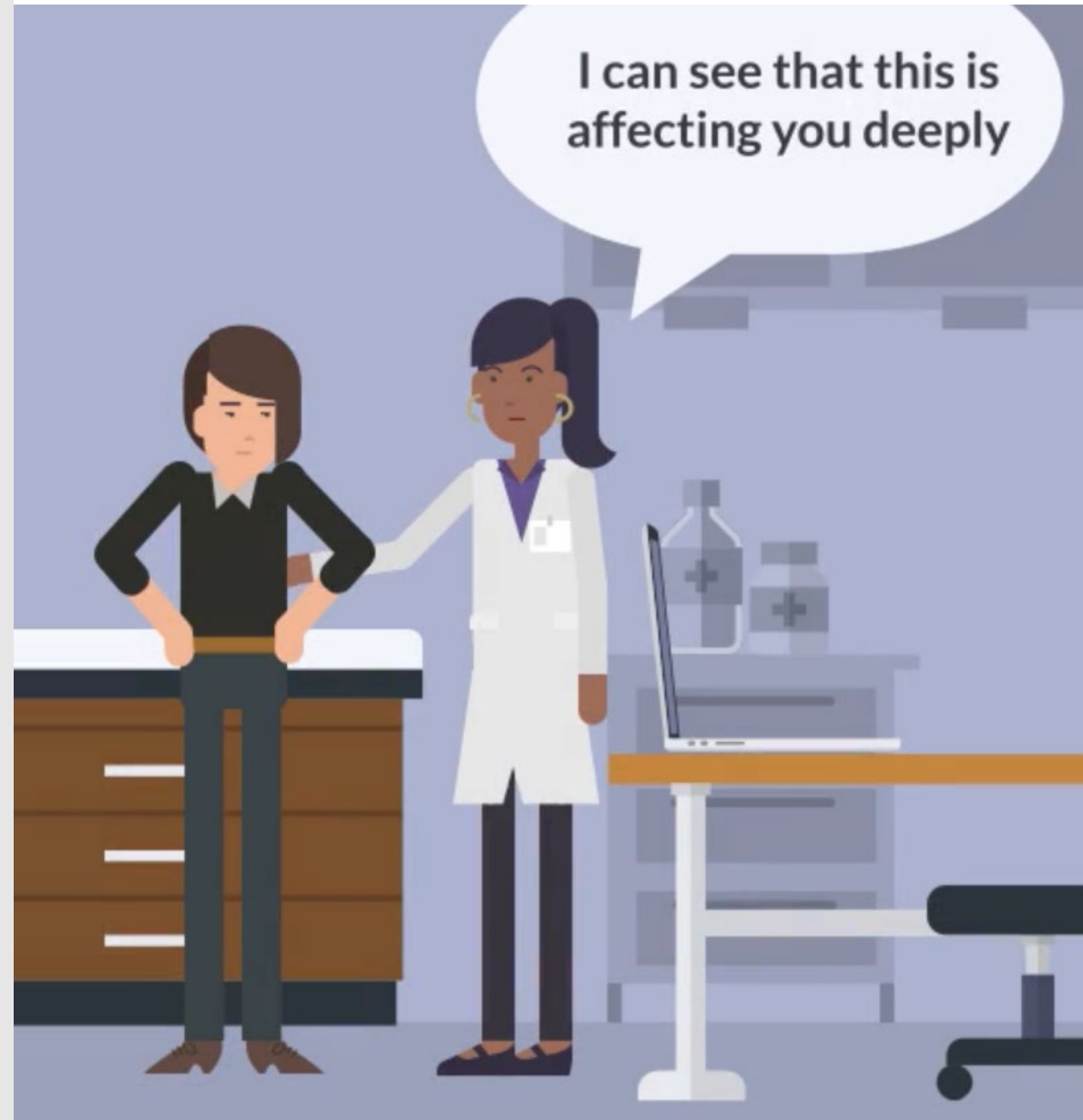


## Connect with the patient's story

- 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

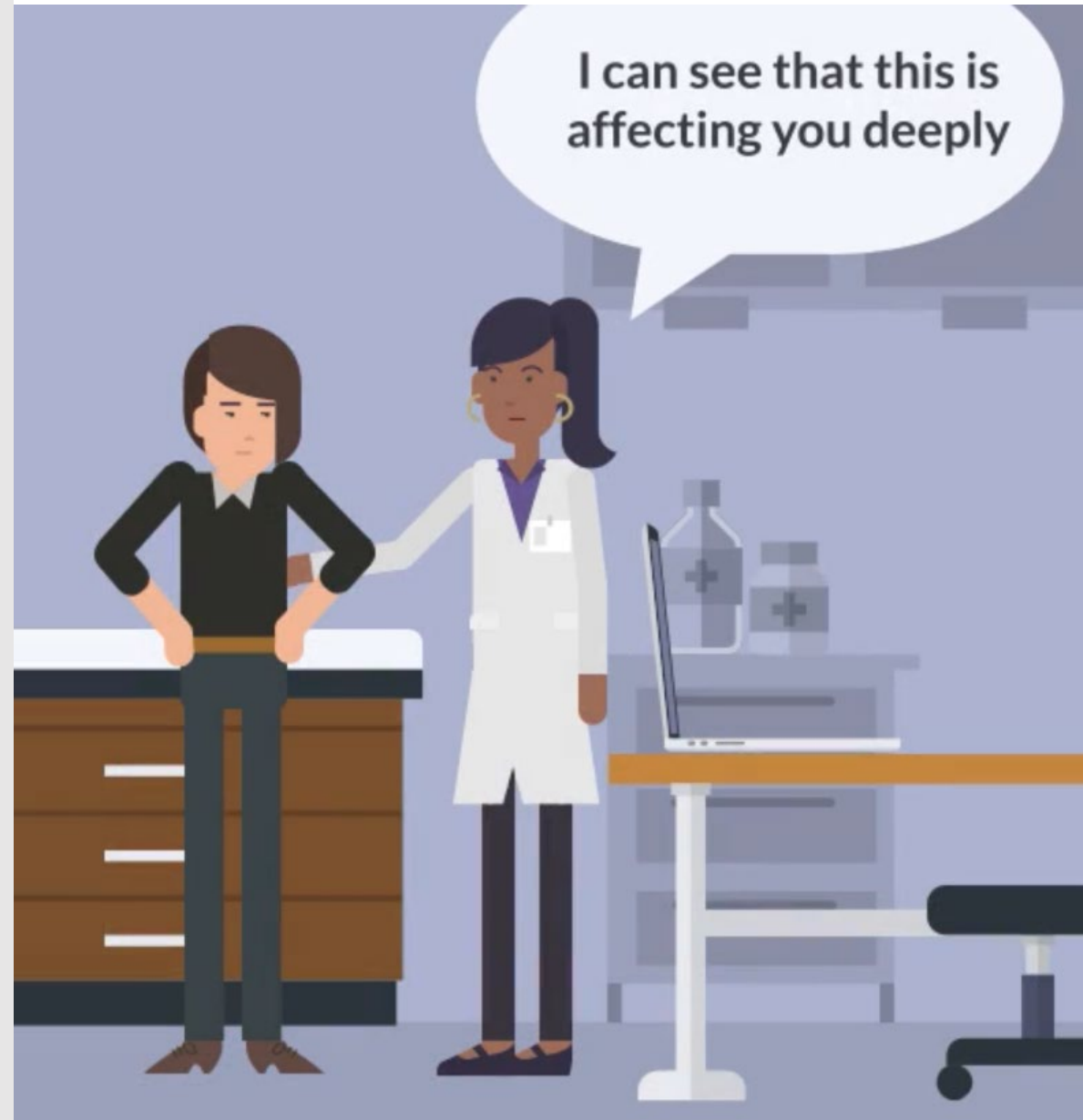
Tune in. Notice, name, and validate your patient's emotions to become a trusted partner.





## 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



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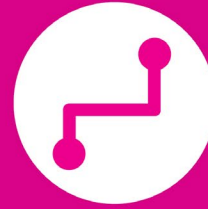
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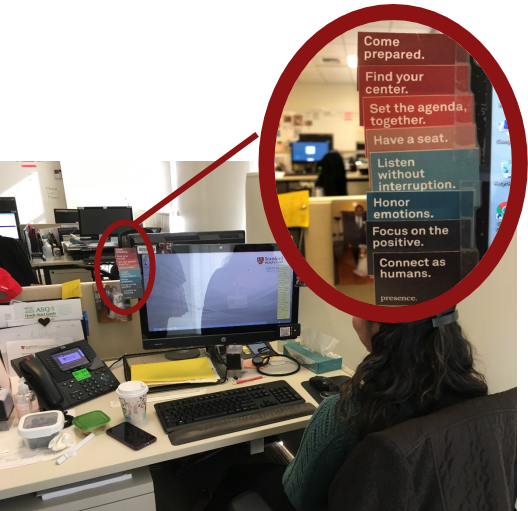
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# Presence 5 Intervention design



Presence 5: A ritual of connection

- Prepare with intention**  
Are you prepared for a meaningful interaction?
- Listen with your whole body**  
What does your patient say when uninterrupted?
- Agree on what matters most**  
What are your patient's health goals, now and in the future?
- Connect with your patient's story**  
How can you contribute positively to your patient's journey?
- Explore emotional cues**  
What can you learn from your patient's emotions?

presence. The Art & Science of Human Connection. med.stanford.edu/presence



**JOURNEY  
MAPPING &  
FRAMEWORK  
DEVELOPMENT**

**CO-CREATION  
SESSIONS**

**USER  
FEEDBACK  
SESSIONS**

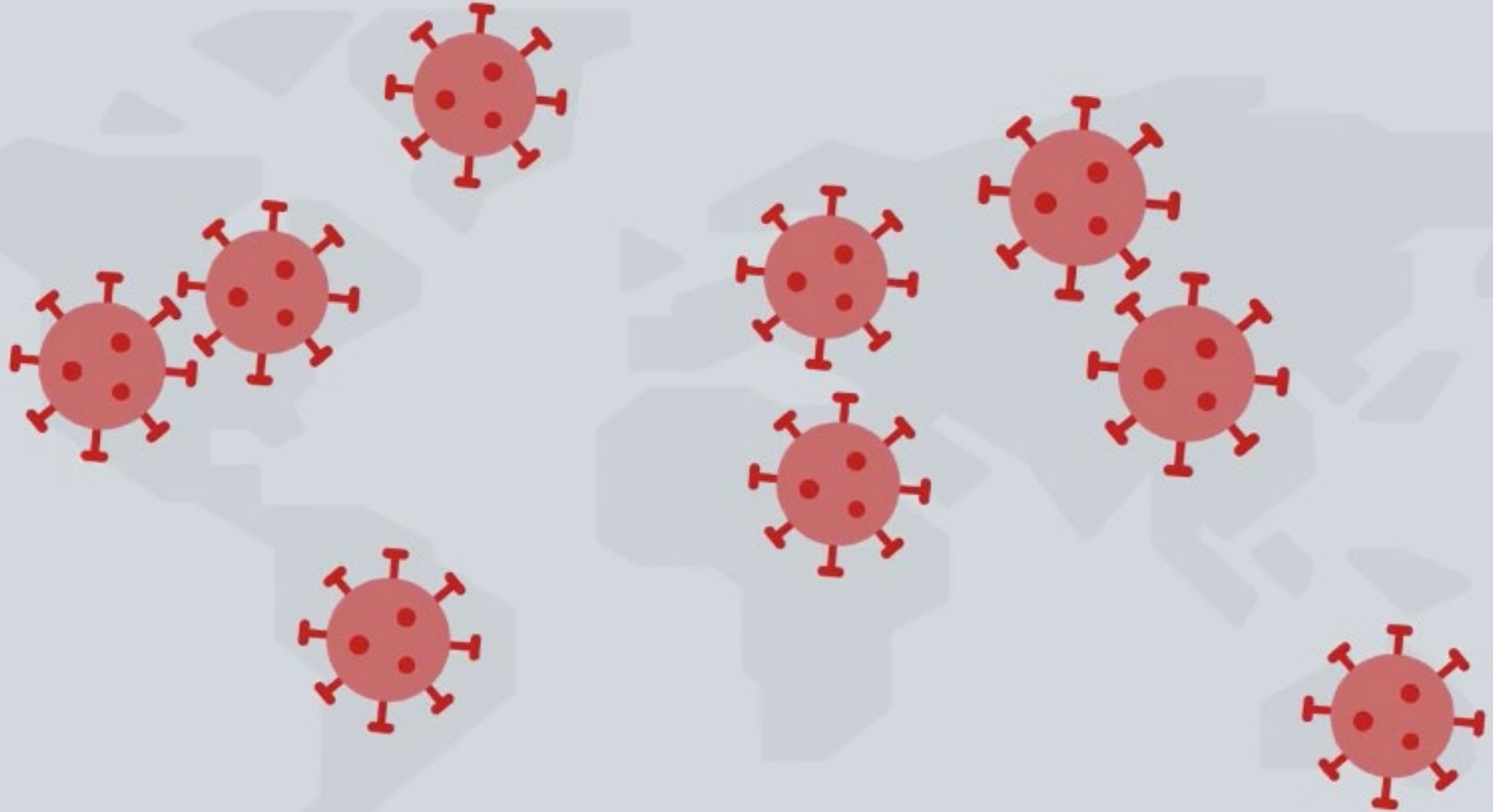
**LIVE  
PROTOTYPING**

**FINAL  
PRODUCT**



# 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



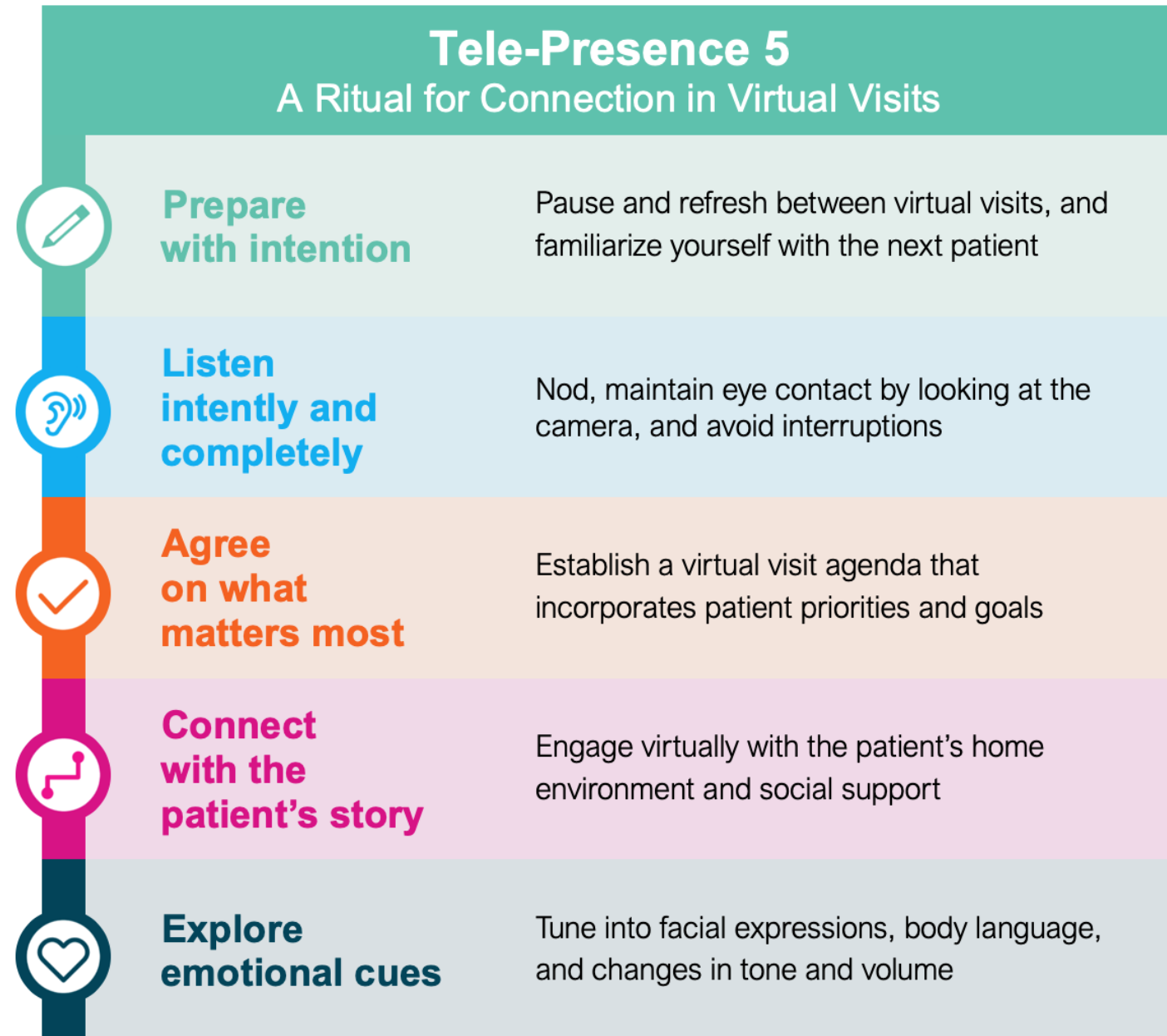
## RESOURCE DEVELOPMENT

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

# Tele-Presence 5 for Virtual Visits

Shankar M, *et al*. Strategies to foster meaningful connection during telemedicine visits.

*MEDPAGE TODAY's KevinMD*, April 2020



# Presence 5 for Medical Trainees



IMPROVE GME

## AMA Reimagining Residency initiative



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### 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.



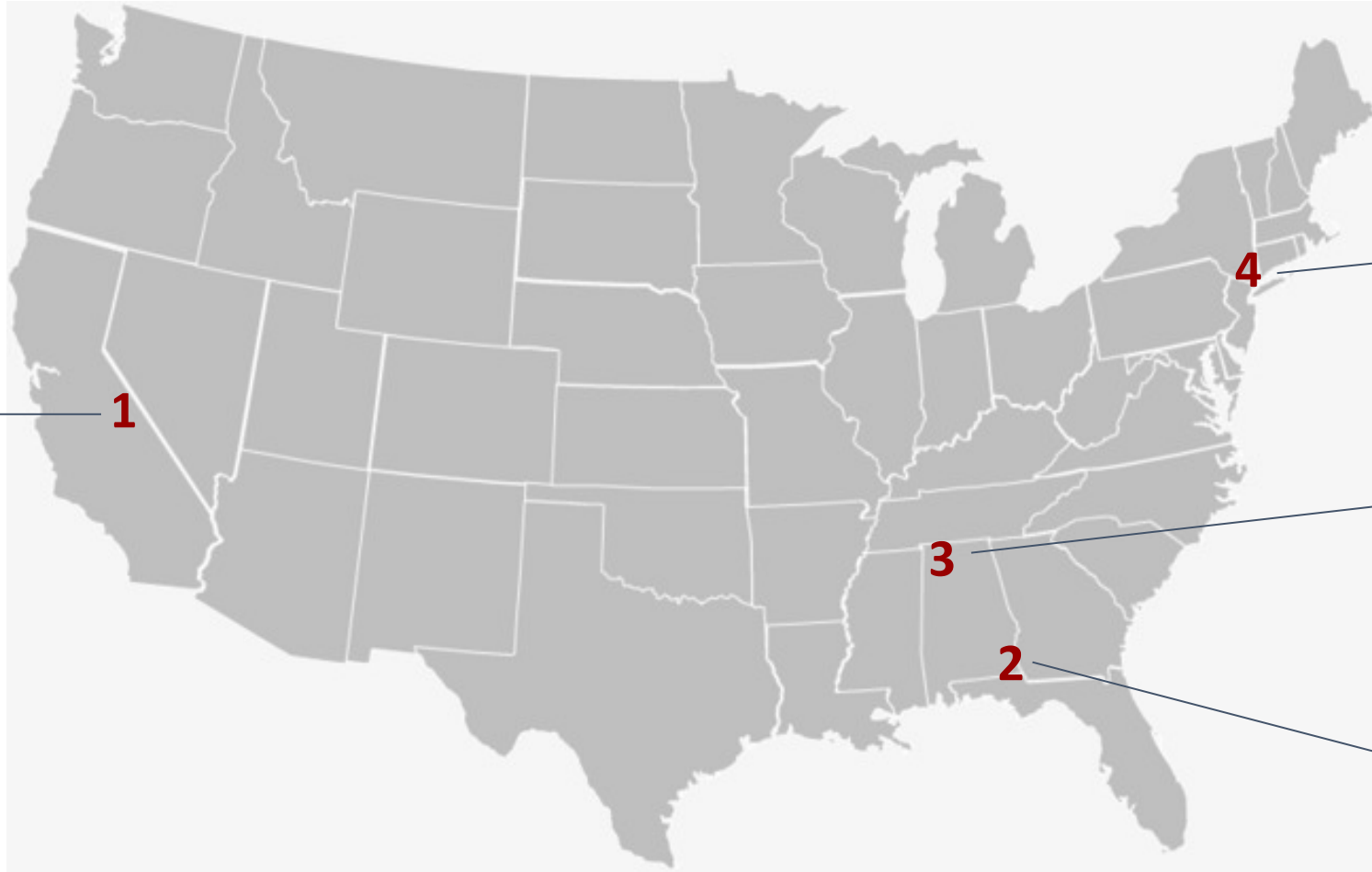


# Presence for Racial Justice

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

**Roots Community  
Health Center**  
Oakland, CA



**Culver  
Medical Group**  
Rochester, NY

**Church Health**  
Memphis, TN

**University of  
Alabama**  
Leeds, AL

# Presence for Racial Justice

## 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

# Presence for Racial Justice Medical Student Curriculum

**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>

Presence 5: A ritual to foster human connection in the clinical encounter

Zulman DM, Verghese A, *et al.* (*JAMA*, January 2020)

Virtual Care, Telemedicine Visits, and Real Connection in the Era of COVID-19

Zulman DM & Verghese A (*JAMA*, February 2021)

Presence: Physician and non-physician insights about the art of human connection in clinical encounter Brown-Johnson C, *et al.* (*BMJ Open*, November 2019)

Can Patient-Provider Interpersonal Interventions Achieve the Quadruple Aim of Health Care?:

A Systematic Review

Haverfield MC, *et al.* (*JGIM*, January 2020)

Humanism in telemedicine: Connecting through virtual visits during the COVID-19 pandemic

Shankar M, *et al.* (*Ann Fam Med: COVID-19 Collection*, April 2020)

Strategies to foster meaningful connection during telemedicine visits

Shankar M, *et al.* (*KevinMD.com*, April 2020)

Tele-Presence 5: Continuing Medical Education Video

<https://stanford.cloud-cme.com/default.aspx?P=3000&EID=35769>

Approach to Human-Centered, Evidence-Driven Adaptive Design (AHEAD) for Health Care Interventions

Fischer M, *et al.* (*JGIM*, February 2021)

# The Presence 5 Team

**Principal Investigators:** Donna Zulman & Abraham Verghese

**Presence Center Executive Director:** Sonoo Thadaney

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**Clinical Advisors:** Kelley Skeff, Megan Mahoney, Marcie Levine, Lars Osterberg, Christophe Gimmler, Jaime Chavarria, Alan Glaseroff, Sheila Lahijani, Karl Lorenz, Amrapali Maitra, Andrew Elder

**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

# Presence 5 Project Support

## Grants

- Gordon & Betty Moore Foundation (#6382)
- AMA Reimaging Residency Grant
- Stanford RISE Grant (Respond. Innovative. Scale. Empower)
- Stanford CCSRE Grant (Center for Comparative Studies in Race and Ethnicity)

## Additional Generous Support

- Stanford Sean N. Parker Center for Allergy and Asthma Research
- Graham Ladensohn Summer Scholarship Fund
- Love Fund for Health Equity



# Thank you!

