

Panel Title: Cultural and Contextual Adaptations of the Presence 5 Framework to Foster Physician Humanism and Meaningful Connections with Patients

Description/Rationale: Time constraints, technology, and administrative demands often impede the human connection that is central to clinical care. Presence 5, developed to address these barriers, comprises evidence-based practices that promote clinician presence and foster connection. As a framework, Presence 5 has been iteratively adapted to virtual visits, extended to the nurse-caregiver context, evaluated for anti-racist messaging, and modified for resident and medical student education efforts.

Panel Participants:

Gabrielle Li
Research Assistant
Department of Primary Care and Population Health
Stanford University School of Medicine

Title: Original Presence 5

Abstract: The Presence 5 mixed-methods study identified practices for clinicians to enhance their presence and connection with patients. Practices were derived through systematic literature review, observations of primary care encounters, and qualitative interviews. An expert Delphi panel identified 5 practices: prepare with intention, listen intently and completely, agree on what matters most, connect with the patient's story, and explore emotional cues. The P5 practices were then implemented and adapted with culturally responsive modifications to three distinct clinics in an academic medical center, a Veterans Affairs facility, and a community clinic primarily Spanish-speaking, un- or under-insured patients.

Cynthia Pérez, BS
Research Assistant
Department of Primary Care and Population Health
Stanford University School of Medicine

Title: Presence for Racial Justice

Abstract: Presence for Racial Justice focuses on communication practices to address health disparities and anti-Black racism observed in clinical care and research during the COVID-19 pandemic. Through Community Based Participatory Research (CBPR), we are building partnerships with clinics serving predominantly Black patients across diverse settings to acquire anti-racism strategies for medical care and incorporating them into the Stanford Presence 5 framework. We are implementing virtual *Presence Circles* where clinicians share their strategies to connect with Black patients, a national Community Advisory Board (CAB) to oversee the research project, and interviews with Black patients to understand their experience with the medical field.

Juliana Baratta, MS
Project Manager
Department of Primary Care and Population Health
Stanford University School of Medicine

Title: Presence in Nurse-Caregiver Interactions

Abstract: Informal caregivers of patients with Alzheimer’s disease and related dementias (ADRD) often report feeling overburdened contributing to poor mental health. There is a need to provide inpatient nurses with the communication strategies necessary to assist caregiver navigation of their role and facilitate patient wellbeing, while also promoting the inpatient nurse experience. Our study presents an evidence-based, low demand, nurse-caregiver communication intervention to establish a set of recommended communication practices that facilitate nurse presence and meaningful connection with caregivers.

Raquel Garcia
Research Assistant
Department of Primary Care and Population Health
Stanford University School of Medicine

Title: Presence in Medical Education

Abstract: Racism in medicine carries deep legacies reflected in graduate medical education. We adapted “Presence 5 Circle” discussion groups to offer resident physicians protected time to reflect on racism and their clinical experiences. A literature review was conducted through PubMed and MedEd PORTAL to focus on structural racism and anti-racism strategies in medical education (N=50 articles). Relevant practices were mapped to the original Presence 5 practices and education strategies were identified. Practices were adapted to racial justice in medical education, such as considering how identities impact clinical decision-making, acknowledging systemic injustices, explicitly naming racism, and practicing upstander behavior during patient-resident-attending interactions.

Gisselle De Leon Signor
Research Assistant
Department of Primary Care and Population Health
Stanford University School of Medicine

Title: Telepresence

Abstract: The COVID-19 pandemic is demanding several changes in healthcare including a dramatic increase in telemedicine visits. Given this technological adaptation, there are barriers to meaningful connection in the patient-clinician relationship. To maintain humanism in medicine, a set of 5 evidence-based practices-the Presence 5 (P5) practices-were mapped to the virtual care context through literature review (N=712) and clinician feedback (N=23). The TelePresence5 practices are explicit strategies clinicians can use to promote humanism in telemedicine, foster meaningful connections, and enhance patient experience.