2026, Volume x, Issue x, 1-2, e-ISSN 1938-3800

Family Medicine

NARRATIVE ESSAY

The Power of Presence

Sherry Adkins, MD, MPH

AUTHOR AFFILIATION:
Wright State University Boonshoft School of Medicine, Dayton, OH

CORRESPONDING AUTHOR:
Sherry Adkins, Wright State University Boonshoft School of Medicine, Dayton, OH, sherry.adkins@wright.edu

HOW TO CITE: Adkins S. The Power of Presence. *Fam Med.* 2026;x(x):1-2. doi: 10.22454/FamMed.2026.487946

FIRST PUBLISHED: June 17, 2026

At the end of a first-year medical student session on motivational interviewing, I asked the students for one word that described what their patients most need from them. The room was quiet, like something was waiting to form. A few students offered familiar responses: "trust," "clarity," "support."

Then, a student who had not spoken once all class, said softly, "Grace." She paused, then added gently, "or... empathy," translating for the more formal space she suddenly remembered around us all.

I repeated the word back: "Grace," spoken aloud, unprompted, as a clinical need. These were brand-new medical students, not yet armored by efficiency.

I had spent hours preparing materials, refining cases, and structuring the progression from demonstration to skill drill. But the most powerful moment of learning wasn't anything I delivered; it came from them. During the role-play work, I intentionally stayed at the front of the room. I simply invited the work, then stepped back enough for them to step in. In that space, they became more open with one another than I could have elicited by trying harder. What the space seemed to offer was presence: a felt sense that no one had to perform too quickly, and that something honest could emerge before anyone rushed to name it. I realized that one of the hardest skills for physicians and teachers alike is allowing the meaningful moment to arrive, and resisting the impulse to fill that space with more instruction.

I also learned something essential about early medical learners: they already understand the deepest stakes of medicine; they just need space to voice it. They know that what patients most need will not be delivered through perfect recall or technical correctness alone. They sense that the most powerful clinical interventions are relational, not procedural. When given room to reflect, they name what is essential. On this day, the word was grace. And grace emerged not as sentiment, but as a clinical need.

I left the classroom believing this is what early formation in medicine still makes possible when we teach toward presence rather than performance. Motivational interviewing gave us a structure, yes, but what changed the room was the permission to slow down enough to notice one another. For medical educators, that matters. Students do not only need communication frameworks; they need learning environments where reflection is safe enough for the deeper lessons to surface. If we can teach students early that they do not have to manufacture transformation, but rather only to make room for it, then perhaps they will be able to offer that same spaciousness to their future patients. When we offer presence, grace has room to enter the clinical encounter. That might be where real healing begins.

As I read the students' reflections from that session, I saw confirmation: grace had taken root. One wrote, "When patients feel their perspective is truly being heard and understood, they feel a connection being built with the physician." Another noticed the quiet transformation: "It reminded me how powerful it can be when a doctor takes the time to ask the right question." And one distilled the lesson for us all: "Real efficiency comes from trust, not speed."

What emerged in the classroom that day was not only a lesson in motivational interviewing, but also a lesson in how change begins. The students were learning that powerful clinical interventions are often relational rather than procedural, and that what helps people move is not always more explanation, but the experience of being received. In learning the OARS skills (Open-ended questions, Affirmations, Reflective listening, and Summarizing), they were also learning a kind of moral attention: not judgment,

but the grace of making room for another person's dignity, agency, and truth. This kind of presence does not compete with efficiency. It creates the trust that makes real efficiency possible.