

# **The Art of Kindness:** Kindness Curriculum at UC Irvine School of Medicine

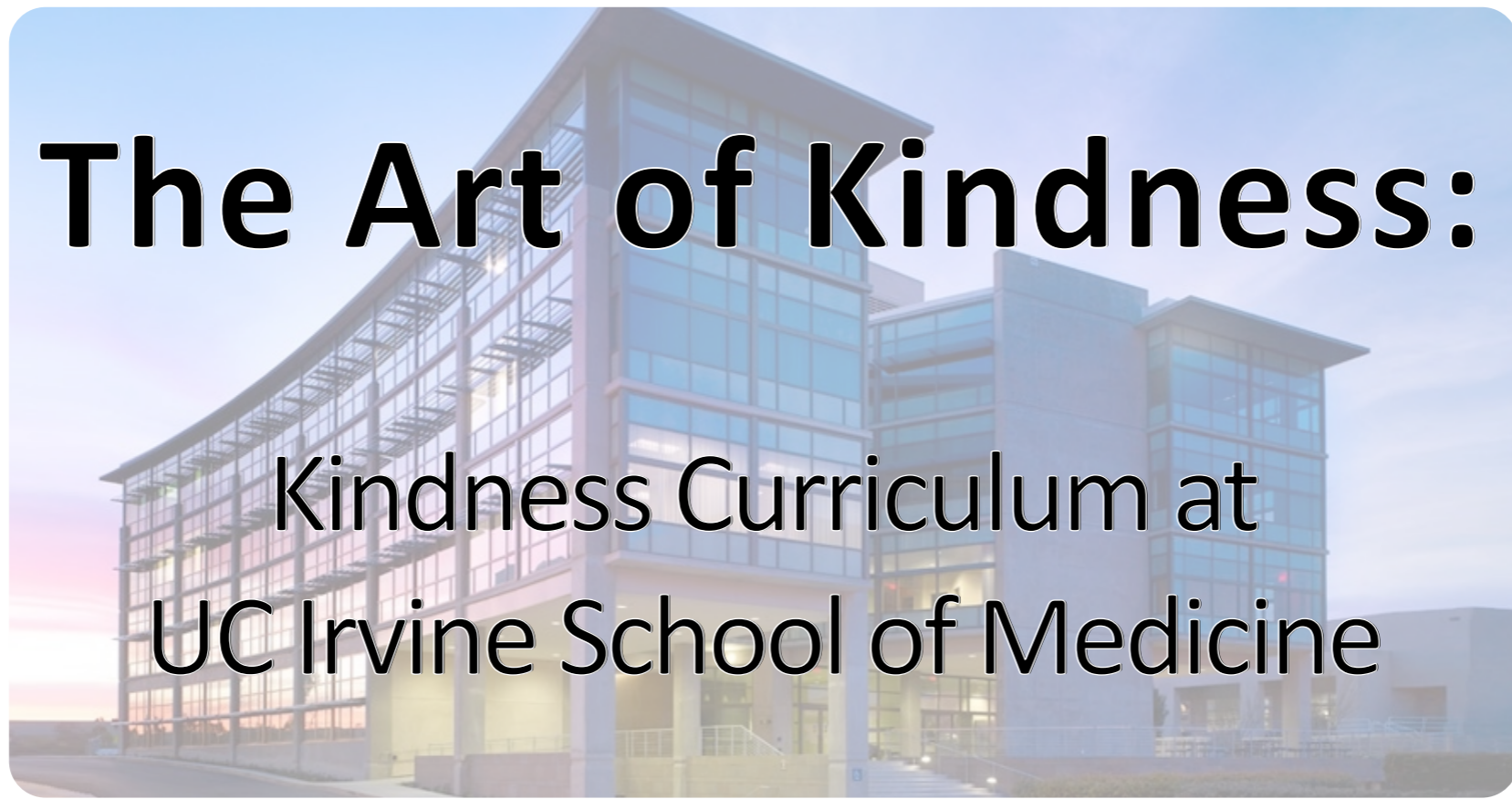


**UC Irvine Health**  
School of Medicine



# **The Art of Kindness:**

Kindness Curriculum at  
UC Irvine School of Medicine





Student Author  
**Kevin Roy**

Faculty Author  
**Dr. Ralph Clayman**



Faculty Author  
**Dr. Johanna Shapiro**

Faculty Author  
**Dr. Julie Youm**



# Necessity of Kindness in Medical Education

---

*Kindness is the language which the deaf can hear and the blind can see.*

- Mark Twain

Medical schools across the country have taken note of perceptions that physicians are indifferent and uncaring in the face of patients' suffering<sup>1,2</sup>. In response, they have made significant inroads in teaching communication skills<sup>3,4</sup> and empathy<sup>5</sup> to their learners. However, to our knowledge, no medical school curriculum has specifically targeted the teaching of "kindness". In our usage, kindness is an umbrella term encompassing qualities of compassion, caring, altruism, empathy, and respect. By providing educational space in which interdisciplinary experts reflect on and present knowledge about kindness to medical students, followed by active learning exercises and small group discussion, our medical student body will become more attuned to attitudes, language, and gestures that lead to a caring, humane interaction with patients and their families. Until this initiative, the importance of human kindness as an aspect of the art of medicine has lacked formal presentation or organized emphasis in UC Irvine's medical school curriculum. However, it is precisely human kindness that has everything to do with the healing of the patient. Without the ability to understand and practice kindness, while we may provide cures, we will not adequately be able to relieve patients' suffering.

Healing cannot be reduced to the elimination of disease; rather, the heart of the mission of medicine is to make patients whole once again. In order to restore the individual, our future physicians must learn to treat their patients with kindness.

The absence of kindness in medical students is a documented phenomenon. Schwartzstein describes observing graduating 4th year medical students stumble through observed patient encounters, during which they demonstrated a lack of idealism, kindness, and patient focus<sup>7</sup>. In general, the scholarly literature has ignored kindness in clinical practice. One recent article links loving-kindness meditation in subjects to increased compassion and prosocial behaviors<sup>8</sup>. Another article emphasizes the importance of self-compassion in psychological well-being<sup>9</sup>. Empathy has been widely studied in both physicians and medical students. Of particular concern is the well-documented decline in empathy among medical students that begins as students engage in patient care<sup>10,11</sup>. This rapid decline of measured empathy after the first two years of medical school has been described as an "atrophy of idealism". Other differences in medical student empathy are related to gender, specialty choice, and economic factors<sup>12</sup>. Research has shown that students who score highly on

measures of kindness are more likely to sustain and utilize these skills in their professional career and postgraduate training<sup>13</sup>. A review article of empathy training indicates that empathy levels can be influenced in positive directions through educational interventions<sup>14</sup>.

### **Specific Aims**

The goal of the Kindness Curriculum is to use humanities and arts, as well as the neurosciences, to investigate and examine what kindness is and how it can be conveyed toward others, particularly patients and patients' family members. Student progress is assessed via self-reporting at the beginning and end of the curriculum and by comparing students' empathy scores to a Kindness/Empathy Clinical Experience<sup>6</sup> using standardized patients to evaluate students' actual clinical performance.

### **Curriculum Structure**

The Kindness Curriculum consists of eight, 2-hour sessions that are spread throughout the first two years of medical education. Each session includes didactics, experiential exercises, and small group discussion components. Furthermore, Google Glass in the first year and the Empathetics program, as developed by Harvard University, in the second year are an integral part of the curriculum.

Year One consists of the following:

Quarter 1: Human Kindness: A Philosophical, Ethical, and Historical Overview: Lecture and small group sessions on defining kindness; provides tools for manifesting kindness and developing awareness of one's interactions. In addition, there is a direct discussion of kindness with a cancer survivor.

Quarter 2: Practicing Kindness: Improvisational Theater and Dance to Convey the Language and Gestures of Kindness: Exercises on how to connect with others led by world renown dramatist, Eli Simon. Additionally, an evening showing of film "Wit" with a guided group discussion (Note: The showing of "Wit" is elective, and adds an additional 2 hours to the first year curriculum, for a total of 10 hours).

Quarter 3: Neurobiology of Human Kindness/Kindness Meditation<sup>15</sup>: Presents the neuroscience underpinnings of kindness and empathy. Paired with an experiential exercise in compassionate meditation.

Quarter 4: "You" Narratives of Kindness and Kindness/Empathy Clinical Experience: Interview Skills and CARE Interview: In groups, students rotate through scenarios with standardized patients. The scenarios were designed to emphasize: communication skills, professionalism, cultural competency, and 'difficult' patient interaction.

### Overview of Human Kindness

- *Jefferson Scale for Physician Empathy: 1<sup>st</sup> evaluation*
- History and Ethics of Kindness
- Patient presentation

1

### Being Present

- Theater improvisational skills as relevant to clinical medicine
- Nonverbal behavior and enhancing interpersonal connections

2

### Neurobiology of Kindness and Empathy

- The science of Kindness– imaging and biochemical
- Zen and Loving-Kindness Meditation

3

### Kindness/Empathy Clinical Experience

- *Jefferson Scale for Physician Empathy: 2<sup>nd</sup> evaluation*
- Use of Google Glass to provide feedback “through the patient’s eyes”

4

## 1<sup>st</sup> Year Kindness Curriculum Session Overview (2016-2017)



First year students are recruited to participate in a Kindness/Empathy Clinical Experience assessment of clinical performance at the end of the first year of the Kindness Curriculum. Four standardized patient cases were created that emphasized the need on the interviewing student’s part for kindness and empathy. During this simulated session, the following occurs:

1. Medical students will complete a modified version of the Consultation and Relational Empathy (CARE) Measure<sup>17</sup> as a self-assessment of their empathy.
2. Medical students will then engage in an encounter with a standardized patient who will wear Google Glass to record the medical student from his/her perspective.
3. Standardized patients and a physician observer will complete the CARE measure to rate the empathy of the student.
4. Medical students will watch video footage from the Google Glass recording and receive feedback from the standardized patient about his/her perception of the encounter while simultaneously being able to see their own behavior “through the patient’s eyes.”
5. Medical students will complete the CARE measure again to determine if the first-person video feedback resulted in any changes in their self-assessment of their empathy.

Year Two consists of the following:

Quarter 1: Practical Aspects in the Clinical Practice of Human Kindness: Discusses the importance of non-verbal communication and emotional intelligence and how those impact job satisfaction, patient satisfaction, and patient healing. Additionally, completion of ‘Introduction to the Practice of Empathy’ Empathetics training module.

Quarter 2: Chronic Illness and Human Kindness: Interacting with the Emotionally Challenging Patient: Ministering to the difficult patient with

a chronic disease. Additionally, completion of 'Managing Difficult Medical Interactions' Empathetics training module.

Quarter 3: Cancer and Human Kindness: Presents skills important to delivering bad news to a patient and how to interpret a patient's reaction to bad news. Additionally, completion of 'Delivering Bad News' Empathetics training module.

Quarter 4: Death and Human Kindness: Fosters conversation about palliative care and hospice for patients with terminal diagnoses. Contrast the differences among the various types of patient relationships as they apply to a patient considering hospice.

It is of importance to note that each of the second year sessions include a doctor and his/her patient— a pediatric patient, a patient with a chronic illness or psychiatric condition, a cancer patient, and a patient on hospice.

All 1st and 2nd year students are recruited by multiple emails to participate in the on-going assessment of the curriculum by completing the 20-item Jefferson Scale for Physician Empathy<sup>16</sup> (medical student version) on-line prior to the commencement of the Kindness Curriculum and at its conclusion.

## Anticipated Outcomes

It is expected that consistent participation in a systematic Kindness Curriculum that integrates theoretical, academic, and practical skills, combined with actual patient encounters during the majority of the sessions, will result in significant improvements in learners' self-reported empathy scores.



A physician observes students through one-way glass during the 1<sup>st</sup> year 'Kindness/Empathy Clinical Experience' session

# Curriculum Objectives

**The goal of the Kindness Curriculum is not to teach kindness.** It is to encourage students to recognize kindness, empathy, and compassion as part of the healing process. It is to provide students the opportunity to think more deeply about:

- The role of kindness in clinical interactions
- What gets in the way of being kind
- How one can encourage oneself and others to act in ways that are kind

The Kindness Curriculum is designed to span the first two years of medical education. Within each year, particular objectives have been created:

## Year 1 Objectives

Students will be able to:

1. Describe the history of kindness in medicine
2. Compare and contrast the construct of kindness as situated within various ethical traditions
3. Specify key components of the neurobiology of empathy and kindness
4. Demonstrate specific performative and narrative techniques that communicate kindness to others



Students participate in a mirroring exercise as part of the 1<sup>st</sup> year 'Being Present' session

Dr. Shapiro introducing a physician during the 2<sup>nd</sup> year 'Cancer and Empathy' session



## Year 2 Objectives

Students will be able to:

1. Identify and demonstrate specific communicative skills relevant to delivering bad news
2. Identify and demonstrate specific interactional approaches relevant to difficult patient encounters
3. Demonstrate knowledge of nonverbal (facial expressions) and verbal (specific language construction) ways of conveying empathy, including ability to reference specific research
4. Analyze how challenging clinical situations, due to conveying adverse clinical news or dealing with a disruptive ill person, are addressed and resolved in actual clinical encounters
5. Indicate how end of life issues affect patients, families, and physicians, and develop the skills to effectively address the concerns of the family and the affected individual



# From the Patient's Perspective: Using Google Glass

## Google Glass at UC Irvine

UC Irvine has been taking steps to integrate Google Glass into its medical school curriculum since 2014.

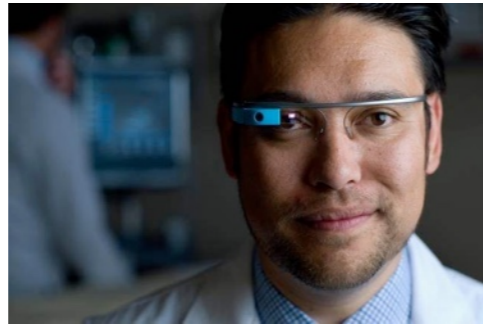


Photo credit: Steve Zylius

Dr. Ralph Clayman, former Dean of the School of Medicine stated, “I believe digital technology will let us bring a more impactful and relevant clinical learning experience to our students. Our use of Google Glass is in keeping with our pioneering efforts to enhance student education with digital technologies— such as our iPad-based [iMedEd Initiative](#), [point-of-care ultrasound training](#), and [medical simulation](#). Enabling our students to become adept at a variety of digital technologies fits perfectly into the ongoing evolution of healthcare into a more personalized, participatory, home-based and digitally driven endeavor.”<sup>18</sup>

In the past, the iMedEd Initiative has used Google Glass in the Objective Structured Clinical Exam (OSCE) at the clerkship level, in both Family Medicine and Ob/Gyn. Now, this technology is being applied to the pre-clerkship years as part of the Kindness Curriculum. As part of the Kindness Curriculum, its main function is to record video from the patient’s perspective, which can then be downloaded onto a computer and played back by the student with whom the patient was interacting. In all applications, standardized patients wear Glass to provide students a first-person, patient perspective of their communication and empathy skills.

The following page demonstrates the unique perspective Google Glass offers to students.

A detailed diagram of the Google Glass device, showing its various components. The components are labeled with lines pointing to their locations on the device: Battery (on the left side), Speaker (on the left side), CPU & Touch Pad (on the top left), Microphone (on the bottom center), Camera (video/photo) (on the top right), and Prism (visual overlay) (on the bottom right).

### How Google Glass Works

Google Glass is a head-mounted wearable technology that uses an optical prism to display an image to the user. It also features a camera that can take still images, record video, and livestream from the wearer’s point of view.



Student encounter with a standardized patient as part of the 1st year 'Kindness/Empathy Clinical Experience', where the patient is being told that she has colon cancer. There are 3 camera angles offered: 2 from ceiling-mounted cameras and 1 from Google Glass. Note: No audio is present.

# Conclusion

---

Among the many responsibilities of the physician is caring for his or her patient in a holistic manner. In 21<sup>st</sup> century medicine, it is not sufficient for the physician to only care for the body and mend the illness. He or she must also tend to the mind and spirit of the individual who has presented in a time of vulnerability and need; in essence, it is equally important for the physician to have the tools necessary to heal the person.

While medical schools have perfected teaching the science of medicine, kindness and empathy are generally considered as an afterthought (or not at all) in the curriculum. Of course, this is not to say that medical students and medical graduates cannot be kind in the absence of formal education. However, UC Irvine has recognized the importance of emphasizing these qualities to its students and bolstering them through interactive, mandatory classes that teach the tools to kindness, from meditation to methods for better connecting with “the patient” as a person. The creation of the Kindness Curriculum ensures that each student receives formal instruction on the topics of kindness and empathy, is evaluated in that regard, and provided with appropriate feedback and tools to better enhance their ability to communicate with patients. It is the goal of the program that the knowledge and tools therefrom derived will serve students long after they graduate and help sustain them throughout their medical career— for it is the joy of medicine that comes from truly caring for another human being that sustains the physician throughout the years. Kindness to others is the antidote to physician burnout.



# References

---

## Acknowledgements:

The iMedEd Human Kindness Curriculum has been made possible by the vision and generosity John and Mary Tu

The development of this book was supported by the Med iBookJam at the UC Irvine Health School of Medicine.

1. Marcum J. The virtuous physician: The role of virtue in medicine. 2012.
2. Platonova EA, Shewchuk RM. Patient assessment of primary care physician communication: segmentation approach. *Int J Health Care Qual Assur.* 2015;28(4):332-42.
3. Kalet A, Pugnaire MP, Cole-Kelly K et al. Teaching communication in clinical clerkships: Models from the Macy Initiative in Health Communications. *Acad Med* 2004;79(6):511-520.
4. Losh DP, Mauksch LB, Arnold RW, et al. Teaching inpatient communication skills to medical students: An innovative strategy. *Acad Med.* 2005;80:118–124
5. Batt-Rawden SA, Chisolm MS, Anton, B et al. Teaching empathy to medical students: An updated, systematic review. *Acad Med.* 2013;88(8): 1171-1177.
6. Tully J, Dameff C, Kaib S, Moffitt M. Recording medical students' encounters with standardized patients using Google Glass: providing end-of-life clinical education. *Acad Med.* 2015;90(3):314-6.
7. Schwartzstein, RM. Getting the Right Medical Students—Nature versus Nurture. *NEJM* 2015; 372(17), 1586-1587.
8. Bankard J. Training emotion cultivates morality: How loving-kindness meditation hones compassion and increases prosocial behavior. *J Relig Health.* 2015 Jan 30.
9. Germer CK, Neff KD. Self-compassion in clinical practice. *J Clin Psychol.* 2013; 69(8):856-67.
10. Hojat M, Vergare MJ, Maxwell K, Brainard G, Herrine SK, Isenberg GA., Gonnella JS.. The devil is in the third year: a longitudinal study of erosion of empathy in medical school. *Acad Med* 2009; 84(9), 1182-1191.
11. Neumann M, Edelhäuser F, Tauschel D, Fischer MR, Wirtz M, Woopen C, Haramati A, Scheffer C. Empathy decline and its reasons: a systematic review of studies with medical students and residents. *Acad Med.* 2011;86(8):996-1009.
12. Chen DC1, Kirshenbaum DS, Yan J, Kirshenbaum E, Aseltine RH. Characterizing changes in student empathy throughout medical school. *Acad Med.* 2012;87(9):1243-9.
13. Hojat M, Mangione S, Nasca TJ, Gonnella JS., Magee M. Empathy scores in medical school and ratings of empathic behavior in residency training 3 years later. *J Soc Psychol* 2005; 145(6), 663-672.
14. Stepien KA1, Baernstein A. Educating for empathy. A review. *J Gen Intern Med.* 2006;21(5):524-30.
15. Mascaro JS, Darcher A, Negi LT, Raison CL. The neural mediators of kindness-based meditation: a theoretical model. *Front Psychol.* 2015;6:109.
16. Hojat MR, Mangione S, Nasca TJ, Cohen MJM, Gonnella JS, Erdmann JB, Magee M. The Jefferson Scale of Physician Empathy: Development and preliminary psychometric Data. *Educational and Psychological Measurement* 2001;61(2), 349–365.
17. Mercer, S. W., McConnachie, A., Maxwell, M., Heaney, D., & Watt, G. C. (2005). Relevance and practical use of the Consultation and Relational Empathy (CARE) Measure in general practice. *Family Practice*, 22(3), 328-334.
18. UCI News, May 2014. <https://news.uci.edu/press-releases/uci-school-of-medicine-first-to-integrate-google-glass-into-curriculum/>.