

UC Irvine School of Medicine Human Kindness Curriculum: Outline and Objectives 2016-2017 (MS 1 and MS 2)

Course directors: Ralph V. Clayman, Aaron Kheriaty, Johanna Shapiro, and Julie Youm

Scheduling: Prefer Noon to 2PM on a Monday or Wednesday for each session

COURSE OVERVIEW

The Human Kindness Curriculum, a component of the Clinical Foundations sequence, is a program unique to UC Irvine. Initiated in 2015, the curriculum provides students with *both an understanding as well as the tools essential to the practice of empathy and kindness* that are vital to becoming a truly outstanding physician. The course provides materials enabling students to actively consider the role of kindness in the clinical realm. The course contents also demonstrate to students the different facets of kindness through a variety of interdisciplinary perspectives and interactions. The Human Kindness curriculum sessions are both informative and interactive with the express purpose of encouraging insights into the importance of introducing human kindness into the healing process.

GLOBAL OBJECTIVES FOR THE HUMAN KINDNESS CURRICULUM

YEAR 1

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

YEAR 2

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 the family and the affected individual

SPECIFIC SESSIONS AND LEARNING OBJECTIVES (YEAR 1)

*Session 1: Overview of Human Kindness

1. Administer Jefferson Scale for Physician Empathy: 1st evaluation: Johanna Shapiro and Julie Youm
2. History and philosophy of kindness within various ethical traditions: Aaron Kheriaty (possibly include *Think-Pair-Share* exercise (Julie Youm))
3. Kindness in clinical practice: Ralph Clayman and/or Dan Merrill
4. Patient presentation: Ms. Carol Ruprecht – cancer survivor

Objectives:

- Differentiate among sympathy, compassion, empathy, and kindness.
- Enumerate the four aspects of an advanced directive.
- Integrate the eight questions of end-of-life understanding into interviewing technique.
- Identify the differences among the three physician personalities: paternalistic, informative, and interpretive.
- Appreciate features of kindness, and contrast this virtue with its opposing vices especially as it applies to the history of bedside manner and physician patient interaction on a socioeconomic level
- Review perspectives on kindness in the world's major religious and spiritual traditions
- Understand how kindness has been examined in modern philosophy and modern psychology
- Review findings from modern research on kindness in positive psychology & developmental psychology

Session 2: “Being Present”: Eli Simon (Professor of Drama, UCI)

(N.B.: This session needs to be held in the 3rd floor colloquium room in order to have sufficient space for the interactive student sessions.)

(Introduction by Dr. Clayman regarding how this session provides tools for effective and empathetic interviewing of a patient.)

1. Teaching theater improvisational skills as relevant to clinical medicine and interview skills
2. Nonverbal behavior and enhancing interpersonal connections

Objectives:

- Apply improvisational acting skills to mitigate stressful circumstances
- Express a clear consciousness of others as applied to understanding a patient's emotional state
- Create an acute sense of self-awareness thereby freeing the individual to focus on the patient interview
- Integrate listening skills into daily clinical encounters
- Strengthen one's ability to receive and respond appropriately to emotional cues (e.g. facial expression and body language)

*Session 3: Neurobiology of Kindness and Empathy

1. The science of kindness – imaging and biochemical: Steve Small (Chair of Neurology – UCI)
2. Zen and the teaching of the Loving Kindness Meditation (Ezra Bayda + Ms. Elizabeth Hamilton: Zen Center of San Diego) (N.B.: Dr. Bayda will also share his experiences as a patient with a debilitating chronic disease vis a vis “human kindness”)

Objectives:

- Enumerate which types of neurons are essential for the ability to imitate facial expressions of others.
- Differentiate the neural pathways for empathy and compassion.
- Classify the various functional brain imaging modalities used in the science of neurobiology.
- Associate the “default mode” of the brain with the ability to listen.
- Employ the concept of “self-kindness” in order to provide patient empathy.
- Demonstrate breathing exercises necessary for creating a kindness meditation in order to relieve personal anxiety.
- Use of meditation (i.e. loving kindness) to improve one's own kindness to others
- Teaching a meditation technique (i.e. loving kindness) to patients to improve their own mental health

NEW: Session 4: Google Glass and “You” - Interview Skills and CARE

Evaluation: Julie Youm

(2 hour session rather than 1.5 hrs.)

1. Students work in groups of 6 with 1 student interviewer and 5 student observers (evaluators equipped with the CARE evaluation tool)**
2. 16 standardized patients each wearing Google Glass
3. The student group rotates to another room every 20 minutes and another student does the interviewing as the 5 students do the evaluation. The 20 minute stations will include the following activities:
 - 10-minute encounter with standardized patient addressing one of the following:
 - Communication skills (kindness and empathy)
 - Professionalism
 - Cultural competency

Difficult patient interaction

- 5 minute peer evaluation period and review of the individual student's Google Glass video
 - 5 minute discussion as a group with commentary by the standardized patient
4. There are 6 rounds each of 20 minutes so everyone in the group gets to do an interview and be evaluated by the CARE system thereby servicing 96 students.
 5. A large-group debrief to enable students to synthesize this experience
 6. Jefferson Scale for Physician Empathy: 2nd evaluation

** (May need additional time to achieve all of the objectives.)

Objectives:

- Analyze the importance of narrative and interviewing style in the work of healing.
- Acquire a better understanding of how one is perceived by patient and peers during an interview exercise.
- Utilize skills obtained in Session 2, for more effective and meaningful patient interviewing.
- Apply specific skills in eliciting and respecting patients' description of their illness.

*(N.B.: patient present – mandatory attendance)

SPECIFIC SESSIONS AND LEARNING OBJECTIVES (YEAR 2)

(During year 2 of the Human Kindness curriculum the students will take all three of the Harvard based Empathetics modules as well as take the Jefferson Scale for Physician Empathy at the beginning and end of the curriculum.)

*Session 1: Practical Aspects in the Clinical Practice of Human Kindness

1. Jefferson Scale for Physician Empathy: 3rd evaluation
2. Empathetics training module I: "Introduction to the Practice of Empathy"
3. Pediatric focus: Pediatrician (Dan Cooper / KV LeBucklin) –

Objectives: (from the Empathetics module)

- Explain the E.M.P.A.T.H.Y. acronym of non-verbal communication involved in interpersonal communication.
- Explain the importance of empathy in medicine.
- Explain how empathy is related to patient satisfaction, job satisfaction, and the reduction of malpractice claims.
- Define the four components of emotional intelligence.
- Explain the role of physiology in emotions.
- Decode four emotional facial expressions.

*Session 2: Chronic Illness and Human Kindness: Interacting with the Emotionally Challenging Patient

1. Empathetics training module II: “Managing Difficult Medical Interactions”
2. Ministering to the difficult patient with a chronic disease: Aaron Kheriaty and a psychiatric patient

Objectives: (from the Empathetics module)

- Define the concepts of empathy and emotional intelligence.
- Explain the underlying locus and causes of difficult interactions in medical encounters.
- Identify factors that help to avoid emotional escalation in difficult encounters.
- Identify and implement behaviors that manage difficult encounters and avoid emotional escalation.

*Session 3: Cancer and Human Kindness

1. Empathetics training module III: “Delivering Bad News”
2. Oncologist and cancer patient (Johanna Shapiro)

Objectives: (first 6 from the Empathetics module)

- Explain the importance of empathy when delivering bad news.
- Identify the process of successfully delivering bad news with the E.M.P.A.T.H.Y. acronym in mind: E= environment; M=manage expectations; P=patient’s perspective; A=affect; T=trajectory; H=hope and reality; Y=you are here.
- Recognize different emotional responses in patients receiving bad news.
- Identify and manage emotional responses involved in delivering and receiving bad news.
- Demonstrate empathic behaviors to improve patient relationships.
- Describe the 5 phases in the coming to grips with a cancer diagnosis (e.g. denial, anger, bargaining, depression, and acceptance)

*Session 4: Death and Human Kindness

(Assignment: Atul Gawande’s book: Being Mortal and/or Lunchtime screening of 45 minute documentary “Being Mortal” with Atul Gawande and his patients – lunch to be provided)

1. Jefferson Scale for Physician Empathy: 4th evaluation
2. Palliative care specialist and hospice patient

Objectives:

1. Analyze cases in order to consider palliative care vs. hospice.

2. Contrast the differences among the various types of patient relationships as they apply to a patient considering hospice.

3. Create your own advanced directive (e.g. resuscitation efforts, intubation, antibiotics, intravenous feedings, etc.)

4. Review the key questions that are important in helping a patient to develop an advanced directive (e.g. understanding of prognosis, concerns/fears, minimal life requirements to continue, decision maker, etc.)

*(N.B.: patient present – mandatory attendance)