

Conversations for Kindness

**Kindness in Education**

18 January 2024

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## About the movement

**Conversations for Kindness** is a monthly virtual meeting that was set up in the summer of 2020 by eight colleagues and friends working in healthcare across Sweden, the UK and the USA: Bob Klaber, Dominique Allwood, Maureen Bisognano, Goran Henriks, Suzie Bailey, Anette Nilsson, Gabby Matthews and James Mountford. The purpose of the meeting was to have some time together to continue some initial conversations around kindness, and its role at the 'business end' of healthcare, and to plan interactive workshops on this topic.

## Conversations for Kindness

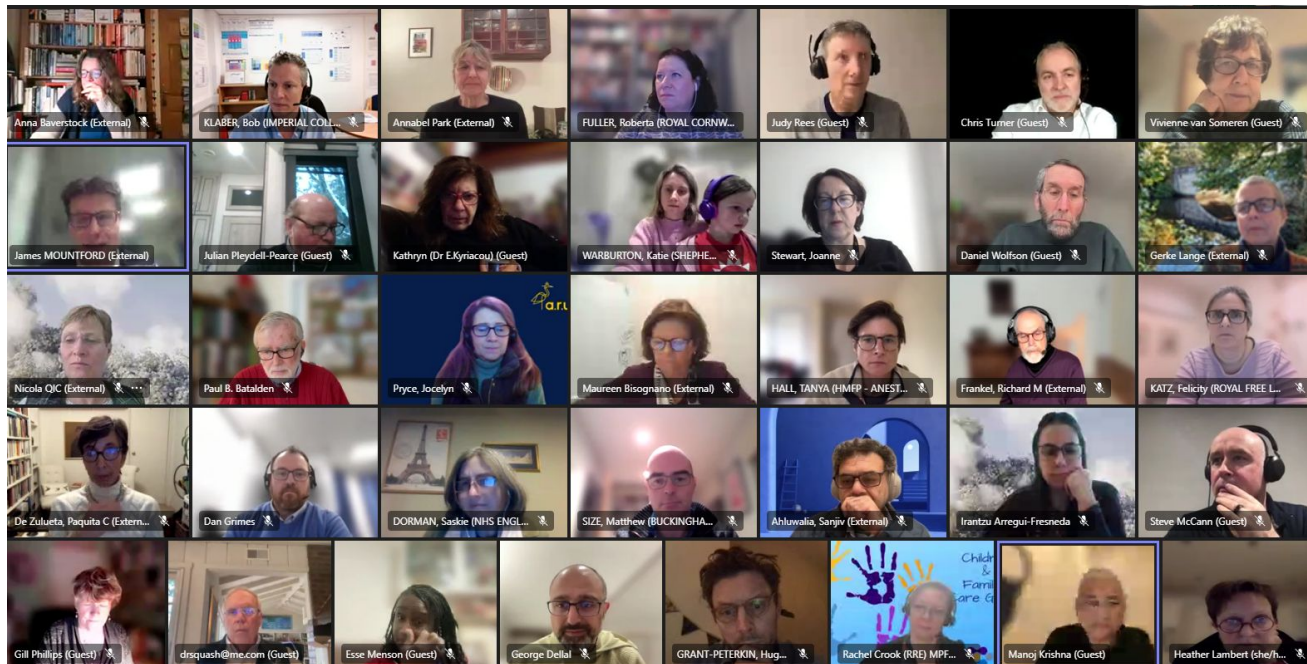
- Monthly Zoom call on the third Thursday of every month (6-7pm GMT)
- A focus on listening, learning, thinking differently and mobilising for action
- An open culture of sharing of resources, energy and ideas

If you would like to join the conversation for kindness, please complete this **[contact form](#)**

# Joining the Conversation from across the world

More than **65** Kindness in Healthcare community members came together from all over the world for this Conversation for Kindness. Once again, we had new faces join us for the first time!

A few of the hellos from around the world...



Hi my first meeting from Snowy Salt Spring Island off coast of Vancouver

Dialling in from Dorset on the south coast of England - lovely to see you all here

Hi, Tanya here from a very snowy and cold Boston!

# Who did we hear from? Insights from Dr Sanjiv Ahluwalia

Our speaker today was **Dr Sanjiv Ahluwalia**, Professor of Primary Care and Medical Education and Head of Anglia Ruskin School of Medicine, UK.

Dr Sanjiv Ahluwalia is a General Medical Practitioner. He has a special interest in understanding the **influence of clinical education on patient care**.

Sanjiv has been involved in clinical education since 2002.

His educational work has consisted of managing postgraduate medical training programmes, workforce, and educational transformation with service providers, and developing interprofessional education.



This insights pack summarises the session, but you can also [watch the event on YouTube](#)

# What did we hear? Insights from Dr Sanjiv Ahluwalia

Sanjiv started his talk by reflecting on the impact of clinical education on kindness:

- There is a growing body of evidence that tells us that **as students go through medical school** as undergraduates, **their levels of empathy diminish over time.**
- Similarly, we know that there are significant levels and sources of **unhappiness for postgraduate doctors throughout their training**

There are several factors that might contribute to this unhappiness:

Assessment  
burden

The role  
modelling of  
educators

The teaching  
environment

Regulation

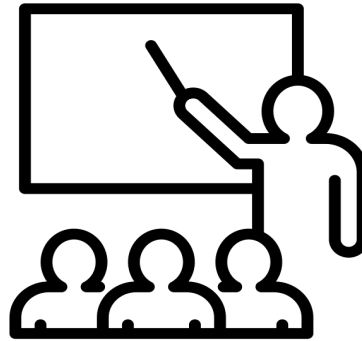
Broader societal issues being played  
out  
(e.g. striking)

# What did we hear? Insights from Dr Sanjiv Ahluwalia

Why is this important?

- Treating patients with compassion and kindness improves clinical outcomes
- The way we treat our colleagues influences the way they go on to treat patients

***“Educators across the globe have a significant responsibility because they influence patient outcomes, albeit directly or indirectly”***



# What did we hear? Insights from Dr Sanjiv Ahluwalia

What are we doing at Anglia Ruskin School of Medicine?

## Role modelling

Kindness to students

Kindness to each other, as  
members of staff

## Talking openly

About what it means to be  
kind and empathic

## New ways of developing and supporting our students

Reflective spaces e.g. Schwartz rounds

Using the humanities in our curriculum



**a.r.u.**



Can you tell us a little bit more about what role modelling kindness looks like at ARU?

*In terms of students, we started taking a more curious and supportive approach to non-attendance at clinical events, rather than a punitive one.*

*We learnt a lot about the barriers students faced in attending these events:*

- *Cost of living*
- *Negative experiences on placements and fears of reporting*
- *Concerns with the quality of education*

*In terms of staff, we invested more in development opportunities and again, took a more curious approach to understand the reasons why our colleagues were struggling.*

# Group discussion

Sanjiv asked breakout groups two questions:

1. How could we better prepare students to be kind and understand the value of kindness for sustainable and better patient care?
2. How do we encourage kindness towards students along their journey?

**Matthew:**

We spend a lot of time ensuring medical students get a breadth of clinical experience, but they never get to spend any time with one team. This means they remain 'outsiders' without the opportunity to develop relationships with possible role models.

**Felize:**

Incorporating professional patients has really improved things in the US.

**Saskie:**

Clinical education encourages competitiveness rather than collaboration, but the latter is crucial in the work that we do.

**Paul:**

Measuring only empathy is too limited. Learning doesn't occur without a will to learn.

**Bob:**

Contrary to common belief, we can measure kindness. It is about whether we choose to do so.

# Group discussion

Participants also shared their reflections in the chat:

**DG** i think using the word explicitly is important - it helps set shared expectations of behaviours and create group norms. however i see lots on social media from junior docs especially that views talk of kindness with suspicion because of concerns that the word has become weaponised by those in authority to silence them when they raise what they see as legitimate concerns when they feel they are treated unfairly in the workplace

**S** Absolutely support the idea that clinicians and the overall environment of care needs to celebrate and support kindness. In turn, we must be brave enough to call out incidents of "Un-kindness" and hold people accountable for unkind, uncaring words and actions, without cowering behind "rank" and title. If we don't tackle these, those un-kind behaviors also set the tone for what is accepted in a given setting.

**PH** I have been involved in both undergraduate and post graduate medical education and my experience is that the competitive nature of medical education doesn't encourage kindness. it also gets more competitive as Doctors progress in their careers. In the healthcare we need people to be collaborative and yet this is frowned upon in education, which is more of an individual pursuit.

# Further resources to check out

A number of recommended readings and resources were shared in the chat during the Conversation. They are listed below:

- [Healthcare education needs radical reform to emphasise careful and kind care](#) - an article by Suzie Bailey and colleagues
- [Empathy: The Human Connection to Patient Care](#) - a short video used at the Cleveland Clinic as a way of facilitating reflection amongst trainees
- [Wild Card: Whose Shoes, Dr Tim Fawns, An Engaging Approach to Clinical Education](#) - a podcast interview with a clinical educator at the University of Edinburgh, speaking on showing kindness and empathy to students
- [A mélange of potential, not a mindset](#) by Dave Snowdon - an article which provides a framework of 'agency, affordance or assemblage'

[Check out resources from our previous sessions on our website](#)

# Acknowledgements

This insights pack has been co-produced by  
**Nicki Macklin** and the team at **Kaleidoscope Health and Care**

For all enquiries please contact us [via the Kindness in Healthcare website](#) or email  
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See you next month for another great Conversation.

Thank you for joining, thank you for reading.

We'll see you next month!