



Guest Director's Corner It Starts with Faculty

by Alexandra Harrington, MD

I was upset. We had just clicked “End Meeting” for our weekly Zoom Tumor Board. During the meeting, conflict arose between a few of us, which is never a comfortable situation; and some of us, including me, felt disrespected. Now this feeling is not a unique one for me as a pathologist, as I have learned to live with the slight that I sometimes experience for my chosen profession. Nonetheless, as the division director, I had to assert *leadership* in the moment and respond to the tensions, so I picked up the phone to talk with my colleague. My impulse was to react, to say how I felt, and to defend my position. And I started there, but I quickly backed off and used *self-regulation* to “check” my emotions. A few seconds into the conversation, it was clear I needed to listen. I was hearing things I had not considered before. I needed to use *perspective* – one of my character strengths. Since our conversation, I have deliberated on how I can use empathy and my character strengths to help resolve future conflicts. (Of course, I will also need to deal with my suppressed emotions, something I am not so good at.)

“Start with the adults.”

“The adult culture matters.”

Some of you may have seen me reference these learnings in an earlier *Transformational Times* [essay](#), when I described our recent participation in a character education program sponsored by the Kern Family Foundation. This Convening, as it was called, brought together those of us with a personal stake in character development in our learners and included many K–12 educators and leaders, and a few partners in the adult learner space. We were there to learn what others are doing and best practices, and to share our

journey in character education at the Medical College of Wisconsin. It was through this program that I learned that success of character education is dependent on faculty, otherwise known as the “adults” in the K–12 world. So, that means me, and that means you, are key to building impactful character development curricula.

The Kern Institute is leading several programs that have character education, either explicitly or implicitly at their core: KINETIC₃ (Kern INstitute’s Educational Transformation in Character, Caring, and Competence), the REACH curriculum, the Transformational Ideas Initiative (TI₂), and Learning Communities. Each of these programs has a focus on faculty development, ranging from an entire program devoted to faculty skill building in KINETIC₃ to coach, mentor, navigate, and facilitate training in the others. For those of us leading these programs, faculty development has been critical to implementation of our programming; however, it has served a much greater purpose. And that purpose is to feed culture.

In our KINETIC₃ program, we start each year with a Character in Medicine workshop. In this workshop, we explore character development for self (yes, self!) and for one’s learners. We start from a place of inquiry, asking participants to share their impressions of character education in medical education. We hear a gamut of responses at this point, ranging from endorsements (yes, we can all inspire to a better self!) to tentativeness (I’m not sure I’m buying this!) to disbelief (our character is fixed by the time we are adults). We then introduce the topic with a positive psychology focus, using tools from the Values in Action Institute on Character (viacharacter.org), specifically, the Science of Character [video](#) to inspire an interest in practical application of character strength development. We ask our participants to share their strengths and how they display those with their learners, families or co-workers. We ask them to consider Carol Dweck’s “growth mindset” as a premise upon which we can continue to develop our character strengths well into adulthood. Transitioning to character educational efforts for our learners, we present K–12 constructs and resources, including [CASEL](#) and character.org and advance to reflections on the relationship of character to existing constructs in medical education, such as

professionalism and professional identity formation. We then conclude the workshop sharing Dr. Jeff Fritz's reflective exercises in Anatomy as an example of a character development activity and have the faculty plan out their own character development activity for their learners.

Our KINETIC₃ participants respond positively, uniformly, to the character workshop. Some eagerly share their designed character activities. Others reflect after the session and share: *"This is when I realized that I have multiple times to discuss/teach/implement character into every day, clinical teaching,"* and *"I realized how I've been really interested in character in medicine without actually thinking about it. It's something that I've been trying to learn how to teach, and this class immensely helped!"* We try to integrate character development into other workshops in the program to varying success. And this year, we have launched even more character-focused curriculum, including inspiring creativity, growth mindset, culturally responsive teaching, the science of gratitude, role modeling, empathizing with your learners, supporting our students, learner and teacher well-being, psychological safety, and using reflection and narrative stories. Each workshop has the potential to develop one's own character and influence that of his/her students.

Let us return to the topic of influencing culture. Character.org has published a guideline [document](#), entitled "11 Principles of Character Guidebook," which serves as a resource for cultivating a character culture within a K-12 school. These principles are equally relevant to our task of building a character culture in medical education at MCW and beyond.

Two of these principles deserve some discussion. The first, "core values are defined, implemented, and embedded into school culture," asserts that all stakeholders, from staff to faculty to students, can describe the unique, shared values of the school, as these values are ubiquitously adopted, displayed, and practiced. The second is particularly relevant to this discussion on the importance of faculty engagement and development: "all staff share the responsibility for developing, implementing, and modeling ethical character." This means that we need widespread faculty and staff buy-in and

support for character development, and that each of us needs to “walk the walk.” How about we start by choosing to work on our own character?



But what does character education look like in medicine and in medical school? That is, of course, our charge. To create. To experiment. To iterate. We do not have all the answers, but we are working on bits of them. Personally, I think character development in medical education looks like multiple petals forming a beautiful bloom: professional identity formation, well-being, communication,

leadership, social intelligence, empathy, professionalism, ethics, and advocacy. This is an oversimplification and may be insufficient for many; but it is practical and offers an outline through which we develop our character strengths for the purpose of becoming our best self, providing the best care for our patients, and contributing to a flourishing society.

I share my story of Tumor Board with you (yes to be vulnerable, Dr. Ferguson) and to provide an example of how each of us is still molding our best self. Building a character culture will take time. It will not be easy. But it starts with us.

“Start with the adults.”

Alexandra Harrington, MD, MT (ASCP) is a Professor of Pathology and Director of Hematopathology in the MCW Department of Pathology. She serves as Director of the Faculty Pillar of the Robert D. and Patricia E. Kern Institute for the Transformation of Medical Education.

