



## *Director's Corner*

# **The Kern Institute Hosts a Conference – A Year Late But a Lot More Wise**

*By Adina Kalet, MD, MPH*

In the run-up to April 2020, attendees and speakers were readying to fly into Milwaukee from across the country and around the world for a two-day conference on medical professional identity and character formation. The plenary was to be given by [Dr. Muriel Bebeau](#), a moral psychologist and a scholar of professional identity formation. Workshops and poster presentations were firming up. Hotel rooms were booked. Conference rooms were reserved, food had been ordered, and Kern Institute staff were finalizing details like an army prepares for tactical maneuvers. We planned an evening symposium where, over a fine dinner in the Alumni Center, attendees would discuss what they had learned and ponder how this field of study and practice could transform medical education. I was stoked. *This was going to be fabulous!*

Planning such an event has much in common with preparing for a wedding or bar mitzvah – both of which I have some experience with and for which I claim no special skills – but without the music and ceremonial component. Working to remain calm, I attended to many details. This would be the Kern Institute's first large conference and the first of many to come.

That was, as we say now, in the “before times.”

Then COVID-19 started spreading. Asian and European attendees cancelled their trips as borders closed. Not wanting Dr. Bebeau to fly (after all, she is a

“senior” statewoman), colleagues planned to drive her from Minneapolis to Milwaukee.

As the full force of COVID-19 bore down, our excitement turned to dread and then to resignation. After resisting as long as we could, we canceled. Soon, the nation hunkered down, and we learned what it meant to “stay at home.” When it appeared that interstate travel would soon be banned, and with all of the Kern Institute staff working virtually, I boarded a sparsely occupied early morning flight from Mitchell to LaGuardia to shelter at home with my family.

A year later, our conference will finally happen in a virtual space. Since Dr. Bebeau prefers not to talk to her computer screen (how can we blame her?), I will deliver the plenary talk in honor of her contributions to the field.

### **So much has changed**

The topic for today’s conference has become much more poignant and important and less simply “academic” as a consequence of the pandemic. The understanding of character and professional development of health professionals has evolved while the public watched physicians and all healthcare workers rush to the front lines. Although data on the public’s level of trust in our profession had been declining up until last year, they have soared as it became clear that we perform our duty, show up, and care in the face of unknowable risks. Health professionals are seen as people who possess [talent, energy, resolve, and character](#). As medical educators, our work is to help students be, not only exquisitely competent, but also brimming with extraordinary sensitivity and humanity.

Many of our exhausted students, residents, and frontline faculty have been through rapid-fire, anguishing, morally ambiguous experiences over the past several months. They have put their own lives – and their families’ lives – at risk. They have witnessed people dying separated from their loved ones. They have seen how social determinants of health impact real people with real

names. They have dealt with their own crazy uncles and social media acquaintances who doubt the data. And the pandemic is far from over.

### **The pandemic has changed how we view identity and character formation**

Later today, I will speak about how we might ensure that our trainees and faculty possess mature, internalized professional identities, because solidity of identity prepares each of us to hone the character, conscientiousness, courage, and wisdom needed to act in accordance with our principles under highly complex circumstances. While nothing can replace the experiential learning at the bedside and in the clinic, most of the preparation for character development must happen in the classroom. Interactive discussions, reflection, theoretical analyses, and rehearsals best prepare us and our students for unpredictable future events.

This is work we must do, because the alternative is to allow everyone to learn only through experience which means many will simply “react” to situations, without exercising the habits required to make principled decisions under stress. Expecting our trainees to make good choices without helping them develop the tools to act with moral agency is unacceptable. We *must* try to educate and measure professional identity and character.

Hopefully, there will be many chances to talk with the over 120 conference attendees about how to best support the development of practical wisdom in physicians, nurses, respiratory therapists, and others when, for instance, they are deciding how long to stay at the bedside with a terrified spouse or convincing someone they need a vaccine even though they have every reason not to trust the medical establishment.

I am hoping to talk about how we – teachers and students together – determine when a trainee can be “entrusted” to care for patients with less and less supervision. You see, we can measure a student’s competence to do the basic skills of doctoring, but we can’t be absolutely certain that an individual student

– when faced with a real-life circumstance – will actually perform competently. As we try to determine whether our students have what it takes to do the right thing every time and when it matters, we make educated guesses buoyed by our experience but, too often, we depend simply on our subjective judgement of their character. I hope to provide a framework for thinking about these “trust judgments” as a matter of both character and competence of both the learner and the teacher.

It is interesting – and worrisome – that our “educated guesses” are very idiosyncratic; we rarely agree on what it means to be a competent physician. Yet, with experience and benchmarked performance metrics in the context of good relationships with our learners, we can make accurate judgments about *who* will be a trustworthy physician. Identifying trustworthiness and good judgement in a student is a harbinger of their future character, courage, and caring.

## Challenges and opportunities

While far from over in the US, the pandemic is currently having a devastating impact in India and parts of Africa. Our sister and brother health care professionals in those countries are struggling to do the work they were trained to do under very difficult circumstances. In addition to concrete support, we send them our respect for their courage and professionalism.

I am grateful for the opportunity to host this conference at this inflection point in our understanding of character development and professional identity formation. The pandemic has given us both challenges and opportunities. Winston Churchill once said, “Never let a good crisis go to waste.” I hope that his sentiment will guide our work.

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