



Perspective/Opinion

Practical Wisdom in Medical Education: A Student Perspective

By Clara Bosco – MCW–Milwaukee Class of 2022

In the case of the virtues...we acquire them as a result of prior activities; and this is like the case of the arts, for that which we are to perform by art after learning, we first learn by performing, e.g., we become builders by building and lyre-players by playing the lyre. Similarly, we become just by doing what is just, temperate by doing what is temperate, and brave by doing brave deeds. (Aristotle, Nicomachean Ethics, 1103a 31–1103b 25).

“You really should be coming into every room,” scolded my attending. *Ugh, day one on internal medicine service and I’m already in trouble.* “...all I mean is that there are important, sometimes difficult, conversations you should witness, even if they’re not technically your patient,” she concluded. I didn’t realize the importance of this aspect of clinical training until experiencing a later conversation, my very first family meeting at the VA.

This Monday morning meeting included our primary team, palliative care, social work, and the wife and daughters of our patient. The meeting was intended to convince the family of the gravity of the patient’s condition, a medical reality they had been resistant to thus far. The palliative care physician, due to her expertise in goals of care conversations, led the call with such decorum and grace. I was struck by her collected interaction with the distraught family, who parroted cosigned phrases like, “but he’s not like everyone else,” and “he’s a fighter” in response to the news that their loved one had only around six

months to live. To these retorts, the palliative care physician recited a phrase I will never forget: “We have patients who surprise us on both ends of the spectrum, some living shorter or a lot longer.” Oddly enough, this admittance of uncertainty consoled the family, who now felt comfortable with our team’s recommendation for hospice care. The family agreed, the call ended, and arrangements were made; the patient was discharged on Wednesday and died on Sunday morning.

In light of the above anecdote, what is the significance of bearing witness as an apprentice? As a medical student, oftentimes, it entails feelings of floundering, imposing, and space-wasting, as we unreflectively trail in and out of patient rooms on the heels of actually useful attendings and residents. But, for Aristotle, apprenticeship is a *cardinal experience* since it is the vehicle to become *practically wise* in a field like medicine where “practical wisdom” is [defined](#) as “*the art of deliberating well, to make the appropriate choice and to establish the right means through a specific action in order to achieve a particular moral end.*” It is through witness of expert physicians interacting with patients that we, as trainees, can move beyond our pre-clinical, theoretical understanding of the human body to a patient-centric, bio-pyscho-socially driven medical practice.

To further elucidate the role of practical wisdom in clinical medicine, consider how an oncologist might deliberate whether to pursue chemotherapy vs. surgery to treat a patient’s cancer. Theoretical wisdom, i.e., knowledge of cellular mechanisms, surgical technique, etc., is certainly necessary to best treat a *disease*. However, theoretical considerations alone may not be sufficient to best treat a particular patient’s *illness*. For example, does the patient have certain comorbidities that exclude them from surgery? Do they have health insurance? Do they have reliable means of transport for serial chemotherapy sessions? Are they able to take off work for surgery and do they have someone to care for them? These considerations illuminate the numerous extra-scientific dimensions that must be weighed, via practical wisdom, to achieve the best treatment plan for a particular patient.

From an educational standpoint, integrating foundational concepts like practical wisdom into medical school could prove to be useful for both trainers, and, especially, trainees. For educators, practical wisdom could provide the foundation for effective role-modeling and mentorship. For students, introducing practical wisdom early and often in medical school could provide a much-needed conceptual framework for students to better understand their role as an apprentice. The long hours at the hospital, the feelings of “shadowing,” and uselessness to the team are stressful realities of medical students that certainly contribute to burnout. However, if these challenging experiences were reframed as formative to developing one’s own practical wisdom surrounding clinical reasoning and patient care, a new sense of purpose and ownership of the apprentice role may be encouraged among medical students.

Clara Bosco is a third-year medical student at MCW-Milwaukee. She is interested in the philosophy of medicine, bioethics, and artificial intelligence and works with Fabrice Jotterand, PhD, Director of the Philosophies of Medical Education Transformation Laboratory (P-METaL) in the Robert D. and Patricia E. Kern Institute for the Transformation of Medical Education.