



Guest Director's Corner

The Parable of Dr. Benny: A Journey through the Clouds To Reach the Summit of “Good Physician Mountain”

By John Yoon, MD and Fabrice Jotterand, PhD, MA

The “Parable of Dr. Benny” Series is Part 3 of an extended personal reflection on Character & Professional Development (Links to [Part 1](#) and [Part 2](#)). This essay was inspired by John Bunyan’s Pilgrim Progress and David Irby & Stanley Hamstra’s article in Academic Medicine, “[Parting the Clouds: Three Professionalism Frameworks in Medical Education](#).”

*“We shall not cease from exploration
And the end of all our exploring
Will be the arrive where we started
And know the place for the first time.”
-T.S. Eliot, from “Little Gidding,” Four Quartets*

*“There are two ways of getting home;
and one of them is to stay there.
The other is to walk 'round the whole world
till we come back to the same place.”
— G.K. Chesterton, The Everlasting Man*

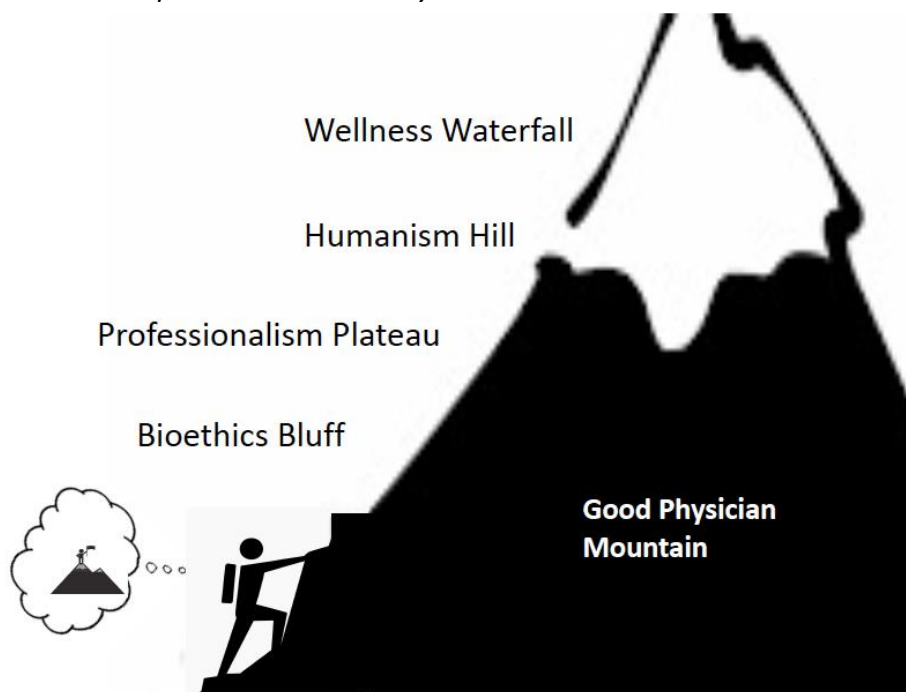
This is the story of Med Ed Pilgrim’s Progress:

Once upon a time, Dr. Benny experienced an existential crisis as a fledgling medical educator freshly minted from his residency training: How do I help others become the proverbial “Good Physician?”

You see, Dr. Benny the Med-Ed Pilgrim was doing his best to flourish in his somewhat well-to-do neighborhood called Bottom-Lines & Bureaucratic Efficiency Township located in the famed RVU City—which at that time was being governed by King Techne and Queen Episteme. And one day as he was making his Epic offerings to the EMR gods, behold, he overheard a most distressing message from Phronesis the Prophet—that bewildering voice in the philosophical

wilderness: “Heed my words—RVU City is doomed for destruction!” So fearing those terrifying Beasts of Burnout and Monsters of Moral Injury, Dr. Benny fled RVU city in search of that long-fabled Good Physician Mountain where no one has ever dared climb its treacherous peaks and lived to tell the tale—or at least get tenure. Legends say that high on the summit of that Mountain, hidden behind thick layers of seemingly impenetrable clouds, lay the transformative secrets behind the making of the “Good Physician.”

And so Dr. Benny, the intrepid Med Ed Pilgrim, sets out on his noble quest to reach the summit of Good Physician Mountain. As he begins his ascent, he purchases climbing gear at Bioethics Bluff—a supply station which has outfitted many a courageous traveler in ages past. He continues to climb further and reaches Professionalism Plateau, but the horizon ahead continues to be obscured with thick clouds and fog. Undeterred, he continues to climb higher and higher, passing Humanism Hill and even finding refreshment at Wellness Waterfall along the way. He wonders if he might also find a way to drink natural mineral water from the famous Pellegrino Springs near MacIntyre Mill flowing out from the summit’s peak. As he nearly reaches the summit, he notices the clouds gradually start to thin and recede, revealing a tantalizing glimpse of his long-desired destination situated at a spot nestled within Anscombe Alps—the towering but often overlooked terrain of the Mountain. Perplexed and bit weary from all his travels, he is nonetheless filled with growing anticipation of becoming possibly the first-ever mountain climber in the history of medical education to reach the very top of Good Physician Mountain. “I can’t wait to publish this discovery in Academic Medicine!” he exclaims in excitement.



Finally at last, the clouds now fully part to reveal an open clearing at the summit. And upon reaching his destination, there our pilgrim makes a startling discovery...behold, he’s not alone! Patiently waiting for his arrival are two mysterious figures in togas—wise sages named Hippocrates and Aristotle—who have apparently been sitting at the top of this mountain for

thousands of years. Upon reaching these two sages, Dr. Benny is welcomed with warm greetings and then with a troubling question: “Welcome, untenured assistant professor, to Good Physician Mountain! Say...what took you so long?”

**Dr. Benny Nearly Reaches His Destination....
(but wait...someone’s been up here this whole time?)**



In their seminal 2016 article, “Parting the Clouds: Three Professional Frameworks in Medical Education,” Drs. Irby and Hamstra (2016) offer the argument that the various controversies in medical education associated with professional and character development in medicine might be clarified through the lens of three differing theoretical frameworks operating in contemporary medical education:

- 1) **Virtue-based Professionalism:** “the oldest framework is virtue based and focuses on the inner habits of the heart, the development of moral character and reasoning, plus humanistic qualities of caring and compassion: The good physician is a person of character”
- 2) **Behavior-based Professionalism:** “[this] framework is behavior based, which emphasizes milestones, competencies, and measurement of observable behaviors: The good physician is a person who consistently demonstrates competence in performing patient care tasks.”
- 3) **Professional Identity Formation (PIF):** the last “framework is identity formation, with a focus on identity development and socialization into a community of practice: The good

physician integrates into his or her identity a set of values and dispositions consonant with the physician community and aspires to a professional identity reflected in the very best physicians”

According to Irby and Hamstra each of these frameworks reflects a philosophical facet of the implicit “Good Physician” either in terms of good character, good behavior leading to competent patient care, or the internalization of professional standards and inclinations into one’s own personal identity.

In a recent [Symposium](#) organized by the Kern Institute, participants in various discussion groups engaged these various professionalism frameworks, asking critical questions such as whether among the three dominant frameworks of professionalism should one be favored over the others or whether medical PIF should define a guiding ‘ideal’ for the formation process and what might serve as this “North Star”?

These are provocative questions, to be sure. But as anticipated in our parable of Dr. Benny the Med Ed Pilgrim, it might be worth considering if the re-emergence of a traditional virtues-based framework actually integrates the other contemporary frameworks of professionalism in a way that leads to meaningful transformation in medical education today. Or to put it another way, quoting T.S. Eliot and G.K. Chesterton, is it time for medical educators to “arrive where we started...and know the place [of virtue] for the first time”? Are all the current fads and trends moving through medical education—approximately every decade or so—akin to a restless wanderer exploring the whole world only to “come back to the same place [of virtue]”?

It is with this question in mind that we put together this Special Transformational Times Issue on **Virtue-Based Approaches to Medical Education**. It is a tremendous opportunity to extend our thinking on this topic in our work in the [Philosophies of Medical Education Transformation Laboratory](#) (*P-METaL*) and in our consulting activities through the [Philosophical Consultations in Character Integration for Medical Education](#). We invited scholars and medical educators from various institutions outside the Kern Institute to help expand our conceptual imagination of what a virtue-based approach to medical education transformation might look like—particularly as it pertains to character and professional development. This point is significant considering the current curriculum redesign that the Medical College of Wisconsin is undergoing and the inclusion of a “character and professional development” thread among the *7 Doctoring Curricular Threads*. We hope that these cross-institutional conversations serve to catalyze local MCW efforts of curricular re-imagining as well as ongoing [national efforts](#) to promote character, caring, practical wisdom, and human flourishing in medicine—foundational concepts that each retain deep roots in the virtue tradition.

So back to the existential question that launched Dr. Benny on his Med Ed Pilgrimage: “*How do we help others become the proverbial “Good Physician?”*”

Will that answer come to us only after a relentless pursuit for the latest and greatest “new idea”? Or perhaps, as this Special Issue might suggest, could it be by retrieving an “old” idea and applying it in a fresh, imaginative way?

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