



Perspective/Opinion

Cultivating Character and Preparing Future Physicians to Flourish: Curricular Innovations to Character Formation in Pre-Clinical Medical Education and a Vision for the Character Collaborative for Medical Educators

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Our colleagues at the University of Chicago and Baylor University offer an example of how virtue-based approaches in medical education might be implemented earlier in the formation of future clinicians—pre-medical education, for instance—and then offer a vision for a Character Collaborative for Medical Educators ...

Physicians care for those that are sick and suffering, patients who are weak and vulnerable, who are dependent and trusting upon the physician's knowledge and commitment to provide excellent care. Oftentimes the privilege to provide this care comes at the personal sacrifice of the physician - hard work, early mornings and late nights, and time away from family and friends are the rule rather than the exception. With such professional demands, it can be reasonably argued that a physician should be an individual of outstanding character. Character determines our responses in times of stress and fatigue. During medical training and in medical practice, grueling hours, long lists of patients to treat and care for, each with an increasing complexity of medical and social problems, and the high-stakes decision making environment call character in to action. And yet, little to no time in the very lengthy process of medical education is devoted to individual character development.

However, despite a lack of formal teaching or guidance on character development, medical student's character is actively shaped and molded by the medical education they receive and not in a manner that promotes virtue and the character of a good physician. Sadly, medical students in the United States have been shown to decline in empathy and moral judgement during their medical training, while increasing in rates of burnout and depression. These trends

have been attributed in part to the vulnerability of trainees during the clinical practice phase of training and the distress produced by aspects of the “hidden” curricula on the hospital wards. The picture that emerges is that United States medical education has become a place of personal deformation rather than character formation.

When studied, the majority of medical students do not believe that one can be a good physician if one is not a good person. Research done at University of Chicago of a national survey of United States medical students demonstrates that medical students are receptive, regardless of demographic or religious characteristics, to character development in medical education and agree it is the medical educators’ responsibility to train students to have good character (Carey et al. 2015). This illustrates that, despite the value pluralism of our era, there is broad consensus that developing virtue is important for becoming a good physician.

There is a need to train our future physicians for not only the medical knowledge, but the character traits, they will need to succeed in medicine. Recent publications suggest that character can be taught successfully within higher education (Brant et al. 2020, Bruya and Ardelt 2018, Ardelt 2020). The development of virtue promotes life-satisfaction, well-being, stronger relationships, mental health, and dealing with adversity. Cultivating wisdom and virtue are ostensibly buffers against declines in empathy and judgment and the high levels of burnout seen in medical students and practitioners.

Medical students hunger for the humanistic engagement that will help them become caring and compassionate physicians with sound practical as well as clinical judgment. But teaching and cultivating character takes time and medical schools already face pressure to tailor their curriculum to board examinations. Ethics education in medical schools is often marginalized. The ethics education that is received is often principle based and does not address the character of the individual being. Principle-based medical ethics trains students to make morally permissible decisions using the four principles of biomedical ethics - autonomy, beneficence, non-maleficence, and justice. These principles provide an important standardized framework to approach difficult and complex health care decisions and situations. But what principle-based medical ethics does not address, as taught in US medical schools, is the formation of the character of the physician making those decisions.

The need for intentional investment in character formation is clear. There is momentum behind medical education that takes moral formation seriously. Character-promoting efforts are underway at a small number of medical schools across the country. At our institutions, Baylor University and University of Chicago, we have successfully incorporated intentional character promoting curriculum in the undergraduate pre-medical course offerings. These innovative programs seek to cultivate the virtues students need to excel in medicine before students first set foot into medical school or rotate on a clinical ward.

University of Chicago and The Hyde Park Institute Scholars in Ethics and Medicine

The [Scholars in Ethics and Medicine](#) (SEM) cohort at the Hyde Park Institute is offered to undergraduate pre-medical University of Chicago students and pre-clinical Pritzker medical students. Twenty-five students are selected to participate in a year-long one credit hour course that provides aspiring physicians the opportunity to deepen their understanding of and commitment to the moral purpose of medicine with the aim of growing into better persons and wiser clinicians. Cohort members join a community of exemplar physicians to explore the connections between vision, virtue, and wisdom as they relate health and healing.

The SEM curriculum focuses on introducing the Aristotelian philosophy of virtue ethics, that character is not a fixed part of personality but rather a collection of flexible and situationally responsive virtues cultivated and developed through practice and habituation. Virtues are morally good dispositions – habits that dispose us to think, feel, or act at the right times, about the right things, towards the right people, for the right end, and in the right way. For one to be a moral person one must develop or cultivate their virtues and demonstrate those virtues in their actions. All morally significant virtues must be cultivated through practice and habituation to become second nature. The ultimate goal, then, is to know and do the right things reliably and consistently from a firm and settled disposition of character. By cultivating virtue, one will, in addition to acting well, “fare well” or flourish.

By using virtue language, providing role models in physician exemplars, and building community within the cohort, the SEM curriculum allows students the time and space for reflection and growth. Members of the cohort participate in an opening and closing weekend seminars where virtue ethics language is taught and introduced within the medical context. The cohort continues to gather for monthly lectures where physician exemplars are invited to speak and a meal is shared during a robust open discussion.

The overall curriculum focuses on three categories of virtues applicable in medicine for a good physician: virtues that support personal infrastructure (practical wisdom, temperance, courage, integrity, humility, gratitude, patience), relationship-supportive virtues (justice, respectfulness, honesty, solidarity, diligence, attentiveness, trustworthiness), and patient-responsive characteristics (benevolence, compassion, empathy, fidelity, altruism/self-sacrifice, advocacy). Situations and factors that call for virtue, such as communication and difficult conversations, patient-centered care, suffering and end-of-life care, and burnout/moral injury are taught along with practical approaches to cultivate virtue in medicine – including self-awareness, self-reflection, soliciting narratives, finding meaning in the patient/physician relationship, community, hope, and gratitude.

Unpublished data from participants in the SEM cohort suggests virtue ethics-based curricula is effective in cultivating practical wisdom and promoting character development in this educational setting. Participants in the SEM cohort demonstrate a significant increase in wisdom at the completion of the course as measured on the Situated Wise Reasoning Scale (SWIS) scale. But more importantly than can be measured on any scale, participants enter medical school and their clinical rotations already having contemplated the character of a good physician and the kind of physician and person they want to be.

Baylor University Medical Humanities

The Medical Humanities Program at Baylor University seeks to equip undergraduate students who aspire towards careers in healthcare with an educational foundation in the sciences and rich exposure to the humanities. It is an interdisciplinary humanities program supported by faculty in departments across the University, allowing students to receive their bachelor's degree major in the Medical Humanities after completing at least thirty-three semester hours of medical humanities courses. First established in 2004, the program has grown to include over 100 students currently enrolled in courses in the program.

Courses within the major allow students to explore how medicine intersects with the humanities and disciplines such as philosophy, history, sociology, ethics, psychology, religion and economics. The curriculum is designed to foster faith and spiritual formation, an understanding of the complexity of health and healing, and respect for cultural and pluralistic diversity in society and the healing arts. Emphasis is placed on exploring the human experience and value of human life as it relates to medicine. Students are given an awareness and appreciation for the "whole person" in medicine and exposed to the concept of the art of medicine, the importance of the doctor-physician relationship, the spiritual and emotional dimensions of disease, and the human experience of illness. Students have opportunities to learn from practicing physicians through clinical rotations, exposing them to the practice of medicine and real world decision making involving ethical and spiritual issues.

The Medical Humanities program provides students with the unique opportunity to consider the ethical and spiritual issues they will encounter in medicine, to explore the deepest meanings of health and healing, and to embrace the sacred nature of a vocation in medicine. The ultimate goal of the bachelor's degree program is to give graduates a foundation upon which to build further professional training and development. Graduates of the program have become physicians in fields ranging from primary care to medical and surgical subspecialties.

Vision for the Character Collaborative for Medical Educators

Character formation is ongoing for medical and pre-medical students whether it is left to chance or thoughtfully and intentionally guided. Training is a time for students to reflect on what sort of future physician and just as importantly what sort of person they want to be. These reflections and the cultivation of character take time, community, and interaction and mentorship from model exemplars.

Addressing character formation in medical education requires us to think broadly and boldly as to what characteristics and virtues make a good physician and how we best prepare students to flourish in the face of a rapidly changing health care environment. In training, the character of aspiring physician's is being shaped, often with little active and intentional investment in

character development that will equip aspiring physicians to flourish. While the number of educators currently teaching virtue ethics and character development in medical education is small, there is growing recognition from this community of educators of the need to collaborate on curricula and research to promote the future widespread implementation of character curricula.

We propose a vision for the formation of a formal national network – the Character Collaborative for Medical Educators - to develop character-promoting programs for medical students at all stages of their training, including for premedical undergraduate students. The aim of such a collaborative would be to build a community of medical educators that are supportive of the mission of integrating character formation with medical training.

Collaboration would allow us to collectively define the character of a good physician and establish the core virtues to allow for flourishing in medicine. It is important to establish the virtues where physicians excel as distinguished from the virtues where physicians would benefit from development and cultivation. Character promoting curricula could be shared across universities and portable resources for educators curated and made easily accessible through collaboration.

To further advance and spark interest in character education for medical students it is imperative to study and publicize the outcomes of character promoting educational interventions and to work to strategize, design, and implement character development interventions that can be translated to universities across the country. Collaboration would allow us to critically examine the impact of character education and to provide resources and training to medical educators wanting to implement character-promoting programs. Data on the positive impacts of character-promoting programs could motivate institutional and national curricular change and help better prepare aspiring physicians to truly flourish.

Medical school and residency provide the foundation of knowledge that a physician needs to know to competently care for patients. We have the opportunity during those years of education – as well as during the undergraduate years that precede professional medical training - to actively and intentionally shape the character of the physician that will provide that care. As medical educators, it is our responsibility to acknowledge and take responsibility for the character we are cultivating in our students and trainees. At its heart, being a good and wise physician means being an individual of outstanding character. Together - and through thoughtful collaboration - we can equip more of our future physicians to flourish.

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