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Bridging Across Differences Toward Flourishing in the Profession of Medicine

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Bridges do not rise from the ground or fall from the sky; people build them.

– Eboo Patel (2016, p. 59)

In this unprecedented time of societal divisiveness and polarization, diversity of viewpoint, civil discourse, and constructive disagreement have become increasingly difficult, presenting extraordinary challenges for both individual and societal flourishing.

The reluctance to engage in thoughtful and respectful dialogue is especially problematic in the profession of medicine, where disagreements can be related to both foundational moral beliefs (Antiel et al., 2014) and patient diagnosis (Kamyszek et al., 2023). In academic medicine, specifically, advancing scientific knowledge and applying novel medical treatments require that physicians, basic scientists, learners, and other colleagues be encouraged to ask difficult questions and voice unpopular opinions. Not being able to do so can jeopardize the patient, the team, scientific development, and at its most extreme, result in a lapse in proper care.

Beginning in late 2021, we began to receive a distressing number of confidential expressions of concern about such challenges from medical education colleagues across the United States. Given those conversations, along with a rising number of related articles in the press, we made the decision to formally explore these developing issues with 40 medical education leaders across the US. These discussions confirmed that polarization, discomfort with disagreement, and a fear of sparking controversy are serious problems at academic medical centers. These challenges are leading to, at best, a cautious atmosphere and at worst, a divisive climate, contributing to faculty burnout and departures from medical education.

The conversations identified key tension points across institutions of various sizes, geographies, and types, including the impact of state and federal laws on health practices and funding, particularly in reproductive health and gender-affirming care, and the ensuing clashes of values among stakeholders. In addition, issues of diversity, equity, and inclusion, as well as challenges with grading policies and intergroup conflicts, often generational, were prominent themes. These conflicts were not limited to one-on-one interpersonal issues, such as those between a learner and a faculty or staff member, but also encompassed role-based conflicts within the institution, such as those between administration and faculty. In addition, they included organizational conflicts such as those between the medical school and the parent university or affiliated health system, and conflicts with external stakeholders, including alumni, legislators, and donors.

Despite strong motivation to find solutions amid disagreement for the benefit of patients and the deep sense of service that drives medical educators, building bridging environments and practicing bridging skills have received minimal attention in medical education and academic health care settings. One reason may be the misconception that bridging is primarily about solving immediate, short-term conflict and is, therefore, better relegated to human resources. Another factor is the perception that clinical knowledge and technical skills outweigh bridging or conflict resolution in the compressed medical education curriculum. Others dismiss bridging across differences as simply too big a hill to climb, especially given the other competing demands on faculty and learner time and attention.

In this paper, we suggest that bridging is essential work of all members of our academic medicine community, from first-year medical students to senior leaders. Further, when rooted in character, caring, and practical wisdom—and practiced intentionally and consistently—bridging

has the potential to shape the ecosystems in which we live and work, fostering deep meaning and purpose in both our professional and personal lives. We propose that bridging can be a transformative process aimed at improving our understanding of ourselves and others as a critical step toward a change in culture.

We begin our paper by defining the concept of bridging with human flourishing as its aspirational aim. We then argue that to have long-lasting impact toward human flourishing, bridging must be undergirded by three fundamental elements: character, caring, and practical wisdom. Drawing upon the literature, and our experience in working with medical schools across the US, we describe the relationship of these elements to bridging. We next describe the application of these elements through a set of related practices that include defining one's ethos, examining mental models, practicing mindfulness, and taking perspective. We also discuss the necessary shift from creating safe spaces for bridging to that of brave spaces. Finally, we provide initial learnings from bridging demonstration project sites in nine US medical schools. We conclude by summarizing our argument that a framework for flourishing is a necessary theoretical underpinning for a transformational approach to bridging in the context of academic medicine.

Defining Bridging Toward Flourishing and the Importance of a Guiding Framework

Drawing upon the work of Robert Putnam (2020), we define bridging as a facilitative process that advances human flourishing by providing a framework for engagement across groups and between individuals with different views. At its core, bridging aims to increase understanding and find common ground. It employs a set of skills and practices that empower individuals to deepen self-awareness, engage in caring with others, foster a mindset of connection across differences, and develop the discernment necessary to bridge effectively.

While bridging alone is valuable, it has the potential to become transformative when rooted in the foundational elements of character, caring, and practical wisdom. These elements provide the moral, emotional, and intellectual structure needed to navigate differences in ways that build trust, mutual respect, and the potential for shared flourishing. We offer that the KNN Framework for Flourishing, developed in 2020 by the Kern National Network for Flourishing in Medicine (KNN) (Maurana et al., 2024), provides such a foundation for bridging that can support medical schools and clinical learning environments to benefit health care professionals, learners, patients, and the broader community.

Drawing from the work of Su (2020) and VanderWeele (2017), we define flourishing as a wholeness of being and doing, of realizing one's potential and helping others do the same. Flourishing can be measured across the domains of happiness and life satisfaction, physical and mental health, meaning and purpose, character and virtue, and relationships. It is most commonly achieved through pathways of family, work, education and religious community (VanderWeele, 2017). These pathways are also those where we often find the greatest sources of tensions, and thus the greatest need for bridging across differences. We posit that bridging is fundamental to flourishing in medicine and that the ability to bridge effectively occurs through intentional character development, the practice of caring, and the cultivation of practical wisdom, a meta-virtue that can adjudicate virtues that are in conflict or tension.

Recognizing the strengths of existing best practices in civil discourse, we draw on programming designed for secondary and higher education that promotes dialogue to bridge differences. These include the work of BridgeUSA, Braver Angels, University of California - Berkeley's Bridging Differences, the Constructive Dialogue Institute (CDI), and the LifeCompass Institute for Character and Leadership's Courageous Dialogues. All involve

building the skills of active listening and appreciative inquiry, generating respect-based relationships over time, and exercising curiosity, courage, intellectual humility, and agency (Bohlin, 2022; Braver Angels, n.d.; BridgeUSA, n.d.; Shigeoka & Marsh, 2020; Welker et al., 2023).

There is much to learn from these programs, but we recognize that medical schools sit within a uniquely complex ecosystem, serving as both institutions of higher education and parts or partners of health care delivery systems. As such, we think that medical schools will benefit most from bridging efforts that are tailored to the unique responsibilities and experiences of the learners and the practice environments.

Medical education relies heavily on experiential learning where students develop clinical skills through observation and interactions with physician mentors, health care team members, and patients. These interactions often occur during moments of heightened vulnerability for patients and families, requiring learners to navigate complex interpersonal dynamics. The high stakes and deeply human context of health care demands bridging approaches that can be applied in real world interactions.

Much has been written about the influence of the "hidden curriculum" in medical education, the unspoken lessons conveyed through physician behavior that can often supersede what has been taught through formal instruction. Sullivan et al. (2014) found that over half of surveyed students reported witnessing what they understood to be unprofessional behavior, such as making negative comments about patients and belittling subordinates. Further, learners generally feel disempowered to speak up in such circumstances, resulting in conflict avoidance, anxiety, and in some cases, growing apathy (Shapiro, 2011). When learners witness behaviors by clinicians or staff that conflict with their values, they are tasked with deciding how to respond.

They must determine if they should report the incident, ignore it, or engage in open inquiry to better understand what occurred and why. Bridging can prove valuable in helping learners exercise the reflection, courage, and practical wisdom necessary to discern the best path forward. Learners will benefit from skills to help them discern not only *when* but *how* to bridge across differences when making sense of contradictions.

The prevalence of pressures and challenging interactions in clinical practice necessitates the intentional development and maintenance of environments in which all members are taught skills to bridge across differences toward flourishing and are also encouraged to practice them. These bridging skills must support open learning and a willingness to challenge assumptions, as well as opportunity and guidance for learners to reflect on the beliefs that they hold.

Advancing a flourishing environment requires bridging that is more than the transaction of addressing conflicts as they arise. Rather, we aspire to transform learning and practice environments through the ongoing and intentional cultivation of bridging skills undergirded by the KNN Framework for Flourishing with its focus on character, caring, and practical wisdom. In the next section of this paper, we share how this framework can undergird bridging practices.

The Essential Nature of Character, Caring, and Practical Wisdom in Advancing Bridging Toward Flourishing

In developing our work of bridging toward flourishing in academic medicine, we have relied on the KNN Framework for Flourishing, developed by partners working with the Kern National Network for Flourishing in Medicine (KNN). This framework provides an essential lens for moving academic medicine from transactional conflict resolution to transformational bridging across differences toward human flourishing. Bridging can be applied to categories such as race, gender, and generational differences or differences arising from job responsibilities or

roles. This approach may also be applied to interpersonal conflicts that often have a group-identity component.

Through this work, we find a wide range of values and views that will sometimes be in competition or conflict with each other. The KNN approach to bridging is not concerned with promoting one set of virtues over another. Building character, therefore, is not about cultivating narrow, discrete virtues or personality traits (Whitlock et al., 2021), but rather a constellation of characteristics—moral, civic, intellectual, and performance—formed over time and manifest in dispositions and practices (Berkowitz & Bier, 2004; Jubilee Centre for Character and Virtues, 2022). Further, bridging dialogue is most effective when participants exercise courage to fully engage, humility to admit what they do not know or understand, openness to refine perspectives, and curiosity, fair-mindedness, patience, and respect (Jubilee Centre for Character and Virtues, 2022; Whitlock et al., 2021).

Virtue conflicts are most effectively navigated through the application of practical wisdom (Jubilee Centre for Character and Virtues, 2022). Bohlin (2022) outlines a method called the Practical Wisdom Framework (PWF) for applying practical wisdom in conflict or crisis, advocating for its use as a leadership compass for school leaders. This framework gives guidance for how leaders can respond to automatic first reactions in moments of stress, especially when emotions are high. It encourages leaders to rely on practical wisdom by first recognizing the automatic reaction as such, reflecting on it, recalibrating, and then responding.

Just as practical wisdom is crucial for school leaders navigating challenging situations (Bohlin, 2022), it is an essential element of flourishing for health care professionals, learners, and leaders that is developed through experience and critical reflection. To offer one example of a medical care scenario that requires practical wisdom, physicians must decide how to care for

children whose parents refuse vaccination for religious or other reasons. Wiley et al. (2023), in a systematic review of the literature examining this scenario in American and British contexts, found that the three most common physician responses are dismissing the patient from treatment, vaccinating without parental permission, and continued conversation with parents. They found virtue-based arguments for and against each response present in the literature they examined, suggesting that there is not a settled upon ethical norm for how to navigate this conflict. They must, instead, rely on their practical wisdom to make a decision about if and how to care for the child and engage with the parents.

Additionally, Kaldjian et al. (2023) has noted the importance of practical wisdom in the unique context of medical education with research findings from structured interviews with learners, finding that practical wisdom was perceived as valuable by learners, especially in decisions involving complex circumstances, respectful collaboration with and/or remarks about colleagues, and conflict between the persons involved.

Our definition of practical wisdom highlights one's ability to develop this meta-virtue along with the complexities of context: using acquired experience to discern the right way to do the right thing in a particular circumstance, with a particular person, at a particular time (Schwartz & Sharpe, 2010). As with education, in medicine, physicians are not generally deciding *whether* to do the right thing, but rather deciding among competing potentially right ways to do things (Schwartz & Sharpe, 2010). For this reason, developing practical wisdom requires that we reflect on, and learn from, our experience so that we are continuously developing a deep understanding of ourselves, of others, and of our environments.

In addition to the elements of character and practical wisdom, we also draw on Tronto's (1993, 2013) work on the politics of an ethics of care. An ethics of care (Held, 2005) is a modern

philosophy drawing attention to relationships at the individual, organization, system, and societal levels. Through this lens, virtuous decisions are made with a relational focus. How decisions impact the needs of others in alignment with justice and equality is prioritized over exclusively cultivating a virtuous individual (Tronto, 2013). In complex medical scenarios, physicians in academic medicine often have responsibility to consider the needs of multiple people: the patient and their family, the learners (medical residents and medical students), others on the care team, and themselves.

Drawing on this complex concept of care, the KNN framework formally defines caring as a blend of practices, dispositions, and motivations all aimed at ensuring that individuals and populations grow, develop, and flourish as best they can (Held, 2005; Mayeroff, 1971; Tronto, 1993, 2013). When we bridge across differences, we build relationships and work in community to create caring, relational structures that foster flourishing. This work requires us to embrace cultural humility, to listen deeply and actively, and to develop empathy.

Bridging Practices Rooted in Character, Caring, and Practical Wisdom

We now turn to bridging practices that are built upon character, caring, and practical wisdom. We have selected these practices because they are supported both by current literature and the KNN Framework for Flourishing. Though not an exhaustive list of relevant practices, we highlight defining one's ethos, examining mental models, perspective-taking, and mindfulness. Additionally, we articulate the need to create brave spaces for these and other bridging practices.

Defining Ethos and Examining Mental Models

Defining our ethos and examining our mental models support bridging toward flourishing by providing structure to the reflective work necessary to grow in character and practical wisdom. Our ethos derives from the values and beliefs that guide our decisions and actions.

Being able to clearly articulate the values and virtues that guide us without moral grandstanding or virtue signaling (Interfaith America, n.d.) helps us and others understand our motivations. When we know ourselves and our purpose, we are more likely to remain open and to exercise patience during difficult conversations (Pierce & Greer, 2024). Additionally, this awareness supports our commitment to bridging and uncovers points of connections with others. Just as it is important to reflect on our own ethos, it is equally important to avoid making assumptions about the character and virtue of those with whom we disagree.

Recognizing that we each hold various assumptions and that these assumptions can be helpful or harmful for how we interact in the world is an important first step in bridging. These mental models, or internal representations of how we understand and interact with the world around us, help us to process information, make decisions, and predict outcomes based on our experiences, education, and cultural influences (Rao, 2010). As one example, physicians often have mental models of their own and others' medical specialties that can influence status and support or hinder collaboration (Schrepel et al., 2024). Taking time and energy to reflect on how we perceive those with whom we agree and disagree supports bridging as it promotes reflective thinking and willingness to change course; these are essential for a life guided by practical wisdom.

Mindfulness and Perspective-Taking

Caring, as it is defined in the KNN Framework for Flourishing, calls us to consider the complexity of who is allocated responsibilities, how competing purposes are prioritized, and in what ways power structures affect responsibility for care (Tronto, 2013). Mindfulness and perspective-taking support the assessment of complex situations toward responding in caring ways. Mindfulness, a meditative practice that increases awareness of our emotions, has been

shown to decrease bias, supporting equitable care. Studies examining the impact of mindfulness meditation demonstrate that it reduces bias against people experiencing homelessness (Parks et al., 2014), the elderly (Lueke & Gibson, 2015), and racial out-group members (Lueke & Gibson, 2015; Todd et al., 2011). Bohlin's (2022) Practical Wisdom Framework (PWF) encourages us to recalibrate our first responses through mindfulness and other reflective practices; we extend this important approach by exploring the potential outcomes of practicing mindfulness consistently, and, as such, before conflict occurs.

Perspective-taking activities, as described by Bruneau and Saxe (2012) are activities that facilitate participants to 'step in the shoes' of a representative outgroup member to promote empathy for that outgroup as a whole. They found that the effects of perspective-taking are mutually beneficial. Both those who take perspective and those who give perspective showed greater positive attitudes toward each other following the activities (Bruneau & Saxe, 2012). Earlier work (Shih et al., 2009) also demonstrates that perspective-taking activities improve not only attitudes toward the outgroup but also strengthen help-seeking behavior toward that group. There is additional evidence that applying perspective-taking in the medical profession enhances physician confidence for working with patients who belong to different social groups than they do (Burgess et al., 2007). Perspective-taking not only improves intergroup relations but also equips individuals with the listening skills and the empathy needed to bridge diverse social landscapes effectively.

Moving From Safe Spaces to Brave Spaces

The environments in which bridging practices can develop are often referred to as "safe spaces" where psychological safety of participants is prioritized. However, Arao and Clemens (2013) question whether facilitators should provide the psychological safety that some may think "safe

space" implies, such as being protected from issues that are provocative or uncomfortable. They propose that facilitators shift from the goal of safety to that of bravery. Inside brave spaces, participants are willing and ready to step out of their comfort zones to realize their full potential and help others do the same; they are ready to flourish.

Brave spaces are created by participants making commitments to both themselves and those with whom they are engaging. Part of the growth and learning that takes place during bridging should include setting an intention to share a brave space by collaboratively creating both *brave mindsets* and *guideposts for the environment.*

The concept of brave mindsets (adapted from Stubbs, n.d.) draws on an ethics of care by recognizing both individual and collective responsibility in these efforts. Guideposts for the environment (adapted from National Coalition for Dialogue & Deliberation (NCDD), n.d.) support interactions with others toward flourishing as they draw on virtues necessary for open inquiry such as curiosity, respect, and awareness. It is important to develop both mindsets and guideposts to represent participant agreement concerning the norms of participation and to avoid retreating to the expectation of psychological safety and a safe space. Participants must become comfortable with being uncomfortable while also setting respectful boundaries. They must also set the expectation that they are doing this work in relation with each other to promote not only their own flourishing but that of others and the betterment of the clinical learning environment overall.

Having summarized some of the core practices of bridging toward flourishing and how they relate to the KNN Framework for Flourishing, we now turn our attention to how medical schools have begun to implement these ideas at their institutions. We share insights from the

KNN Bridging Demonstration Project that represents the work of nine US medical schools that have joined us to begin translating this conceptual grounding into practice.

US Medical School Bridging Demonstration Project

Bridging toward flourishing in medicine demands more of leaders than asking their individual faculty, staff, and learners to engage in bridging dialogue with one other. This work calls for institutions to create climates that include regular messaging and modeling by leaders, ones that promote consistent, ongoing skill development and practice among all members of the communities.

The importance of continuous participation in bridging activities is supported by the Voelkel et al. (2024) findings that while a wide range of interventions can be effective in reducing polarization, all observed effects were short-lived, generally showing decay after two weeks or less. Those studying perspective-taking drew similar conclusions about rapid decay (Bruneau & Saxe, 2012; Shih et al., 2009; Todd et al., 2011). However, Welker et al. (2023) provide evidence that longer-term interventions have positive impacts with greater longevity that may be sustained for up to two months. Programming that encourages an ongoing and systemic cultural shift rather than relying solely on the efforts of well-meaning individuals or one-time interventions will improve bridging efforts toward flourishing. This goal drives the Bridging Demonstration Project, as well as the KNN's broader work in bridging.

Addressing the divisiveness and polarization present in medical schools and clinical learning environments requires a commitment to developing a culture in which faculty, staff, and learners can flourish. Over time, bridging across differences toward flourishing will address aspects of structure, relationships, culture, and power. A multi-institution partnership has provided a significant step forward.

In 2023, support from the Josiah Macy Jr. Foundation and the Kern Family Foundation allowed the KNN to begin a national Bridging Demonstration Project encompassing nine US medical schools.[1] These schools reflect a broad range of geographic settings and institution types, each applying the KNN Framework for Flourishing to bridging work at their schools. Partners, with support from their medical school deans, share a vision of the intent of bridging, one built on collaboration, trust, and human connection.

Though each institution is in the process of this work, we can report on a few early highlights related to the priorities of the KNN Framework for Flourishing. Leaders aim to support character development by focusing on shared successes over individual achievement, cultivating role models, and increasing comfort with disagreement. They plan to practice caring by reducing hierarchical barriers and building trust among faculty, learners, and leadership. They will work to cultivate practical wisdom by reducing divisions between departments and roles and continually refining the bridging experience. To operationalize this vision, they will teach skills for effective bridging, invite learners to co-create initiatives, and encourage student–faculty interactions outside of clinical settings. They will also create intentional "people time" for leaders, protect time for bridging experiences, and incentivize regular participation in bridging activities.

Institutional leaders have shared that learners, especially, have found the initial bridging experiences grounded in the KNN Framework for Flourishing to be valuable, and even enjoyable. Several leaders have indicated an interest in expanding the offering beyond the initial

[1] KNN Bridging Demonstration Project sites include the following medical schools: Duke University School of Medicine, Geisel School of Medicine at Dartmouth, Jacobs School of Medicine and Biomedical Sciences University at Buffalo – SUNY, Paul L. Foster School of Medicine at Texas Tech University Health Sciences Center – El Paso, Perelman School of Medicine at the University of Pennsylvania, Pritzker School of Medicine at the University of Chicago, University of Wisconsin School of Medicine and Public Health, Virginia Tech Carilion School of Medicine, and Wake Forest University School of Medicine.

learner cohorts, and in some institutions, providing other health professions education programs the opportunity to participate. Further, several medical education faculty are thinking about ways to introduce the bridging experience earlier in the learner's development with the intention of having opportunities to reinforce and practice bridging knowledge and skills gained through the program over the course of the learner's full experience into becoming a physician.

The vision of these leaders is supported through our partnership with the Constructive Dialogue Institute (CDI). The institutions in the demonstration project are testing the efficacy of a curriculum that the KNN co-developed with CDI entitled *Perspectives for Academic Medicine*. This curriculum is a version of CDI's successful, research-informed *Perspectives* curriculum (Welker et al., 2023) that is tailored to the needs of medical and health professions schools. The six online lessons include examples relevant to academic medicine that highlight the unique and complex challenges and the power dynamics of these environments. There are also three guided peer-to-peer conversations to allow participants to take part in perspective-taking and discuss opposing viewpoints.

With support from senior leaders, each institution is or will apply this curriculum with the aim of equipping faculty, learners, and staff with the skills and tools needed to find strength in different perspectives and collectively work together to solve pressing challenges. The KNN Framework for Flourishing undergirds the initiative, as it provides a lens for a cultural shift rather than a single effort.

In addition to the *Perspectives in Academic Medicine* curriculum, the KNN provides wrap-around support to the demonstration sites rooted in the elements of character, caring, and practical wisdom. This includes convening to bring together representatives from each medical school to brainstorm, plan, and share, train-the-trainer workshops, and a community of practice

for ongoing peer support. The group's aspirational goal is to move beyond merely preventing incidents of mistreatment and aversion to challenging conversations or conflict and striving instead to cultivate a truly flourishing environment rooted in character and caring and guided by practical wisdom. By focusing on building a positive culture grounded in mutual respect, trust, and encouragement, we can cultivate the conditions necessary to position our academic medicine community for sustained success and thriving connections.

Concluding Thoughts on the Transformational Power of Bridging Toward Flourishing in Academic Medicine

In this paper, we have shown how the KNN Framework for Flourishing provides an essential theoretical basis that is needed for a transformational bridging approach to improve the culture of academic medicine. Bridging pursued through the lens of flourishing elevates the practice to encompass more than conflict resolution; it becomes a transformative process to improve understanding of ourselves and others, as well as to strengthen relationships and community.

We have defined bridging and argued that its sustainable impact on flourishing is anchored in the ongoing application of the elements of character, caring, and practical wisdom. Through both a review of relevant literature and our work with US medical schools, we have described the relationship between these elements and the methodology of bridging across differences toward flourishing. These include defining one’s ethos, examining mental models, practicing mindfulness, and perspective-taking. Furthermore, we articulated the need to shift from creating safe spaces to brave spaces for bridging. Finally, we provided initial insights from the Bridging Demonstration Project and our collaboration with nine US medical schools in this work.

We recognize that transforming the culture of academic medicine is a long-term endeavor, one that will require collaboration, leadership, and shared commitment to systemic change through shifts in both policy and cultural norms. To draw upon a quote from Barbara Fredrickson (2009), “Flourishing is not a solo endeavor” (p. 191). We welcome others to join us on this essential journey of discernment and application. Together, we can create a health care education and practice environment that truly advances human flourishing, one that demonstrates the transformative power of bridging for broader society.

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