The MCW Practical Wisdom Pathway: A Human-Centered Approach to Accessing and Deepening Practical Wisdom in Medical Student Learning Communities

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Abstract

Our work began by supporting faculty in understanding and accessing their own practical wisdom in order to foster practical wisdom development and virtue literacy in their medical students. We used a human-centered design approach to engage faculty through workshops and qualitative research as well as literature reviews and exemplar collaborations to develop a deliberation and reflection model, the MCW Practical Wisdom Pathway, which is now being taught to all medical students at the Medical College of Wisconsin. The MCW Practical Wisdom Pathway includes visual tools to aid discussions, including character strength dials and an integrated model of how character strengths, practical wisdom and flourishing interact.

Introduction

Each year, newly graduating physicians stand and recite a medical oath, a virtuous covenant between physician and patient. Within clinical practice, physicians are expected to uphold the highest ethical standards in healthcare. Yet most medical school curricula offer little to no virtues-based guidance on how one might become a "good physician" and no training for faculty on how to support the development of character and practical wisdom in their students. Our most recent work focused on equipping faculty to recognize and access their practical wisdom and foster virtue literacy and practical wisdom development within themselves. The intent is to have those faculty do the same among medical students within their learning communities, longitudinal, four-year training environments. In our human-centered design approach, we learned that faculty mentors had learned and practiced a personal form of practical wisdom without labeling it ("caught") and that clinical faculty teach it ("taught") under the label of "clinical reasoning."

For the past several years, we have experimented with virtues-based reflective dialogue as a means of nurturing practical wisdom in medical students at the Medical College of Wisconsin (MCW). It has been an iterative process which began within a seed grant program designed to teach innovative skills in program development and has evolved into the student learning community environment today. From interviews with our physician faculty and an ongoing review of the literature, we hypothesized that guided, virtues-based reflective dialogue based

on a complex circumstance (e.g., an ethical dilemma case discussion; a complex circumstance in a clinical setting; or a scenario arising from the mentoring a student through medical school, etc.) could assist in the deepening of character strengths and practical wisdom. In other words, we started with context first, to access their practical wisdom, and then moved on to deepen their skills.

In this paper, we will provide a review of the design research that guided the development of our reflective dialogue intervention workshop series with MCW learning community faculty facilitators. We will then share our qualitative research study, and collaborations with thought leaders in higher education that culminated in our practical wisdom deliberation and reflection model (MCW Practical Wisdom Pathway) we introduced into the training curriculum of MCW medical students this year. First, we will briefly describe the learning community environment before detailing the development and rationale behind the MCW Practical Wisdom Pathway itself. Finally, we will explore our findings and their potential relevance to character education within a medical school environment. A comprehensive history of past research and methodologies relating to the foundational work has been published previously and is included in the reference section (Decker and Schmitt, 2025, 2024, 2023).

The Learning Community Environment

The MCW learning community (LC) model, which was first implemented in the 2023-24 academic year, is the foundation of MCW's approach to fostering character development and practical wisdom among medical students. Central to this model is the role of faculty facilitators, who serve as exemplars and mentors in cultivating ethical deliberation and reflection, moral reasoning, and professional development.

The learning community is designed to support medical students during the formative early years of their education. Each learning community comprises a cohort of eight students led by a faculty facilitator, who may be a physician (MD/DO) or a faculty member with advanced academic credentials (PhD). These groups meet weekly for 2 hours over the first 18 months of medical school, engaging in discussions on complex medical case studies, many of which incorporate moral and ethical dimensions.

Faculty facilitators strive to create a psychologically safe environment where students feel comfortable expressing themselves, exploring dilemmas, and making mistakes without fear of judgment. The weekly group sessions include complex case discussions on clinical scenarios that highlight ethical challenges, fostering students to increase their capacity for moral reasoning and practical wisdom. Faculty facilitators bring diverse professional expertise and experiences to the LC environment. Their clinical and professional backgrounds enable them to provide rich, context-specific insights during case discussions. Facilitators also meet twice per

semester with individual students to provide personalized guidance, address challenges, and support their personal and professional development.

Faculty Workshop Series: Access, Identify and Deepen

We used a human-centered design (HCD) research approach to guide the development of our experiential training workshops for LC faculty facilitators. The goal of the workshops aimed to foster faculty's recognition and deepening of their own practical wisdom in order to apply that knowledge of character strengths and practical wisdom in their teaching. The HCD research helped us deeply understand the landscape of the learning community environment so that we could ensure the workshops would be valuable to faculty facilitators, providing a meaningful, faculty-centered experience. The HCD research process included several iterative stages: 1.) stakeholder mapping, 2.) persona development, 3.) value formulation, 4.) interview discovery, 5.) workshop iteration, 6.) prototyping and 7.) final iteration based on the feedback (Decker and Schmitt, 2024).

In the 2024-25 academic year, we prototyped four experiential training workshops with faculty facilitators focusing on two key areas: (1) accessing and deepening faculty's awareness of their own practical wisdom and character strengths to increase their confidence in modeling it with students, and (2) optimizing the learning environment to promote ethical decision-making and flourishing. By accessing and labeling the faculty's own practical wisdom, it afforded us the opportunity to encourage deepening what faculty were already doing. It also created a common language set for faculty to learn from each other. The long-term goal was to enhance their ability to instruct students ("taught") and optimize the learning environment ("caught"). Our first step toward this was to present practical wisdom in a way that was valuable and applicable within their learning community.

The first workshop utilized a two-step approach to define and recognize practical wisdom. First, faculty engaged in self-reflection exercises to access their practical wisdom by recalling a complex circumstance they had to solve in their clinical practice. We labeled that as their personal form of practical wisdom ("caught"). They then followed a practical wisdom deliberation and reflection model we offered ("taught") and pair-shared their deliberation process by following the model before group-sharing their experience. In this workshop, we offered visual aids to help discuss character strengths and how they may have competed or supported each other in their complex circumstances. In review of the feedback, we found that faculty highly valued the visuals in discussing character strengths and the model we offered was deemed easy to use. We additionally learned that most faculty facilitators are junior- and mid-

career faculty. The implication of this is that many of them are in the midst of developing their wise approach to caring for patients.

In the second workshop, faculty analyzed student case studies, practicing the stepwise practical wisdom deliberation and reflection model we provided to navigate the case by defining moral aims, considering the role of character strengths and emotional regulation. This workshop provided an opportunity for faculty to deeply consider all the nuances of the case and learn from each other ("taught") through the sharing of strategies for mentoring students through complex situations. We conducted a pre- and post-survey seeking to understand faculty perceptions on their own practical wisdom using some questions from the validated Short Phronesis Measure (McLoughlin et al., 2024) and learned that faculty felt comfortable with their own use of practical wisdom prior to our presentation. In our post presentation debrief, we learned that faculty are uncomfortable teaching the concepts of practical wisdom to their students. Our team hypothesized that faculty develop their own form of practical wisdom intuitively through their clinical work. We additionally hypothesized that if we were to provide a user-friendly language set, it could bring discussion into the rational space and promote dialogue to learn from each other on how to talk about practical wisdom with students.

Drawing upon the Oxford Character Project's framework (Lamb et al., 2021), we presented a third workshop that employed literature-based strategies to promote character development in learning communities. These strategies included reflection on personal practice, habituation through practice, engagement with exemplars, increasing virtue literacy through dialogue, understanding context, moral reminders, and developing and deepening close social relationships. Through small group exercises and large group sharing, faculty were empowered with tactics to cultivate environments where students are encouraged to actively seek ("sought") opportunities for character growth.

The final workshop focused on flourishing, with the intent on making the concept more tangible and accessible by comparing and contrasting VanderWeele's flourishing domains and pathways (VanderWeele, 2017) and Seligman's PERMA model (Seligman, 2011). We learned that faculty had very different definitions of flourishing. Additionally, some viewed the term as a form of "toxic optimism," (overgeneralization of a happy mindset minimizing or invalidating authentic human emotions) while others were concerned it referred to a goal to achieve (i.e., a mountain to climb). They shared their need for a more holistic understanding of character strengths to use with their students in a formative way (i.e., some you do well while some you do not, but they can be worked on). The faculty also shared that engaging in discussions on character with students is a vulnerable space because it involves sharing about themselves in an holistic, authentic way. They emphasized the need to handle these discussions with care and honesty that doesn't hinder development. Lastly, faculty recognized three of VanderWeele's five

flourishing domains as areas where the learning community environment could support flourishing: 1.) meaningful relationships, 2.) developing character strengths, and 3.) meaning and purpose.

Qualitative Research Study

In parallel to the workshop series, we conducted a qualitative, exploratory research study in Spring 2025 to explore the needs and perceptions of MCW learning community faculty facilitators. Semi-structured interviews were conducted with 13 faculty facilitators, representing 23% of the total faculty facilitator cohort at MCW. The study aimed to gather in-depth data on their professional reflection and deliberation practices in complex clinical cases and their perceptions of a proposed model for use with students during clinical case discussions. Participants represented a diverse range of experience and credentials, including assistant professors, associate professors, and professors with MD/DO and PhD degrees.

The findings revealed that faculty facilitators viewed the use of a virtues-based reflection and deliberation model as a feasible and useful tool for guiding students through complex clinical case discussions. The interviews revealed the need for the model to be flexible to accommodate students at different learning levels and for the model to be customized to the case being discussed. Unexpected findings included a desire for supplemental resources on discussing character strengths and some discomfort with virtue-related language. Interestingly, while faculty facilitators expressed a desire for character strengths to be explicitly integrated into the model and aligned with the clinical case being discussed, most did not explicitly cite considering virtues when deliberating complex scenarios in their clinical practice. Additionally, a significant portion of faculty facilitators expressed discomfort with the terms "virtue" and "moral," preferring to use the terms "character strengths" or "values" when speaking with students.

These study findings prompted final iterations to the MCW Practical Wisdom Pathway to promote adoption of the model and align with how faculty reflect and deliberate in their clinical practices. These iterations included the development of visual tools to aid with discussions on character strengths, a reordering of the steps to align with how faculty apply their practical wisdom in complex clinical cases, revising the language to more relatable terminology, and encouragement to adapt the model to different teaching styles and student experience levels.

The MCW Practical Wisdom Pathway

Through extensive literature reviews, faculty feedback from the four experiential workshops and the qualitative research study described earlier, as well as discussions with practical wisdom scholars and practitioners from all over the world (Bohlin, 2022; Kaldjian, 2010;

Maurana et al., 2024; McLoughlin et al., 2024; Plews-Ogan and Sharpe, 2022), we developed the MCW Practical Wisdom Pathway (see fig. 1), a structured process designed to guide deliberation and reflection in complex situations. The Pathway comprises five steps: 1.) first reaction, 2.) set a caring aim, 3.) gather perspectives, 4.) make a plan, and 5.) character reflection.

1. **First Reaction:** Acknowledge your initial thoughts and feelings

2. **Set a Caring Aim:** Set the outcome to achieve. How will you care for yourself? How will you care for the others?

3. **Gather Perspectives:** What do you already know? What else do you need to know?

4. **Make a Plan:** Integrate what you learned in the first three steps. Manage your emotions. Execute the plan.

5. **Character Reflection:** Reflect on the outcome. What character strengths did you draw upon? Gather more perspectives on the outcome. What will you iterate or adjust moving forward?
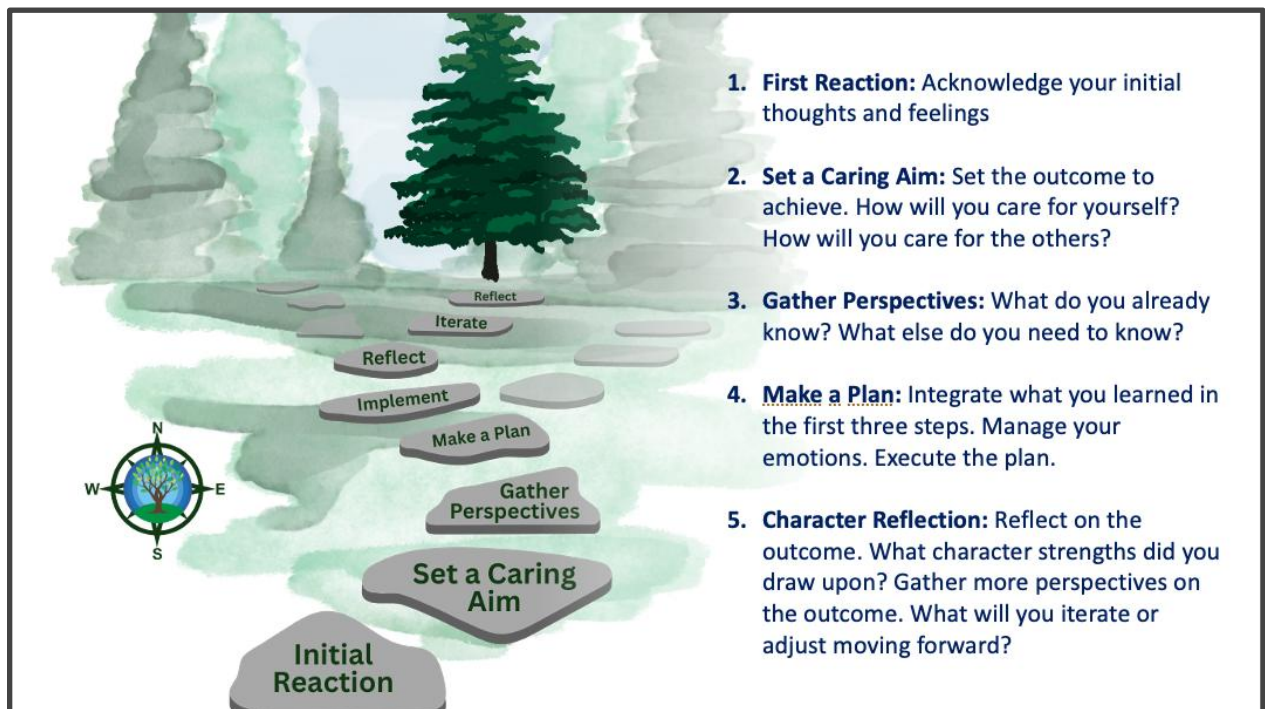
Figure 1

The Pathway, designed to be flexible and adaptable, began being taught as part of the curriculum to all MCW medical students in 2025, integrated within the ethics course and repeatedly reinforced through weekly discussions in learning communities.

Teaching Tools: Visual Aids

Character strengths are integral to ethical decision-making and practical wisdom, operating not in isolation but as a dynamic system that requires adaptation to the demands of each complex circumstance. To facilitate the understanding of this interplay within clinical case studies, we created the MCW Character Strength Dials (see fig. 2) to help students visualize character strengths by illustrating their range of usages. These dials provide a practical framework for reflecting and discussing the dynamic application of character strengths, thereby enhancing insight into future deliberation.

The efficacy of these visual tools in promoting a deeper understanding of character strengths has been affirmed through qualitative study findings as well as positive faculty and student feedback:

"It was helpful to share examples and think with gauges."

"This made me more aware of the strengths and tools I use on a frequent basis."

"I very much enjoyed the use of different character strength scales which allowed for a better discussion and insight into how individual choices are made."

Figure 2

To further articulate the relationship between character strengths and flourishing, we developed a visual model (see fig. 3) based on the model by the Jubilee Centre Framework for Character Education (Arthur and Kristjánsson, 2022). This visual organizes the VIA character strength inventory across intellectual, moral, civic, and performative categories, which flow upward into adjudication through practical wisdom (prudence). Overarching this framework are VanderWeele's domains of flourishing, establishing a linkage for understanding how the cultivation and application of practical wisdom contributes to flourishing. Faculty and students have reported that this model provides a valuable tool for visualizing the dynamic interplay of character strengths in the exercise of practical wisdom and discerning their tangible impact on personal and professional flourishing.
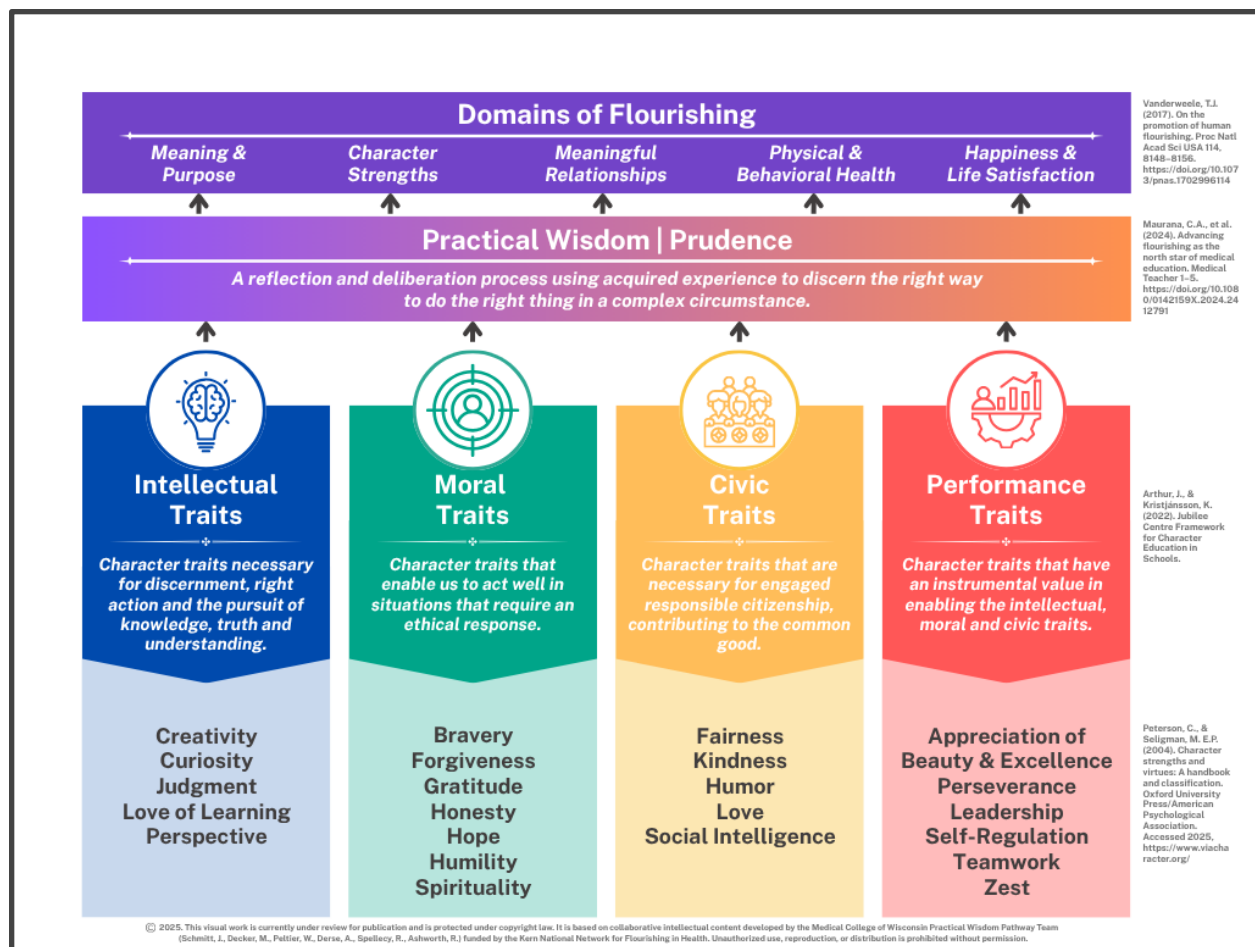
Figure 3

Results: Student Feedback on the MCW Practical Wisdom Pathway

Student engagement with the MCW Practical Wisdom Pathway for clinical case deliberation evolved across the two curricular sessions.

During their initial exposure on August 13, 2025, the students first heard a story from a physician regarding a complex, end-of-life patient scenario where the physician reflected on how she had deliberated the care of this patient. After describing the clinical case, she used the Pathway steps to recount her thoughts and actions at each step. Students were then asked to apply the Pathway to two different clinical case scenarios in their learning community discussion, focusing on acknowledging their immediate reactions, establishing caring aims, and exploring perspectives. Reflections from each of the learning communities frequently centered on recognizing and leveraging their character strengths within the complex case.

"We looked over dials and discussed our strengths and weakness and its application to today's scenario. The dials we used in this case: perspective, low judgement, curiosity (tell me more, help me understand), teamwork, kindness."

"Adapting character strengths, such as balancing curiosity with self-regulation, helps respond more effectively to complex situations."

"Some character strengths we spoke about were humility, bravery, and teamwork." and *"For the clinical case, we spoke about the ethics in GA's treatment and character strengths like perspective and kindness."*

At their second exposure on September 24, 2025, a recognizable shift in comfort with application of the Pathway was evident. The majority of learning communities reported they engaged in identifying character strengths needed in deliberating the scenario and considering diverse viewpoints, however the interplay of character strengths, how some may work together and others against each other, was noted by the faculty as a struggle among their students.

"We compared character strengths such as courage and perspective play a big role on how we adapt our practical wisdom as each patient encounter we face gives us an arsenal of tools/skills to face these morally/ethically grey scenarios."

"We also talked about how easy it is to lose authenticity and empathy, especially in high-stress scenarios or in situations where we need to make decisions right away."

Across both sessions, a few overarching themes carried through the students' reactions to the Pathway. The importance of perspective-taking was viewed as very important, as they highlighted the need to consider the care goals of patients, families, and the healthcare team. They explicitly called out the role of character strengths needed to be a good doctor, such as empathy and courage being essential in navigating complex clinical scenarios. Students also noted the value of reflection on personal experiences and biases as crucial for developing practical wisdom.

"Self-awareness is crucial. Recognizing one's own biases and understanding others' perspectives can significantly enhance decision making."

"We discussed which dials are applied in order to be a good doctor (now that we are more than one month in!): a great mix of all of them (but with boundaries) - we talked about all!"

Overall, feedback from both faculty and students on the Pathway revealed that it is a useful framework for clinical case deliberation. However, this generally favorable view was accompanied by a need to deepen engagement with each step of the Pathway. Some students

remarked that they "do this already," indicating an intuitive or implicit understanding and application of character strengths in their deliberation. This feedback suggests an opportunity to transform this implicit recognition into a more explicit and deliberate cultivation of practical wisdom.

> *"Our group enjoyed talking through each of the cases today. We found it interesting to process these cases using the Practical Wisdom Pathway. We believe it will be beneficial to practice this more frequently, allowing us to develop these schemas internally in our minds when faced with challenging situations in the future."*

> *"Intriguing and fascinating discussion on difficult cases utilizing character strengths to offer authentic care to patients. We learned that some of these cases are difficult and it takes a lot of practical wisdom to manage patients' emotions and care alongside ours."*

> *"Our group enjoyed the short lecture. We felt the cases we discussed were helpful to talk through. We were able to hear different perspectives through conversation that strengthened our practical wisdom. The cases we talked through helped us better understand the unique and difficult situations we might encounter in our practice and which character strengths we can lean on to guide ourselves."*

Discussion

By integrating the MCW Practical Wisdom Pathway into our medical school curriculum, we are taking a proactive step toward equipping future physicians with the skills and habits necessary to navigate the ethical complexities of modern medicine. Our multi-faceted approach, incorporating faculty development, qualitative research, and a structured reflection model, offers a promising framework for fostering character development and promoting flourishing in medical education.

Central to the Pathway's success is the role of faculty facilitators who lead learning communities within the associated curriculum. These learning communities, structurally incorporating the teaching and practice of practical wisdom for every student, draw upon strategies of character formation described by Lamb et al. (2021) in their work on Global Leadership initiatives. They function as communities of practice where complex ethical cases in a healthcare context are repeatedly reviewed and reflected upon. Within these groups, the faculty facilitator (a local exemplar) leads discussions with the explicit intent of teaching and deepening character strength development. We believe this fosters an environment where practical wisdom is "caught" through observation and experience. By integrating the Pathway and explicit discussions around character strengths, we aim to cultivate a mindset in each

student where practical wisdom is actively "sought" and applied throughout their professional careers.

Another significant consideration is the long-term impact of this teaching within the medical student curriculum. Within four years, all students will have utilized the MCW Practical Wisdom Pathway in a community of practice, creating a pipeline of individuals entering specialty training as new physicians. Many of these graduates will remain within our health system, forming a core group of physicians in specialty training who are familiar with PW, its application, and its value. This continuity provides our project group with an ongoing opportunity to further their development as physicians well into their professional careers.

Next Steps

To further deepen the practice of the Pathway steps, we are actively developing learning modules specifically aligned with each stage. These modules will enhance character strength development along at least two key dimensions: first, by exploring how specific character strengths are essential within complex clinical contexts (such as ethical cases or clinical scenarios); and second, by identifying the key character strengths optimally utilized for each step of the Pathway. We will also introduce key tactics and tools designed to reinforce the habitual application of each step.

Rather than merely identifying strengths, these modules will prompt students to critically analyze how particular strengths (e.g., curiosity, humility, courage, empathy) concretely inform decision-making within complex clinical cases. This critical analysis will involve exploring the nuances of each strength, considering how its absence or imbalance could lead to suboptimal outcomes, and providing actionable strategies for its intentional development and application. By guiding students to consciously articulate why and how certain character strengths are vital at precise moments in the decision-making process, the Pathway will move beyond intuitive recognition. This approach will foster a more rigorous integration of character strengths into students' deliberation and reflection practices, thereby enhancing their virtue literacy, practical wisdom, and ultimately contributing to flourishing.

We are also acting as internal consultants for the MCW Genetic Counseling Program. They have asked us to help them adapt the PW pathway into their training and professional culture. We are utilizing human centered principles to explore adapting the key principles in a way that their teachers and learners will utilize in an ongoing way.

At this time, we are considering the best way to evaluate the Pathway. We are considering the Short Phronesis Measure (McLoughlin et al., 2024) and a potential collaboration with Karen Bohlin PhD (Abigail Adams Institute and Harvard Flourishing Program at Harvard University) and Mark Pacheco PhD (University of Florida). The goal is to co-learn about implementation of this

work in different contexts (K-12 and medical school training). Future plans also include engaging in ways to share this work with other medical schools and health professions universities through our affiliation with the Kern National Network for Flourishing in Health.

Conclusion

This work offers a practical and replicable approach to promoting character development and practical wisdom in medical education. Our multi-faceted approach, incorporating "taught," "caught," and "sought" strategies, is aimed at ultimately contributing to the flourishing of both faculty and students.

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