A Growing Movement Toward Flourishing in Medicine

The Kern National Network for Flourishing in Medicine is a movement focused on integrating a **framework** of four foundational elements within the profession of medicine to ignite positive culture change:

Character.

Caring.

Practical Wisdom.

Flourishing.

A Growing Movement Toward Flourishing in Medicine

We advance this work by **connecting** and **convening** stakeholders across the health ecosystem, **catalyzing** transformative initiatives and **influencing** policy and systems change.

KNN Theory of Change

CONNECT | **CONVENE** | **CATALYZE** | **INFLUENCE**

Why a Framework for Flourishing?

Flourishing as Defined in KNN Framework

"Flourishing refers to a wholeness—of being and doing, of realizing one's potential and helping others do the same.[1] It can be measured across domains of happiness, life satisfaction, physical and mental health, meaning and relationships, and it is most commonly achieved through pathways of family, work, education and spiritual community.[2]"

1. Su, F (2020)
2. VanderWeele, TJ (2017)

The KNN's North Star: A Framework for Flourishing

Flourishing

Flourishing refers to a wholeness—of being and doing, of realizing one's potential and helping others do the same. It can be measured across the domains of happiness, life satisfaction, physical and mental health, meaning and relationships, and it is most commonly achieved through pathways of family, work, education and spiritual community.[1]

Practical Wisdom

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.[2]

Character

A constellation of characteristics —moral, civic, intellectual and performance—formed over time and manifest in dispositions and practices.[3]

Individuals

Medical and Other Health Professions Education

Health Systems and Other Practice Environments

Society

Caring

A blend of practices, dispositions and motivations—attentiveness, responsibility, competency, responsiveness and engagement/ citizenship—all aimed at ensuring that individuals and populations grow, develop and flourish as best they can.[4]

Character

Caring

If **caring** is an essential part of reaching our full human potential...

Our Democracy

Our Communities

Our Institutions

Individuals

...what is the **scope** of our caring responsibilities?

Character. Caring. Practical Wisdom.

Today's Speakers

Joan C. Tronto, PhD
Professor Emerita,
University of Minnesota and
City University of New York

Sonia N. Chimienti, MD, FIDSA
Dean of Educational Affairs,
Geisel School of Medicine at Dartmouth

Understanding Care: Power Imbalances and Responsibilities

A talk prepared for presentation to the
Kern National Network,
"Foundations for Flourishing: Caring"
23 October 2023

Joan C. Tronto, Professor Emerita, University of Minnesota
and City University of New York

jctronto@umn.edu

How can *care* change our perceptions of medicine?

- An opening vignette: Alabama's Department of Public Health is trying to close birth centers in the state....

  - Alabama has one of the worst infant and mother's mortality rates in the United States
  - One of the requirements is that there is a nearby hospital, but much of Alabama is a "health desert" ("Almost two-thirds of counties in Alabama have little to no local maternity care options")

- Is this a concern for *doctors*?

NY Times, Emily Baumgaertner, "For Black Mothers, Birthing Centers, Once a Refuge, Become a Battleground" Sept 30, 2023, A14. Left, Karneshia Jemison, a patient, Right, Dr Heather Skanes, OB/GYN at the Oasis Center

Care defined…

On the most general level, we suggest that caring be viewed as **a species activity that includes everything that we do to maintain, continue, and repair our 'world' so that we can live in it as well as possible.** That world includes our bodies, our selves, and our environment, all of which we seek to interweave in a complex, life-sustaining web.

Fisher, Berenice, and Joan C. Tronto. 1990. "Toward a Feminist Theory of Caring" in E. Abel and M. Nelson, eds., *Circles of Care* (Albany: SUNY Press, 1990): 36-54, 44 Tronto, *Moral Boundaries: A Political Argument for an Ethic of Care* (NY: Routledge, 1993), 103.

Five Phases of Care

Phase	What is required	Requires the moral quality: (added in 1993)
Caring about	Seeing needs for care	Attention
Caring for	Assuming responsibility	Responsibility
Care giving	Actual hands-on doing of care work	Competence
Care receiving	Responding to the given care	Responsiveness
Caring with (added in 2013)	Repetition of the care so that it becomes reliable and dependable	Trust and Solidarity

Fisher and Tronto 1990, Tronto, 1993, Tronto, *Caring Democracy: Markets, Equality and Justice* (NYU, 2013)

"Character" and "Care"??

Care can be understood as a feature of good character …

Steyl, Steven. "The Virtue of Care." *Hypatia* 34, no. 3 (2019): 507-26.

But, for me…

Care ethics is valuable for its broadly different approach as a *relational* rather than a *static* ethic; and responsibility is a key concern

Two different kinds of moral approaches

- **Static/substantive ethics**:
  - Individuals, who are "possessed" of good character, knowledge and should and do have more power as a result of this goodness
  - A "social contract" that regulates interactions; stresses autonomy of individuals and their prior "rights"
  - Justice consists of limiting power abuses (that can become rarer through enhancing and correcting individuals' character/ power/ knowledge) and distributing goods among deserving individuals

- **Relational ethics**:
  - Individuals, communities, even other objects are in constant state of interaction and interdependent effects on one another
    - (Walker, Margaret Urban. *Moral Understandings: A Feminist Study of Ethics*. 2 ed New York: Routledge, 1998.)

  - Morality consists of compromises and judgments within a community that yield evolving "moral understandings" Power is woven throughout, justice consists of more inclusion and better judgments: Who should exercise power about what, when, where, how, and why.
    - (Tronto, Joan, *Caring Democracy (2013)*: justice consists of equal roles to participate in setting responsibilities)

So, how does care, understood relationally, help to address ethical questions in complex institutions and society?
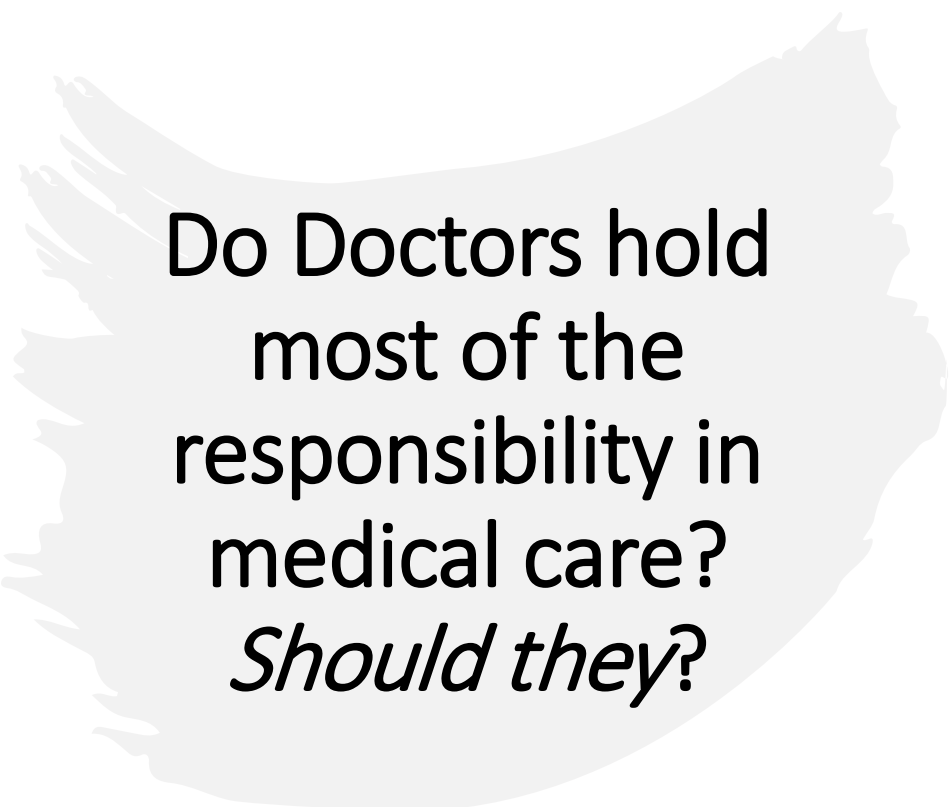
- Tronto: power, purposiveness, pluralism
  - Tronto, Joan C. "Creating Caring Institutions: Politics, Plurality, and Purpose." *Ethics and Social Welfare* 4, no. 2 (2010): 158-71.

- Sees problems: e.g., needs as fixed, care as a commodity, inadequate attentiveness, non-inclusion of those with needs in making judgments, absence of pluralism

- Article specifies ways to recognize badly performing institutions, but it doesn't explain what to do about them.

The key is responsibility

- "Obligation" is a static term, "responsibility" is necessarily relational

- Obligations are set by the terms of the contract

- Responsibility grows out of "response-" and is always interactive and subject to change

- What constitutes a proper form of responsibility requires ongoing negotiation

Do Doctors hold most of the responsibility in medical care? *Should they*?

- Walker: "We are not all responsible for the same things, in the same ways, at the same costs, or with similar exposure to demand or blame by the same judges."

- Walker: "Sometimes it is a privilege or a mercy to be exempted from responsibilities: sometimes it shows you are nobody, or less of a somebody than somebody else. Assignments of responsibility are a form of moral address, but some are addressed as peers, others as superiors or subordinates."

Care ethics focus on responsibility suggests these dimensions as problems:

- Complexity

- Hierarchy

- Unclear lines of responsibility

Complexity

- R J Lilford, 2001: "Doctors may still be the most important actors in the care of illness in that they make the most critical decisions in human and resource terms, but in their capacity as doctors they no longer direct the play." (Lilford, R. J., Frances Howie, Irene Scott, and Rachel Warren. "Medical Practice: Where Next?". Journal of the Royal Society of Medicine 94, no. 11 (2001): 559-62 at 559)

- "As care has become more complex and fractured, so the opportunities for error of commission and omission have risen." (560)

- This is a question of *allocating responsibility*

Responsibility and power, responsibility and purpose

- In a fragmented system, dispersed power makes it more difficult for actors to focus on the *purposes* of the institution

- Given the complexity of competing purposes in health care, whose version of "purpose" wins out?

Hierarchy

- An effect of hierarchy is to make it more difficult for information to "flow up:" (Green, B., R. S. Oeppen, D. W. Smith, and P. A. Brennan. "Challenging Hierarchy in Healthcare Teams - Ways to Flatten Gradients to Improve Teamwork and Patient Care." *Br J Oral Maxillofac Surg* 55, no. 5 (Jun 2017): 449-53.)

- This is a question of responsibility: whose task is it to ensure that information is fully available and used? ("Checklists")

- Sometimes being in a position of power allows one to abjure responsibility

  - Simply refusing to take it

  - Simply refusing to see it

- A chief reason why democratic care is better

Privileged irresponsibility

Another complication: Philip Pettit, "Responsibility, Inc."

- Complex organizations often *disguise lines of responsibility* for their own purposes.

Pettit, Philip. "Responsibility, Inc.". *Ethics* 117, no. 1 (January 2007): 171-201.
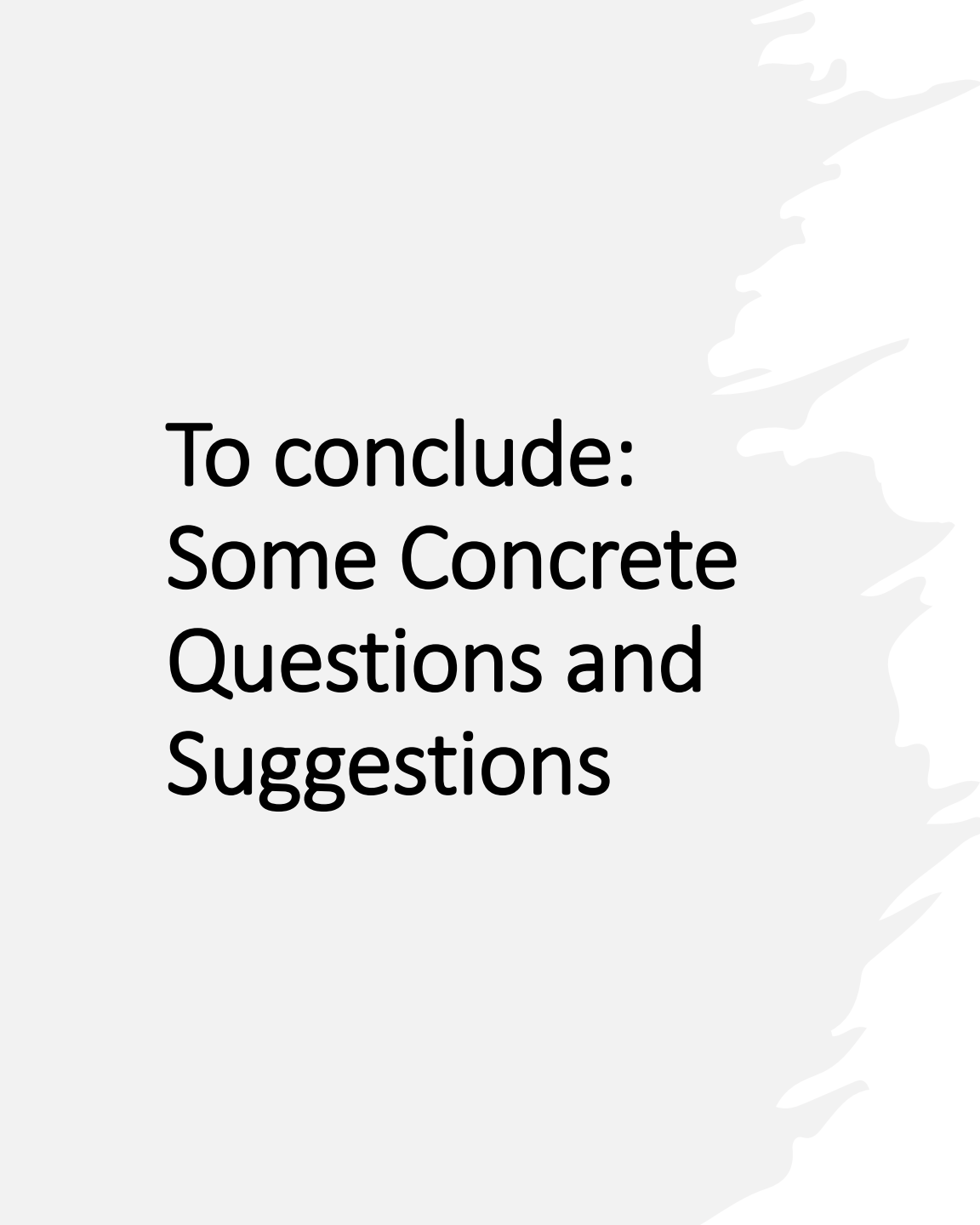
Outsourcing responsibility

- Increasingly, organizations seem to push greater levels and forms of responsibility down on to direct workers without providing them with the resources to achieve these ends.

Two examples:

- Belgian nursing students who quit after their first rotation in hospital

  - Grard, Christine, Channel Baquet, and Lynca Erica Mugisha. 2023. *Par-dessu les épaules des stagaires: La profession infermière*. Vottem: Snel.

- Adia Harvey Wingfield on "racial outsourcing" medical professionals of color bear the burden of furthering diversity in their institutions

  - Wingfield, Adia Harvey. 2019. *Flatlining: Race, Work and Health Care in the New Economy*. Oakland, CA: University of California Press.

To conclude: Some Concrete Questions and Suggestions

- 1. Doctors continue to enjoy enormous public support and trust: *use it*

- 2. Return to issues of purpose, power, pluralism to *evaluate organizations* and how they are allocating responsibility

- 3. Think about this question: Who can be your allies? Who, other than doctors, can raise these issues? How can doctors learn to identify these problems and address them?

- 4. Patients come with a context that you do and do not know: *be attentive (which takes time…)*

- 5. (Walker): ethical "hot spots" arise when power is engaged

- 6. Support democratic ways of caring

Meanwhile, in Alabama…

.

- For more on how racist control of midwives has influenced the health outcomes for poor, mainly Black people, see

- Menzel, Annie. 2020. "The Midwife's Bag, or, the Objects of Black Infant Mortality Prevention " *Signs* 46 (3):283-309.

- Murray, Tia, and Annie Menzel. 2022. "Black Infant Mortality: Continuities, Contestations and Care" in *Companion to the Politics of American Health*, Edinburgh University Press, 2022." In *Companion to the Politics of American Health*. Edinburgh: Edinburgh University Press.

IN THE CIRCUIT COURT OF MONTGOMERY COUNTY, ALABAMA
FIFTEENTH JUDICIAL CIRCUIT – CIVIL DIVISION

OASIS FAMILY BIRTHING CENTER, LLC, on behalf of itself and its patients; HEATHER SKANES, M.D., on behalf of herself and her patients; ALABAMA BIRTH CENTER; YASHICA ROBINSON, M.D., on behalf of herself and her patients; BIRTH SANCTUARY; STEPHANIE MITCHELL, DNP, CNM, CPM, on behalf of herself and her patients; ALABAMA AFFILIATE OF THE AMERICAN COLLEGE OF NURSE-MIDWIVES, on behalf of its members,

    Plaintiffs,

v.

ALABAMA DEPARTMENT OF PUBLIC HEALTH; SCOTT HARRIS, in his official capacity as the State Health Officer at the Alabama Department of Public Health,

    Defendants.

Civil Action No.

COMPLAINT FOR DECLARATORY AND INJUNCTIVE RELIEF

INTRODUCTION

1.   In the midst of one of the most severe maternal and infant health crises in the entire country, Defendants Alabama Department of Public Health and Scott Harris, State Health Officer, are prohibiting Plaintiffs from offering critically needed, high-quality prenatal, birthing, and postpartum care (also referred to herein as "pregnancy-related care") that is proven to offer substantial benefits to the health of pregnant people and their babies.

2.   Plaintiffs are individual health care providers, health care centers, and a professional membership organization that offer or intend to offer midwifery-based care in

Thank you

- jctronto@umn.edu

Applying Caring in Medicine

KNN Foundations for Flourishing
October 23, 2023
Caring

Sonia N. Chimienti, MD FIDSA

Dean of Educational Affairs

Caring and Professionalism in Medical Education: *agenda*

- Why discuss **Caring** in medical education and the learning environment?

- A challenging (real life-ish) scenario

- **Practical Application of Care Ethics** – leading with Caring

  - Connecting the dots – applying the concepts from Dr. Tronto's presentation

  - Responsibility, Power and Hierarchies
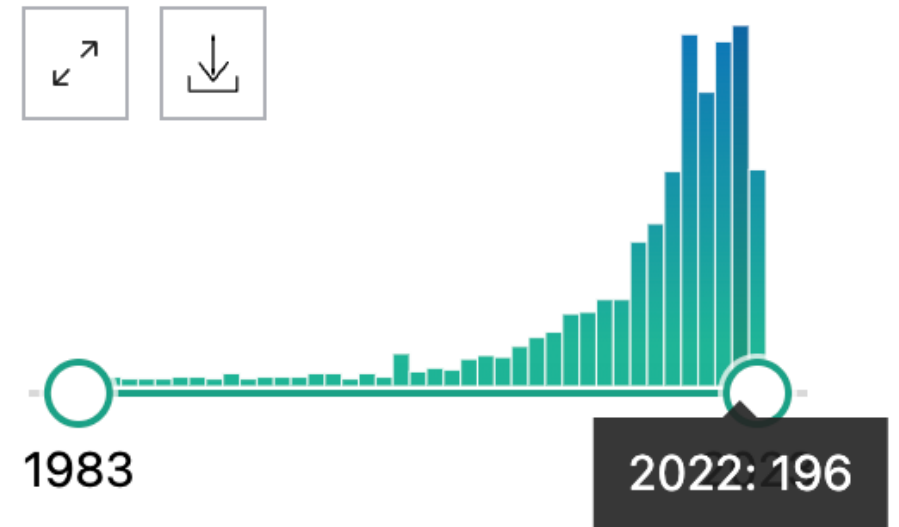
  - Relational Ethics

Why discuss *Caring* in relation to *Professionalism* in Medical Education?

Our work as healers is grounded in caring.

Why must we explore caring in medical education?

Medical education can change us in profound ways:

- Burnout
- Cynicism
- Decreased empathy
- Depression
- Impact on learning

1983   2022: 196

Pub Med Search: medical education burnout

Recent articles: burnout in medical education

The relationship between medical students' empathy, mental health, and burnout: A cross-sectional study
Carrard V. *Med Teach*. 2022 Dec;44(12):1392-1399. Epub 2022 Jul 13.

Addressing the decline in graduate students' mental well-being Gopika SK et al. *Am J Physiol Heart Circ Physiol.* 2023 Oct 1;325(4):H882-H887

"...the training environment or culture that often contributes to worsening well-being continues to persist."

A compassion-based program to reduce psychological distress in medical students: A pilot randomized clinical trial Rojas B et al. *PLoS One*. 2023 Jun 23;18(6):e0287388. eCollection 2023.

"...feasibility of Compassion Cultivation Training (CCT) to reduce psychological distress and improve the well-being of medical students. CCT enhanced compassion skills while reducing psychological distress in medical students, this being critical to preserving the mental health of physicians while promoting compassionate care for patients."

Recent articles: burnout in medical education

A Longitudinal National Study Exploring Impact of the Learning Environment on Medical Student Burnout, Empathy, and Career Regret

Dyrbye L. *Acad Med*. 2021 Nov 1;96(11S):S204-S205.

Can stoic training develop medical student empathy and resilience? A mixed-methods study

Brown MEL et al, *BMC Med Educ*. 2022 May 3;22(1):340.

"Quantitatively, stoic ideation, resilience and empathy increased post-training, with correlational analyses suggesting resilience and empathy increase in tandem.

1. Negative visualization aids emotional and practical preparedness;
2. Stoic mindfulness encourages students to think about how they think and feel;
3. Stoic reflection develops the empathic imagination; and

Our data lend support to the ability of Stoic-based psychological training to positively influence resilience and empathy. "

We *must* talk about caring relative to medical education, specifically relative to professionalism and professional development

This is critical for the health of our students, our educators, and our patients

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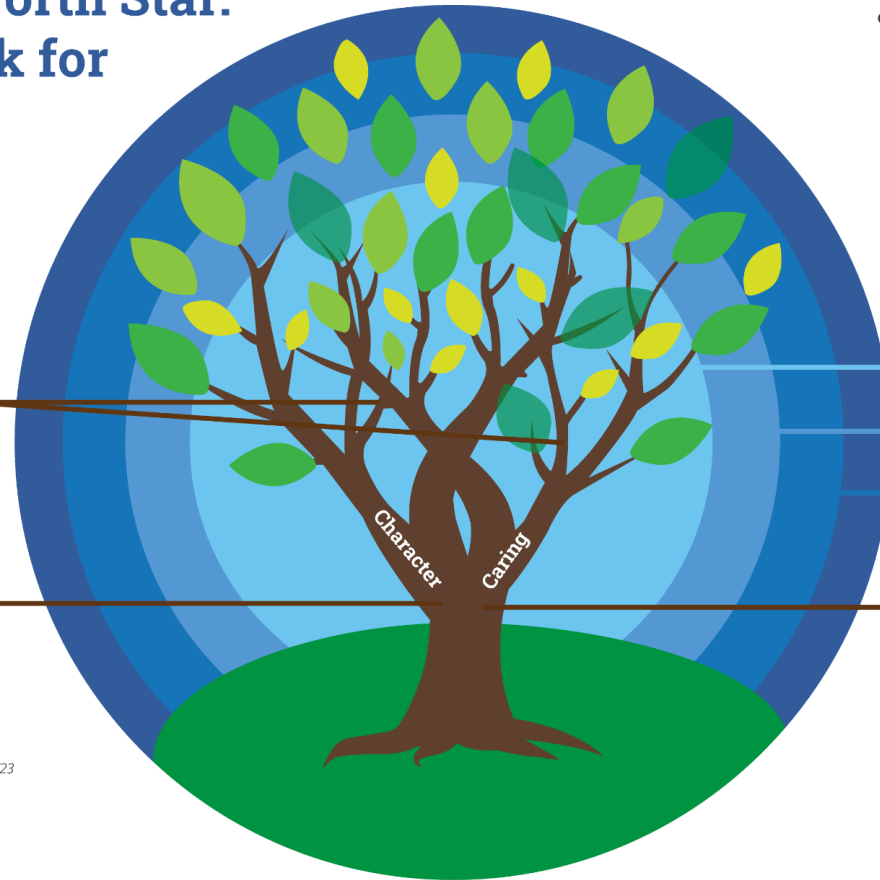# The KNN's North Star: A Framework for Flourishing

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Medical and Other Health Professions Education

Health Systems and Other Practice Environments

Society

Caring

A blend of practices, dispositions and motivations—attentiveness, responsibility, competency, responsiveness and engagement/ citizenship—all aimed at ensuring that individuals and populations grow, develop and flourish as best they can.[4]

Character   Caring

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Caring as a critical element of the KNN Framework

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Caring in Medical Education:

How can **caring** help us to navigate and support students through professionalism challenges in medical education?

As educators:

- What is our responsibility?
- To whom are we responsible?

Caring

A blend of practices, dispositions and motivations—attentiveness, responsibility, competency, responsiveness and engagement/ citizenship—all aimed at ensuring that individuals and populations grow, develop and flourish as best they can.[4]

A complex (hypothetical) scenario

- The following scenario is a <u>composite</u> of real issues in medical education

- Consider this to be a story not from one institution, but from **multiple scenarios at multiple institutions**

- Some aspects are fictional

Our scenario

It is early 2021, and a medical school class has begun their preclinical education in the midst of the ongoing COVID-19 pandemic.

A student in the class comes to me, as dean of students, to share that confidential test preparation information is being shared across the class. An answer key to a clinically-based summative exam (OSCE) has been distributed.

The student shares that they are not sure how many students received the answer key, and that they did not know what it was when they initially received it. They thought that it represented a study guide, but after opening the attachment, they quickly realized that it was an answer key from the prior year's exam, and they discarded the resource.

Our scenario

The student is concerned because they feel that this represents ***academic dishonesty***.

They are also concerned because of the ***inequity and imbalance*** – those with the exam information are not only cheating, but they have an advantage over those who did not receive it.

They are ***not sure that the person distributing the answer key is aware*** of the severity of what has occurred. They are also concerned about the individual sharing the information, and the class as a whole. The student believes that approximately 50% of the class received this information.

What is occurring here?
What must we consider as educators?

- **The obvious and important issues:**
  - Academic dishonesty
  - The integrity of the profession
  - Equity
  - Accountability
- **What about the not-so-obvious issues:**
  - Do we know that anyone actually used this information?
  - Who is accountable in this scenario?
    - The distributor?
    - Those who may have received/used it?
    - Faculty for potentially re-using exams
  - What challenges might be underlying this broad sharing of information?

What do we do next?

What would you do next?

(please use the poll everywhere QR code on next slide)

A. Immediately **convene an Honor Board** to include **all students** on the email.

B. Request the name of the **student distributing the material** and bring that student **to an Honor Board**.

C. Request the name of the **student distributing the material, meet with them**, and then meet with **those who had received the material**, to discuss the issue.

D. Meet with **all students in the class** to discuss the concerns and our **accountability for academic integrity** – share a plan to address the issue that applies to all students.

E. Other, none of the above

What would you do next?

When poll is active respond at

PollEv.com /soniachimienti617

Professionalism and Medical Education

"Like medical errors, professionalism lapses are more common than we might think. They occur in predictable circumstances: **when individuals are stressed, the situations are highly charged, and controversy is present**. …As is the case with medical errors, those whom we otherwise consider to be good physicians commit occasional professionalism lapses; thus, professionalism must result from a **temporary mismatch between the individual's knowledge, judgment, or skill and the complexity of the situation in which he finds himself**. Finally, the systems in which we care for patients and educate learners may either help us sustain our professional values or set us up for failure."

Dr. Catherine Lucey *The Problem with Professionalism*

In Medical Professionalism, Best Practices,

2015, Alpha Omega Alpha Honor Medical Society Monograph

How do Caring and Care Ethics enter the equation regarding professional behavior?

"Care ethics is valuable for its broadly different approach as a **relational** rather than a static ethic; and **responsibility** is a key concern."

Joan C. Tronto, PhD

Professor Emerita,

University of Minnesota and

City University of New York

Dr. Tronto draws a distinction between obligation and responsibility

The key is responsibility

- "Obligation" is a static term, "responsibility" is necessarily relational

- Obligations are set by the terms of the contract

- Responsibility grows out of "response-" and is always interactive and subject to change

- What constitutes a proper form of responsibility requires ongoing negotiation

Joan C. Tronto, PhD

Medical education involves responsibility,

rather than obligation

In medical education, to **foster growth**, and **trust**, and to **positively impact well-being**, we must see our roles as one of **responsibility** to **guide and educate** our students about the critical expectations of the profession and care of patients rather than an obligation to teach the rules and regulations.

We must adhere to the expectations of the profession and align with the responsibilities of learners entering the profession.

However, we also have a responsibility to:

- **Assess** the complexity of challenges involving learners
- **Understand** deeply the context in which challenges occur
- **Apply caring** to our guidance and growth of our students

In our complex scenario, how do caring and responsibility enter the equation?

- In this scenario of a professionalism lapse, who must we care for?
  - **Students**, who are trusting us to educate them
  - Future **patients** and our **society** who trust us in our roles as educators
  - **Educational teams** supporting students, trusting us as leaders **to do the right thing**

- Can *caring* inform our approach to this scenario?

- How do we use our position of relative <u>power</u> and our <u>practical wisdom</u> to center our response/responsibility on **caring**?

It is our responsibility to probe, understand, and use caring and practical wisdom to address the issues

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How do we align caring, practical wisdom and the expectations of the profession?

Academic integrity is critically important in our profession

Ethics, honorable behavior, acting with integrity and honesty are all critical to what we do

What are the perspectives and concerns of educators?

- Sharing of academic information without permission
- Academic integrity
- Disrespect for the educational process
- Lack of integrity regarding learning material
- Increased work to create new exam material in short order

Caring for our educational teams

Caring for our patients and communities

What are the perspectives and concerns of our patients and society?

- Trust in the educational systems – that we are providing students with the opportunity to learn and become competent across multiple domains
  - Medical knowledge
  - Communication
  - Professionalism

- Trust that we are helping students to develop and maintain the values and ethics of the profession

Caring for our students

What are the perspectives and concerns of our students?

- Our students come to medicine with **dreams of making impactful changes** in society
- Medical education has always been, and is **increasingly challenging**
  - The explosion of information, science, knowledge and technology is overwhelming
  - Competing demands cause additional stress – competition for residency
- **Situational stress** – variable
  - World health
  - Pandemic
  - Political strife and challenges nationally and globally – we are *all* impacted
- Our students **trust** that we are aware of these challenges and will **create a learning environment that supports** their professional growth and development

Coming back to the KNN definition of Caring

"A blend of practices, dispositions, and motivations – **attentiveness, responsibility, competency, responsiveness and engagement/citizenship** – all aimed at ensuring that individuals and populations grow, develop and flourish as best as they can."

When challenges occur, as they will, let us lead with caring

Be **attentive** – what has happened?

Lead with **responsibility** – understand the nuances of the situation, to respond vs react

Apply **competency** to the situation – our own, situational, and academic

Be **responsive**

Engage – deeply understand

Potential Outcomes for this Scenario

1. **Activate an Honor Board**

    1. Individual
    2. Group

    Caring focuses on patients, society, educators

2. **Use this challenging incident as a learning opportunity**

    1. Something went wrong – good people made poor choices – why?
    2. Seek understanding
    3. Engage in formative solutions – feedback loop, impact on grading (global)
    4. Engage in constructive dialogue to highlight this issues and consequences

    *Caring focuses on patients, society, educators, **and students***

Thank you, and Discussion

Discussion and Q&A

Thank You

Thank you to our presenters and attendees for participating.

- Continue the discussion in the **KNN Online Community**

- Please **join us in February** for the next session on **practical wisdom**—look for registration details to follow!

CONTACT US

Email: knn@mcw.edu
Twitter (X): @KernNetwork
Web: knncaringcharactermedicine.org

JOIN THE MOVEMENT

Scan QR code to learn more about becoming a **Catalyst organization** or a **Changemaker**

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Join the Movement Toward Flourishing in Medicine

The KNN is leading a movement to unite organizations and individuals with a shared goal of transforming clinical learning and practice environments so that all those within can flourish. We **connect**, **convene** and **catalyze**, all toward **influencing** the culture of medicine — for the good of society, communities, institutions and individuals. Join the movement toward flourishing in medicine to access resources on innovative practices, learn from others and enrich national efforts, and ultimately move forward with greater momentum together.

Inquire About Organizational Options

Join as an Individual

Questions? Contact Tara Fikejs at tfikejs@mcw.edu

Why Become a Catalyst Organization?

✓ **Show institutional commitment** to positively transforming the culture of medicine, with Catalyst organizations and logos recognized on the KNN website

✓ Participate in **convenings** around ongoing research and projects nationally and identify **multi-institutional opportunities for collaboration**

✓ **Access expertise** to advance organizational work related to flourishing

✓ Share and **amplify relevant work and institutional accomplishments**

✓ Build on and **expand efforts to enact flourishing** in the field

✓ **Shape the future of academic medicine** as part of a group of forward-thinking organizations

Introductory Pricing

Catalyst (Organization)	Changemaker (Individual)
- Introductory one-year rate begins at $5,000 per school	- $200 introductory one-year rate
- Sliding scale based on FTE (faculty + staff) size and scope	- No dues for learners (students, residents, fellows)
- Full organization gains access	- Individual access

Initial Highlights

• Multi-institutional virtual group onboarding sessions

• Individuals across the organization gain access to resources for implementing innovative practices and private online community space

• Exclusive access to experts within KNN Foundations for Flourishing series

• Organizational membership includes a workshop on the KNN framework

Appendix

Symbolic Significance of Framework Imagery

- **Blue concentric rings:**
  show the levels of the ecosystem across which the elements of character, caring and practical wisdom operate to promote flourishing from the individual to society as a whole

- **Tree as a whole:**
  represents how the profession of medicine contributes to flourishing through character, caring and practical wisdom

- **Tree trunk:**
  depicts interrelationship of character and caring as a structure that supports and leads to flourishing

- **Branches:**
  two main branches represent the different but related roles of character and caring; practical wisdom is represented by the off-shooting limbs from the main branches

- **Leaves:**
  different leaf colors reflect that flourishing can ebb and flow

Definitions Informing Evolving Work

1) **Flourishing**: "A state in which all aspects of a person's life are good; involves numerous domains of life, including happiness and life satisfaction, physical and mental health, meaning and purpose, character and virtue, and close social relationships." (VanderWeele)

2) **Practical Wisdom**: "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." [One who:]
   - "knows the proper aims of the activity she is engaged in, wants to do the right thing to achieve these aims, and wants to meet the needs of the people she is serving;
   - knows how to improvise, balancing conflicting aims and interpreting rules and principles in light of the particularities of each context;
   - is perceptive, reads social contexts, and […] sees the gray in a situation;
   - knows how to take on the perspective of another, […] feels empathy and make decisions that serve others;
   - knows how to make emotion an ally of reason, rely on emotion to signal what a situation calls for, and inform judgment without distorting it; and,
   - is an experienced person." (Schwartz and Sharpe)

3) **Character**: "The complex [constellation] of psychological characteristics that [motivates and] enables individuals to act as moral agents." (Berkowitz and Bier)

   These characteristics are developmentally dependent and contextually formed over time. Character manifests in dispositions and practices, which are influenced by situations and valued according to the sociocultural context.

4) **Caring**: "A blend of practices, dispositions and motivations all aimed at ensuring that individuals and populations grow, develop and flourish as best they can. Caring is:
   - situated in the context of relationships and built on acceptance of interdependence;
   - acknowledges inherent power imbalances but eschews dominance and seeks humility;
   - reliant on trust as a precondition and is also generated in a reinforcing loop, and is mutually beneficial and rewarding." (Tronto, Held, and Mayeroff)

   Note: all definitions were adapted from their referenced sources on the following slide

References for Framework Components

Flourishing

1) VanderWeele, T.J. (2017). On the promotion of human flourishing. *Proceedings of the National Academy of Sciences*, *114*(31), 8148-8156.

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