

**EMPATHY, EVIDENCE AND EXCELLENCE:
THE ROLE OF PROFESSIONAL EDUCATION IN RESEARCH-
INTENSIVE UNIVERSITIES**

**EDITH ASTON-McCRIMMON LECTURE
SCHOOL OF PHYSICAL AND OCCUPATIONAL THERAPY,
MCGILL UNIVERSITY**

**FOR DELIVERY BY
PROFESSOR HEATHER MUNROE-BLUM, O.C., O.Q., PH.D.,
F.R.S.C.**

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Thank you, Dr. Majnemer, for that generous introduction.

I am delighted that Donald McCrimmon, husband of Edith Aston McCrimmon, and her sister, Betty Jane Doyle and extended family are present with us today.

It is great to be here celebrating the School of Physical and Occupational Therapy. Professional programs like this one do not always get a fair share of the limelight at large universities, yet they have a vital role to play. And provide the link between theory and practice, science and art.

Here at the School of Physical and Occupational Therapy, as Professor Edith Aston-McCrimmon understood so well, you are not just training future leaders in the fields of physical and occupational therapy - you are shaping a discipline and a profession.

Professor Aston-McCrimmon was a model pioneer, transforming the physical and occupational therapy program here at McGill and founding the first provincial association for physiotherapists. Over the course of her fifty-year career she touched the lives of countless students and patients, but her impact went far beyond that. The fact that this school exists today - a highly-regarded, research-based program within one of Canada's foremost universities - is due in no small part to her vision and leadership.

I am especially honoured to be here celebrating the dedication of this tireless champion of physical therapy because of my pride in what you do, and because my own life has been profoundly shaped by a physiotherapist, a woman who shared Professor Aston-McCrimmon's conviction, compassion and boundless determination. I've decided to share my story with you because my views on service, professional practice, and leadership stem directly from my personal experience.

On my third birthday, August 25th, 1953, I was rushed to hospital where I was diagnosed with polio. My mother was told that I might die and certainly would never walk again. I was one of hundreds of thousands of children who were attacked by the polio virus in the epidemic of the early 1950's. The disease would have killed me, as it did so many other children around the world, except for the personal and professional dedication of some remarkable individuals.

I was sent to an institution – the Hospital for Sick Children – in Toronto that was staffed with practitioners and scientists who were dedicated to extending the lives of children like me. My muscles were too weak to draw air into my lungs. So I was put into a piece of specialized technology – an iron lung – which kept me breathing, and thus alive, for a long time. My mother – a single parent – was poor. She was totally dependent on others to provide the support that would keep her child breathing.

After months in the hospital I was alive, but paralyzed down one side of my body and I had trouble moving. And here is where the story really begins. I was put into a full metal body brace and sent out of town to live full-time with a retired physical therapist who had volunteered, at her own expense, to take me in. This older woman was a complete stranger to me and my family - an acquaintance of a friend of my mother's. And in opposition to the widely accepted treatment of the day - which was then bed-rest – this British-trained physiotherapist removed my brace, put me on her ironing board, and spent her days pumping my legs back and forth. She did this for six to eight hours, every day, for almost a year.

After being away from my mother and my older brother for this long period, I returned home with braces only on my lower legs, able to walk on my own - with crutches. Through additional rehabilitation programs I was taught to swim, I regained my strength and mobility and just a bit more

than a year after returning home, at the age of five years old, I walked into kindergarten without either crutches or braces. The same year that I became a polio victim, began the virtual eradication of the disease that had attacked me and so many others – eradicated through one of the miracles of modern research – the discovery of the polio vaccine, by Dr. Jonas Salk.

But for me, it is because of the devotion of a physical therapist, Mrs. Ayers, that I stand before you today. And, because of the fact that there were individuals – professionals and volunteers – who *did not accept* a tragic outcome, who *did not accept* the standard practices of the time. Because there were people who believed they *must* find and that they *could* find, a better way.

I will always regret that Mrs. Ayers, the woman who gave me back my legs, and thus my life as it emerged, died from cancer before I was old enough to understand what she had done for me - before I was able to go back and thank her personally for all that she had done. Throughout my childhood I was haunted by the sense that I had an unpaid debt. I decided at the age of eight to go into social work, in order to repay that debt - by making a difference for others the way she had done for me.

When I began to practice as a social worker, (after I got my MSW degree), I worked in the psychiatric outpatient clinic of an academic health sciences centre. We had a variety of psychiatric treatments that we provided to patients, but we had no idea - based on actual, scientific evidence - of which ones really worked. I developed a strong desire to master the research methodology by which treatments could be rigorously evaluated, so as to know which ones made a positive difference in peoples' lives, and which ones should be discarded. This desire led me into epidemiology and biostatistics - fields that create an evidence-base to guide the interventions and treatments that can help tens of thousands of people and more, and, ultimately, I came into university leadership. And here I am, in my way as others are in theirs, able to support the thousands of researchers and practitioners who are individually working to better the lives of people across the globe.

Making a difference in individual lives from within the university is a principle that Professor Aston-McCrimmon surely understood. I suspect that she relished, as I do, the satisfaction of building the conditions that equip people to go out into the world and help others through their chosen work. I believe that this, ultimately, is the role of the students, professors and professionals in professional programs such as our great School of Physical and Occupational Therapy - to systematically empower future leaders, giving them the values and theoretical frameworks, the professional training, and the research evidence base, to embark on their careers with the confidence that they will “do more good than harm”.

I would like to highlight some of the positive hallmarks of university professional programs, but first let me take a moment to talk about leadership - indeed, the concept of distributed leadership, for it is at the heart of the professions of physical and occupational therapy, and, indeed, of social work, and others.

Distributed leadership, as conceived by McGill's own professor of management, Dr. Henry Mintzberg, is the opposite of the “rock star” leadership that is so prominent in our culture, with images of celebrity CEOs and politicians plastered everywhere. Distributed leadership values not individual, “heroic” leaders, but the qualities of leadership wherever they might be found. In distributed leadership systems, leaders recognize and encourage individual and group initiative across an organization, understanding that it takes many to achieve intelligent progress.

Leaders who encourage creativity and initiative in those around them, and who inspire ambition for change, rather than dictating it, or ignoring the need for it, who create a greater sense of ownership and

responsibility among members of an organization or a profession, those who bring a broad array of talents and commitments into play, these are the leaders we celebrate, here in your School, at McGill, and out in the community. It is this distributed style of leadership that fosters, recognizes, and embraces the insights and contributions of unsung heroes, such as those of a courageous and generous older woman who took in an unknown child and restored her mobility through what would have been highly controversial rehabilitation measures carried out daily on her ironing board.

What characteristics should professional training programs have, then, in order to prepare and nourish these leaders of tomorrow? I believe there are three core principles.

First, they must be inclined towards empathy and authenticity. Fields like physical and occupational therapy - and the other “helping professions” - evolved as art more than science. Before being brought into the fold of the university, they developed through instinct, practice, and trial and error. In the field, it is easy to stay focused on the values behind the profession because they are right there in front of you, in the form of the individuals you are working to help.

In academia there can be a tension for professionals, as they work within the milieu of a research-intensive university. I absolutely believe that a research university is the right place to develop and to refine the professions, and I will talk more about this in a moment. But at the same time, folding a profession into the academy, turning it into a “discipline”, can mean - if we are not careful - losing some connection with the actual practice of the profession - the community and individuals for whom it exists, and the hard-working practitioners who bring it to life. It is imperative, therefore, that professional training programs work to maintain an active connection and collaboration with the field, holding fast to founding values while also generating the “evidence base” for practice in constant collaboration and interaction with professionals in the field - a tall order.

Distributed leadership, and an openness to the intuitions that come from personal and long professional experience, can serve as the stimulus for research and a basis for discovery. It was, after all, Dr. Jonas Salk who said, *“It is always with excitement that I wake up in the morning wondering what my intuition will toss up to me, like gifts from the sea. I work with it and rely on it. It's my partner.”*

Intuition alone is not enough however, and so the second principle of professional training - building and drawing on a rigorous evidence base, clarifies the value in having professional programs located within research-intensive universities.

The reason to build a theory, a literature, an evidence base - in short, the reason to create an academic discipline around a profession - is to be able to answer with greater confidence the question, “Does it work?” “Will it work in this situation?”

Any student emerging into professional practice deserves to know the answer to that question. And every new professional should be versed, not only in the current state of knowledge in their field, but in the critical thinking, the research framework and methodologies that underlie that knowledge. And that will keep it current. It is a lot to ask of our professors, students and our graduates - to embrace both the art and the science of practice. And yet we can ask no less.

To confirm this we can once again turn to Dr. Salk, who despite his appreciation for intuition, acknowledged that, *“Nothing happens quite by chance. It's a question of accretion of information and experience.”* The field trials for his polio vaccine were historic in their scope and complexity, involving tens of thousands of doctors and public health workers, hundreds of thousands of volunteers, and nearly

two million school children. When he announced the results of the experiment to a waiting world, there was no room for doubt about whether it worked.

The third and final principle that professional schools might embrace as a hallmark for the preparation of leaders is the importance of “cultural intelligence.” Professionals today, perhaps especially in the rehabilitation fields, require an education and professional preparation, yes, but also in this age of multicultural institutions and cities and global professional approaches, they will benefit greatly from being multilingual, comfortable with and knowledgeable about major cultures and religions, and technologically literate. In short, they will need to be comfortable operating in a 21st century world. It is from this base that they will innovate and excel. And what better place to bring these three qualities, or conditions if you will, to the professions, than here at McGill.

I am so proud that the School of Physical and Occupational Therapy embodies all three of these qualities. The School has always been at the forefront of its fields - one of the first schools of its kind to be founded in Canada, the first in the nation to offer a Bachelor's of Science degree in Physical and Occupational Therapy, and the first to develop a PhD program in Rehabilitation Science. The School excels in Rehabilitation research and receives more research funding per faculty member than any other such faculty in Canada.

As the scientific underpinnings of physical and occupational therapy practice have expanded over recent decades, the School of Physical and Occupational Therapy has led the field in embracing new directions, shifting first from diploma programs to bachelor's-level degrees, and most recently to professional master's degrees for both physical therapy and occupational therapy practitioners.

I am delighted to celebrate with you at this exciting time - the accreditation of the professional master's program in Physical Therapy was approved just this fall, and I would like to be among the first to congratulate the students who have just completed their degree requirements as the very first classes of professional master's students in Occupational Therapy and Physical Therapy at McGill University.

As we join in celebrating these accomplishments, I would like to leave you with a challenge. We all have the privilege of working and learning within one of Canada's most stimulating research universities. You have chosen the honour, and the responsibility, of joining a profession whose goal is highest quality service to others. I hope and expect that all of you will make - or perhaps already have made - a profound difference in the life of an individual, as Mrs. Ayers did for me all those years ago. The value of those individual transformations is beyond measure.

And yet I ask you to do more. I ask you to take up the mantle of leadership, as Edith Aston-McCrimmon did. I ask you to make not only a personal difference in the lives of a few, but also to contribute to the advancement of your profession. As you go about your daily work, whether within the academy or beyond it, take initiative, be open to your intuition, seek out the facts, and stay connected with both the research that drives your profession and the values that brought you to it in the first place.

I wish for you in your careers and for our students, the same satisfaction and fulfillment that Professor Aston-McCrimmon found in hers during the five decades that she served this School with such profound dedication, energy and enthusiasm.

I celebrate you, and the School, and I thank you for having me with you here today, to deliver the Edith Aston-McCrimmon Lecture.