

AMS - CM - Cynthia Whitehead - Transcript

Helen 0:00

Well, welcome. We've done about 20 podcasts so far in Compassionate Minds, Conversation with Healthcare Leaders, and today, I'm here with Dr Cynthia Whitehead, who is an education scientist, educator and family physician. Cynthia, you are also the director and scientist at the Wilson Center. As an education scientist, you are a scholar in the history of health professions education, so we're going to have a very interesting conversation today. And bonus, you've had a long standing relationship with AMS health care and our work on the history of health care, so I am doubly delighted to be spending time with you today as a compassionate health care leader and as a healthcare historian, and you're kind of the embodiment of bringing the two aspects of AMS Healthcare's mandate to life. So this is a podcast that I've been looking forward to recording for some time.

Cynthia 0:51

As have I.

Helen 0:52

So, I got a bunch of questions

Cynthia 0:54

Sure.

Helen 0:55

We will start with your work as a researcher. For those who are listening, can you give us a sense of your area of interest and how that developed in your career?

Cynthia 1:06

Absolutely. So I've always been interested in education as a student and as a teacher. I spent a gap year back in the days when gap years were not very common, teaching English to engineers in Beijing.

Helen 1:20

Oh my!

Cynthia 1:21

So that was my first official teaching beyond helping other people in high school and stuff like that. So I have always loved learning and teaching. So it stands to reason that once I got into medicine, I would be attracted to education, and that has been ever thus for the decades of my career. So that was where I started. I was a mostly a clinical teacher for the first 15 years or so in medical practice. I had done a history degree prior and with social science stuff as well, but when I went into medicine, I didn't see how that connected to my wanting to become a family doctor. I didn't see how that necessarily connected to my love of teaching, and so I worked in family practice clinic.

I taught students. I had a wonderful time. And then over time, I realized that I was getting involved in more general education stuff, curriculum development, thinking about education more broadly, and that I had a whole lot of questions. So those questions led to a master's and a PhD, and a huge shift in my career, and mid career, towards really focusing on research and research about education and what is most important for education for healthcare professionals and people who study health professions, education for future generations. So that's a brief way that I got here.

Helen 2:51

So mid career, kind of career pivot, who influenced that for you? Like, how did that really come about? Long standing interest, but making that decision to move, you know, from clinical practice to clinical practice plus research, that's an interesting choice at a point in time in the life, right?

Cynthia 3:12

Absolutely. And I think my interests had been brewing, but they hadn't crystallized, and I have to thank an incredible family doctor, Helen Batty, who has, you know, who was a mentor to hundreds, if not thousands of people from around the world during her career as an educator. I worked with her at Women's College Hospital family practice, and she kept saying to me, Cynthia, when are you going to do something more? And I said, Helen, what are you talking about? And then she convinced me to enrol in the Department of Family and Community Medicine master's program. And I thought, Okay, I'm going to learn a bit more about how to teach better, how to set curriculum, that kind of stuff. And a month in, we had a regular meeting, and she said, Cynthia, now it's good you're in this master's, but you're going to do a PhD. And I said, Helen, are you out of your mind? What are you thinking? And she was right. And I got involved in a PhD. Got involved with the Wilson Center. Brian Hodges was on my committee. Zubin Austin was my supervisor. And it made total sense at that point. And if, you know, if I hadn't had a wise woman say to me, you know, really, just ask that question, Who knows if I would be here now.

Helen 4:29

it's amazing how just, there's just these, like, little moments in time where somebody says something, and it opens up thinking and doors and ideas that you might not have had on your own. I certainly have experienced that.

Cynthia 4:41

And Isn't it incredible? And that's what education is really about, yeah, helping people see possibilities that they may not have thought of yet.

Helen 4:49

Yeah, I remember my own career, somebody saying we are going to be a deputy minister someday. It's like, what? No way. Oh, there it happened.

Cynthia 4:57

and there you were.

Helen 4:58

So, talk to me about the content of the work, because I'm really interested in what your aspiration is to actually improve the quality of healthcare, education, and are there some areas where you think that through your work, that we're doing better and maybe the education is more relevant to today's context.

Cynthia 5:19

I think absolutely we've made certain things more relevant in today's context, and yet we have a tendency in education, looking back a century or more, to make assumptions rather than look at the evidence, rather than look at conceptually what makes sense. And so we end up doing a lot of repetition of things that didn't work before, and so my focus as I started to see that, and that's where my interest in history, you know, has been very helpful for me. If we make the same mistakes, framing things just slightly differently, you're going round and round, you're not really going forward. So for me, finding ways to question what are the assumptions that we are making when we say this curriculum or that form of examination or this assessment is the right way to do things in medical and health professions education, things become trends. And not all trendy things actually make sense or make change. And so looking at you're really trying to look more deeply at what is there, and how do we understand what's underpinning this? Is it really all that different, or is it a different label.

Helen 6:36

So I've been to a few conferences over time on interprofessional collaboration. Probably you have as well. Are we making progress on how both health professions are trained and educated, and how they work to work in the modern team based environment?

Helen 6:52

Yes and no.

Helen 6:52

Okay, haha

Cynthia 6:53

A typical answer you'll get from me.

Helen 6:55

No, That's all right.

Cynthia 6:58

There are more structures to enable team based care. There are, you know, with health short health worker shortages, we absolutely need it. I think that there is growing recognition of the expertise of everyone who works in health care, formal, informal family members that you know, speaking as a doctor, doctors do not own all expertise we absolutely do not and how do we find ways that, with our limited healthcare

resources, they're never going to become unlimited. No matter what AI brings, no matter what any other technology brings, we are never going to have enough money to do all we want, for everyone. So given that, where do we you know, what kind of systems and structures make sense here in downtown Toronto, in my work in Ethiopia with colleagues, they think about what makes sense in Addis Ababa or rural Ethiopia, I work in the Northwest Territories. What makes sense there is a different model from what makes sense when I'm in downtown Toronto. So how do we contextualize? And then think about who are the people who can be involved? How can they be involved? It's a systems level thinking, and it's being trying to get beyond the regulatory silos. Of course we need a regulation. Of course we need standards, but those should enable rather than constrain, and there has to be flexibility. And so I think that many of our attempts are putting people into boxes, in teams, and I don't think we've gotten far enough beyond that. We really need to think about what is going to help this patient, this community and figure it out.

Helen 8:44

It's hard work, and I think there's a lot of vested interest in the professional silos. Can I say that?

Cynthia 8:51

Absolutely, and there will, there will ever be.

Helen 8:54

Right. And I'm struck by some of exposure. I've had some medical history lectures about how deeply ingrained going back to like the Middle Ages, some of the professional identities are, but I did some work on nurses performing flexible sigmoidoscopies with the Wilson Center when I was at Cancer Care Ontario. That was a slog, actually, to implement an expanded role within a scope of practice. And never mind, you know, in the UK, they were actually getting non clinicians to perform certain functions, like doing flexible sigma cost, because it was actually mostly about dexterity, and they had other clinical backups. But it was, it was hard work to get some of these practice changes in the healthcare environment,

Cynthia 9:41

And that just makes so much sense. Like, technical expertise is not usually the hardest part. Technical expertise can be learned by anyone with, as you say, the dexterity with the kind of thinking about, if this doesn't quite work with this, how do I you know that flexibility, that adaptability, and the physical and cognitive skills to do that. So that's no profession owns it. No profession should own it, and it should be dependent on the context. If it's something that is routine, and there's lots of it being done, so many screening procedures, for example...

Helen 10:19

Well, they're high volume, low complexity. Some of them right?

Cynthia 10:22

Exactly. So of course, we should find less costly, more efficient ways to do those. That's not, the hard part is the things that are complex, where there are multiple comorbidities, all of those kinds of things, that's where we need the more developed professional expertise. And so how do we think about the specifics and the context in various parts of the world people have been you know, there are non MDN anesthetists, non MDS do cesarean sections. There are all sorts of possibilities. But of course, there's the economics of health care. I mean, you certainly know about that more than I do and there's the professional boundary work that happens. And you know, if you change a fee structure, people who suddenly don't make as much money are not going to want to do that anymore. And so there are various mechanisms and leavers to enable less costly care. But you again, you know more about that than I do, so.

Helen 11:28

Well, you know, certainly had exposure to, some of the issues around the introduction of midwifery and pay parity. And, you know, it gets pretty complicated pretty quickly, right?

Cynthia 11:38

And that's another thing. We can't separate education from practice. We can't separate it, and that's something that I think too often happens. Education's in its education silo, health policies in its health policy silo. These silos can't work now. The world is too much of a mess. Healthcare is too much of a mess.

Helen 11:56

So do you have some hope that we're actually going to wrestle this one into a better place?

Cynthia 12:05

Yes.

Helen 12:05

Okay, I like that. So what do you think is needed, and how are we making progress? Because obviously the challenges are enormous, and certainly at the Wilson Center you're trying to chip away at it. Are you getting some traction?

Cynthia 12:21

I think we are, and I think we have to. I mean, if we lose hope, where are we? So that's, I think that's step one. And then there are smart people, there are caring people. There are people who need care. There are muddling through happens all over the place in interesting ways. So what can we learn from that muddling through, and what can we bring into where can we take that forward? So I think at the Wilson Center, we have people who are looking at Workplace Learning. It's one thing to learn in the classroom where you really figure it out. I mean, anyone who's trained to be a health professional knows that what they heard in this lecture on that day, meh

Helen 13:06
Right.

Cynthia 13:06
But it's that amazing nurse I worked with in the delivery suite as a resident. It's that you know, the physiotherapist who showed me how something happened. It's the specialist physician who, you know, it's those it's the people in those situations and the patients involved in that too. All of that is where the real learning comes in. And if we draw from experiential learning, as well as all of the didactic stuff and all of the fancy models and all of the technological things, we need to use technology wisely, not be ruled by it. We need to use pedagogical principles to do things that will actually make sense.

Helen 13:46
So have you reached any conclusions? The other side of the work that AMS healthcare does is to support inquiry in the era of AI and you know, lots of debate about whether technology is kind of enhancing or detrimental to the patient provider relationship and the functioning of the team and to the goals of improving health equity. As an example, have you got any sort of initial thoughts about how technology is aiding or challenging our healthcare professions, and they're in their education.

Cynthia 14:26
It has always and will ever again. Historian in me speaking to and to Ursula Franklin. I don't know if you know of her. She's a professor.

Helen 14:37
I've heard Brian Hodges talk about her as one of his favourite, I guess, people and icon. So talk to us about Ursula.

Cynthia 14:46
So she was a professor of engineering at U of T, an incredible educator. She was really focused on education, and she brought her engineering expertise. She studied ancient technologies, Shang Dynasty bronzes. The kind of sunglasses that the Inuit wear in the high Arctic. So amazing old technologies. So for millennia, there have been technologies. For a millennia, technologies can help us or not. And so historically, thinking about technology, we need to think about what it is how it will help people. And so I think if we use that same AI as just one more technology, it's the newest, the fanciest, it's got incredible potential for good and for harm. And so the more powerful your technology, the more careful you need to be, while not ignoring it, that would be silly. So how do we look at the powers of AI and think about, how do they help the people who are the patients and the providers in our healthcare system? I don't think anyone wants to there to be a people less world.

Helen 15:59
No!

Cynthia 16:00

We're about people, so you know, so how do technologies help human advancement, human betterment? And if we keep that focus, is the technology doing that, or is it just adding more layers and doing things that, like, if it's simply a replacement for people, if it's not a more efficient placement replacement, so somebody can do something different, like, Where are the people here? So if people are all out of jobs, and AI is doing everything, what...

Helen 16:35

What are we going to do?

Cynthia 16:36

What is in store for humanity? So I think it's, you know, it's the same problem that it has been with every new technology, every new invention there is clearly good, but what it is and where and how it will work again, in Toronto, in a remote community where the internet may be unreliable, we have to train healthcare providers so they are not entirely dependent on technology. When look at the power outages that happen, look at the things that happen, we don't want to say, oh, sorry, healthcare has stopped. Wait till we get our we need our technologies back to do anything. People's lives don't stop. People's illnesses don't stop. So how do we set up education, coming back to education, so that we are educating people to be able to function as people with the technologies as AIDS. And so how, and how do we look at that? And there are no simple answers. There's no straightforward one way this is right. But as long as we keep people as the focus and consider technology as something to assist people, I think we'll find our way.

Helen 17:55

Are we learning enough from the past? I'm struck by the long look back that you've just talked about, and then also some of the lessons that go beyond healthcare. So if you read or listen to Avery Goldfarb, he will talk about electricity and the enabling of modern factory, you know, assembly line factory practices, for example.

Cynthia 18:20

Yes, I've heard him talk about that. It's fascinating.

Helen 18:20

It is fascinating, right? But are we internalizing it and we're learning enough from the past, or do we actually need to have, you know, kind of focus lessons from history that we can remind people and bring those lessons forward in a more structured way?

Cynthia 18:38

I don't think we're learning enough from the past. I think we're way too present and future focused to our detriment. So I think we need to have those lessons. We need to make sure, and that's a huge role AMS can play with your dual focus is helping us make sure that those lessons are being shared, that there are ways to look historically. I

mean, not everything has been looked at in terms of where we are now in that AMS Wilson Center event that we had, Jackie Duffin talked about how history has to be rewritten every generation. In this age of AI, how do we need to look back differently? What lessons do we need to learn now? And so, I think that is something really important, because when technology makes one thing easier, it doesn't necessarily make everything easier. Ursula Franklin talks about, she grew up in Germany in the Nazi period, and she learned to ski in the German Alps, and to ski, she had to climb up the hill in order to ski down. She talks about when she moved to Canada as a post doctoral fellow, I think it was she was astonished at all the Canadians having skiing accidents, and she discovered it was because of a technology, the ski lift so people were able to get to the top of the mountain with no clue how to get down because they hadn't, had developed the competencies, learned the skills to actually get themselves safely down the mountain. And so a technology hugely advantageous. You want to be on the top of that mountain, but what does it do? And what do you lose in the learning? And so that's an example I turn to regularly. We do this that simplifies something for a student, for a clinician, have we taken away something else that is actually essential for them to do the work? Right?

Helen 20:33

Right. Very good questions. I approach it a little bit more as a non clinician, as a policy maker, and how do you get those lessons into the policy minds of the people who are advising government on, you know, a range of developing plans for care at a macro level, or looking at the roles of The professions, and how to bring those insights to those policies. Because, in my experience, the look back is pretty short, and particularly in the lifetime of an elected government within four years, everything that came before, particularly when governments change, is inaccessible. You cannot get back into a cabinet submission from a previous government and see the transparent advice that was provided. So that's just one aspect of making that look back hard, even in the short term.

Cynthia 21:37

Do we need more historians as policy analysts in the government? I don't know.

Helen 21:41

I don't know. Or do we need historians? Do we need a process of policy makers and historians to understand each other? And maybe there's some directed questions that policy makers might have of historians that might be helpful. Or maybe historians say, by the way, you're not doing so well. And here's some things that you might want to think about from the past that might be helpful to what you're working on today.

Cynthia 22:06

But I think those are the kind of ideas that AMS can help the community think about that's that would be, I mean, that sounds like an incredible role for AMS, because it's right within the again, the two mandates of AMS and AMS is about making change. You know, AMS is not just about studying things,

Helen 22:24
Right.

Cynthia 22:25
Be it AI, compassion, technology, history, whatever. It's about how does this impact healthcare and so AMS is in a perfect position to to help bring together the right people. That's an incredible thing about AMS. You bring interesting minds together for people who might not otherwise get together.

Helen 22:46
It's been fascinating to have a historian on the team on sort of on a day to day basis. And you and I both know Lucy Vorobej. She asked different questions than some of our other scholars and leaders, and you know, maybe the weight of being the historian in the room doesn't seem to faze her, and she's very forthright in asking questions and they provide context. And I see people sort of sitting up and listening to the questions that she has, and they're quite provocative and always very intelligent. So I'm seeing it in action. And I think, you know, it's a chance for us to redouble our efforts in this space.

Cynthia 23:31
Yeah, so we need exactly more of that kind of action. We need the people who like, how else do we learn to think differently, going back to where we started, who can help people think differently, because thinking the same is not going to get us out of the messes we're in.

Helen 23:45
Right.

Cynthia 23:47
And so who with what skills, with what understandings can push us all in those directions?

Helen 23:56
Yeah, and I think history is maybe not the only additional discipline that we need to have, but I've certainly found, you know, as an urban planner, I see things a little bit differently, and I studied French literature, so, you know, not history, but having being broadly constructed sometimes is quite helpful for problem solving, as opposed to some kind sometimes the linearity of, you know, some disciplines.

Cynthia 24:25
Absolutely, and that's why the interdisciplinary space of medical, health, professions, education research is, I think, a very productive and fruitful space, because we have people from so many backgrounds and disciplines, Not only different health professionals, but from history, from sociology, from cognitive psychology, from Kinesiology, from any anthropology, and it's getting people together who think differently, where the interesting ideas develop. And AMS is wonderful at that, too. So

how do you know, how does the Wilson Center, how does AMS, how does the healthcare community and the education community continue to foster those conversations?

Helen 25:07

Well, I'm sure that there's a lot of that in our future, because I think obviously our partnership with the Wilson Center at AMS has been, I think it's evolving right, and I think it's deepening in a way that's really constructive.

Cynthia 25:21

And you've had so many Wilson Center community members involved with AMS at least 15 years, so long may that continue.

Helen 25:31

Yeah, so think about the next generation of scholars and where they're at. Do you find that there's a sort of a difference in terms of those who are coming into healthcare practice and who also have an interest in research and the kinds of questions that they're asking or how they think about their work, is it different today than it was when you started?

Cynthia 25:56

Hard to say. There have always been bright people, thoughtful people, you know, people who come from a different way of thinking, like Jackie Duffin, Brian Hodges, other people we've talked about, Rachel Ellaway, has come from a very broad background. You know, we have always had such people around. It's how we can enable those people coming together when I finished my residency, I didn't see a space for that kind of thinking at that moment. And so hopefully we can make some of these spaces more visible, so that people who are you know, who are interested in these bigger questions and this kind of thinking in working with people who think so differently that it can make you feel uncomfortable in wonderful ways, How do we... how do we foster that? That I think is going to be a key to success.

Helen 26:51

And how do you, how do you work with those scholars? But I mean, other than imprinting like a mother duck or...

Cynthia 26:58

Learning from them. Hearing them talk. I mean hearing different scholars talking together in the lunchroom in clustered around one cubicle in the Wilson Center. In different places, it's enabling those discussions, at AMS events. All the networking stuff you have, I know you have to shepherd people back into the main sessions, which are wonderful, but it's those conversations that happen over coffee or tea often are the most productive and lead to, lead in incredible directions. I know you've seen that.

Helen 27:32

Yeah, I have seen it's, it's fascinating, because it's, you know, AMS acts a bit as a catalyst, and we bring people together, and then I find out, sort of, you know, months later, that they've something has actually come from it. You know, there's a grant application or, you know, they're connecting around ideas, and the grant may come to us or might go to another granting body, but people are starting to work together and find their way, and their collaborations. And often we don't even kind of know about who's working with whom, but we've created least some space for those things to those conversations to start,

Cynthia 28:15

Yeah, and enabling that space and bringing the you know kinds of people together, who will... who are open to having those conversations, like you have to be open to it, and then you have to have a place to have it, at least to get it started.

Helen 28:30

So you've talked about context. I think again, as a provincial leader, I was always very conscious that you're trying to come up with solutions to the healthcare system that would work in the various contexts of Ontario, because that was where I spent my career. You've got a bigger range, right? So, you know, practicing in Toronto, and then your relationship to the north, and then Ethiopia. Talk to me a little bit more about that and how that comes together for you.

Cynthia 29:01

I think it comes together in exactly the kind of way we were just talking about that by having the privilege to have those different conversations, to learn about very different contexts, the cross cultural context, as soon as you get in, you know, when you get into a very different geographic region or cultural region, so many things change, and how do you pay attention to what is different about that? How do you learn from the people who have who work fluidly and fluently in those contexts, and think together, having the conversations about ways we can learn from each other, and so the work in Ethiopia is through the Toronto Addis Ababa Academic Collaboration. TAAAC is the acronym, and it's been going on for well over 20 years. And it's because of the longevity of that relationship, because of the trusted relationships that have developed. We are able to have those, the kind of conversations we do now. Addis Ababa University has set up the African hub for innovation and critical scholarship in health, professions education. It's an African version of the Wilson Center, although it just started less than a year ago. So they have incredible promise, and they are bringing together people from across Ethiopia and Africa much more broadly, to have those kind of conversations about what matters for health professions education in different African contexts. How do they value local traditional knowledges? How do they bring local traditional healing practices, which most people prefer over biomedical models, understandably. How do they bring that together with biomedical knowledge? How do you merge things in a way that keeps, not doesn't dilute them, but how do you bring those things together? And by hearing from colleagues there, I learned so much about what, what we might do here.

Helen 31:04

Yeah, that's I was as you were talking. I was thinking about that. I was reflecting on, you know, when I was working in government, I would do a lot of presentations, and I always learned more by the questions, and I took away, kind of what's really bothering people? What are the possibilities? Where are the points of friction? How is this really landing? And so, as much as I was supposed to be on transmit, I was really on receive. And that's where the value was, for me, was actually hearing, you know, a different view than one would have had, necessarily, in the Queen's Park, beltway, if I can call it that. And I'm sure it's the same in your area, where you're just actually bringing ideas back.

Cynthia 31:48

So exactly what you do going in with that open mind? I mean, I know I always learn far more than I teach, even if I go for a teaching week, and that's like, that's a given. So how do I make the most of that, you know, how do I make sure that I'm really listening and not the Canadian expert? Going to take Canadian expertise on this topic?

Helen 32:09

Yes, exactly.

Cynthia 32:10

And hearing from the students, you know, what makes sense for them, what things are happening that you know, things might be done differently, and that's exactly as you say. It's, you know, that's, it's in that, not in the I'm telling you this because we do it this way in Canada. Those are where the possibilities come from.

Helen 32:34

Couldn't agree more. So maybe we'll wrap up by thinking about, how, how do you kind of mentor? I've seen your mentorship in action, and it's it's profound, and it's engaged and it's highly effective. Maybe just talk about how, how you work with young scholars as somebody who's, you know, had this vast experience.

Cynthia 32:58

Well, from each of them, I again, learn more whether it's Lucy Vorobej, the historian, post doctoral fellow at the Wilson Center, we talked about whether it's my Wilson Center, PhD student whos health professions training was in midwifery in Afghanistan, who brings a completely different perspective. I am so privileged to work with the different students I work with, and so making sure that they you know, that they understand that I understand that their experiences, their background, are incredibly, they're incredibly valuable. How can they bring themselves into their learning? How can they take the highfalutin theories we teach them and make them relevant for their own passions, their own concerns, their own backgrounds, they're where they want to take those things forward. We know that someone in a PhD student the chance of getting a traditional academic tenured stream job, there aren't very many of those out there. So how do we support these incredibly bright young people to think in ways that

hopefully can go into, be it health policy, be it international work, be it helping to run medical school curricula or other health professions curricula or accreditation processes in ways that will they will bring that way of thinking into their day to day work.

Helen 34:28

Well, you are a remarkable mentor. I would say you're being a bit modest, because I certainly have seen you create opportunities, and so you obviously recognize the talent, but I think in how you think about young people and the bigger system I've seen you create, create opportunities and be champion for the people who you get to mentor.

Cynthia 34:49

Well, that's, that's the fun of it, right? I mean, I my career is at this stage in my career, it's about supporting next generations. You know, that will be my legacy, what they go out and do, and what's a better legacy than that?

Helen 35:03

Perfect? Thank you for spending time with me.

Cynthia 35:06

A pleasure. Thank you.