TRANSITION: FROM STUDENT TO PROFESSIONAL
Ann L. Michael, Ph.D.
The University of Tennessee

Professionals in audiology and in speech-language pathology who have worked in their respective fields for ten years or longer have experienced major changes in both the content that defines the professions as well as the process of service delivery models. Some of the changes are outcomes of our own professional maturity while other changes have been imposed as a result of societal needs. There are some individuals and some organizations that struggle with the concept of change and meet change with resistance and despair while other individuals and organizations may initially have difficulty but eventually they adapt and find themselves with creative solutions and a renewed sense of professional vitality. This presentation was motivated by a desire to understand the attributes of professionalism required for success in today’s complex work settings. More specifically, what professional characteristics or attributes are required to meet the changing demands of the modern day work environments? If these characteristics can be identified, can they be taught? What can we do to prepare students to make the transition from student to a successful professional?

First, a definition that offers a context for understanding transitions as a response to change is presented. Bridges (1999) defines change as outward situational shifts in our lives that include events such as buying a new house or getting a new job. Transitions are defined as responses to change and he notes two types of transitions. Reactive transitions are the reactions to outward change. It is possible to integrate these outward changes into our lives in such ways that a new quality of life is experienced. On the other hand, we may not respond to changes, so things change but we remain the same. Developmental transitions are not triggered by external changes but by those internal shifts of the way we view the world and the way we think. The result of developmental
transitions is that we have a new level of understanding suggesting alternatives to the status quo and, consequently, change follows transitions. Bridges’ (1999) definitions suggest that the way we think is central to the way we experience change. As professionals, we want to be able to transform change into meaningful ways of doing our work and we want to mature in such ways that we can initiate change in order to move our profession forward in meaningful ways. As clinical educators, our goal is to prepare students not only to tolerate change but also to initiate and take responsibility for leading and directing the focus of the changes (McAllister & Rose, 2000; Schon, 1987).

For the purpose of this presentation, the definition of professionalism is the attributes, methods, and character required of audiologists and speech-language pathologists to perform successfully in today’s work environments. In my effort to identify specific attributes or characteristics of professionalism, I started with graduate students. I asked graduate students in speech pathology and in audiology at The University of Tennessee to define the professional attributes they believed to be critical for success in their field of study. The response was fairly consistent across the two groups and is summarized as the following:

- Confidence with treatment skills
- Compassion, empathic counseling skills
- Organizational skills, attention to detail
- Flexible
- Trustworthy
- Knowledge of the field
- Current in Technology
- Good with people, good listening skills

Next, I selected items under the heading of “professionalism” as defined by the supervisory models that I have used over the past ten years. While this is a limited representation, it is a starting point for describing ways that we have
evaluated students in the area of professional development. Professionalism is commonly defined in the following ways:

- Interactions with patient, family, and other professionals
- Professional appearance
- Understands and adheres to ASHA Code of Ethics
- Follows guidelines regarding files, materials, documentation and reports
- Timely with appointments and paper work

Next, I turned to the literature on adult development and organizational management and found the works of Robert Kegan (1982, 1994). From his work with CEOs in the corporate world including service-oriented professions, Kegan provides the following as a list of professional attributes that provide a foundation for success in today’s work environment. He maintains that the professional must be able to

- be self-initiating, self-correcting, self-evaluating,
- be guided by a personal vision of the work,
- take responsibility for what happens (internally and externally) to us at work,
- be accomplished masters of our work, and
- see the relationship of the parts to the whole organization (Kegan, 1994).

If we include Kegan’s attributes in our definition of professionalism, we will not be concerned with teaching a new set of skills but with facilitating the development of new ways of thinking. Kegan’s framework consists of five levels or ways of thinking that are representative of development adulthood. He suggests that a mismatch between the way we think and the type of thinking that is needed in the work environment is responsible for much of the struggle. Before we get to the specifics of the model, the theoretical support for understanding the model will be reviewed.
Central to Kegan’s work in adult development and adult learning is Piaget’s thesis that the ongoing relationship between the organism and the world is the process of adaptation. This process is shaped by the tension between assimilation of new experiences into the old ways of knowing and the accommodation of the old ways of knowing to new experiences (Kegan, 1984). He ascribes to the notion that in any given situation, the human organism is constantly in the process of making meaning. It is through this process of adaptation and accommodation that the adult gains qualitatively new ways of organizing thoughts or new ways of understanding. We are reminded that if we use this model to describe ways of thinking, we are bound to a developmental approach to thinking and understanding. For example, we would never accuse the preoperational child who fails to understand their world in the same fashion as child in the concrete or formal level of operation of not listening. Instead, we expect developmental differences based on their ability to make meaning as reflected in their relationship to activities. Kegan refers to these as evolutionary activities that reflect a means to an evolution of meaning.

Kegan’s model of mental organization includes five levels. The levels do not reflect discrete, independent levels of understanding nor does thinking change from one level to the next in an additive fashion. The process is transformational in nature so that current ways of thinking are incorporated with new ways of thinking which moves the individual forward to new levels of understanding. However, the relationship between one level and the next unidirectional in that transformations move forward, even though one does not move from stage three to stage four in all aspects of thinking, there is no evidence that one moves backwards through the stages. These data are reported from a summary of research findings designed to define and describe the stages of mental development (Kegan, 1994).

For the purpose of this presentation, I will address two levels of the model, stage three and stage four. These stages were selected because this is the level
of understanding expected from most graduate students. Third order ways of thinking reflect that point in development where we are fully socialized by our culture. We have internalized that value and belief system that has been passed to us. To this point there has been little thought about what is being socialized, we are highly responsive to the messages of the culture and we take no responsibility for it.

At stage three, education is about the relationship between the student and the instructor. Consequently, feedback to students is experienced as personal statements rather than statements or recommendations for learning. Student at stage three want to know how many pages should be written to fulfill the requirements of an assignment. They have not developed an approach to clinical management so they are overly dependent on the approach of the instructor. The goal is to please the clinic instructor. Students will not be able to engage in self-directed learning activities; instead, they will want the direction to be communicated by the instructor and if the direction is not stated in an explicit fashion, students will be frustrated. Students will take responsibility for studying what has been given but will not experience the need to investigate beyond the given information.

In stage four, students are not as closely tied to the cultural message of their community and consequently they are becoming more independent in their social relationships. Their ways of thinking about issues may not be consistent with their parents or with their instructors. Educationally, they are gaining the ability to be self-directed learners. They will read and study for the sake of answering questions specific to their interest. At this point, they can identify their academic and clinical skills as objects they possess rather than the subject of who they are. Now transitions are more likely to occur because thinking is experienced as an object rather than as a subject. Negative feedback is no longer interpreted as incompetence but a means for learning.
The educational implications are significant for students who move to the fourth order of thinking. Movement from third to fourth order is a transition that involves a new understanding of self, of their work, and the relationship between the two (Kegan, 1994). Students are now prepared to be independent, self-directed thinkers. They are capable of taking charge of theories and conceptual information in order to meet the challenges of change as they arise.

In summary, the professional attributes identified by the graduate students and the attributes commonly included in supervisory evaluations relate to content as well as interpersonal interactions between student-clinicians and clients and all are valued aspects of professionalism in audiology and speech-language pathology. Kegan’s framework can be used to interpret how we think about these issues. In addition, he provides a broader focus that includes a level of thinking that he defines as self-authorship. This self-authorship means that the professional has an internal definition of work and, therefore, can take ownership of problems and can initiate adjustments in an independent fashion. To be successful with these skills, Kegan notes that the professional is guided by a personal vision of the work or a shared vision of how the work is to be completed. It is this self-authorship that provides a way of being in relation to larger cultural experiences and this is the foundation for how we relate to the demands of the organization and to the demands of society at large. This is the psychological context that guides our ability to meet change and to make transitions. Instead of questioning the need for change, this professional expects change and appears to have an internal map that directs the nature of the change.

The theme of Kegan’s work serves to remind us that the critical element of professionalism is thinking. When the way we think is considered from a developmental perspective, attempting to teach new levels of thinking is not recommended. However, as educators we are constantly engaging students in thinking activities and if we offer students opportunities to hear how others think then the likelihood is greater that their thinking will become more objective. The
goal is for students to be able to evaluate their ways of thinking so that they will be more flexible in their ways of understanding and more sensitive to the needs of change. These activities invite the transition from the third to the fourth order of thinking.

References


