

Generalists *and* Specialists

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Davidson School of Business,
Denver, 2009



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So how will we know if they will be generalists or specialists?

“The person who knows *how*
will always have a job.

The person who knows *why*
will always be his or her boss”

David Ravitch

Speech Language Pathology

- I contend that we are all already *specialists* in one way or another.
- Perhaps we didn't mean to be...but it just happened to us along the way.
- I suggest some reasons why it happens and why it works quite well.

SPECIALISTS: THEIR VALUE IN THE NEWSPAPER BUSINESS

- The New York Times

“Well, said a young man, greeting a companion as the two took adjoining seats on an elevated train.

“Well,” echoed the other, “I’ve been at it just a month today, and my experience has evolved one definite conclusion,” he added a little wearily.

“Which is?” said the first speaker.

“That the coming newspaper man must be a specialist,” was the sententious reply.

The wisdom of this is at once apparent. It is what every managing editor will tell every novice who seeks his influence or advice. “Find out what you know best, or have a taste for, then cultivate such knowledge.” It began with the trades, and now it is extending into every industry; it is doing more-- it is continually developing new departments of labor.

What causes the growing tendency to specialties among newspaper writers? A variety of things-- newspapers are vastly more important today; people want technical information, news, and opinions from persons with broad knowledge. The proportion of educated people increases constantly. It is a necessity for clever writers to concentrate their cleverness in one line; and in that way regain the supremacy.

Finally specialists, when they grow proficient, become editors of their departments. And I must say a “special” man is very valuable and hard to replace.

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The New York Times, published Oct. 6, 1889 Copyright The New York Times

Reduce Specialties?

Physician specialty groups are realizing that there may be too many specialists in 1995, and they are making efforts to reduce the number of such physicians. The American College of Cardiology and other societies are decreasing the number of fellows training and residency positions. A 50% position reduction in specialists has been recommended for a gastroenterologists committee (AMA News, 1995).

Professions with Specialties

- Law
- Medicine
- Physician Assistants
- Nursing
- Clinical Psychology
- OT
- PT
- Dentistry
- Engineering
- Architecture



- *Interesting*.... Although we recognize and talk about the specialties in a profession, we still can name the generalist behind each one.
- There are advantages and disadvantages of both-- no longer much of a debatable issue.

Advantages of Specialties

- Appeals to the client/patient
- Helps direct and focus the services needed
- Benefit of many more similar encounters than a generalist
- May save time and energy searching for dx and tx

Disadvantages of Specialties

- Sometimes greater cost for consumer
- Difficulty locating such a person if not in a major metropolitan area
- May incur a wait for appointment
- If mis-directed, time is lost

Where will students get specialty training?

- In 1982- 136 CSD programs
- In 1988- 170 CSD programs
- In 2009- 285? CSD programs

In 1989-

- Michael Chial reported that the number of programs had increased while the number of grad applications decreased.
- Programs became more alike - less specialization
- Reduced number of work-site specific classes
- % of qualified persons to conduct research and teach specialty classes decreased

How does a specialist receive specialized education?

- During the masters degree program?
- On the job?
- Both?
- In what order?
- Is this enough?
- If all CSD programs produce a generalist...should students pick a university program for its specialty?

What's different now?

- My graduate degree was 54 units.
- However, it included courses like “the exceptional child”, “curriculum for deaf and hard of hearing students”, electives.
- Today, a graduate degree might be 64 units which includes AAC, ASD, CLD, Counseling, Dysphagia. No opportunity for electives or classes outside of required CSD courses.

How do we teach and prepare future practitioners today?

- Less “what”
- Less disorders
- Less theory
- Less historical
- Less traditional teaching
- Less individual tx
- More “how”
- More procedures
- More description
- More future focus
- More technology and interaction
- More collaboration

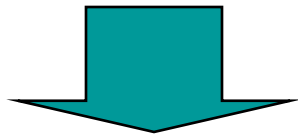
Does this produce more specialists?

- Less “what” →
- Less disorders →
- Less theory →
- Less historical →
- Less traditional teaching →
- Less individual tx →
- More “how”
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University faculty

- Aren't we always more specialized?
- Aren't we more knowledgeable in 1 or 2 areas than all areas?
- Aren't we better instructors if we know our specialty areas in greater depth?
- Doesn't this help us work as a faculty team in an CSD program? Our knowledge is not inter-changeable.

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**As faculty, are we modeling
specialization?**

Generalist

To



*Are we simply drifting in that
direction every day?*

An interesting specialization concept from architects

- Architects are practitioners.
- They promise high-quality projects demonstrating better results, determined through evidence-based research.
- Four levels of evidence “lead to four increasingly rigorous levels of commitment and methods of using research on behalf of clients”

(Hamilton, 2009, p.4).

An interesting specialization concept from architects

- **Level 1 practitioners-** those who make a careful effort to design based on available evidence. Stay current in the literature. Their work advances the state of the art and improves overall design. Most are at this level.
- **Level 2 practitioners-** those who take the next step, hypothesize expected outcomes and measure results. Establish new design methods; interpret research in their areas of specialty; resist the temptation to report success and downplay failure.

An interesting specialization concept from architects

- **Level 3 practitioners-** those who do what others do, PLUS they report their results publicly. Writing or speaking to move information beyond their own firm; subjects methods and results to scrutiny from others. They seek advanced education to enable greater rigor.
- **Level 4 practitioners-** those who perform all the above tasks PLUS they publish their findings in peer-reviewed journals or collaborate with academic social scientists. They subject their work to the highest level of rigorous review. (Hamilton, 2009).

3 ways to become a specialist

- **Recycling**
 - Same skills, no need to retrain
- **Re-treading**
 - Add some specific skills, some cost & time
- **Re-tooling**
 - Acquire whole new set of skills in the field
- “...specialties are only for trained clinical psychologists”
(Lopresti & Zuckerman, 2003, p. 13)

**“Great leaders are almost all
great simplifiers”**

Colin Powell

“You have to have a vision. It’s got to be a vision you can articulate clearly and forcefully. You can’t blow an uncertain horn.”

Theodore Hesburgh



Thanks for listening... all of
you generalists and
specialists!

