Fostering Belonging as a Clinical Competency: Neighborism and Professional Identity Formation in Clinical Education

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Author's Note:

For purposes of this article, neighborism is offered as a conceptual framework through which to view clinical education, professional identity formation, and relationship-centered practice. Drawing upon principles found in the scholarly literature on neighborliness, neighborism is proposed as a lens for understanding how concepts such as human dignity, belonging, mutual responsibility, cultural humility, participation, ethical practice, and person-centered care may inform the development of future clinicians.

Graduate education in speech-language pathology and audiology is focused on developing clinical competence. Students learn assessment procedures, intervention techniques, evidence-based practice, and professional standards. While these competencies are essential, they represent only part of a graduate student's developmental journey. To be an effective clinician, one must also learn how to cultivate trust, understand diverse perspectives, foster belonging, and support meaningful participation in the lives of those they serve. Neighborism offers a valuable conceptual framework through which these broader dimensions of clinical development can be understood. More than a concept of community engagement, neighborism can represent a professional stance that invites clinicians to approach every interaction with curiosity, respect, shared responsibility, and a commitment to human dignity. At its core, neighborism suggests that learning to be a clinician begins with learning to be a neighbor—to see the person before the diagnosis and recognize the shared humanity, dignity, and vulnerability often present within every clinical encounter.

Drawing upon the scholarly literature on neighborliness, neighborism may be understood as an intentional framework for recognizing the dignity, humanity, and interconnectedness of others through relationships characterized by presence, mutuality, belonging, hospitality, and shared responsibility. Scholars across philosophical, sociological, ethical, and religious traditions describe neighborliness as a commitment to mutual recognition, accountability, and respect across difference rather than merely a function of geographic proximity (Thiranagama, 2019; Jureidini & Hassan, 2019; Welz, 2023). Neighborism extends these principles beyond personal disposition and applies them to professional identity formation, ethical decision-making, and community participation. It is less concerned with where people live and more concerned with how they choose to engage with one another. At its core, neighborism invites individuals to move beyond simple coexistence and toward genuine responsibility for one another's well-being and participation in community life.

This perspective is particularly relevant to graduate student clinicians. Every day, students encounter individuals and families navigating communication and auditory challenges, developmental differences, neurological conditions, educational barriers, and life transitions. While student clinicians often focus on the question, “How do I treat this disorder?” neighborism encourages a different starting point in their clinical training: “How do I understand this person's experience, honor their dignity, and support their participation in the communities that matter most to them?” In this way, neighborism reframes clinical practice as both a scientific endeavor and an opportunity to understand the lived experiences, identities, needs, and strengths that shape each person's journey.

Neighborism begins with the recognition that every clinical interaction is an opportunity to cultivate belonging. Before assessments are administered or interventions are planned, clinicians encounter individuals whose experiences, identities, strengths, and aspirations shape how they engage with the world around them. Neighborism encourages student clinicians to approach these encounters with curiosity, respect, and a genuine desire to understand. In doing so, relationships become more than a vehicle for service delivery; they become the foundation upon which trust, participation, and meaningful clinical outcomes are built. Through these experiences, students begin to develop a professional identity informed not only by competence, but also by connection.

This perspective also aligns closely with ASHA's commitment to person-centered care which emphasizes understanding individuals within the context of their values, preferences, cultures, lived experiences, and goals. Rather than viewing clients as passive recipients of services, both person-centered care and neighborism encourage clinicians to engage individuals and families as active partners in decision-making and intervention. For student clinicians, this approach reinforces the importance of listening, collaboration, respect for autonomy, and shared responsibility throughout the clinical process.

Fred Rogers captured the essence of this responsibility through his mother's enduring advice: “Look for the helpers.” Graduate student clinicians are preparing to become those helpers. Yet helping extends beyond technical expertise. It requires presence, empathy, and a willingness to engage authentically with others. The invitation, “Won't you be my neighbor?” reflects this same spirit. In clinical education, neighborism reminds student clinicians that they are not simply providing services to clients; they are partnering with individuals and families. It encourages future professionals to listen before acting, seek to understand lived experiences, cultural identities, and personal goals, and value relationships as much as intervention techniques. Through this lens, effective practice becomes not only a matter of clinical competence, but also of creating environments in which individuals feel seen, heard, respected, and valued. In answering the call of “Won't you be my neighbor,” student clinicians begin to develop the habits of presence, partnership, and responsibility that shape professional identity.

The principles reflected in neighborism have long existed within the professions of speech-language pathology and audiology. Graduate student mentor and child development advocate Dr. Joel Stark captured this spirit in his simple yet profound directive to student clinicians: “Love that child.” While clinical education rightly emphasizes evidence-based practice and measurable outcomes, Dr. Stark reminded clinicians that human connection must remain at the center of professional practice. Loving the child means acknowledging potential before limitation and approaching each interaction with compassion, respect, hope, and unconditional acceptance. For student clinicians, this perspective transforms assessment, intervention, and decision-making by anchoring clinical expertise in deep respect for the individuals and families they serve.

This perspective also expands how student clinicians understand communication and participation. Communication and hearing are not merely clinical outcomes; they are the means through which individuals connect with family, education, employment, relationships, and community life. Student clinicians who embrace neighborism recognize that their work contributes not only to improved communication, but also to greater access to the experiences, relationships, opportunities, and communities that give life meaning. This perspective is particularly important in university clinics serving underserved communities. Students quickly discover that participation is influenced not only by communication challenges, but also by broader social, cultural, educational, and economic realities, including social determinants of health. Transportation difficulties, socioeconomic disparities, language differences, healthcare inequities, educational access, and social isolation all influence outcomes. Neighborism encourages future professionals to look beyond presenting concerns and view advocacy, collaboration, and community engagement as essential dimensions of ethical and equitable practice. In this way, neighborism becomes a framework for advancing participation, inclusion, and belonging.

The values reflected in neighborism also complement the ethical foundations of the professions. The four principles of ASHA's Code of Ethics call upon clinicians to prioritize the welfare of those served, maintain professional competence, uphold responsibility to the public, and foster respectful relationships with colleagues and other professionals. Neighborism offers a relational lens through which these ethical responsibilities can be understood. It reminds student clinicians that ethical practice extends beyond compliance with professional standards and includes the everyday choices that cultivate trust, demonstrate respect, support inclusion, and advance the well-being of individuals and communities.

Neighborism provides a bridge between clinical competence and human connection. It reminds us that professional excellence is measured not only by what clinicians know, but also by how they engage with others, respond to difference, and create conditions in which people can participate, contribute, and belong. As a conceptual framework for professional identity formation, neighborism invites student clinicians to view relationships not as secondary to clinical practice, but as foundational to it. Perhaps the enduring lesson reflected in the work of Fred Rogers, Dr. Joel Stark, and the broader scholarship on neighborliness is this: professional identity is shaped not only by what clinicians learn to do, but by how they learn to be with others. Meaningful change often begins not with intervention, but with relationship. In doing so, clinicians not only support communication and participation, but also help build communities in which each individual is valued, included, and connected.

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Jureidini, R., Bin, H., & Fares Hassan, S. (2019). *Migration and Islamic ethics: Issues of residence, naturalization and citizenship* (p. 240).

Thiranagama, S. (2019). Respect Your Neighbor as Yourself: Neighborliness, Caste, and Community in South India. *Comparative Studies in Society and History*, *61*(2), 269–300. doi:10.1017/S0010417519000057

Welz, C. (2023). Editorial: Ethical and Epistemological Aspects of 'Dialogue': Exploring the Potential of the Second- Person Perspective [§]. *Religions*, *14*(4), 543. https://doi.org/10.3390/rel14040543