

Profiles in Professionalism: Interview with Laura Lee (Dolly) Swisher, PT, PhD, MDiv, FNAP, FAPTA

Introduction

“Profiles in Professionalism,” an innovative new series featured in the *Journal of Humanities in Rehabilitation*, seeks to explore the elusive yet crucial concept of professionalism and its role in the field of rehabilitation medicine. Providing insight through the words of visionary leaders, we seek to reflect on what it means to be a professional in the current healthcare environment, and how the past can help to inform the future of our growing field. Through captivating video interviews, the concept of professionalism is presented in a format that aims to speak to rehabilitation professionals across the spectrum of clinical care, research, and education.

In this first installment of the “Profiles in Professionalism” series, we sit down with Laura Lee (Dolly) Swisher, PT, PhD, MDiv, FNAP, FAPTA, a powerful and thought-provoking leader in the field of Physical Therapy, to discuss her personal path to professionalism and the evolution the field of rehabilitation medicine has endured to grow in pursuit of a professional identity.

Biography



Laura Lee (Dolly) Swisher, PT, PhD, MDiv, FNAP, FAPTA is currently Professor and Director of the School of Physical Therapy and Rehabilitation Sciences at the University of South Florida (USF), and the Associate Dean at USF's Morsani College of Medicine. Dr. Swisher's expertise lies at the intersection of ethics, professional education, and clinical care, helping to provide a framework for the development of our moral foundation as students and professionals.

Interview Questions and Full Transcription

QUESTION 1: WHAT ARE THE CHARACTERISTICS OF A “TRUE” PROFESSION?

Well, my thoughts about professionalism are influenced by being not only a second career person but a second profession person. And my first career was in the ministry, and I was studying to be a Presbyterian minister, and I got all the way up to the point of taking my ordination exams. I'd done an internship in hospital chaplaincy, and I decided that it wasn't the path that I wanted to go. So, I think the part of wanting to be a minister, I think that I've brought that forward to some extent, but becoming a physical therapist I saw some different aspects of professionalism as well as some commonalities. So, I think, one of the things that I think is common are the attributes that all professionals have to have which [are] extensive training, a commitment to maintaining currency, [and] engaging in public service. But the other aspects that people often talk about are that a profession has to have some kind of autonomy, and I think that physical therapy and other rehabilitation professions have really struggled for that sense of autonomy. To me the interesting thing is that really, in some respects, no professions have true autonomy. And particularly now, as health care becomes more businesslike, few of us really control all of our decisions. So it's interesting that professions tend to fight over that common turf of, "Well, who's going to be the autonomous decision maker?", when in fact we probably have less and less autonomy.

So, it's kind of an interesting thing. It's been an interesting thing to me, the way things kind of trickle down. If you go back originally to the ... you know, to really the nineteenth and twentieth centuries, [when] they were defining, "What does it mean to be a profession?" and of course the three major, the three

professions that were agreed to have autonomy, excuse me, were true professions, were the law, ministry, and medicine. So that's an interesting thing when you think about that and everybody else kind of strove to have the autonomy that they have. And who is a true profession[al]? Once someone engages [in] the profession, [and] engages in becoming more autonomous and gaining professional status, they tend to look down on others that don't have it. And I could give an example for physical therapist: We may not think that, for example, athletic trainers are true professionals, whereas we ourselves are kind of defined as [paraprofessionals].

QUESTION 2: WHAT DOES IT MEAN TO BE A PROFESSIONAL?

So that idea of, "What is a profession?" though is different from what it means to be a professional. So, I think to be a professional is to be committed to not only the knowledge and excellence that goes into doing something well, but also to be engaged in a commitment to society and, above all, to your patient. And those things have to stay with you. Now there are other things, if you think about "What does it mean to be a professional?", you can think about having the knowledge, and certainly a professional strives to maintain current knowledge. It also has to do with having the right values and attitudes, and it has to do with putting those into action. Because you can think that you have the attributes and values and attitudes of being a professional, but if you're not acting it out on a daily basis ... And in the ministry, I had this mentor, when I was going through seminary, and he always said, "If you don't incarnate, you dissipate." And I think that's true of professionals. What does that mean, because incarnate is kind of a theological term? But I think for physical therapists the idea of embodiment, which is what's meant by incarnate ... You know, if

you don't incarnate, if you don't act it out, then that's probably not being professional. And I think that's so important for physical therapists, because our work is hands-on work. And if you look at the work of, for example, Gail Jensen and her group looking at expertise, she found that great professionals are almost constantly guiding with their hands, and there's so much that physical therapists say through touch and through guiding and all those sorts of things. So, I think that idea of incarnating, that professionalism is about the attitudes, values, knowledge, and also about behaviors that come about in a very much embodied kind of sense for people.

QUESTION 3: HOW CAN A PROFESSION CONTINUE TO DEVELOP?

Well, I think that, for one thing, professionalism and I kind of started off down this line. There are two ways to look at this, and one of them is a personal sense: How do you put the core values? How do you put all the knowledge and values and attitudes together for yourself? And that's influenced in part by who you are, and where you came from. But the other part is strong professional identity that is transmitted through your teachers, and through powerful mentors, and all the people that you encounter. And it also has to be a strong message from the professional association as a whole about where we're going and who we should be. So, when we think about what's the threat to professionalism, I'm going to stop and think for a minute about our collective, who we are as a collective, and that's the physical therapy profession. And I think that, if we look at the history of what the professionalism project is, that that[the] whole social science inquiry that looked at what happens to professionals, and they start and they try to gain all those things. They have autonomy, they get a code of

ethics, they attempt to be self-regulating -all of those things, they're committed to society. So, they're kind of going down the checkbox of what does it mean to be a true profession. Okay so when we look at all of that, where have professions floundered. So, we go back to the three original professions. We look at law, medicine, and theology, and where they have faltered is in their commitment to society. So, in a sense [we look at] professions, [and] what professions do in exchange for the freedom to make judgements to act in the best interest of their patients. In exchange for those things, we say we'll be committed to society, and we have an unspoken, unwritten contract to society that we're going to put the interests of the collective forward. Well, when you look at where we are, I think the biggest threat in terms of all professions, I think at this time, in 2018, is that we have broken our contract with society. Do we act in the best interest of society, even for our patients? So, we live in a world where the talk is about return on investment, the talk is on how lucrative healthcare can be, on reimbursement, and very little of the dialogue is on what's best for the patient, what's best for society. So historically we can say this is where we floundered. Look at all the lawyers, doctors, and, gosh, the ministry. Was that not heartbreaking to realize? And the biggest thing of all we say, in exchange for autonomy, we pledge to self-regulate. That means that we're going to examine the behavior of our peers, where people are not acting in the best interest of the patient, when we're not acting in the best interest of society, we promise we'll do something about it.

So now you think about what happened with the ministry and what a tragedy, the children. So, you know I think that that's a big threat on a collective level.

QUESTION 4: WHAT IS A CURRENT BARRIER TO PHYSICAL THERAPY PRACTICE?

It's more difficult when you think about individual professionals, but I do think that the environment is very challenging, and we were just talking about the risk of burnout. So, the question is, when we go back, when we go back as far as managed care, can the individual professional continue to do their best for the patient in an environment when there is so much pressure to be efficient, productive, and lucrative? And I think that's a huge challenge for all professionals, and especially for Physical Therapy. For the longest time, I think we were a little shielded from that, and I think as the healthcare systems continues to evolve, I think those pressures will become even greater. We've had a tremendous gift, as physical therapists, to enjoy our job, to be able to engage the patient, to be able to interact in a meaningful way. And the question is, "How can we change the healthcare environment so that physical therapists can be able to continue to do that?"

QUESTION 5: WHO HAVE BEEN YOUR PROFESSIONAL ROLE MODELS, AND WHAT DID THEY TEACH YOU ABOUT BEING A PROFESSIONAL?

Oh, gosh, there's been so many people, and this sounds like an odd response, but I have to say that my father was a powerful model for me as a professional. Now, my father was a forklift truck operator, ex-farmer, and my mother was quite disabled from multiple sclerosis. And he essentially became a nurse for her, and he worked the nightshifts so he'd be able to take care of her. And he was such a caring, wise, patient individual that I think I learned an awful lot about caring for other

people from him, even though I'm not sure he'd call himself a professional. And then later in life, he started making violins. He started off making a bass for us, which is kind of weird, but you know he decided, "Oh," he said one day, "I've always wanted to make a violin." I went to get a violin, I was serious about music, and he said to the person that he was buying it [from], "Oh, I've always wanted to make a violin!" And there are those moments when you're with your parent, and you go, "What? How can this be? I've known you for twenty years or eighteen years and now you're saying you've always wanted to ... You don't even play the violin!" So, but, this was a side of him because he had these unbelievable hands. He had built a house. He was a carpenter. He was a dairy farmer, and those same hands cared for my mother. And I think that that kind of way of caring, embodied, with hands and just the kind of way he dealt with being so gentle was a real powerful model for me in terms of how to be in the world and a way to be with people, to constantly care, and the amount of sacrifice really, because you know surely he could have done more, in a way, than being a forklift truck operator, but he was an example early on of benefits lock because he could no more give up that health insurance that he had where he worked then. He wouldn't have been able to do some of those things. So, he was a powerful mentor. And then I'd have to say, being in the ministry, you know as I said being a second career person, I was studying in religious ethics and eventually pursued a doctorate in religious ethics. And in Boston I studied with Max Stackhouse, and one of the things that I learned from Max Stackhouse is this whole orientation towards ethics as a societal concern, and a different dimension that you have to look not only at what's going on face to face with people, but also looking at the social and contextual and institutional things that will impact upon the individual interactions. And I think I carried that concern kind of forward in some of the studies that I did.

QUESTION 6: THE SPARK THAT LIT THE FLAME: HOW DID YOUR JOURNEY AS A PHYSICAL THERAPIST BEGIN?

And so then, when I went to apply to Physical Therapy school as a second career, I was working on a doctorate in religious ethics, and I got to the point where I, this seems to be a pattern, I was about to take my comps. Now I passed the ordination exam okay, and then decided not to get ordained for various reasons. But then I was about to get ready to take my comps in Religious Ethics and I said, "You know, I don't want to do this anymore." And somebody said to me, "Well, then, what do you want to do?" And I just blurted out, "I want to be a physical therapist." Now I'd been thinking about this for a while, and I had a second cousin who was a physical therapist, and so I said, "Yeah, I want to be a physical therapist." And somehow, I knew in that minute that that was right. And so, I stopped what I was doing in my doctorate, which by the way financially is probably not the smartest thing to do, but a friend once described to me why she went to seminary, and it was that she had some unanswered questions from her childhood about Sunday school. And I did have some reasons I wanted to do that, and I got some pers ...I think I got some personal resolution on those issues. So, I started taking science courses. So here I had been involved in all this phenomenology, and social science, and all theology, and all this. And then all of [a] sudden, I'm like, "Boom!" and I'm in chemistry. This was a different way of thinking, right. Chemistry and physics and all that, and I go to interview at the University of Tennessee. And so we're interviewing, and now first thing I go, and I didn't really know this about getting into PT school, and I'm sitting, and I'm waiting, and there are two people on either side, and they're having this conversation that's like, "Is this

your first time?" And I'm thinking, "What do you mean, 'Is this my first time?' Is this my first time to what -- to interview?" And they're like, "Oh, well, I've interviewed three times and I haven't gotten in" and all this. And I'm like, "That's interesting." So, we go through the thing, and I did get in, and at University of Tennessee, the person who was the chair at that time was Anne Hightower. And so she said, "Oh, so you've been studying theology." And I said, "Yes" and she said, "Oh, you must be, you would be the next Ruth Purtillo." Which is interesting, because in no way was I ever the next Ruth Purtillo, but it was, it was ...uhm ... a sign to me at the time to, "Who is this Ruth Purtillo?" So, I would say that Ruth Purtillo has definitely been formative to me, as has Carol Davis, who is talking about affective education, and a variety of other people. So, I've had a lot of mentors in my career, from different perspectives. And I would also say my first boss, who's not famous, Penny Powers, she really helped me to understand the importance of being connected to the profession. If you're not connected to the profession as a collective, you're standing. You're just one tree, standing out there, and we know that trees withstand better wind in stance than individually.

About the Author



Melissa McCune is a second-year Doctor of Physical Therapy student at Emory University School of Medicine in Atlanta Georgia. As a dual degree student, Melissa is also pursuing her Master's in Public Health at Rollins School of Public Health at Emory University to gain a broader perspective on health and the meaning of disease and disability within our communities. Originally from Ohio, Melissa earned her Bachelor of Science in Applied Physiology at Wright State University in Dayton, OH. During her undergraduate career, she cultivated a passion for rehabilitation as she realized the capabilities of the human body to rebuild and recover. She's continued to work and seek out opportunities at the cross-roads of science, art, and the humanities. She has served as an AmeriCorps State and National member where she saw the effectiveness of teaching STEM education through an art-focused lens and the effect it had on building up her students and fostering healthy relationships within her classes. Melissa is currently working as the Senior Graduate Associate Editor for the Journal of Humanities in Rehabilitation where she hopes to shed light on unique perspectives that provide new insight and challenges the standard perspective on rehabilitation, human connections, and the experiences that we share.