This innovative 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.

**Introduction**

In this installment of the “Profiles in Professionalism” series, we sit down with Carol M. Davis, PT, DPT, EdD, MS, FAPTA. Dr. Davis is recognized for her scholarship and expertise in physical therapy education, professional socialization, and ethical decision making. Her research is focused on building the scientific foundation for and determining clinical outcomes of complementary therapies used in conjunction with traditional physical therapy services. In her interview, Dr. Davis gently urges physical therapy students and clinicians to contemplate their role as professionals and how the humanities can facilitate this professional formation.

**Biography**

Dr. Carol M. Davis is Professor Emerita in the Department of Physical Therapy at the University of Miami Miller School of Medicine and author/editor of numerous manuscripts and books, including: *Integrative Therapies in Rehabilitation, Evidence of Efficacy in Therapy, Prevention and Wellness, and Patient Practitioner*.
Interaction / An Experiential Manual for Developing the Art of Patient Care. In addition to her doctorate in physical therapy from Massachusetts General Hospital Institute of Health Professions, she has a doctorate in Humanistic Studies from Boston University.

The Interview

**HOW WOULD YOU DESCRIBE TO SOMEONE WHAT A PROFESSION IS AND HOW WOULD YOU DISTINGUISH IT FROM AN OCCUPATION?**

Well…first…my thoughts go back to how I used to talk about this with my students when they were new, just coming in off the street, to learn physical therapy. …We were talking about…what is [physical therapy]? Is physical therapy a profession? And they would say, “Oh yes, of course.” They “want to be professionals.” And I said, “What is it about wanting to be a professional?” I said, “Is your…hairdresser a professional? Is your auto-mechanic a professional?” “Oh yeah,” [they would say]. Well, what’s the difference between a professional physical therapist and a professional auto-mechanic? And they couldn’t quite figure it out but they did get the fact that you can act…with expertise and sometimes that then is described as performing professionally, but that you might not belong to a profession, per se.

And I asked them if they knew what the professions were and I said, “Now, there’s a joke about the oldest profession, and… that’s not the one I’m talking about!” And they didn’t know. I said that actually, there’s a whole sociology of professions and that the primary professions that are studied in the sociology of the professions are medicine, and law, and guess what? Theology. Because in theology, of course, it becomes really critical that as you develop yourself as a theologian you get a belief system that you profess. And that in fact serves as the core of who you are as a professional. You are professing your belief in God and how it frames itself in the doctrine of what you’re learning. Now…is physical therapy a profession in that sense? Well, it’s a part of the medical profession and we have a foundation that’s based on what Helen Hislop called in her wonderful McMillan [lecture], a pathokinesiology. We have our own basic science.

So then as we developed as physical therapists in our maturity we began to identify those elements of our profession that made us professionals: that we have our own body of knowledge, that we have a code of ethics, we have an understanding of a scientific approach, that we develop a body of knowledge that people can’t get on their own. They have to come to us for help. And that’s what we do in a significantly different way than physicians do. So yes, physical therapy is…a profession that is different from medicine…There is a way in which I think we can make a case that professionalism is about a kind of an energetic enthusiasm and inspiration about work, that occupations don’t have.

Occupations are largely about doing something that’s rewarding to make a living, for the most part. And you’re not usually called to do that. But with the profession of physical therapy, 99.99 percent of my students and applicants would say they thought about physical therapy as a profession because they wanted to help people.

And that core value, of wanting to be of service to people in need who couldn’t help themselves, [means] they need our expertise. We don’t heal people, but we help them to heal. We help them to become whole and balanced again, to come back into homeostasis, to
become integrated back into balance. And professionals are asked to do this because people need our help; they can’t do that by themselves. We spend a lot of time and a lot of effort and a lot of money and a lot of commitment in learning how to do this.

To graduate as a professional in physical therapy and then go out and practice as though you’re in an occupation, just putting the time in and making the money, would be the most devastating waste of human resource and time and a loss to humanity. Because we have many educational programs that really can prepare students to be truly professionals. I’d like to think the programs that I’ve been involved with and the program that you’re involved with do that.

**HOW HAS YOUR IDEA OF PROFESSIONALISM EVOLVED THROUGHOUT YOUR LIFE, AND HOW WOULD YOU DESCRIBE YOUR EARLY EXPERIENCE IN PHYSICAL THERAPY EDUCATION?**

How do I view professionalism now [compared with] when I started? Well, I was a child when I started. I was a child. I was 24 years old, but I was a young 24 years old. And I knew I loved science. And I wanted to help people but I didn’t want to work with people who were throwing up. My sister wanted to be a nurse, but I didn’t want to be around people that were throwing up. And I didn’t want to teach. I thought, you know, teaching, ugh, because I was trying to teach swimming and I didn’t understand that when you teach a psychomotor skill [laugh] it’s different from teaching other things. I had the wisdom to follow the direction of a friend of the family who said in 1967, “You have to go get a Master’s degree, because that’s what’s going to be required of you as a clinician. You’re going to have to be able to be with patients at a level far beyond a baccalaureate level of understanding.”

So…I applied to … and was accepted by Case Western Reserve University in the first Master’s program. There were 10 people in my class. It was a Master in Science [program], and we were learning physical therapy as an application of science, but I got my Master’s degree…in anatomy and physiology. And then I went out into—and I didn’t know if I wanted to be a physical therapist, I just knew I loved science and I wanted to be in a field that applied science. So…in no way was I any kind of embodiment of a professional person. I was a problem-solver. I was a novice in trying to figure out who am I…how can I be comfortable in the world…earn some money too, and do something that I enjoy?

**HOW SHOULD A PROFESSIONAL DEAL WITH THE UNCERTAINTY OFTEN EXPERIENCED IN CLINICAL CARE AND EDUCATION? HOW DO THE HUMANITIES HELP US BETTER UNDERSTAND OUR PATIENTS AND OURSELVES?**

It requires a willingness to mature into oneself. To question your own background beliefs and values and be willing to make a commitment to come into line with what the profession expects of us. In terms of listening carefully, acting with compassion, continuing our learning, and being able to tolerate ambiguity and tolerate circumstances where you don’t know what the right answer is, but you’re willing to read and learn and
think and go—especially to the humanities—to resources like poetry, like art, like culture. To broaden one’s view and perspective about the world, so that we can bring that back to our individual patients and enrich ourselves in the process.

About the Authors

Carol M. Davis, PT, DPT, EdD, MS, FAPTA is Professor Emerita in the Department of Physical Therapy at the University of Miami Miller School of Medicine and author/editor of numerous manuscripts and books, including: *Integrative Therapies in Rehabilitation, Evidence of Efficacy in Therapy, Prevention and Wellness and Patient Practitioner Interaction/An Experiential Manual for Developing the Art of Patient Care*. In addition to her doctorate in physical therapy from Massachusetts General Hospital Institute of Health Professions, she has a doctorate in Humanistic Studies from Boston University.

Melissa McCune, SPT is a third-year Doctor of Physical Therapy student at Emory University School of Medicine in Atlanta, Georgia. She also pursued her Master of Public Health degree at Rollins School of Public Health at Emory University during the 2018-2019 academic year. As a dual-degree student, Melissa wanted 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 the recipient of the 2019 Frank
S. Blanton Jr., MD Humanities in Rehabilitation Scholar award and is currently working as the Senior Digital Graduate Editorial Associate for the *Journal of Humanities in Rehabilitation*. By focusing on the power of human connection and our shared experiences, she hopes to provide a unique perspective and contribute in meaningful ways to the field of rehabilitation.