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When the workplace is on campus: Learning to write for a university speech language clinic

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WHEN THE WORKPLACE IS ON CAMPUS:
LEARNING TO WRITE FOR A UNIVERSITY SPEECH LANGUAGE CLINIC

BY
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DISSERTATION

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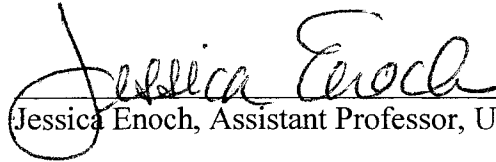
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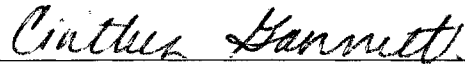
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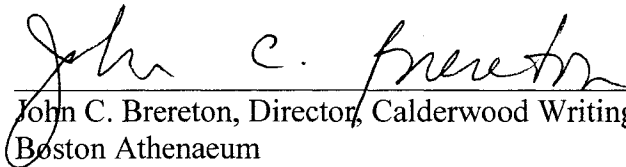University of New Hampshire

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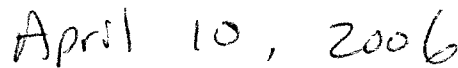
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Early in my undergraduate career, while at an end-of-the-semester gathering at a

professor's house, a roommate of the professor saw me staring at a hole in the dining

room wall. She told me that my professor had put his fist through the wall while writing

his dissertation. That image of the hole, which, in my mind, spoke to the agony and

isolation of dissertation writing, stayed with me through my undergraduate degree, then

my master's program, and then my doctoral program. I am happy to report that now, at

the end of my own dissertation writing experience, my walls remain whole—thanks to

the many who helped me during this project.

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I know that it is always a vulnerable feeling to share writing and writing instruction, especially when you don't identify as a writer or writing teacher, so I am especially thankful to all of those who gave me the opportunity to learn about writing and writing instruction in CSD—the clinic director, clinical faculty and supervisors, and graduate students in the CSD program at "Urban University" who participated in the study. I truly appreciate their generosity in taking time for interviews, sharing drafts and materials, reviewing transcripts, and reviewing chapters. I would like to give a special thanks to the clinic director, who generously took the time to read a draft of the entire dissertation and offer feedback. These participants, who must go unnamed, not only made this project possible, but also made the research process a joy.

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TABLE OF CONTENTS

LIST OF TABLES

LIST OF FIGURES

ABSTRACT

WHEN THE WORKPLACE IS ON CAMPUS: LEARNING TO WRITE FOR A

UNIVERSITY SPEECH LANGUAGE CLINIC

by

Michelle Cox

University of New Hampshire, May, 2006

Much of the literature on academic and workplace writing focuses on the

differences between these two writing arenas, leading Dias et al. to describe writing for

school and work as "worlds apart." Using insights from activity system theory and

rhetorical genre theory, this dissertation project investigates the possibility of middle

spaces between academic and workplace writing. Set in a Communication Science and

Disorders (CSD) master's program, this qualitative study follows five graduate students

as they learn workplace writing in a space that physically bridges academia and the

workplace, an on-campus speech-language clinic.

Findings indicate that the genres used in the on-campus clinic, as they are

informed by both academic and workplace writing, look different from those used by

licensed speech language pathologists. Some professional writing scholars might read

this distance between the writing students do in this program and the writing they will do

in the workplace as "bad news." However, findings also indicate that there is a great deal

of activity around student-clinical writing: supervisors use student writing to gauge

learning, supervisors engage students with the values and ideology of the profession

through student writing, and students begin to craft professional identity through writing. Student-clinical writing facilitates both the learning and the teaching process, and starts to bring the student into the culture of the profession of speech language pathology. In CSD programs, then, academic and workplace writing are not distinct "worlds," but exist as a continuum, as students learn different aspects as workplace writing as they move through the academic program, on-campus internship, off-campus internships, and into the workplace.

These findings have pedagogical implications for other on-campus workplaces, internship programs, writing courses, and courses across the curriculum. If the transition between academic and workplace writing is imagined as a leap between two distinct worlds, then students are left to flounder in the space between those worlds. But if that transition is seen as a gradual transition, a moving through sites that can offer different opportunities for teaching and learning professional writing, then instructors can work towards making those sites more effective spaces for students to learn professional writing.

INTRODUCTION

A speech language clinician is sitting across a table from a five-year-old boy. She has designed a number of activities that will, she hopes, hold the boy's attention for the hour of speech therapy, and will also help the child progress toward the goal of pronouncing the /s/ sound correctly, whether the /s/ appears at the beginning, middle, or end of a word, in combination with other consonants, or by itself. She is reading from a brightly colored storybook, stopping on each page to ask him questions about "Sammy the Striped Skunk." The word "striped" is particularly difficult for the child to pronounce, so the clinician asks the child to say the word slowly several times with her, while she shows him how she moves her lips and tongue. Once the story is done, she takes out markers and paper and draws pictures, asking him to guess what she is drawing—sun, string, snails, sandwich, smiley face. The clinician listens to the boy carefully and discretely jots down notes on the boy's performance between drawings. They then sing a song together about "Messy Bessie," and they get up from their chairs to dance while singing, moving around the small room that is no larger than a closet. Two camcorders, one peering down from a corner of the room and the other poking through the wall just above the table, catch their every move and sound. While dancing, the boy watches his reflection in the large mirror above the table, forgetting that the mirror is actually a window, behind which sit the clinician's supervisor and the boy's mother. At the end of the session, the clinician rewards the boy with cards from the Pokemon game

that he loves. She reads the names of the characters from the cards while he repeats them under his breath—Slowpoke, Sandslash, Salamence, Steelix, Scizor, and Blastoise.[1]

What is not visible in this scene is the writing that underscores each moment of the therapy session. Three weeks before this session, the clinician carefully read over the boy's chart, which contained a medical and speech-language history completed by the boy's mother, and reports, evaluations, and progress notes written by clinicians who worked with the child the previous year. Days before the session, the clinician wrote a lesson plan, detailing each activity that she would use with the child and how the activity related to the overall goals she had for the child's course of therapy. She had also started writing a treatment plan, which is a long report that details the course of therapy, the progress she anticipated the child would make, and the approaches she would use during the weeks of therapy to help him accomplish the goals. During the session, the clinician's supervisor took notes on how the clinician facilitated therapy and what she observed about the interactions between the clinician and the child. These notes will be discussed at a meeting later in the week. Directly following the session, the clinician will play and replay the videotape that was recorded during the session, taking notes on how many times the child made the /s/ correctly, and how the child responded to the activities. The clinician would then use these notes to write a progress note, which would also be discussed during the weekly meeting with the supervisor. At the end of the weeks of treatment, the clinician will refer back to these progress notes and the treatment plan to write another long report, the treatment summary, in which she will report on the child's

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[1] This scene is imaginary, but representative of a pediatric speech language therapy session focused on articulation. I thank Jeanne O'Sullivan, a CSD clinical faculty member at the University of New Hampshire, for verifying that the scene is realistic, and for offering suggestions to make it more so. I also thank Gaven Cox, my son, for sharing his Pokemon card collection with me and identifying character names that feature /s/.

progress and make recommendations on whether the child should continue with speech therapy and what that therapy should focus on.

What is also not visible in this scene is the wider context. The therapy session I described takes place not in an elementary school or at a private practice, but on a university campus. The clinician is a first-year graduate student in a Communication Science and Disorders (CSD) masters program. The clinic is located in the same hall where the graduate student attends seminars on such topics as articulation, phonology, and disfluency. The supervisor is a university faculty member, who, along with other clinical faculty, co-teaches the clinical practicum course in which the student is enrolled. The supervisor is also the student's mentor, responsible for guiding the student as she learns clinical practice and as she writes clinical documents. Some of the documents that the student writes, particularly progress notes, the treatment plan, and the treatment summary, will be filed in the child's permanent chart. Before that happens, though, the supervisor will give copious feedback to the documents, writing comments in the margins and discussing the documents during meetings, and the student will need to address the comments before the supervisor signs off on them, giving the okay for the documents to be filed. Some of the documents, particularly the treatment plan, will go through an extensive revision process, cycling back and forth between the student and supervisor as many as five times before being finalized. As part of the child's chart, these documents will play a critical role during the next semester of therapy, as the next student-clinician to work with the child will rely on the documents as she creates her own lesson plans and treatment plan. The documents also play an important role in the student's education, as the student will place copies of them in her program portfolio, which documents her

progress through the masters program, and the supervisor will refer back to these documents when grading the student's performance in clinical practicum, and again, before graduation, to make sure that the student has completed all of the program's requirements.

I began working with graduate students in Communication Science and Disorders in 2001, when I was asked to consult with the CSD masters program at the University of New Hampshire as part of a Writing Across the Curriculum initiative. When I began serving as a WAC consultant, my participation in the CSD program was limited to meeting with the students to conference on their clinical writing and to helping clinical faculty facilitate workshops on clinical writing. The clinical educators who hired me faced the challenge of preparing students for the different workplaces in which speech language pathologists practice, as speech language pathologists work in school systems, rehabilitation clinics, hospitals, private practices, and as consultants. Their clients can range from young children with language delays, to adults with language disorders resulting from an injury or medical problem, to adults with language delays and disorders as part of overall delays from cognitive disorders. As many students and professors have since told me, all three of these factors—the type of workplace, the age of the client, and the type of disorder—greatly impact the writing.

During the four years I served as a writing consultant, I became increasingly involved in trying to figure out how to best help the CSD graduate students learn the myriad forms of writing in the profession of speech language pathology. In collaboration with clinical faculty, I helped to design writing workshops, participated in research on clinical writing, presented on this research at the American Speech Hearing Association

national conference, and designed clinical writing assessment tools. At the same time, I began teaching an introductory course in technical writing and began reading the literature on teaching technical and professional communication, and the research comparing academic and workplace writing. The on-campus clinic, as a fully operational workplace situated in an academic context, provides CSD professors with opportunities for teaching writing that most technical and professional writing teachers can only dream of, and yet I found that CSD professors still face enormous challenges when mentoring their students into the many forms clinical writing takes. In many ways, the CSD professors face the same question I do when I teach composition courses: as writing is embedded in context and activity, how can we effectively teach a student to write for a rhetorical space outside of the one that both the teacher and the student are situated within?

Much literature on academic and professional writing discusses these the writing arenas of school and work as highly distinct, and even opposing. For instance, in *Worlds Apart: Acting and Writing in Academic and Workplace Settings*, Patrick Dias, Aviva Freedman, Peter Medway, and Anthony Paré have described academic writing as individualistic, feedback to academic writing as focused on assessment, and the conditions for academic writing as highly controlled by the instructor. In contrast, they describe workplace writing as collaborative, feedback to workplace writing as focused on improving the text, and the conditions for workplace writing as more spontaneous and less in control of the supervisor. In light of this and other research, I began to wonder whether students writing for the on-campus clinic felt that they were at school or work, writing as students or clinicians. In 2002, I conducted a study examining the notion of

textual ownership in student-clinical writing written for an on-campus speech language clinic. I found that student-clinicians characterized re-use of text in clinical documents in a single chart as plagiarism, and tried hard to avoid this practice. However, it is necessary to repeat certain pieces of information in this type of professional writing, particularly in sections of clinical reports that describe a client's speech and medical history. These findings indicated that the students were applying concepts from academic writing to professional writing. The results of this study motivated me to embark on this project for my dissertation.

For this dissertation project, I moved to another on-campus speech language clinic to understand both the rhetorical space of the on-campus clinic, and what students learn about professional writing from this middle space between the worlds of school and work. In short, I found that the genres used in the on-campus clinic, though informed by both academic and clinical writing, look very different from those used in the workplaces students will find themselves in as speech language pathologists. Some professional writing scholars might read this distance between the writing students do in this program and the writing they will do in the workplace as "bad news." However, I also found that there is a great deal of activity around student-clinical writing: supervisors use the writing to gauge student learning, supervisors engage students with the values and ideology of the profession through the writing, and students begin to craft professional identity through writing. As one supervisor put it, student-clinical writing is a "teaching vehicle," and a highly transactive one at that, as the writing does not simply demonstrate learning, but facilitates both the learning and the teaching process, and starts to bring the student into the culture of the profession of speech language pathology. These findings have

implications for rhetorical genre theory, as well as pedagogical implications for other programs that use on-campus workplaces, internship programs, writing courses, and courses across the curriculum.

In chapter one, "Writing Across the School / Work Divide," I introduce the theoretical questions that are at the heart of this dissertation, questions on the relationship between writing and context, between learning how to write and context, and the transferability of writing knowledge across rhetorical contexts. I then review the theories and literature that frame and inform this dissertation, focusing on the relationship between genre, social context, and learning, as well as literature on the transition from academic to workplace writing. Much literature on academic and professional writing discusses these two writing arenas as highly distinct. However, activity theory and rhetorical genre theory suggest the possibility of overlap of academic and workplace activity systems and genre systems, creating new rhetorical spaces that are both distinct from and influenced by both systems.

In chapter two, "Researching Writing across the School / Work Divide," I describe my research method, including research design, setting, and participants. This qualitative research project focuses on case studies of five Communication Science and Disorders graduate students interning in an on-campus speech-language clinic, a site where the worlds of school and work meet. These case studies are supplemented by interviews of clinical educators, analysis of supervisor feedback to student-clinical writing, and field observations during clinical practicum. In this chapter, I also explore the constraints particular to conducting research on medical writing and workplace writing.

In chapter three, "In the Middle: Genres between School and Work," I explore how student-clinical writing is shaped by both school and work, as the genres written for the on-campus clinic provide important functions in both clinical education and in professional preparation. The work of Dias, Freedman, Medway, and Paré in *Worlds Apart* provides an important framework for this chapter. Their insights into how academic and workplace writing contrast provided me with a way of interpreting how the on-campus clinic as a setting for writing compared with other academic and workplace settings.

In chapter four, "Learning to Write between School and Work," I argue that student-clinical writing, despite its differences from the professional writing of speech-language pathologists, functions as important professional preparation. Amy J. Devitt's elaboration of rhetorical genre theory in *Writing Genres* provides the theoretical lens for this chapter. Devitt expands the definition of rhetorical context to include the other genres that a genre interacts with, and the wider culture that the genre is situated within. Focusing mainly on the context of culture, I explore how student-clinicians learn about the ways of interpreting, valuing, and doing specific to speech language pathology, aspects of culture handed down through supervisor feedback to student-clinical writing.

In chapter five, "The Best of Both Worlds," I summarize my findings, discuss implications of the study for rhetorical genre theory, suggest areas for further research, and explore pedagogical implications. I discuss how the on-campus clinic, as situated within both school and work, can take advantage of the best teaching and learning opportunities available in both worlds, and discuss how compositionists can assist programs such as CSD that create middle spaces between school and work take better

advantage of these opportunities. I discuss how internship programs, composition classrooms, and classrooms across the university can create bridges between the classroom space and rhetorical spaces outside of the classroom, and introduce the idea of the "Academic to Workplace Writing Continuum" as a way of understanding how these different sites can help students transition between school and work.

I. WRITING ACROSS THE SCHOOL / WORK DIVIDE

This chapter examines questions that are central to this dissertation, and that continue to be central to a social perspective on writing: questions on the relationship between writing and context, between learning how to write and context, and the transferability of writing knowledge across rhetorical contexts. Writing Across the Curriculum (WAC) scholars have long wrangled with these questions, asking how student writers negotiate the complex rhetorical spaces of the university. It seems natural that these questions would lead to questions about how the writing students do in university courses then prepares students to write in the workplace. In fact, it was at an NEH summer institute on WAC that Lee Odell and Dixie Goswami started the conversation that eventually led to the watershed text on workplace writing, *Writing in Nonacademic Settings*, published in 1985. In the preface, the authors tell us that they were team teaching at this institute when they realized that they did not know enough about "the sort of writing college students might have to do once they finished their schooling and began their careers as, say engineers or lawyers or business executives" to even "speculate" about what this writing might look like (vii). As Russell Hunt tells us, before the publication of Odell and Goswami's text, workplace writing was "generally assumed" to be "hardly worth study": "Not only was it smeared with toil and bleared with trade, it was so obviously simple as to be unworthy of serious attention" (4). Their text, which gathered early articles on research and research methods in workplace writing, opened the door to serious studies on writing beyond the college classroom.

In the opening chapter of Odell and Goswami's collection, Paul Anderson asks a question that continues to be pertinent to WAC and professional writing scholars and teachers: "It remains unanswered whether on-the-job experience is so important because of deficiencies in college writing courses or because the writing done at work simply cannot be taught adequately in the classrooms" (68). Since the publication of Odell and Goswami's book, a number of studies have emerged that take up this question, some pointing to problems with composition pedagogy, others pointing to the necessity of learning professional writing within the "authentic" context of the workplace.

Anderson's question begs an either/or answer, suggesting that there is no transitional space between school and work, no middle ground. The setting of my study, a university speech language clinic designed to give graduate students in Communication Sciences and Disorders (CSD) practicum experience, complicates Anderson's question, as this clinic physically bridges school and work. The extent to which the on-campus clinic also bridges academic and workplace writing is the burden of this dissertation project. Recent developments in theories on the relationship between writing and context suggest that rhetorical context is complex and multilayered, existing within both objective and subjective realities, a perspective that sheds new light on what it might mean to write in the middle of two rhetorical spaces. In this chapter, I elaborate on this middle ground. First, I discuss how activity theory, rhetorical genre theory, and situated learning theories offer perspectives on how writing is related to specific activities, rhetorical encounters, and locations. Then, I discuss studies that compare writing in school and work, as well as studies on bridges from academic writing to workplace

writing, such as case study projects, service learning projects, and internships, to discuss what may lie between academic and workplace writing.

Writing and Context

Over the past twenty years, a number of theories have emerged that help us conceptualize the relationship between writing and social context. In 1980, Stanley Fish introduced the idea of "interpretive communities" to describe groups of people who shared the same "interpretive strategies," ways of seeing that "seem 'naturally' available," requiring "a special effort to see that they are the products of circumstances" (161, 309). In the early eighties, based on the idea of interpretive community, discourse community theory was used in Composition Studies to describe the challenges faced by first-year students, particularly basic writers, with college writing. In her landmark essay on discourse community theory, "Cognition, Convention, and Certainty: What We Need to Know about Writing," Patricia Bizzell talks about how students are often criticized as being poor thinkers when their writing does not meet their professors' expectations, and argues that it is the students' distance from academe that is to blame. Bizzell's answer then is for composition teachers to give students access to the academic discourse community by demystifying the conventions of academic writing. David Bartholomae, in his influential article, "Inventing the University," points out that what teachers call "development" in student writing is the writer's closer approximation of academic discourse (144). In order to write as academics, students must "bluff" by imagining themselves as "insiders," as students aren't steeped in the "scholarship, analysis, or research" that gives academics their authority (136). Bizzell and Bartholomae not only

talk about how discourse community theory sheds light on the struggles of student writers, but also acts as a corrective to cognitivist views of writing. Much of Bizzell's article is a critique of Flower and Hayes' studies of the writing process, which, she argues, artificially separate form from content, and the writer from the wider social context. Bartholomae discusses how Flower and Hayes present writing as a "problem" to be solved by an individual mind, not an act that takes place in relation to readers, other texts, and fields of knowledge (141). Discourse community theory was an important development in composition studies, expanding our perspective on the complex social demands of student writing.

Though discourse community theory responded to some of the shortcomings of cognitivist views of writing, this theory can lead to limited views on the relationship between writing and social context. As Joseph Harris has argued, discourse community theory represents discourse as static, gives the impression of homogeneity within a community, and invokes "warm and fuzzy" notions of community (Idea of Community). In *A Teaching Subject: Composition since 1966*, Harris argues that descriptions of discourse communities are "at once sweeping and vague: positing discursive utopias that direct and determine the writings of their members, yet failing to state the operating rules or boundaries of these communities" (99). Harris critiques Bizzell for presenting the language used in universities as "oddly lacking in conflict or change" and Bartholomae's representation of students as "wholly foreign" to the languages of academia, though most college students have experienced at least twelve years of schooling before reaching our classrooms (99). John Trimbur has also pointed out the dangers of asking students to "participate in the conversation and consensual practices of various discourse

communities," and argues that composition teachers should instead invite students to "explore the rhetoric of dissensus that pervades writing situations" (612).

I would like to raise another problem with discourse community theory, one illustrated in this passage from Bartholomae's "Inventing the University":

> The student has to learn to speak our language, to speak as we do, to try on the peculiar ways of knowing, selecting, evaluating, reporting, concluding, and arguing that define the discourse of our community. Or perhaps I should say the *various* discourses of our community, since it is in the nature of a liberal arts education that a student, after the first year or two, must learn to try on a variety of voices and interpretive schemes—to write, for example, as a literary critic one day and as an experimental psychologist the next. (134) (italics in orig.).

In this passage, Bartholomae invokes the writing of professional academics while discussing student writing. He does not question whether the literary critics or experimental psychologists who work for the university expect their students to write as they do for their profession, or if it is even possible for students to do so. This easy move from academic writers to professional writers highlights a problem with the theory Bartholomae is using, as discourse community theory encourages us to see language use tied to a specific discipline, and then see that discipline as regulating discourse use, whether that discourse is used at school or at work, by a student or by a professional. Students taking an introductory course in psychology, then, are seen as part of the same community of discourse users as experimental psychologists, when, in reality, students and professors participate in very different writing communities, activities, and processes, and have very different reasons to write, goals for writing, and readerships. Deciding on the parameters of a writing community using discourse community theory can lead to groupings of writers that actually have only the most tenuous of connections.

Activity theory, introduced to composition by David R. Russell, avoids some of the pitfalls associated with discourse community theory by positioning activity, not writing, as the focus of human interaction, and then examining writing in relation to that activity. In "Activity Theory and Its Implications for Writing Instruction," Russell draws on Soviet activity theory to describe activity systems as "goal-directed, historically situated, cooperative human interactions," where subjects (such as readers and writers), mediational means (or tools, such as writing), and objectives (such as the goal that provides the exigence for writing) are integrally connected (53). This theoretical framework expands our perspective to consider how writing is fully integrated into activities, both giving shape to those activities, and being shaped by the activities. In "Activity Theory and Process Approaches: Writing (Power) in School and Society," Russell discusses how activity theory solves some of problems Harris and others have raised about discourse community theory: "An activity system is a unit of analysis of social *and* individual behavior, something like a discourse community, but it allows us to think about tools without confining ourselves to discourse and about people who interact purposefully without confining ourselves to the warm and fuzzy notion of community" (82). While discourse community theory can lead to the impression that discourse within a community is unchanging and convention-bound, activity theory presents writing as "a complex, dialectical interaction" between the writer and the "social structure" of the writing context (Schryer, Lingard, Spafford, and Garwood, 65). As Patrick Dias discusses in "Writing Classrooms as Activity Systems," activity theory can help us describe writing as part of a "dynamic reality," one with "shifting interests, changing

participants, roles, relationships, contexts, and goals; a multilayered reality operating on multiple planes, and continuously constructed" (21).

Activity theory has proved a generative framework for studying workplace writing, as it helps to explain the view professionals themselves often take of writing. Professional writing is so intertwined with activity, that writers often do not see themselves as writing, per se, but as accomplishing the activity that the writing is part of. Anthony Paré, in a listserv discussion on professional writing, wrote that when he was conducting research on the writing of social workers, he learned to avoid asking questions about their "writing," which would only yield "painful disclaimers" such as "I'm a terrible writer," and, "I can't spell, and my grammar is awful." Paré found he needed to change his approach to ask about "recording," which yielded "rich, thoughtful, confident replies."[2] In my own research, I have noticed that speech-language pathologists (SLPs) rarely see themselves as writers. For example, when an SLP writes recommendations, it is the goal of persuading a client's parents or the next clinician to take a specific course of action that the SLP is focused on, so much so that the writing itself is not seen as a discrete activity.

Activity theory is also useful in distinguishing between rhetorical domains. In their study of a student interning in a journalism program, Jean Ketter and Judy Hunter use activity theory to discuss the complex negotiations the student had to make when moving between academic and workplace activity systems. In her study on the interactions between health care providers and insurance companies, Susan Popham uses activity theory to discuss the contradictions in the roles, goals and values of these two

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[2] I thank Anthony Paré for giving me permission to quote his listserv posting, and for reviewing this paragraph to verify that I did not misrepresent his statements.

communities, and how these contradictions shape writing. For my own study, conceptualizing school and work as different activity systems allows me to see the on-campus clinic as a place of overlap, a place where students and teachers need to negotiate the two systems while writing and teaching writing.

While activity theory offers a view of writing as dynamic and integrally related to other activities, placing parameters around activity systems can be as problematic as placing parameters around discourse communities. For example, how small or large can an activity system be? Can it be as small as one student and one teacher (the subjects) using a specific written document (tool) to accomplish one particular goal (objective)? Or can an activity system be as large as a university? In their article, "Tasks, Ensembles, and Activity: Linkages between Text Production and Situation of Use in the Workplace," Robert J. Bracewell and Stephen P. Witte discuss this same problem. Because of their difficulty placing parameters around activity systems, they propose a new unit of analysis: an ensemble. Bracewell and Witte define ensemble as a group of people who come together to accomplish a specific task, a task that has a clear beginning and end. Writing would be the mediational means used in accomplishing the task. While ensemble theory offers a way of delimiting activity systems, it does not help projects, such as mine, that study groups that come together for other kinds of interactions, or with other kinds of beginning and end points. Ensemble theory may in the end be most useful to the types of situations Bracewell and Witte are interested in: joint writing by people with diverse professional orientations around one specific task.

Another aspect of activity theory that can be problematic is the lack of attention to individual writers and what they bring to a writing task. As Amy J. Devitt points out in

her critique of activity theory, "the emphasis on the activity systems within which people operate makes it difficult to see the individuals, the people whose actions construct these systems [. . .] the emphasis on systems too easily loses sight of the messy, the lived experience, the intensely local and micro-level construction of those systems by people" (26). She later says that activity theory "diminishes the role of people in creating and using genres" (47), to the extent that "people [can] move in and out of activity systems with the systems apparently existing separately from them" (48). Activity theory is a useful lens for looking at how writing is related to other activities, but may be too abstract to use as a framework for designing a study on writing.

North American genre theory, a line of theory originating with Carolyn Miller's reconceptualization of genre, offers a perspective on the relationship between writing and social context that does not lose sight of the agency of individual writers. In the mid-eighties, Carolyn Miller turned the notion of genre on its head, by arguing against definitions of genre that focus on "the substance or the form of discourse" and for a definition focusing on "the action [the genre] is used to accomplish" (24). Miller argues that genres "represent typified rhetorical action," a redefining of genres as dynamic actions situated within social contexts and motivations (24). The typification of genre creates "a socially recognizable way [for a writer] to make his or her intentions known. It provides an occasion, and thus a form, for making public our private versions of things" (30). Static theories of genre deny individuals agency, as they represent genres as fixed forms that writers then adopt. Rhetorical theories of genre focus more on the complex interplay between writers and recurring forms, with genre "mediating private intentions

and social exigence [. . .] connecting the private with the public, the singular with the recurrent" (Miller 37).

As genres both reflect and partly shape social context, a study of a genre would reveal much about the context in which it is situated. As Miller theorized, genres "serve as keys to understanding how to participate in the actions of a community" (39). In "What Written Knowledge Does: Three Examples of Academic Discourse," Charles Bazerman explores this aspect of Miller's theory, analyzing and comparing scholarly articles from the fields of molecular biology, sociology, and literary criticism. Bazerman finds that "each [article] reveal[s] something about its discipline, not so much in the specific writing choices as in the context in which each of those moves make sense; not in the moves, but in the hints about the gameboard revealed by the moves" (47). From his research, Bazerman theorizes how genres emerge, using language that echoes Miller: "Writers find in existing models the solution to the recurring rhetorical problems . . . As these solutions become familiar, accepted, and molded through repeated use, they gain institutional force. Thus through genre emerges out of contexts, it becomes part of the context for future works" (8).

While genre theory provides a generative frameworks for examining writing practices, use of this theory can lead to studies that are primarily descriptive, without challenging those writing practices or examining the sociopolitical forces that also shape writing. Catherine F. Schryer, in "The Lab vs. the Clinic: Sites of Competing Genres," brings a needed critical edge to genre theory. Her study of the writing of veterinary scientists and practitioners revealed that power dynamics between these two groups were reinscribed in their professional writing. Schryer invokes Bakhtin's theories to discuss

genres as "inherently ideological": "they embody the unexamined or tacit way of performing some social action. Hence they can represent the ways that a dominant elite does things" (108). Referring to Bakhtin, Schryer argues genres that should be studied as part of a genre system as genres are "in a dialectic with each other and thus constantly influencing and changing each other" (108). As genres are "sites of struggle between centripetal and centrifugal forces within language," Schryer describes genres "stabilized-for-now" or "stabilized-enough" (108).

Schryer's focus on the relationship between genre change and sociopolitical context highlights a need for an elaboration of genre theory that includes ideological aspects of genre. Amy Devitt, in her theoretical monograph, *Writing Genres*, answers this call, by further detailing how genre relates to both objective and subjective context, and emphasizing the role of culture as part of the context of genre. Devitt describes genre as existing at the nexus of three layers of context: context of situation, context of culture, and context of genres. She describes each of these contexts as both "material and symbolic," and as acting "simultaneously and interactively within a genre" (29). The context of situation refers to the writers' and readers' "notion of recurring situation" which includes "participant roles, purposes and uses of language" (29). This idea of genre as related to a situation that is perceived as recurring has been part of genre theory since Miller's reconceptualization of the theory. The other two layers of context— culture and other genres—are what Devitt brings to the theory. Devitt tells us, "What I wish to capture by adding the concept of culture to our genre definition are the ways that existing ideological and material contexts, contexts beyond the more immediate context of situation of a particular genre, partially construct what genres are and are in turn

constructed (reproduced) by people performing genre actions" (27). She also notes,

"Though the cultural context has perhaps been the least investigated until recently, a

definition of genre that includes a distinct context of culture provides a source for

explaining significant facets of genre" (27). The context of genres includes "all the

existing genres in that society, the individual genres and sets of genres, the relatively

stagnant and the changing genres, the genres commonly used and those not used" (28).

Devitt explains why recognition of this layer is significant: "Adding a context of genres

to genre theory acknowledges that the existence of genres influences people's uses of

genres, that writers and speakers do not create genres in a generic void, that people's

knowledge and experience of genres in the past shape their experience with any particular

discourse and any particular genre at any particular time" (28).

 Devitt's description of three intersecting contexts of situation, culture, and other

genres offers lenses that may be particularly helpful for explaining writing situated along

contact zones between activity systems, or in places where activity systems overlap.

Genres in these middle spaces would be influenced by the ideologies, value systems,

power dynamics, genre sets, genre systems, and genre histories of both of the involved

activity systems. People writing in these middle spaces would need to negotiate the

contexts of situation, culture, and other genres of both activity systems, negotiating

across competing rhetorical, sociopolitical, and generic realities. Devitt's elaboration of

rhetorical genre theory, providing insight into context as multilayered, complex, and

dynamic, may be the key to articulating what it means to write in the middle of school

and work.

How Writing is Learned and Context

Situated learning theories are often invoked in studies that highlight differences between how students and novice professionals learn to write in school and work, as these theories propose a relationship between learning and location. Barbara Rogoff's theory of "facilitated participation" has been used by researchers to characterize learning in academic settings, while Jean Lave and Etienne Wenger's theory of "legitimate peripheral participation" has been used to characterize learning in workplace settings. Rogoff studied children to understand the cognitive apprenticeship that (mainly) middle-class children experience at home, and theorized that adults simplify and break down tasks to make them manageable for children, and then gradually increase the complexity of the task. Lave and Wenger studied adult learners—apprentices of midwives, tailors, naval quartermasters, and meat cutters—to understand learning as social interaction. They theorize that "old-timers" help "newcomers" enter workplace activity gradually, by giving novices small manageable tasks that position them at the periphery of professional work, and then gradually bringing novices into positions that require more knowledge of the professional activities and communities. Though these theories are used to describe learning in different domains, they are actually quite similar. Both of these theories take Lev Vygotsky's insight that learning is a social action as their beginning point. Both of these theories are based on the concept of apprenticeship, though Rogoff uses this term metaphorically and Lave and Wenger use this term literally. Perhaps most importantly, in both of these theories, learning is conceived of as inseparable from activity. As Rogoff says, "[learning] is a process of becoming, rather than acquisition" (142).

If we look at Rogoff and Lave and Wenger's theories through the lens of activity theory, we see that the goals of the activities are very different. Comparing these theories, Freedman and Adam explain, "in guided participation the goal of the activity itself is learning; in legitimate peripheral participation the learning is incidental and occurs as part of participation in communities of practice" (Write Where You Are, 34-5). When the goal of the activity is learning, the teacher seeks to create "mediating steps" to move the learner from less complex tasks to more complex tasks. The writing process that Paradis, Dobrin, and Miller term "document cycling," where workplace documents are revised as they get cycled back and forth between supervisors and novices, may help novices learn to write for their profession, but the goal of the activity is not learning, but is to complete whatever activity that piece of writing mediates.

Neither way of learning, facilitated participation nor legitimate peripheral participation, happens automatically. As many proponents of the WAC movement have argued, university educators need to create mediating steps to help their students learn to write for their discipline. Likewise, in workplace settings, "old timers," or, to use the term I prefer, "long timers," need to create the circumstances that allow for legitimate peripheral participation, which gives novices access to disciplinary activity. Novices could just as easily (or, perhaps, more easily) be given tasks that do not help them gain this access. In spaces where academic and workplace contexts overlap, there exists the potential for students to benefit from the ways of learning afforded by each context. In her study on projects that use academic/workplace collaboration, Ann M. Blakeslee concluded that both the university and workplace contexts aided student learning, as

students "were able to get a taste of workplace practices while still experiencing the structure, support, and familiarity of the academic learning environment" (361).

It may be, however, that situated learning theories are more helpful in discussing how the learning of activities is situated, rather than how the learning of writing is situated. As Russell has argued, apprenticeship, as a metaphor for learning to write, has serious limits, and goes on to detail three, which I will summarize ("Limits of the Apprenticeship Model"). First, studies of apprenticeship are based on activities that do not require formal schooling, such as sewing and butchering, and so cannot account for the effects of formal education on work environments. Second, apprenticeship studies are based on work models that have little relation to late modern work environments where "extensive filing systems, document cycling, and multi-media communication continually problematize the dyadic master/apprentice relationship" (2). And, third, the division between "newcomer" and "old timer" is becoming blurred in today's work environments, as "newcomers" often have expertise in areas that "old timers" do not, and that some workplaces, in recognition of this dynamic, even encourage a model of mutual learning. Furthermore, I would argue that the process of learning writing is very different from the process of learning more hands-on activities. What can be learned about writing from sitting beside a "master" writer and watching that master write has its limits. Furthermore, as situated learning theories rely on a conception of context that equates context with location, use of these theories can further polarize academic writing and workplace writing.

In rhetorical genre theory, as elaborated by Devitt, context is more multifaceted, relying less on objective reality, and therefore has the potential to help us describe spaces

for learning as more elastic and dynamic. In *Writing Genres*, Devitt does not say much about how genres are learned, but she does offer anecdotal evidence on how the context of other genres may contribute to the learning of unfamiliar genres: "Many teachers are familiar with how students draw from known genres, like narratives or personal experience essays or plot summaries, when asked to write unfamiliar genres, like critical analyses" (28). She then theorizes, "the existence of prior known genres shapes the development of new or newly learned genres" (28). Devitt does not articulate how the other two layers of context—context of situation and context of culture—relate to learning, but inquiry in this direction may prove promising. Context of situation refers to both the actual situation, that is, the goals and expectations of the reader, the goals and expectations of the writer, the physical constraints on writing, and the exigencies for writing, the activities writing takes part in, as well as the perception of similarity between situations, as it is perceived similarity of situation that causes a writer to choose a particular genre. The context of situation, both objective and subjective, may contribute to the learning of genre, for, if a writer perceives a workplace writing situation as being similar to a the situation of a writing task undertaken at school, that school project may then act as a bridge into workplace writing. The context of culture, as the context that is least attached to physical space, but describes the values, ideologies, and beliefs embedded in ways of writing, may have the most potential for describing what writers can learn about writing in work while still in school. The context of culture also has the potential for causing contradictions in rhetorical spaces between activity systems, which would then need to be negotiated by the writer. Devitt's intersecting contexts of genre

offer numerous avenues for research into how writing is learned, particularly in those middle spaces between activity systems.

From School to Work

The polarization of academic writing and workplace writing are not only driven by some of the theories that frame these discussions. As Anderson's question about whether students can learn professional writing in classrooms suggests, when workers do not write the way their employers would like them to, schools get blamed. Partly in response to this cycle of blame, much research in workplace writing focuses on the differences between academic and professional writing. The most comprehensive and definitive of these works is Patrick Dias, Aviva Freedman, Peter Medway, and Anthony Paré's *Worlds Apart: Acting and Writing in Academic and Workplace Contexts*. In this landmark text, the authors compile findings of longitudinal ethnographic studies in academic programs and workplace settings of four fields: law, finance, architecture, and social work. Drawing on activity theory, rhetorical genre theory, and situated learning theories, the authors use a number of points of comparison to describe how writing functions in academic and workplace settings, including reader and writer roles and expectations, writing processes, sites for writing, exigencies for writing, how writing is evaluated, stability of the genres, intertextual density of documents, and the relation between writing and activity, among others. As the book's title indicates, Dias et al. conclude that writing for school and writing for work are indeed "worlds apart." In school, a student often writes individually for a singular author (the instructor), who often knows more about the topic than does the student, but is nevertheless obligated to read the entire text, and reads with the goal of assessing the student's knowledge. In the

workplace, writing is often collaborative and readers are multiple and varied; readers have less knowledge of the topic than does the writer, and typically only read parts of documents, and with particular purposes in mind, many that have to do with taking particular actions based on the document. Dias et al. conclude that "workplace writing cannot fail to be radically different in some ways from university writing given the significant difference in its social context," and that these differences are "endemic to the institutional situations and necessarily affect the form and the process of writing in fundamental ways" (12).

Dias et al. do not offer many suggestions for how composition scholars can help students transition from academic to workplace writing, and even suggest that composition courses work against this goal. At the end of their book, Dias et al. offer one page on "bridging the gap," where they point out that composition courses are most prevalent in North America, and suggest that in other parts of the world, "a view of writing as integrally woven into disciplinary knowing and integrally bound up within action and activity" prevents writing from assuming "a distinct identity and seeming autonomy" in the minds of students, teachers, and employers (235). They go on to say, "It seems reasonable that the embeddedness of writing in workplace practices ought to be replicated in school settings as well, if it isn't for the fact that the process of education does often operate on a model of detaching skills and practices from their workaday settings in order to teach them effectively" (235). Drawing on Engeström, they state that writing courses may actually act as a "deterrent rather than an aid to learning to write," as writing courses "encapsulat[e] knowledge and skills," separating it from the activities writing mediates in other settings (235). To return to Anderson's question, Dias et al.

conclude that professional writing cannot be effectively taught within academic courses, and go further to suggest that composition courses can actually deter students from learning to write—a conclusion that few composition scholars would want to hear.

I would like to briefly contextualize *Worlds Apart*, by mentioning that the authors of this text are situated in Canada, where few colleges or universities have compulsory composition courses. In light of the paucity of general composition courses, much Canadian composition research focuses on writing in the disciplines and writing in professions. Dias et al.'s claim, then, that general writing courses deter the learning of writing is not heard the same way by Canadian composition scholars as it is heard by their American colleagues. However, even among Dias et al.'s Canadian colleagues, *Worlds Apart* received mixed reviews. In his review, Russell A. Hunt, who is highly active with the Canadian Association for the Study of Language and Learning's (CASLL) community, describes *Worlds Apart* as a "watershed" text, a "culmination" of the line of scholarly work inspired by Odell and Goswami's *Writing in Nonacademic Settings*, and further evidence of the richness of workplace writing. He also highlights Dias et al.'s use of activity theory and rhetorical genre theory, saying that, used together, these theories "afford us a rich, binocular understanding of the nature of writing and the contexts in which it's learned" (4). However, Hunt feels that the authors, perhaps in their effort to showcase the differences between writing for school and work, overly polarized writing in these two settings, to the point that the book should be titled "*Planets Apart*" (6). Moreover, Hunt expresses "disappointment" that Dias et al. seem to assume that "there's nothing out there in the space between the worlds" of school and work (7).

In his review "Worlds Apart or a Global Village: Rethinking the Workplace/Classroom Distinction," Roger Graves, another member of the CASLL community, agrees with Hunt that Dias et al. overgeneralize writing at school and work. He points out that Dias et al. make two problematic assumptions about writing in school: that all academic writing is written exclusively for the audience of the teacher and serves no purpose outside of the classroom, and that students have no experience with workplace writing, and therefore have to learn entirely new ways of learning and of using writing when they reach the workplace. Graves then argues that service-learning projects can create that middle space between work and school that Hunt describes as lacking in *Worlds Apart*. Graves also discusses the changing student population, and how more students are either returning to school after years of work, or work significant numbers of hours while enrolled in college courses, pointing out that these shifts in student demographics "blur" the "easy distinctions between workplace and academic writing practices" (10). Graves does, however, say that the criteria Dias et al. identify as enhancing workplace learning, such as "collaboration models, attenuation of learning tasks, goals for learning, and models of student participation," can be used to enrich writing pedagogy (1).

The criteria that Dias et al. create to differentiate between academic and workplace writing serve not only to enrich writing pedagogy, but also serve as an effective framework for analyzing those middle spaces between academic and workplace writing. As Dias says in his response to Hunt's review, "until we had understood and delineated clearly the differences between those two worlds of writing, and accounted for those differences, we were in no position to point to the efforts that attempt to bridge

those worlds" (Response). The points of comparison Dias et al. outline, such as differences in authorship and readership, writing processes, and related activities, can be used to understand the effectiveness of bridges between school and work.

Classroom projects designed to help students transition from academic writing to workplace writing include genre analysis of workplace documents (Mabrito), case studies (Heather Graves), field research projects (Henry), service-learning projects (Roger Graves; Huckin; McEachern; Spears), and academic/workplace collaborations (Blakeslee; Freedman and Adam "Bridging the Gap"), as well as programs that bridge school and work, such as internships (Freedman and Adam "Write Where You Are"; Ketter and Hunter; Paré "Writing as a Way"). Assignments that ask students to analyze workplace documents introduce students to professional discourses and genres, but do not necessarily break down the dichotomies that Dias et al. outline. Field research projects provide means for students to investigate workplace discourses and writing practices, and often ask students to interview professionals, collect and analyze workplace documents, and observe writing in action. While these projects may introduce students to workplace writing and give students insight to professional writing practices not available in textbooks, these projects still fail to break down the dichotomies outlined in *Worlds Apart*.

Service learning projects and academic/workplace collaborations put students in touch with organizations outside of academia, and usually involve analysis of non-academic documents, as well as creation of documents for the use of the organization. As Graves points out, these projects break down some of the dichotomies presented by Dias et al., as students write documents that will be potentially used by multiple readers

for multiple purposes. In "Bridging the Gap: University-Based Writing that Is More than Simulation," Freedman and Adam compare the effectiveness of case studies and academic/workplace collaborations in helping students learn professional writing. Using insights from *Worlds Apart,* Freedman and Adam argue that case-study writing fails to help students transition to workplace writing, as it exhibits the same characteristics any school writing would: students write to demonstrate knowledge to their instructor (who typically already has this knowledge), students write individually, and the instructor reads primarily to grade. However, they argue, the client-based project does successfully bridge the gap, as it shares almost all of the characteristics of workplace writing: students write for readers who do not share their knowledge, students write collaboratively, and the life of the document produced does not end with a grade but continues "living" through its usability to the client.

Freedman and Adam attribute part of the success of the project to a change in the teacher's role. According to Freedman and Adam, the client-based project prompted the teacher to read and respond to student writing more as a supervisor would. Therefore, concerns about plagiarism and originality, which usually accompany academic writing, purportedly disappeared for the teacher (134). I question whether these concerns disappeared entirely for the teacher, but, moreover, I wonder how these concerns weighed on the minds of the students, a perspective not taken into consideration in this part of Freedman and Adam's study. With further inspection, one can see that the writing context of the client-based project that Freedman and Adam describe is more integrated in the academic activity system than the workplace activity system. The writing experience is heavily facilitated by the instructor, and the actual contact with the

workplace context is limited. The instructor places the students in teams, matches the teams with clients, designs a series of writing projects for the students, and then asks the students to use data from the clients to write the assigned documents. The students only meet with the client at the beginning of the project to collect data and at the end of the project to hand over documents, but spend the rest of the time within the classroom. Though the students interact with a workplace activity system at different points during the project, the students remained within the space of the academic activity system, indicating that their conceptions of textual ownership may be influenced by the academic writing culture.

Findings I reported in "Between School and Work: Ethics of Textual Ownership in Student-clinical writing" further complicate Freedman and Adam's findings. The on-campus speech-language clinic, as a fully functional workplace situated on a university campus, breaks down some of the dichotomies between academic and workplace writing outlined by Dias et al.. Student-clinicians' reports are read by multiple audiences for various reasons. This audience includes supervisors who read these documents both to assess student learning and to give feedback that will improve the document. Student's clinical documents contribute to students' final grades, but also play real roles in the clinic, as they are entered into the clients' permanent files and copies are given to the client, who may then give copies to other professionals, such as teachers, occupational therapists, and other speech-language pathologists. I found that the contact zone between the cultures of academic and workplace created contradictions, particularly in conceptions of textual ownership. During interviews, both the students and the supervisors stated that students should not use text verbatim from other clinical reports

when writing reports that would enter the same chart, but cited different reasons. Students saw verbatim use of text as "plagiarism," and supervisors wanted students to rewrite material found in other clinical reports for the educational experience. And yet both students and supervisors also agreed that using text verbatim from other clinical reports would not be as problematic in the workplace, as using reports written by others as boilerplate is a common practice, and clinical documents are not seen as owned by the writer, but by the clinic and the client.

This study was relatively small in scale, and focused exclusively on textual ownership, but suggests that the university speech language clinic creates a middle space between school and work. In Freedman and Adam's study on the academic/workplace collaboration project that I discuss above, the authors conclude that since aspects of the project fit Dias et al.'s description of workplace writing, the project then became, for the students, an experience in workplace writing. Freedman and Adam followed the paradigm set forth in Anderson's question, that writing is *either* academic *or* workplace. As conceptions of textual ownership associated with both academic and workplace writing co-exist in the on-campus clinic, findings from my study suggest that writing can be *both* academic *and* workplace.

Conclusion

Together, activity system theory, rhetorical genre theory, and the points of comparison between academic and workplace writing outlined by Dias et al. offer multiple lenses for understanding how writing and the learning of writing is related to school and work. These theoretical frameworks open to the door to more finely detailed studies of how writers transition between academic and workplace writing, what kinds of

writing knowledge they carry between rhetorical spaces, and how the different layers of context—situation, culture, and other genres—contribute to the learning of professional writing.

The evidence Dias et al. present in *Worlds Apart* on the differences between academic and workplace writing indicate that teachers of professional writing cannot replicate the writing situations found at work for students, and students will never walk into a workplace, or any new rhetorical arena for that matter, prepared to engage in the writing activities at the level of people who have been engaged in that community for a longer time. However, rhetorical genre theory helps us see that writing, as situated in the contexts of situation, culture, and other genres, is multifaceted and complex. Therefore, there are a number of points where teachers can create similarity between the contexts of academic and workplace genres, and then once students perceive similarity, they can use that genre knowledge once they enter the workplace.

The university speech-language clinic, as it is positioned both within and between academic and workplace writing cultures, genres, and activity systems, offers a unique site for examining how genres are both shaped by and shape context, and how genre knowledge contributes to learning. Unlike other kinds of bridges into professional writing, such as classroom projects, academic/workplace collaborations, and internships, the on-campus clinic simultaneously places the student writer in both school and work, as both a graduate student and a novice professional. Devitt's elaboration of the contexts of genre opens questions about how students writing in on-campus clinics negotiate these dual roles, as well as their readers' dual roles as university instructors and clinic supervisors, and the dual functions of academic and professional writing. This research

site also opens questions about how the three contexts of situation, other genres, and

culture, which Devitt calls the "least researched" (27) of the three contexts for genre,

contributes to the learning of professional writing from a university campus. If activity

and rhetorical genre theories bear out, a study of the genres used within the on-campus

clinic would reveal much about the middle spaces between school and work, spaces

where writing is both distinct from academic and workplace writing, and inflected by

both.

II. RESEARCHING WRITING ACROSS THE SCHOOL / WORK DIVIDE

This chapter describes the research method, including research design, setting, and participants of this study. As my research site bridges school and work, my methodology grows from research methodologies of academic and workplace writing. In both Writing in the Disciplines research and workplace writing research, field studies and qualitative research methods have become increasingly valued and used, as case study research, field observation, and participant-observation allow the researcher to become immersed in the social context of the writing community being studied, uncovering tacit knowledge about perspectives on writing, how writing is part of other activities, and the culture of the community (Russell; Bazerman, Little, Bethel, Chavkin, Fouquette, and Garufis; Doheny-Farina, 253). The goal of my research was to collect data that would allow me to describe how the academic and workplace exigencies for writing shaped the writing processes and genres in the on-campus speech-language clinic, and how student-clinicians negotiated these competing cultures of writing while learning to write for the profession of speech language pathology.

The Transition from School to Work in CSD Programs

In many fields, students move directly from an undergraduate or graduate program to a workplace, without apparatus that helps them cross the divide between school and work. However, in CSD, students move through a series of stages as they train to become credentialed as speech language professionals. The on-campus practicum, in which my study is based, is just one step in this long apprenticeship, an apprenticeship that stretches from coursework in undergraduate and graduate CSD

programs, through their first year as novice professionals. Figure 1 illustrates the place of the on-campus practicum in this process:

Figure 1: The Academic to Workplace Writing Continuum in CSD

Writer situated in school   Writer situated in workplace

Coursework   On-site practicum   Off-site practicum   Clinical fellowship   Fully credentialed professional
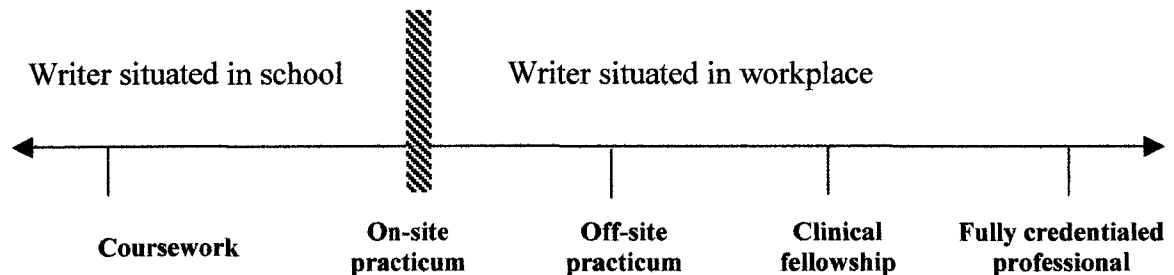
Figure 1 depicts the stages a CSD graduate student moves through as he/she becomes a credentialed professional.

As indicated by the arrows, during a CSD masters program, students move back and forth between coursework, on-campus, and off-site practicum. Typically, students begin gaining clinical experience in an on-campus clinic before moving off-site, as on-site practicum offers more opportunities for guidance from supervisors. CSD programs are accredited through the American Speech Hearing Association (ASHA), which is the organization responsible for credentialing speech language pathologists and audiologists. The credentialing requirements have a strong influence on how CSD programs are structured. In order to become credentialed, students must complete 400 clinical clock hours, with 25 hours dedicated to observation and 375 "direct contact" hours, in which the student provides speech language therapy and testing to clients (ASHA, Standard IV-C). Students gain these hours in the on-campus clinic and in the other clinical settings they will rotate to during their masters program. Once students complete these and other requirements, they graduate and move into the clinical fellowship. During the clinical fellowship, the clinical fellow is mentored by an experienced practitioner, who observes some of the clinical fellow's therapy sessions (ASHA, Standard VI). Once the mentor

reports to ASHA that the clinical fellow is prepared for professional practice, the clinical

fellow can become fully credentialed. This long apprenticeship provides many

opportunities for the mentoring not only of professional practice, but also of professional

writing. I focused my research on students enrolled in the on-site clinical practicum, as

this is the one stage in this process in which students write in a site that is simultaneously

situated within both school and work.

Questions that Guided My Research

My research questions grew slowly over my years of working with student-

clinicians as a Writing across the Curriculum consultant to a CSD masters program. In

this position, I was mainly responsible for meeting with students during their first

semester interning in the on-campus speech-language clinic to conference on their

professional reports. When I first began serving as a writing consultant, the setting of the

clinic as well as the students' clinical documents felt foreign, and far from the academic

world I was accustomed to. Over time, I came to see that the on-campus clinic did not

wholly match other academic spaces or the workplaces students would be entering as

speech-language pathologists. I also recognized that the clinical documents written for

the on-campus clinic differed significantly from those used in other clinical settings,

particularly in regard to length. Moreover, some of the documents required for the on-

campus clinic, such as lesson plans, are not written in other clinical settings. However, I

also realized that the clinical supervisors, who play a large role in deciding the document

requirements for the on-campus clinic, felt deeply that the writing they were asking their

students to do prepared them for professional practice and writing. This seeming

disconnect between the genres written for the university clinic and the workplace, as well

as the supervisors' belief that student-clinical writing was preparation for the workplace led to the following questions:

- How does the clinic's straddling of the worlds of school and work affect that the ways that genres are shaped in this rhetorical space?

- How do students negotiate these overlapping contexts for writing as they learn professional writing?

- What can the teaching and learning of professional writing in the on-campus clinic tell compositionists about the teaching of writing?

<u>**Selecting a Research Site**</u>

Despite my familiarity with the CSD program in which I had consulted, I chose to base my study in a different program. It just so happened that the year I wanted to collect data, the program I had consulted in was in flux, as it was changing the graduate curriculum in order to reflect larger changes in ASHA's credentialing requirements. Studying the program while in flux may have told us interesting things about how the changes affected the teaching and learning of writing, but this would have been a different project, answering different questions than the ones I was pursuing. This situation may have been for the best, as my level of involvement and familiarity with this CSD program may have prevented me from asking some of the questions that were important to my research, as I may have relied on my assumptions of the program. Also, I had noticed that, when I first began as a writing consultant, the students had positioned me as a peer, a fellow graduate student, and seemed very comfortable talking to me about the challenges they faced with writing. By the end of the four years, I felt that the students began to view me more as an authority figure. Perhaps this repositioning was a

result of the close work I did with their professors to build the writing curriculum and conduct research on clinical writing. Regardless, the students seemed to confide in me less, and put their best foot forward when I was around. I felt that entering a research site as a graduate student conducting research for a dissertation would reposition me as a peer.

To choose a research site, I investigated local CSD programs both online and by attending sessions and talking to graduate students and professors at the American Speech Hearing Association (ASHA) convention in 2003. Prior to the convention, I sent a brief survey to the directors of several CSD masters programs, asking general questions about their clinical practicum program and their students. My main criterion was that the program had an on-campus clinic, rather than an affiliated clinic not situated on campus. I was also looking for a program that regularly enrolled second language students, as I believe that in order for composition research and theory to apply to more students, we need to include both L1 and L2 students in our studies. I found several programs that had on-campus clinics, but few programs that enrolled L2 students. At the convention, I attended sessions by clinical faculty and graduate students from these programs, to learn more about the programs' demographics. I found a program that met my criteria, and met with the program's clinic director to discuss the possibility of conducting a study in her program. A committed educator, "Sue" was interested in supporting the study, in the hope of gaining knowledge that would improve the teaching of clinical writing.

Sue's enthusiasm for the study was key to my entering the research site. She advised me to write a letter describing the study to the clinical faculty at the program, and that she would present the letter for discussion at the first clinical faculty meeting of fall

semester 2004. After the meeting, the clinic director contacted me to say that I was invited to attend the following clinical faculty meeting to present the study and answer any questions the professors had about my research. At the same time, I pursued IRB approval at both my home institution and the institution where I would conduct the study. In order to apply for IRB approval from UNH, I needed a letter from the clinic director giving permission to conduct the study in the clinical program she directed. In order to apply for IRB approval from the other institution, I needed letters from the clinic directors at both institutions, affirming that I received "HIPAA training" from both programs. The Health Insurance Portability and Accountability Acts (HIPAA) protect the confidentiality of all medical records, including speech-language therapy documents. In order to have access to student-clinical writing, I needed to be trained in how to protect patient confidentiality. I received permission from the clinical faculty at the research site and from the IRB boards at both institutions shortly before midterm of fall semester 2004. I then gave a brief presentation on my project at a student clinical practicum meeting, and began recruiting student participants.

The Setting

My study was based in a CSD program at a large urban university in the northeastern region of the United States, a university that I will call "Urban University," or "UU." The CSD department, which offers both undergraduate and masters degrees, is located in a school of health and rehabilitation. This departmental location is significant, as it means that the program has a more medical orientation than would CSD programs located in schools of education or theater. In fact, it is because the program is located in

the school of health and rehabilitation that the HIPAA acts are enforced, as the school mandated that all of its programs comply with HIPAA.

To understand the setting of this study, it is important to know that the on-campus clinic is clearly marked as residing in both an academic and a clinical context. Clients coming to the clinic understand the clinic as a training facility for graduate students. It is clear in all of the on-campus clinic's advertising materials that the clinic has a dual purpose of contributing to the graduate students' education and providing the local community with speech, language, and hearing services. The clinic's website mentions graduate students in three of the four paragraphs of the opening page. A virtual tour of the clinic shows the observation rooms where supervisors (and parents) can watch the therapy sessions through one-way windows, the audiovisual room where students can replay and analyze their sessions, and the clinic prep room which houses materials students can use during therapy and evaluations. The letter sent to the client as an introduction to the program also stresses the dual function of the clinic. In the opening paragraph of the letter, graduate students' education is forefronted, as it notes that the on-campus clinic "was created to give our graduate students in the Speech language pathology Masters program an opportunity to develop their skills in a clinical setting before beginning their first professional jobs" before discussing the clinic's role in providing "a low cost alternative to speech therapy in the [local] community" (Clinic Manual 26). On the authorization form that clients sign to give permission for their sessions to be taped and observed, the "training of students" is named as the "primary purpose" of the clinic (Clinic Manual 27).

The clinic is physically integrated into the university, as it is housed in the same hall where the CSD students attend graduate seminars. This hall is located on one of the main streets of the campus, only a couple blocks away from the student center and library. The clinic follows the same schedule as does the rest of the university. On the form describing speech language hearing evaluations to clients, this schedule is stressed:

> The Center adheres to the schedule of [Urban] University. That is, diagnostic and treatment services are available during the first and second academic semester. Limited services may be available during both summer sessions. The Center is closed for holidays, vacations, and intersessions as determined by the [Urban] University Calendar. (Clinic Manual 28)

Despite these many markers of the university, the on-campus clinic functions in many ways like a workplace. The clinical faculty who mentor student-clinicians are referred to as "supervisors." The HIPAA acts, described above, belong more to the world of medicine than academia. The clinic is required by ASHA to maintain the same documentation as do other clinics, and keeps charts on all of the clients that follow ASHA guidelines.

In the CSD graduate program at Urban University, students receive various kinds of support during their semester interning in the on-campus clinic. They enroll in a practicum seminar that meets weekly and is co-taught by the full-time clinical supervisors. At the same time, students enroll in two "cores," which are small groups that meet either weekly or biweekly to discuss specific areas of communication and speech disorders. Typically, a student enrolls in cores related to the clients' disorders, so, for example, if one of the clients stutters, the student will enroll in fluency core. The

students also meet weekly with their supervisors to discuss how therapy is progressing, and how the student is progressing as a novice clinician.

The clinical clock hours that students must complete to apply for licensure must include a range of clinical settings, communication disorders, and clients. In the program I studied, once students complete on-campus clinic, they generally rotate to a school setting, then a medical setting, and then a specialty setting, which is left open to the students' preferences. Some of these placements have corresponding practicum seminars. For instance, while interning in a school setting, the student will also enroll in a seminar focused on clinical practice in schools. At the same time, the student is assigned a liaison clinical supervisor from the program, who meets with both the off-site supervisor and the student, and may observe the student in their placement. While participating in these clinical practicum experiences, the student also enrolls in several graduate courses. In my study, I focused on clinical writing, and therefore clinical education, though I do touch on the academic side of the program during some of the interviews with students.

Case Studies of Student-Clinicians

I conducted case studies with five students enrolled in a CSD masters program. I chose case study methodology, because I wanted to capture individual student's experiences and perspectives on their learning of clinical writing. As Lucille Parkinson McCarthy and Stephen M. Fishman describe as one of the goals of naturalistic research, I wanted to "represent diverse voices in a particular situation and describe their interplay and mutual influence" (155). I recruited students by giving a brief presentation on the study during a practicum seminar meeting, and handed out consent letters and

questionnaires, which focused on the students' experiences with and impressions of clinical writing (see Appendix A). The questionnaire was adapted from one I had co-written with colleagues at UNH to survey graduate students for our research on writing in the clinical practicum (Cox, Gannett, Plante, and O'Sullivan, "Writing for the Clinical Practicum"). I used the questionnaire to select five participants representing a range of experiences with clinical writing. Although one male student did intern in the on-campus clinic during the semester of my study, all of the students who chose to participate in case studies are female. Below, I have provided a table comparing the students, for whom I have assigned pseudonyms:

Table 1 Overview of Case Study Participants

	Alice	Kelly	Evelyn	Danielle	Min
Where in program?	First semester	First semester	First semester	Second semester	Third semester
Undergrad degree	Accounting, and then CSD	CSD at same university	Teaching of Students with Handicaps, an ed. program which includes speech language	Biology	English literature in Korea, Linguistics in the US
Why this program?	Knew the program placed a strong focus on clinic	Liked undergrad CSD program at this university	Liked location, and read about program on website	Chose UU for PT program; switched to CSD after a summer and a fall semester in PT	Chose UU for linguistics program, and then switched after taking summer courses in linguistics
Placement in Spring 2005	Middle school	K-8 school	K-8 school	On-campus clinic	School for handicapped and impaired children

Table 1 provides background information on the case study participants in this study.

As you will notice above, each student had two supervisors, one for a client they saw individually, and another for clients who were participating in group therapy. Generally speaking, the students wrote more documentation for their individual clients than for their group clients, and therefore the supervisor for the individual client had a greater influence over their writing. First semester graduate students can only enroll in the on-campus clinical practicum if they meet certain prerequisites, such as having taken a course on clinical practice and having spent a certain number of hours observing clinical practice. Three of the five student case study participants—Alice, Kelly, and Evelyn—met these requirements, and were therefore new to both the CSD masters program and to the clinic during the time of my study. The remaining two students, Danielle and Min, discovered the field of CSD after completing their undergraduate degrees, and began graduate school in different programs, with Danielle enrolled in the Physical Therapy (PT) program and Min enrolled in Linguistics. These two students, therefore, entered the clinic during their second semester of their graduate programs, after completing the requirements. Of the five students, only one had significant workplace writing experiences outside of CSD. Alice had worked as an accountant for about five years, and then for a human services company, where she did some clinical writing before returning to school to complete a second undergraduate degree. Danielle also had some prior experience with student-clinical writing, as she had practicum experience in the PT program, and had written for the university affiliated PT clinic. Out of all the students, Min had the most prior experience with student-clinical writing. The semester of my study was Min's second time interning in the on-campus clinic. The reasons behind Min's repeating of clinical practicum are complex, but have to do both with Min's status as a second language

writer, and with the challenges particular to the client she had been assigned to first semester, as will be further discussed in chapter four.

Data Collection

The case studies consisted of interviewing, collecting writing samples, and occasionally observing students during clinical practicum meetings and in the student lounge. I conducted four interviews with each case study participant, with the interviews averaging 45 minutes. These interviews were audiotaped and fully transcribed, and participants were given copies of the transcripts to review. Three of the interviews took place during fall semester 2004, and one interview took place during spring semester 2005, when most of the students had rotated off campus to gain practicum hours in a school setting. Following Dorothy Winsor's method for controlling the amount of data coming in, I asked each student to bring at least two writing samples to each interview. Many of the writing samples that students brought included supervisor feedback, as well as notes the students took during meetings with supervisors. These sets of feedback and notes provided additional research data. Again influenced by Winsor's case study research methods, the interviews were semi-structured, with the writing samples serving as prompts for the interviews. I also brought a short list of questions to each interview, so that each student was asked a core list of questions, but there was enough flexibility to allow the interview to follow the course of conversation. Generally, the first interview focused on the student's responses to the questionnaire; the second focused on the process the student used to write the first draft of the treatment plan; the third focused on the completion of the treatment plan, as well as a return to questionnaire responses; and the final interview focused on the student's writing activities at the off-site placement. A

couple of these interviews took place in the classroom used for clinical seminars, but most took place in therapy rooms, which gave me the opportunity to see what it was like to sit in the same setting the students used to conduct therapy. In total, I collected 62 writing samples from students (37 of which included supervisor feedback) and completed 20 student interviews. Two of the interview tapes malfunctioned, one from the second interview with Danielle and the other from the fourth interview with Min. I replaced one of these interviews with a questionnaire based on the same questions that the student, Min, responded to in writing. The other malfunction was discovered too long after the interview, so I had to rely on my notes after the meeting. The pages of writing samples totaled 189, and transcriptions of student interviews amounted to 243 pages.

When I initially invited students to take part in the study, I told them that, in exchange, we could use part of the interview time as a writing conference, so that they would receive feedback to their writing (see Appendix A). This part of the study did not, for the most part, work out. Though all of the students expressed interest in writing conferences at the beginning of the semester, they soon found out that they would be receiving a great deal of feedback from their supervisors, who were also the people who would be assigning them a grade for clinical practicum and would be signing off on the documents. Therefore, as would be expected, most students preferred feedback from their supervisors. I also discovered that I was not in the best position to provide any but the most superficial of feedback. When I served as a writing consultant for a CSD program, I was able to give more meaningful feedback to students' clinical writing because the audience of the reports included lay readers, and I was fully equipped to act in this role, as I had no formal training in CSD. Upon arriving at my research site, it did

not take me longer to figure out that I was not a part of the audience for these clinical reports. As I will discuss further later, the reports stayed on campus, and were not written for outside audiences. Unlike the clinic in which I had consulted, the clinic at Urban University does not, for the most part, provide copies of reports to clients and/or parents. Therefore, the audience was geared to other speech-language clinicians—the student's supervisor and the next student to pick up the case the following semester. Though the students generally preferred feedback from their supervisors, one student did choose to use part of the interview meeting time as a writing conference. Min, a second language writer, often asked me to explain some of the written comments made by supervisors to her writing. Min often had difficulty distinguishing whether comments referred to English language issues (i.e. an inappropriately used preposition), or to matters of style (i.e. disciplinary and professional ways of phrasing or organizing certain material). Min also asked me to explain particular features of English (i.e. differences between using "for" and "to"). Though the other students did not choose to use the interview time as a writing conference, most reported that they found the interviews helpful to their writing, as the interviews helped them reflect on and become more aware of their own learning of professional writing.

Case Study of a Clinical Program

I supplemented the case study research with several field research methods. I observed four practicum seminars, one introducing students to certain elements of clinical practice (including an introduction to HIPAA), one introducing students to the treatment plan, one focused on cultural diversity, and one introducing students to the clinical portfolio, which is the main assessment tool for the students' different clinical

experiences. I also attended two phonology core meetings, one focused on writing the treatment plan, and other focused on accent reduction—a form of therapy for second-language speakers who wish to speak English with a standardized accent. I did not audiotape these seminars or meetings, but I did take field notes. I also conducted field observation in the student lounge, which is used as a lunchroom and meeting place by CSD students, as well as other students taking seminars in that hall, such as occupational therapy and physical therapy students. While observing in the student lounge, I took field notes, particularly on the activities of students participating in case studies. Besides field notes, I kept a research journal, in which I reflected on my observations and interviews. I also informally met with the clinic director on many occasions, dropping by her office on my way into or out of the building. Sue was very generous with both her time and her insights, and my thoughts on our conversations are also recorded in my research journal.

I further supplemented the case studies with interviews of the clinical faculty who were supervising the case study participants. I interviewed a total of six supervisors, all but one of the clinical supervisors that I contacted. I also formally interviewed Sue. These interviews all took place during the last couple of weeks of the semester. When I first emailed the supervisors to arrange times to meet for interviews, I attached a questionnaire that I had adapted from one I had co-written with UNH colleagues for our research on clinical supervision (Cox, Gannett, Plante, and O'Sullivan, "Worlds of Clinical Writing"), and asked that the questionnaire be completed by the time of the interview (see Appendix B). Only two supervisors did so. Those who did not return the questionnaire reported that they were simply too busy to attend to it. Depending on whether the supervisor completed the questionnaire, I used either the questionnaire

questions or responses as prompts for the interview. In total, I transcribed 89 pages of

clinical faculty interviews. Below, I provide an overview of the supervisors who

participated in the study:

Table 2 Overview of Supervisors

	Pam	Peg	Jane	Kris	Fran	Jill
Yrs at UU	3	10	First term	First term	12	3
Yrs super-vising	8	20	3	5	20	7
Study CSD at same pro-gram?	No	No	Yes	Yes	Yes	No
Most work exper-ience	Out-patient pediatric	Hospitals and private practice	Public school and private practice	Out-patient, and acute rehab hospital	Rehab hospital and out-patient pediatric	Acute rehab
# of super-visees	13 (some are in groups)	6 (all for individual clients)	10 (9 in groups, and 1 at the public school from another university)	6 (all for individual clients)	6 (3 1st yr and 3 2nd yr students, plus teaches two courses)	14 (5 individual, 9 in groups, plus teaches two courses)
Current-ly practic-ing?	No	Yes, consulting and one day a week at a children's hospital	Yes, public school and private practice	Yes, pediatric and adult out-patient practice	No	Yes, on staff at two rehab hospitals

Table 2 provides background information on the case study participants' clinical practicum supervisors.

The supervisors ranged in number of years they worked at UU, with two supervisors

having just started working for UU during the semester of my study, and one supervisor

in her twelfth year at UU. The supervisors also ranged in their professional experiences, some having worked in school settings, other working in medical settings, and still others in private consultation. Three of the six supervisors received their masters degrees from UU; and three of the six supervisors were currently practicing while working for UU. All the supervisors were supervising six or more student-clinicians during the study. During supervisor interviews, I also gathered documentation from the program related to clinical writing, such as a copy of the clinic manual, which contains templates of clinical reports, various forms used by the clinic, descriptions of the clinic, assessment rubrics for the practicum course, and guidance on different aspects of working in the clinic. I also received a copy of the textbook recommended to student-clinicians, which includes a chapter on clinical documentation. This textbook did not prove useful to my study, as, during interviews with students, I discovered that none of the participants had bought the textbook.

In keeping with my choice to focus my study on clinical education, I did not interview academic faculty, or observe academic seminar meetings. Generally, CSD faculty are divided into clinical faculty and "didactic" or academic faculty, with the clinical faculty mentoring students in clinical practice, by teaching clinical practicum seminars, leading cores, supervising student-clinicians, and evaluating student-clinical practice. Typically, clinical faculty have masters degrees, and years of experience in the field as practitioners. Academic faculty teach the academic courses, which focus more on research and theory, and have doctoral degrees. Of these two groups, clinical faculty were of more interest for this study, as clinical faculty are situated in that middle space between school and work, while academic faculty are situated exclusively in school (refer

back to Figure 1, p. 28). However, I did invite students to bring writing samples from academic courses to interviews, and asked questions that prompted students to reflect on areas of connection and disconnection between academic and clinical writing.

My Own Positioning

As Elizabeth Chiseri-Strater argues in "Turning in upon Ourselves: Positionality, Subjectivity, and Reflexivity in Case Study and Ethnographic Research," researchers who use case studies and ethnography should include information on how their own positioning relates to the study. She states,

> The omission of the fieldwork experience also hides the conflicts and tensions that all researchers inevitably face and can learn from. The only direct way for a reader to obtain information about how positioning affects methodology is for the researcher to write about it. (123)

My own positioning did come to bear on the study. As I mentioned above, the graduate students tended to see me as another graduate student, though one with an advanced degree, as these students were just beginning graduate school, and I had completed my masters and was ABD when I met them. In fact, in response to a question in the questionnaire about why they wanted to participate in the study, a few students reported that they wished to help out another graduate student and see research in action. During interviews, students often asked me questions about how I was going about the study.

The clinic director seemed to position me as a fellow scholar. Early in the study, she asked me questions about qualitative research and asked me for a bibliography of resources that would help her design a qualitative study. She later told me that my work was creating a great deal of interest in qualitative research in both the department and among her colleagues, saying, "We've caught the qualitative research bug from you!" During the semester of data collection, I attended the ASHA convention and gave two

talks, an invited talk on ESL CSD graduate students and writing, and a workshop on

writing for the clinical practicum. At that same convention, an edited collection in which

I had an article published, *Communication Sciences Student Survival*, received a lot of

press, as it had just come out. Most of the clinical faculty from my research site attended

the convention, and the clinic director attended part of the session on ESL writing. In

fact, it was she who had nominated me as an invited speaker. Sue's respect for me as a

scholar was apparent throughout the study, and she often took time out of her day to find

materials for me or just to sit and talk.

Constraints on My Access as a Researcher

In their article on research methodology for investigating workplace writing,

Patricia Sullivan and James Porter caution that, "As workplace researchers attest, the

situation exerts powerful constraints on the design of the research" (235). As a

researcher, some of the workplace elements of the clinic created certain constraints on

what I could gain access to, particularly in relation to clinical documents. I was allowed

to view copies of clinical reports while they were in the process of being drafted, but not

once they were signed by the supervisor and entered into the client's chart. Once they

entered the chart, these documents were perceived as crossing the line from academic to

workplace writing. I was allowed to see drafts of the reports the students were writing, as

long as they were provided by the student, but could not see other documents in the

client's chart, so an analysis of the different resources the student used while writing, and

the way the student's document fit into the genre system of the chart was not possible.

The charts themselves were housed in a room, dubbed the "file room," which was located

behind the administrative assistant's office. This room was locked when the

administrative assistant left her office. Students themselves do not have permission to remove documents or charts from this room unless specifically asked to do so by a supervisor during a supervisor-student meeting. Even photocopies of the documents could not leave the room. These restrictions around the use of documents resulted from HIPAA regulations. We can see, even from these brief descriptions, that the intersections of the workplace and the campus in this clinic create a unique setting for writing.

My access to different places within the clinic was also restricted. I could observe students in practicum seminars, after receiving permission from the clinic director, and I could observe students in the student lounge located near classrooms where CSD classes are taught, but I did not have access to the clinical prep room. During interviews, students reported that they often wrote clinical reports in the prep room, and even gave each other feedback to writing in that room. I did not have access to the file room, where students also reported to do a great deal of writing. Nor did I have access to observation rooms or to the tapes of the sessions, to view students in the action of providing therapy. Therefore, I could not view the activities that the clinical reports were written in conjunction with. These restrictions meant that I needed to rely heavily on interviews and the copies of documents given to me by students.

Another constraint I faced was the program's desire for anonymity. In much WAC literature, the name of the institution in which the study is based is considered important contextual information, and is usually revealed (see Anstendig, Richie, Young, Mosley and Kirschstein; Carson; Merrill). However, masking the identity of the research site is seen as commonplace and an important element of research in workplace writing (Doheny-Farina, 266). Following suit with other workplace research sites, the clinical

faculty expressed concern that I maintain confidentiality of the institution when I met with them to introduce the study and gain consent to base the study in their program. However, the clinic director requested that I go beyond the practices commonly used to protect participant identities in qualitative research, as she requested that I use HIPAA guidelines to ensure confidentiality. Though I had planned on maintaining a certain level of confidentiality during the project and in the writing of the dissertation, the request that I follow HIPAA guidelines ratcheted this level up a few degrees.

Though HIPAA does not have any real bearing on a composition-rhetoric dissertation (as a colleague told me when I shared this situation during a CCCC presentation), I wanted to respect the clinic director's wishes. I paid attention to the steps students took to protect client confidentiality. The students were not permitted to identify clients by name or with other identifying information in any document, either hard copy or electronic, that was taken outside of the clinic. Therefore, the students developed a coding system to use as placeholders in drafts of reports and in their notes. Likewise, I developed a coding system for identifying students and supervisors, which I used in my notes, both in my research journal and in electronic files. Though applying HIPAA to my dissertation research practices was frustrating at times, I appreciated this opportunity to experience the kinds of constraints the CSD students face when writing clinical reports. The experience also gave me insight into a certain climate of confidentiality that is part of the medical field.

Representation of Case Study Participants

Despite the program's anxieties about identification, I did choose to write about the students who participated in the study individually, by providing pseudonyms and

omitting information that would allow people outside of the program to identify them. As in most case study research, the details I do provide would allow people within the program to identify them. The only way I could have avoided reporting these kinds of details would have been to discuss the students and supervisors as groups, thereby masking individual difference. Jennie Dautermann, in "Social and Institutional Power Relationships in Studies of Workplace Writing," discusses the downsides of making such a decision. In this article, she discusses a study she published on a group of nurses revising documentation procedures to be used throughout the hospital's nursing division. She had entered the research site as a consultant, and therefore had access to rooms and documents that would otherwise have been off-limits to her. She was paid by the hospital to consult with the nurses as they worked on the documentation project, and therefore both observed and participated in a number of meetings focused on writing. Despite the richness of the data she collected, the article that resulted, "Negotiating Meaning in a Hospital Discourse Community," comes across as overgeneralized, with individuality of the research subjects wiped clean. She explains,

> The desire to protect individual identities and preserve anonymity also
> pushed the reports toward discussing the activities of the group rather than
> the ideas and practices of individuals. My rather unsatisfactory solution to
> this dilemma has been to talk about the writing group as a team and to erase
> the individual identities of the participants in any but a superficial way.
> This somewhat totalizing approach to describing the writing group's activity
> still makes me rather uncomfortable when I think of the resulting loss of
> individual voices and the richness each brought to the discussions. (255)

Part of what motivated Dautermann to refrain from discussing the nurses individually was the vulnerability the nurses faced due to their relative lack of power within the hospital.

In my study, the students also face this kind of vulnerability, as they are working their way through a degree program, a program that holds the keys to their entry to the profession of speech language pathology. The supervisors in my study, though not as vulnerable as the students, will likely be working with their colleagues at UU for years to come, so negative details included in the study negatively affect the supervisors. Though I have chosen to maintain the richness of individual voice and perspective in this study, I have taken care to leave out details that I feel may leave the participants vulnerable. When I sent copies of transcripts to participants, I not only asked the participants to check for accuracy, but also gave the option of striking parts of the transcript that the participant did not want included in the data. I also gave participants the chance to review the chapters that referred to them. For each participant, I highlighted parts of the chapters that either described them or contained direct quotes from them, and then sent the chapters to them, to make sure the participants felt comfortable with the details I did provide. The clinic director had the opportunity to review the entire dissertation, to make sure that she felt comfortable with both the descriptions of her and the program as a whole.

Analyzing and Interpreting Data

By the end of data collection, I had quite a pile of data—two notebooks of field observations and journal entries, 323 pages of transcription, 189 pages of writing samples, and various artifacts from the program. To begin sorting through the data from the case study participants, I read through each student's transcripts and wrote a profile that created a narrative about the student's experiences with writing for the clinical practicum. I then isolated themes that carried across students, and created a large table. I

repeated this process with data from the supervisors. When analyzing the data, I used the

points of comparison developed by Patrick Dias, Aviva P. Freedman, Peter Medway, and

Anthony Paré in *Worlds Apart: Acting and Writing in Academic and Workplace Settings*

to compare academic and workplace writing, such as authorship, readership, writing

process, exigencies for writing, textual ownership, constraints on writing, sites for

writing, and how writing relates to other activities. I created another large table,

comparing what the literature says about writing in academia and writing the workplace,

with what I was finding out about writing in the on-campus clinic. This table began to

create a picture of how the on-campus clinic creates a middle space between academic

and workplace writing.

To think about how students were using this middle space to learn professional

writing, I went through the transcripts again, this time looking for themes that related to

the three layers of context described by Amy J. Devitt—context of situation, context of

other genres, and context of culture. Devitt emphasized that these three layers of contexts

are both objective and subjective, so I paid attention to how the students themselves

described how they were learning clinical writing. In particular, I looked for times when

students compared clinical writing to other writing situations, focused on particular

aspects of the writing process, talked about other genres in relation to the ones they were

learning for the clinic, talked about their insights into particular values and practices of

speech language professionals, and sociopolitical factors that impacted the students'

learning of clinical writing. A picture then began to emerge about how the on-campus

clinic helped students transition to professional writing. In the next two chapters, I share

what I discovered about how the on-campus clinic creates a middle space for writing, and

what students learn about workplace writing from this middle space.

III. IN THE MIDDLE: GENRES BETWEEN SCHOOL AND WORK

In their ASHA convention presentation in 2000, "Progress Report Writing in the University Setting: A Paradigm Shift," Marilyn Dunham Wark, William B. Coker, Jr., Julie Sable and Marion Hammet shared an approach they developed for student-clinical writing. Rather than assign long clinical reports, these clinical educators now asked their graduate students to write a series of brief notes, which, the panel argued, mirror the writing practices in the workplace. They explained that while reports written for university clinics "usually average two to five pages in length and include a complete description of the history, goals, test results, treatment results and recommendations for further treatment," reports written by speech language pathologists (SLPs) working in "hospitals, private clinics, and school systems" are "usually brief." This presentation represents one side of a debate among clinical educators teaching in CSD masters programs on whether student-clinicians should be assigned long narrative clinical reports or briefer clinical notes during on-campus clinical practicum. Clinical faculty in many programs, such as the one I based this study in, ask student-clinicians to write long comprehensive clinical reports, that not only fulfill the documentation requirements of the clinic, but also serve the educational role of detailing students' thinking about certain aspects of therapy. As one supervisor in my study, Peg, explained: "I can honestly say that any writing they are doing here [in the on-campus clinic] is not what they are going to do outside, for the most part. I mean, the actual length of it. But the thinking process that they have to go through to get there is what I'm trying to achieve."

In 2004, when I was a panelist at an ASHA convention presentation on teaching clinical writing, I witnessed this "short report/long report" debate first-hand, with some clinical faculty arguing that long reports provide room for students to think on the page, and others arguing that they should teach writing that looks more like the "real" documents they will be writing as licensed SLPs. As I watched this debate unfold, I found myself agreeing with those who argued for short reports. I was then a writing consultant, conferencing one-to-one with student-clinicians during their first semester interning in the on-campus clinic. Students with prior workplace experience with the profession of speech language pathology told me that the long reports their supervisors asked them to write for the on-campus clinic were "phony." These students told me that most SLPs write brief cursory notes and reports that contain little prose, but mostly data related to a client's progress or test results. But as I considered the implications of rhetorical genre theory and the differing functions between student-clinical writing and professional writing, I began to understand how the longer reports fit the rhetorical situation of the on-campus clinic.

The on-campus clinic, as a rhetorical space, is situated within the worlds of both school and work, as it is both an educational space for CSD masters students to begin learning the activities of speech-language pathologists as well as a fully functioning speech-language clinic. According to rhetorical genre theory, a genre will always fit (or change to fit) its rhetorical situation. In this chapter, I focus on how the rhetorical contexts of school and work shape the genres that student-clinicians write for the on-campus clinic by bringing together Amy J. Devitt's framework for understanding the rhetorical contexts of genre, and the work of Patrick Dias, Aviva P. Freedman, Peter

Medway, and Anthony Paré in *Worlds Apart*. As I discussed in chapter two, Devitt describes genres as existing at the nexus of three layers of rhetorical context: the context of situation, the context of other genres, and the context of culture. In the on-campus clinic, these three layers of rhetorical context are inflected by both school and work. In this chapter, I will focus primarily on the context of situation, which is the who, what, why, when, where, and how of writing. It is the context of situation that Dias et al. focus on when comparing the rhetorical situation of academic and workplace writing, as they compared authorship, readership, genres, purposes, sites for writing, and writing process. In this chapter, I will be using these same points of comparison to analyze the rhetorical situation of student-clinical writing. I will argue that while the rhetorical situation of student-clinical writing shares features of the rhetorical situations of academic writing and workplace writing, the on-campus clinic also creates a unique rhetorical space that mirrors neither school nor work. First, I will provide an overview of the genres written for the on-campus clinic, and then I will discuss how the worlds of school and work meet in these genres, particularly the longer clinical reports. At the end of this chapter, I have included a table summarizing my points.

The "What" of Writing: Genres Written for the On-Campus Clinic

Before analyzing how the worlds of school and work meet in student-clinical writing, I will describe in more detail the different kinds of documents that student-clinicians write. In Table 3, I provide an overview of the genres students write for the on-campus clinic:

Table 3 Overview of Genres Written for the On-Campus Clinic

Genre	Description	Primary Readers	# of Doc. Cycles	Length
Plan of Care	Written at beginning of semester; acts as a placeholder in the chart until treatment plan is finalized	Supervisor	0	1-2 pp
Lesson Plan	Written before each therapy session; outlines plan for therapy session; does not go into chart	Supervisor	0-1	1-2 pp
Temporary Progress Note	Written after each therapy session; acts as a placeholder in the chart until the SOAP note is finalized	Supervisor	0	1 pp
Progress Note (or, SOAP Note)	Written after each therapy session; acronym for Subjective, Objective, Assessment, Plan; medical genre; used to interpret and document progress made each therapy session; entered into chart	Supervisor	Usually 1	1-2 pp
Treatment Plan	Long document cycling process, so written from beginning of semester until nearly the end; multi-sectioned report that outlines course of treatment for therapy; entered into chart	Supervisor; next student-clinician to pick up the case	2-5	5-8 pp
Treatment Summary	Written at the end of the semester; based heavily on the treatment plan; details progress made on each objective; may provide results from post-testing; provides recommendations on the continuance of therapy; entered into chart	Supervisor; next student-clinician to pick up the case (one supervisor gives a copy of report to clients' parents)	1-2	7-10 pp

Table 3 provides an overview of the genres written for on-campus clinical practicum at UU.

As detailed in the above table, student-clinicians write a series of documents throughout

the therapy process. At the beginning of the semester, the student writes a Plan of Care,

which is a brief handwritten document outlining the course of treatment for the semester.

This document acts as a placeholder in the chart until the treatment plan is finalized. For

each therapy session, a student writes a lesson plan, a temporary progress note, and a

progress note (which is commonly called a "SOAP note," an acronym for the different sections of the document: subjective, objective, assessment, and plan). Lesson plans detail the student's plan for a therapy session, and are discussed by the student and supervisor before the session. These plans are not entered into the client's chart, and do not typically go through a document cycling process, though sometimes a supervisor will ask a student to change their plans for therapy, without making revisions to the actual document. Temporary progress notes, which are handwritten, act as placeholders in the chart until the SOAP note is approved by the supervisor, as SOAPs will often go through one or two document cycles. Students also write two longer reports during therapy: a treatment plan, which details the course of therapy for the semester, and a treatment summary, which describes the client's progress and makes recommendations on the continuance of therapy.

The document that students spend the most time on is the treatment plan. I have included a sample treatment plan in the appendices (see Appendix C). The main purpose of the treatment plan is to lay out a course of action for therapy. The treatment plan contains a client status section, pre-treatment baseline measures, behavioral observations, treatment objectives (which include long-term goals, short-term goals, criterion, and rationales), and prognosis. Out of all the documents, the treatment plan receives the most emphasis during clinical practicum. During the semester of my study, an entire practicum seminar meeting was dedicated to introducing the treatment plan, several core meetings were focused on discussing the treatment plan, and many of the weekly meetings between students and supervisors were focused on revising the treatment plan. The treatment plan is also the document that is most fully discussed in the clinic manual,

which is an in-house publication that students receive at the beginning of the semester. While the clinic manual presents other genres with simple templates outlining the format and sections, the treatment plan is presented in a four-page descriptive template, that not only shows the student-clinicians how to organize the sections, but includes sample write-ups of the different sections, meta-discourse on the functions of the different sections, as well as frequently asked questions and answers.

Out of all the documents that the student-clinicians in my study wrote, the treatment plan is the report that is most noticeably longer than most documents written by speech-language pathologists, containing sections that may not appear in treatment plans written outside of clinical practicum (Cox, Gannett, Plante, O'Sullivan "Worlds")[3]. In the appendices, I have included a sample Elementary School Individual Access Plan, which acts a treatment plan (see Appendix D). This length can be attributed in part to how the genre relates to other genres in the genre system. In other clinical settings, some of the sections of the treatment plan would be found in other documents within the genre system. For example, in a school setting, a treatment plan may only contain baseline measures, goals, and procedures. Information that would appear in the client status section of the treatment plan would be distributed throughout the student's file.

The client status is also left off of a student's treatment plan due to the difference in readership. The main readers of a student's treatment plan, namely other SLPs working with the student and the student's parents, would already be familiar with client and not require the information. Rather than leave out information found in other

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[3] My knowledge of the writing of practicing clinicians come from my research with Cinthia Gannett, a WAC scholar, and Amy Solomon Plante and Jeanne O'Sullivan, CSD clinical faculty at the University of New Hampshire. As part of our ongoing research, we surveyed practicing clinicians on their workplace writing, gathered samples of workplace documents from different clinical settings, and presented this research as part of a presentation on the "Worlds of Clinical Writing" at ASHA 2005 in San Diego.

documents, treatment plans written for the on-campus clinic tend to be additive, in that sections of the treatment plan are built directly from other documents. As Min, who was taking clinical practicum for the second time when I met her, explained, much of the information that is written about in the SOAP notes will eventually make its way into the treatment plan. The treatment plan written for the on-campus clinic also contains some sections that serve a purely pedagogical purpose. For example, the rationales, which a student writes to explain why specific goals were chosen, rarely appear in professional writing, as they serve to demonstrate to the supervisor that the student understands why he/she is choosing that goal.

While the additional sections of the treatment plan contribute to the treatment plan's length, a major factor is the document's important role in the supervisors' assessment of student-clinicians, who receive a letter grade for clinical practicum. The clinic manual, which is an in-house document written by clinical supervisors for beginning student-clinicians, contains a lengthy 6-page rubric used to assess the student's performance during on-campus clinical practicum. The rubric itself demonstrates the meshing of academia and the workplace, as the supervisors who designed the rubric chose to organize it according to the ASHA standards for licensure. These standards are made explicit throughout the rubric, as ASHA standards are quoted at length in each section. The sections of the rubric are as follows: Professional and Personal Qualities, Knowledge, Skills, and Communication. I focused an interview with the clinic director, Sue, on the practicum evaluation rubric, asking how the rubric relates to the writing students do for the clinic. I discovered that supervisors use students' clinical documents, particularly the treatment plan, as evidence for many of the criteria in the rubric. Out of

the 37 criteria that comprise the four sections of the rubric, assessment of at least 20 of the criteria is based in part or in full on students' clinical writing. Sue stressed that for many of these criteria, supervisors look not only to the treatment plan, but also base their evaluation on how the student performed during therapy sessions and during student-clinician conferences. I therefore do not want to imply that the treatment plan is the main tool the supervisors use when assigning a grade for clinical practicum. As the clinic director stated, the student's interactions with the client during therapy is the focus of clinical practicum, and, therefore, assessment. However, the treatment plan does play a role larger than is implied by the way the clinical practicum assessment rubric is presented, as many of the actions performed by student-clinicians is also evidenced in their clinical writing. In what follows, I will analyze the rubric, to demonstrate the role of student-clinical writing in assessment.

Despite the treatment plan's large contribution to a student's clinical practicum grade, only one of the sections of the rubric, the Communication section, explicitly assesses clinical writing. The ASHA standard that is cited at the beginning of this section, Standard IV-B, names competence in communication as one of the requirements for certification: "The applicant must possess skills in oral and written communication sufficient for entry into professional practice." The rubric for communication is subdivided into two sections: oral and written. A single criteria is listed under oral communication: "Communicates clearly and effectively; uses terminology flexibly depending on intended audience." This criterion highlights the role of rhetoric in oral communication, but this same emphasis on rhetoric does not show up in the criteria listed under written communication, which I will quote at length:

- Understands and follows established documentation formats and templates
- Writes professionally, using terminology appropriate for disorder and setting
- Prepares reports that are accurate and complete, reflecting an integrated understanding of the client's performance
- Meets paperwork deadlines

The first two items refer to genre and discourse conventions of writing in the profession of speech language pathology, and refers to the templates that supervisors provide in the clinic manual. The third criterion reflects the dual purpose of student-clinical writing as meeting the needs of the clinic and of the student's education. The first half of the criterion emphasizes that student-clinical writing should be "accurate and complete," an emphasis common in workplace writing. The second half of the criterion focuses on whether the writing demonstrates that the student has an "integrated understanding of the client's performance," refers to the pedagogical role of student-clinical writing. The term "integrated understanding" came up often during interviews with supervisors, and refers, broadly, to what we might call critical thinking. When I asked one supervisor, Pam, to define "integrated understanding" to me, she explained that when she reads student-clinical writing, she looks for "how well [students] clinically think through the case," by making connections between theory, a client's test results, and "what they see" during therapy. The last criterion refers to a writing behavior—meeting deadlines. Notice that though all four of these criteria are on "written communication," none mention the role of writing in communicating. Nowhere are readers mentioned. The second criterion mentions "using terminology appropriate for disorder and setting," but does not mention appropriateness for audience.

The heart of what gets assessed in clinical writing appears not in the "Written Communication" section of the rubric, but in the "Knowledge" and "Skills" sections, though the role of writing in these sections is largely implicit. The "Knowledge" section contains three criteria related to student's demonstration of their knowledge of "basic theory," "disorders," and "resources," each of which is at least partially demonstrated through the student's clinical writing. The student's understanding of theory and disorders comes through in the objectives, rationales, therapy approaches, and interpretations they detail in their clinical writing, particularly treatment plan. The criterion "resources" refers to a student's use of literature as a basis for therapy, and states: "independently researches as appropriate; e.g. discusses how results of a scholarly clinical study bears on client's case." This use of resources would come through implicitly in how the student articulates rationales, structure treatment, and approach therapy. Reports written for one supervisor, Jill, would detail the use of literature explicitly, as Jill asks her students to cite scholarly articles in the rationales in their treatment plans, using APA format. This convention of citing literature is rare in workplace writing, but commonplace in academic writing where "the professor's sense of what is necessary and appropriate derives from the 'literature'" rather than the other texts in the genre system (Dias et al. 225). When I asked Jill about this requirement during an interview, she said that she feels "strongly" about this practice, as it will serve the students well professionally:

> They will encounter other professionals who don't immediately see the
> value of their services. And if you can cite a source for why what you are
> planning on doing is a good idea, it makes you seem more credible, you
> look like you're resourceful, and you're more likely, in my experience, to
> get what you want from that neurologist or that physician.

Jill is thinking ahead to the power dynamics of the medical community, where she has

spent most of her professional life. In hospitals, speech language pathologists have

considerably less power than do neurologists and physicians, whom SLPs often have to

persuade through their clinical writing. During the interview, Jill acknowledged that

students will most likely not cite literature explicitly in their professional writing, but

believes that the habit of citing resources in their on-campus clinical writing will help

them better remember the literature once they reach the workplace:

> I think if somebody makes you write down a reason for a scaffolding
> approach or if someone makes you cite someone who says that you need
> naming to have fluent and efficient discourse, you'll remember that name,
> because you wrote it down. Or you'll at least be able to say, well, there was
> a study that was published such and such years ago, and I can't remember
> the author. It just speaks to a higher level of professionalism.

Here, Jill stresses the pedagogical value of writing down resources within student clinical

documents, what we would call "writing to learn." In addition to the benefit to the

students' learning, the fact that students cite resources also makes the supervisor's job of

assessing her supervisees' understanding of "resources" far easier. While other

supervisors may need to ask their supervisees about the relationship between their clinical

approaches and the literature, Jill would simply need to skim the reports.

In the "Skills" section of the rubric, particularly an area focused on intervention,

the treatment plan also plays a large, though mostly implicit, role in assessment. The

intervention section is broken down into two categories: "Planning" and

"Implementation." The first of these categories is largely based on evidence from the

treatment plan. Of the three criteria that comprise this category, "Targets," "Tasks," and

"Cross-section Organization," only the explanation of the third criterion names the

treatment plan explicitly: "develops focused semester treatment plan; uses data to guide

treatment within and across sessions and to create multi-section task hierarchies." The other two criteria instead name actions that are evidenced in the treatment plan: "chooses realistic and meaningful targets," "sets quantifiable criteria that incorporates appropriate rating scale," "builds tasks on sound rationales," and "designs motivating, functional tasks."

During the interview with Sue, I learned that this assessment rubric was fairly new. Sue explained that the rubric was redesigned in light of new ASHA standards that place more focus on certain areas of knowledge and skills, and that, for the first time, name written communication as a skill necessary for professional practice. The formerly used assessment rubric contained separate rubrics for each type of document (i.e. SOAP note, lesson plan). Sue explained that the supervisors, when revising the rubric for clinical practicum, generalized across documents to create criteria for "written communication." What we can see by looking at the rubric is that the actions performed though clinical writing (i.e. "chooses realistic and meaningful targets") are assessed, without explicitly mentioning the genre the action is performed through. In the rubric, then, the many actions that the treatment plan and other clinical documents perform are emphasized, but the role of the treatment plan as communication is downplayed. As the treatment plan is often unnamed, the role of this report in assessment is also downplayed. If a student were to examine the practicum rubric to see the relative weight of the treatment plan, she might think that the treatment plan doesn't count for much—it is mentioned by name only once in the entire rubric. The fourth section, Communication, which is the most explicitly focused on writing, is the briefest of the sections. If a student were to base their judgment of what is valued about the treatment plan from the rubric on

Written Communication, she could think that what counts is how well she follows the templates, uses appropriate terminology, writes accurately and completely, and meets deadlines. She could miss the fact supervisors look to the treatment plan during their assessment of 16 of the 32 criteria in the other sections.

The "Why" and "Who" of Writing: Functions, Authorship, and Readership

As the above discussion on student assessment demonstrates, how the treatment plan functions as academic writing is clear: the treatment plan demonstrates students' knowledge and is evidence of their learning. This function is also clear in the stated purposes of the treatment plan, which are provided in the treatment plan template, which is found in the clinic manual. At the beginning of the template, the purposes of the treatment plan are described in pedagogical language:

> The Treatment Plan has two main purposes. It helps you organize and specify your treatment. It helps your reader understand the client's profile and your approach to the case. A Treatment Plan, then, educates you and your reader. Clearer writing leads to clearer thinking.

The first purpose discusses the benefits of the treatment plan to the student-clinician who is writing the document. The writing is termed as "writing to learn," a way for the student to think through the case and her plan for the semester of therapy. The last sentence, "clearer writing leads to clearer thinking," echoes this purpose, as the writing itself is seen as clarifying the thinking process. The second purpose focuses on the reader rather than the writer, but does not define the reader. When I asked students who they saw as the primary audience of the treatment plan, they each answered, "my supervisor." The assertion that the treatment plan "helps your reader understand the client's profile" does not describe how the treatment plan functions for the supervisor as reader, as the supervisor often knows more about the client than does the student. Students begin

writing the treatment plan at the beginning of therapy, after meeting the client only once or twice. The supervisor observes these meetings behind a one-way window from an observation room. Clients who return to the clinic for treatment for more than one semester remain under the supervision of one supervisor, so the supervisor may have semesters of experience observing the client before the student has even started in the clinic. Communicatively, then, the treatment plan is less about helping the supervisor "understand the client's profile," but more about helping the supervisor understand how the student understands the client's profile.

In the on-campus clinic, readership would also include student-clinicians who pick up the case, should the client continue receiving therapy in the clinic in the following semesters. For this readership, is it critical that the client profile communicates effectively, as the student will rely on this profile as an introduction to the client before meeting the client, and while writing their own treatment plan. In the workplace, readers would include other professionals, such as teachers and parents in a school setting, and physicians and occupational therapists in a medical setting. For these readers, it would also be critical that the treatment plan communicates effectively. Some on-campus clinics do provide clients and families with reports, so that the client can share the report with either a school or physician, but most of the reports written for the clinic at UU stay on campus. One supervisor, Pam, who focuses on pediatric clients, does provide parents with copies of clinical reports, but the other supervisors only provide copies if there is a direct request from a client or parent. However, given the treatment plan's role in assessment, it makes sense that the report remains in the on-campus clinic. When the readership only includes supervisors and other student-clinicians, the discourse used in

the report can be specialized, as only professionals and novice professionals will be reading it. The report, then, can demonstrate the student's grasp of the discourse of speech language pathology.

In the workplace, readership would also include insurance companies, Medicare, and Medicaid. As Sue explained to me, the on-campus clinic avoids third-party payment by using a sliding fee scale. By avoiding third-party payment, the on-campus clinic also avoids the need to shape clinical writing to meet the demands of this readership, a readership that has played a large role in how clinical reports are shaped in the workplace. As another supervisor, Fran, explained to me, in the workplace, reports once looked more like they do in the on-campus clinic—long, narrative, and providing a comprehensive picture of the client. As insurance companies focused more on "cost containment," and started asking for more specific data as evidence that therapy was necessary and that the client was making progress, SLPs "started to change reports to meet the need of the insurance industry." According to Fran, with Medicare and Medicaid, "the paperwork even got more complicated, and there were more pieces of paper." In order to control the amount of writing SLPs do, it became common practice to write briefer and briefer reports. As the on-campus clinic does not have to provide documentation to insurance companies, Medicaid, or Medicare, student-clinicians can focus more on the documents written for other speech-language professionals, and write longer, more comprehensive reports.

When comparing authorship in academic and professional writing, Aviva Freedman and Christine Adam explain that, in academic writing, singular authorship is valued, and therefore originality is valued, and plagiarism is a concern (134). In contrast,

in the workplace, collaborative writing is often valued, and text is often seen not as owned by the individual, but by the workplace. As Freedman and Adam explain, since a supervisor would not be reading to assess a writer's knowledge, "originality is not a requirement of the workplace, nor is proof that the writer has worked alone" (136). In the on-campus clinic, these two competing views of authorship collide. In the treatment plan template in the clinic manual, students are warned against copying material from previous reports when writing the client status, which is the section of the report that provides background information on the client. This warning is provided through a FAQ: "If my client has already been seen at [UU], may I simply copy the statement from the previous semester's plan?" Two answers are given. The first explains that some information does change from semester to semester, so that copying the previous client status may lead to an inaccurate profile. The second is more pedagogical in intent:

> Rather than copying the previous entry, which may or may not be well written, consider also that writing about the client's status in your own words gives you excellent practice at summarizing information and helps you better understand your client's profile.

Here, once again, we see the treatment plan's role in "writing to learn." The benefit gained by writing a new client status is attributed to the writer, as the writer will gain practice "summarizing information" and the process will help the writer "better understand [the] client's profile." The newly written client status also helps the supervisor assess the student-clinician, as the supervisor will be assured that it is her supervisee's writing that she is assessing, not writing from a previous student-clinician. This concern over the student writing a new client status does not carry over to the workplace, as I learned when interviewing students once they rotated to off-campus clinical settings. One student, Alice, reported that when she wrote reports for a practicum

based in a school, her supervisor there gave her electronic copies of reports so that she can simply revise past reports, rather than come up with reports from scratch.

The warning against copying text written by others also highlights the complicated relationships between authorship and readership in student-clinical reports. During the document cycling process, supervisors provide a great deal of feedback while student write the treatment plan, and students revise from this feedback. Some supervisors provide this feedback by writing in the margins while others use the "comment" feature of Word to give feedback electronically. Supervisor feedback is highly influential, as students will use the feedback to revise, sometimes directly incorporating changes to sentences suggested by the supervisor, as explained to me by Min: "The supervisor definitely influences my writing style, because they comment on my writing, and if they make changes, then I would definitely choose that way, what they recommend, like certain words." The treatment plan can go through as many as five drafts, each draft revised from supervisor feedback. By the time the treatment plan is finalized, it represents the efforts of both the student and the supervisor and can be seen as a piece of collaborative writing, though the collaborators may be on unequal footing. The lines of textual ownership become blurred in ways that are rare in academic writing, but common in workplace writing. The warning on the template comes from the world of school, but the collaborative writing that results from the document cycling process is straight out of the world of work.

The "How," "When," and "Where" of Writing: Writing and Reading Practices

Writing practices and reading practices both affect that ways in which genres are shaped. As Freedman and Adam found in their study on how student interns learn

professional writing, it is often the differences between writing processes used in school

and work that students have difficulty with when making the transition into the

workplace. In school, students can often write in a setting of their choosing. They can

write at home, in a library, in a café, in a study lounge, in their room, at a kitchen table.

Moreover, they can structure their writing environment. They can surround themselves

with quietness or noise, drinks or snacks, pillows or books. In the workplace, the writing

environment may not be as amenable. Professional writing often takes place at the

workplace, often in the midst of others working, talking, typing, and moving about. SLPs

working in a school often share office space with other SLPs or other professionals, or do

not have an office space, and write in a staff lunch room or classroom, or carry their

writing home (Cox, Gannett, Plante, O'Sullivan "Worlds"). SLPs who work in medical

settings are restricted to writing in the workplace, as HIPAA regulations require that

medical information remain within the clinic. Furthermore, particularly in hospitals,

more and more medical documentation is electronic, so SLPs must then write at the

hospital using the hospital's documentation system (Cox, Gannett, Plante, O'Sullivan

"Worlds").

As with other medical settings, the on-campus clinic complies with HIPAA

regulations, which restricts the movement of medical information. Some of the resources

that students use to write clinical reports, such as records in the client's chart, may not be

removed from the room they are kept in, nicknamed the "file room." Students are told

that they may not photocopy clinical records. To use these records, then, students must

sit in the chart room, and take notes from the documents. This practice of using resources

that may not be taken home is new for students. Kelly, in particular, found this change in her writing process to be difficult to get accustomed to:

> I don't do well in confined spaces. I like to do my work at home. So, when I have to take notes on my clients, it is hard for me to sit there with the chart, with other people around me, in a small room, and do work there. [. . .] That's just not my style. My style is to go down to the graduate lounge, where I can spread out, and have space to do things, or I'll go home and do things at my kitchen table.

Students may do clinical writing at home, but only if they avoid putting any identifying information into the documents. The client's name, address, phone number, school, workplace, parents' names, and doctors' names must all be left out until the report is finalized. When the supervisor tells the student that the document is finished and can be entered into the chart, the student brings the file to the chart room, fills in the missing information (but does not save it), and prints the document using the printer set up for this purpose. At the end the semester, the student must verify with their supervisor that they have "purged their personal files of client data" (Clinic Manual 33).

The document cycling process that is used in the on-campus clinic differs from the writing processes often used in academia and in the profession of speech language pathology. In school, a student's writing process depends on what they have learned about writing, time constraints, and how the instructor has structured an assignment. Despite the best efforts of composition teachers, writing centers, and Writing Across the Curriculum programs, students often do not revise before handing in assignments. SLPs also rarely revise documents, unless they are writing high stakes reports, or lengthier reports as part of private practice or consultation. To use Barbara Couture and Jone Rymer's framework, SLPs can be described as "professionals who write" rather than "career writers." Couture and Rymer define "professionals who write" as people who

write as part of their job, but "tend to see writing as secondary to the 'real' work at hand" and "career writers" as people who define their job as writing, and typically write about information that was developed by someone else (8). According to Couture and Rymer, career writers tend to plan more and revise more, while professionals who write tend to plan and revise only when doing non-routine writing. The document cycling process that is used in the on-campus clinic is not typically used in the workplaces student-clinicians will find themselves in as professionals, though a common practice in many workplaces. However, few fields have the long apprenticeship between school and work that the on-campus clinic facilitates. The fact that this process is used in the on-campus clinic clearly marks the program as a transitional space, a space for novice professionals to learn the writing conventions and functions of clinical writing.

The long document cycling process used in the on-campus clinic changes not only the writing process, but also the pace at which documents are written. It is required by the clinic's state department of public health, who periodically review charts, that a treatment plan is placed in the chart at the start of treatment, and that SOAP notes are filed within 24 hours of each session (Clinic Manual 31). Since SOAP notes and the treatment plan may take weeks to write and get approved by a supervisor, temporary progress notes and a Plan of Care are handwritten and placed in the chart until the permanent documents are finalized. Students cannot begin writing the treatment summary, which is due during the final week of the semester, until the treatment plan has been approved by the supervisor. In most of the case studies, the treatment plan was not approved until late in the semester. Kelly's supervisor did not approve her treatment plan until the last week of the semester, meaning that Kelly started writing her treatment

summary during the same week that treatment plan was finalized. This situation would not occur in other clinical settings, where the plan would be completed very early in the therapy process.

The length of time involved in the document cycling progress particularly affects the content of the treatment plan. In the treatment plan, students write therapy goals that are meant to be attainable by the end of therapy, which, in the on-campus clinic, means a week before the end of the semester. They also write a prognosis, which is an estimation of the likelihood that the client will successfully meet the goals. During interviews, many students reported that they continued tinkering with the goals and prognosis during the long revision process. I interviewed Alice in November, only three weeks before the end of the semester. She was in the midst of revising the treatment plan. She told me that she needed to change the goals, because her client was not meeting them. Midway through therapy, Alice realized that her six-year-old client would not attain the goals she had set for him. As she explained to me, if she kept the goals as they were written in an early draft of the treatment plan, she would have to say that his chance of success was "poor"; however, by lowering the criteria for success, she could say that prognosis was "excellent." At this point in the semester, she only had two sessions left with the client. Danielle, who I interviewed during the last weeks of the semester, found herself in a similar situation. She had also made changes to the prognosis, as she discovered that her client's family was not as supportive of therapy as she had predicted, as they were not helping their child practice the strategies learned during therapy at home. By the time the treatment plan was finalized, prognosis was better than an educated guess. As Alice explained, "I've talked to a few of my peers and, we're like, it makes no sense to keep

writing this now." When I asked Danielle how many sessions she had left, she started

laughing, and joked,

> Yeah, I know it's kind of silly. It's like, "Well here's my finished treatment
> plan and there's one session left!" (laughing) Everyone's been saying that!
> It is just so funny. "Well, here I am on my fifth revision of my treatment
> plan and the semester is over!"

This opportunity to continually revise the treatment plan in light of the client's progress

would not be available at the workplace, and makes this element of the treatment plan

feel artificial to some students.

While the writing practices used by student-clinicians depart from both academic

writing and the workplace writing of SLPs, the reading practices used in the on-campus

clinic present more of a blend of academic and workplace practices. As Dias et al.

discuss, in school, student texts are often read fully, from top to bottom, and rarely

receive more than one reading (224). As Dias et al. note, if comments are provided,

"they generally have the effect of justifying the grade rather than suggesting a reworking

of the text" (224). Student texts, to use Dias et al.'s description, have a "limited shelf

life," as the two main functions of student writing—to aid in the student's learning

process and the teacher's assessment of student knowledge—are completed once the text

is graded (224). In contrast, Dias et al. describe workplace texts as "read selectively,"

with different groups of readers focusing on different parts of the text, in light of their

own purposes for reading (224). Furthermore, workplace texts have a comparatively

"long shelf-life" as they are "filed, referenced, cross-referenced, and inserted into a

documentary record" (224).

Documents written for the on-campus clinic are read both as academic texts and

workplace texts. In some ways, supervisors tend to read the documents more as any

teacher would—fully, and from top to bottom. However, they also depart from other university teachers in one important way—supervisor also read to give comments that will eventually reshape the text. When a student interns in the on-campus clinic, she works under the supervisor's license, meaning that the supervisor is ultimately responsible for treatment. Documents that enter the client's chart are co-signed by the student and supervisor, and reflect upon the professionalism of both the writer and the supervisor. The supervisor, then, has strong motivation to read with an eye toward revision, and provide comments that will help the student improve the text. The other important reader of student-clinical writing, the next student-clinician to pick up the case, reads more as a colleague in a workplace. The student-clinician reads selectively, focusing on the parts of documents that meet her needs for reading. At the beginning of the semester, she may focus on the client status, as an introduction to the client she will be working with. When she writes the treatment plan, she may focus on particular pieces of information in the client status, which she will need to incorporate into her own text, as well as the recommendations, which will offer suggestions for the continuance of therapy. As the student will be new to writing treatment plans, she may also focus on key features of the genre, using the former treatment plan as a model. Client charts are housed in the clinic indefinitely, and supervisors regularly ask their supervisees to read documents from different charts to see models of certain approaches to therapy or ways of writing about certain disorders. The state public health department reviews charts, reading to see if the clinic is complying with state documentation requirements. On a rare occasion, a client or parent will request a copy of a report, which might then be given

to a school or physician. Like other workplace documents, student-clinical writing, then, has a long shelf-life, and is used for multiple purposes by multiple readers.

Conclusion

In each of the categories that I used to analyze student-clinical writing—genre, functions, authorship, readership, and writing practices—I have demonstrated that student-clinical writing shares features of both academic and workplace writing, but mirrors neither. Like other types of academic writing, the writer is graded based on their writing, the primary reader reads to assess the writer's knowledge, originality is a concern, intertextual relationships with scholarly literature is valued, and readership is limited primarily to the teacher and peers. Like other types of workplace writing, the supervisor provides comments that are meant to reshape the text, the life of the document does not end with a grade but extends indefinitely, different readers read for different purposes, and the text has purposes that extend beyond the classroom. The genres written for the on-campus clinic are shaped by the worlds of both school and work, functioning both as academic and workplace texts. It is no wonder that the treatment plan is as long as it is, and that so much emphasis is placed on student-clinical writing during clinical practicum.

Despite the many areas of overlap between academic and workplace writing in student-clinical writing, we cannot ignore the sharp differences between the ways students write for the on-campus clinic and the ways they will write for their profession. The largest difference between student-clinical writing and professional clinical writing is the readership. In the on-campus clinic, students write to familiar readers—teachers and peers. Once they enter the workplace, they will write to a much wider range of readers,

who will read for a much wider range of purposes. If they work in a school, readers may include parents, teachers, guidance counselors, special education specialists, aids, principals, and other SLPs. Readers in a medical setting may include physicians, neurologists, nurses, occupational therapists, physical therapists, social workers, insurance companies, Medicare, and Medicaid, as well as other SLPs. Once in the field, their "reports can determine how well a teacher or parent supports and supplements a child's program," how other SLPs follow up on the work they have done with the client, and whether or not expenses are covered by third parties (Cox, Gannett, O'Sullivan, and Plante, "Writing," 105). Their clinical documents will also interact with very different genre systems. In a school, clinical documents become part of a student's general file, and, in a medical setting, part of a patient's medical chart. The student will also have to become accustomed to a different writing process. For example, many hospitals now use electronic documentation systems. The moment a document is entered into the system, the entire network of professionals in the hospital can read the document, which shortens the writing process, curtailing opportunities for revision (Cox, Gannett, O'Sullivan, and Plante "Worlds").

The differences between writing for the on-campus clinic and writing for the workplace are very real. And yet, the on-campus clinic, while not mimicking the workplace, provides an important transitional space for novice professionals, a space between the worlds of school and work. In other kinds of academic spaces, the closest students get to workplace writing would be through case study projects, service-learning projects, and academic-workplace collaborations. As I discussed in chapter two, each of these projects provide students with some insights into professional writing. However,

none provide as many opportunities as does the on-campus clinic, where students work in collaboration with licensed professionals, write documents that have real roles in professional practice, make direct connections between what they are learning in the classroom and professional practice, gain experience with the activities of their profession, write using the discourse and genre conventions of their profession, and begin the long process of becoming speech language pathologists. In the next chapter, I will discuss further what students learn from writing in the on-campus clinic, and how they learn in this transitional space between school and work.

Table 4 A Comparison of the Social Contexts of Writing for School, the On-Campus Clinic, and the Workplace

	Academic Writing	On-Campus Practicum Writing	Workplace Writing
Goals of Writing	Support student learning Assessment	Support student learning Assessment *Document therapy* *Communicate with client and other professionals* *Justify services*	*Document therapy* *Communicate with client and other professionals* *Justify services*
Writers	Students	Student-*clinicians*	*Speech language clinicians*
Readers	Teacher; sometimes classmates	• Teacher / *Supervisor* • Other student-*clinicians* • *If clinic sends reports off campus, includes client and/or client's family, and other professionals*	*Depends on setting; may include* • *supervisor* • *client and/or client's family* • *other professionals* • *insurance companies*
Reading practices	• Teacher reads to assess student's knowledge and to grade • Reader typically knows more than the writer, so writer not writing to inform or dialogue • Comments written to justify grade • Teacher reads entire text, in order to assess • Texts have limited shelf-life; closure comes with the grade	• Supervisor reads to assess student's knowledge and grade; *other readers read for multiple purposes* • Supervisor knows more about the topic than does the writer; *other readers know less about the topic than does the writer* • *Supervisor gives comments to reshape text* • Supervisor reads entire document; *other readers may read selectively* • *Texts have long shelf-life, as they become part of client's chart*	• *Multiple readers; multiple reasons for reading* • *Reader typically knows less about the topic than does the writer* • *If a supervisor gives comments, they are written to reshape text.* • *Readers may read selectively* • *Texts have long shelf-life, as they become part of client's chart*
Writing Practices	Revision depends on whether instructor provides feedback before due date, student's own writing process, as well as time constraints from semester schedule.	*Clinical reports are cycled between student-clinician and supervisor, and may go through up to six revision cycles.*	*Revision depends on the stakes and the routine-ness of the task, third-party payment requirements, work schedule, and workload.*

Table 4 summarizes findings in chapter 3. In this table, I used italics to distinguish between features of academic writing and features of workplace writing, so that the blend of academic and workplace writing features in on-campus practicum writing is more apparent.

IV. LEARNING TO WRITE BETWEEN SCHOOL AND WORK

When I presented a paper on student-clinical writing in CSD at the conference of the Canadian Association for the Study of Language and Learning, an audience member commented that the writing is no more than a "dummy run" for students, as the supervisors play such a major role in shaping the writing through the document cycling process and since the documents students write have such different conventions from the documents they will write as professionals. Indeed, as I explained in chapter 3, there are real differences between student-clinical writing and professional writing, such as differences in the writing process, functions, and audiences. Moreover, student clinical documents look so different from professional documents, as they are far longer than workplace documents, include more sections, and interact with different genre systems. Student-clinical writing, then, could be considered a "dummy run" in professional writing, if you were focusing on two of the three layers of context that Amy J. Devitt describes, namely the context of situation and the context of other genres.

However, if we use the third layer of context, the context of culture, as a lens, what students learn through student-clinical writing becomes clear: the culture of their profession, speech language pathology. Devitt defines culture loosely as "a shared set of material contexts and learned behaviors, values, beliefs, and templates" (25). Her definition of culture is clearer in her description of how the three layers of context can be used to describe the situation of a student writing a lab report:

> Writing an academic lab report entails adopting scientific 'objectivity' as
> well as academic subservience to teacher authority (culture), encourages
> defining the situation as student reporting to teacher on what was done and

what the teacher already knows (situation), and draws on the writer's
experience with other lab reports and academic papers and the teacher's
experience with other scientific genres. (29)

In this example, we can see how the layer of culture in this rhetorical situation is defined

both by the academic context (the power dynamic between the student and the teacher)

and the disciplinary context (scientific objectivity). As Devitt explains, the context of

culture goes beyond the "more immediate context of situation" to describe ideological

context, a context that extends past the contexts of situation and other genres (27). This

is the layer of context that is least tied to physical space, and therefore may have the most

potential for describing what students learn in the on-campus clinic that can be carried

into the workplace. Jane Ledwell-Brown, a professional writing scholar, defines culture

as it pertains to an organization as its "ways of doing things," the organization's

"particular jargon, the power and political structures within the organization, its

traditions, rituals, goals and values" (199-200). Ledwell-Brown uses this definition to

study the culture of a large pharmaceutical company, but the same definition can be used

to define the culture of a profession. A profession, too, has its own discourse, power

relations with other professions, ways of understanding, interpreting, valuing, and doing.

In this chapter, I will argue that while there are limits on what students can learn about

professional writing from the on-campus clinic, the students do gain important genre

knowledge, particularly in relation to the context of culture. I will first describe how

students learn to write in the on-campus clinic, and then I will discuss what students learn

about the culture of speech language pathology through writing for the on-campus clinic.

Teaching and Learning between School and Work

As student clinical genres are shaped by both school and work, so too are ways of learning. In school, learning is the explicit objective, but in the workplace, learning is incidental, as the work itself is the explicit objective. In the on-campus clinic, learning the practice of speech language therapy is the explicit objective, but learning to write as a speech language pathologist is incidental. The supervisors who participated in the study—Pam, Peg, Jane, Kris, Fran, and Jill—do not see themselves as teachers of clinical writing (see Table 2 in chapter 2 for an overview of the supervisors). In fact, when I first approached the program to introduce the study, the director told me that clinical writing wasn't taught in her program. However, the supervisors do spend a great deal of time with student-clinical writing—reading drafts, responding to drafts, and discussing student-clinical writing during student meetings. During interviews with the supervisors, it became evident to me that supervisors see themselves less as teaching clinical writing, and more as mentoring clinical thinking and practice through their responses to student-clinical writing. As Peg explained, she spends so much time giving feedback to student-clinical writing and talking to students about their writing not because students "can't write a straight sentence," but because "that's the mentoring piece of it." As Pam explained, "To me, it's not the writing itself, but it's that [writing is] the best window into how the student understands what it is that you are talking about." Pam said when she responds to student writing, she is not as interested in "the mechanics of how you phrase things" but in the student's "thought process," explaining,

> The writing, to me, often reflects how well [the students] clinically think
> through the case and so most of my time is spent on the thought process, in
> looking at the case, not on the writing itself, because as they get clearer in
> their thinking, it usually shows up in their writing. Some of [the students]

will need a little technical work in their writing as well but mostly it's because they have no idea what they are seeing and that's what becomes clear in their clinical writing. They don't understand clinical thinking.

In each of these supervisor's responses, it is evident that the supervisors are defining writing instruction as a focus on the "technical" aspects of writing, such as the "mechanics" of writing and sentence structure. They think of writing instruction as what happens in a writing course with an English teacher. They do not see themselves as teaching clinical writing, because their methods of teaching writing are not recognizable from an academic perspective.

Just as the supervisors in the program do not see themselves as writing teachers, the students in this study—Alice, Min, Kelly, Danielle, and Evelyn—do not see themselves as being instructed in clinical writing. As Min explained in a response to the questionnaire,

> We haven't really had any particular workshop on clinical writing. It is just learn this through trials and errors. So that is a little bit time consuming and frustrating sometimes. It would be nice to have a course, or a short course or workshop on clinical writing before we start our first practicum, but they do not offer that sort of thing here.

Few CSD programs offer the sort of instruction in clinical writing that Min describes (Cox, Gannett, Plante, and O'Sullivan, "Place"). The kinds of writing instruction that Min names—a course, short course, or writing workshop—are the kinds of writing instruction that are highly recognizable as ways that writing is learned while in school. However, students learn clinical writing through other means. The "trials and errors" that Min mentions refers to is the document cycling process. When students hand in a draft of a SOAP note or treatment plan, they receive extensive written comments from the supervisor, revise from these comments, hand in the revised draft, and then receive

another set of comments, to begin the cycle anew. Students do use other means to learn clinical writing. Several students reported that when they wrote the first draft of the treatment plan, they had the clinic manual open to the treatment plan template, and referred to it continuously during the writing process. Students also turned to clinical documents written by other students to use as models. Some students relied on past documents in the charts of their own clients, while others had certain files recommended to them by their supervisors. Min, a second language writer, took careful notes from clinical documents, even making lists of verbs and phrases commonly used in clinical writing. However, as Kelly said, supervisor feedback is the "main thing" that students use to learn clinical writing.

In studies of how interns and novices learn workplace writing, supervisor feedback given during the document cycling process is highlighted as key in a number of fields, such as banking (see MacKinnon), social work (see Paré), engineering (see Winsor), and finance (see Adam). In some ways, document cycling is similar to the method of writing instruction used in many composition courses, where a student writes a number of drafts of a single essay, and the instructor or peers provide feedback to the drafts during the writing process. However, there are some important differences. In "What Do We Learn from Readers? Factors in Determining Successful Transitions between Academic and Workplace Writing," Christine Adam compares teacher feedback to student writing and supervisor feedback to employees' writing. She points out that when teachers give written responses to student drafts, the comments are usually meant as suggestions for revision. As Adam states, it is "ultimately [the student that] decides what will be changed and how" (177). In comparison, supervisor feedback is more

directive, and it is expected that the employee will revise from the comments. It is often the case that the supervisor will not approve and finalize the draft until the employee has addressed the feedback (Adam 177). Teacher feedback will often comment on both what is written well and what could be improved. In contrast, in the workplace, supervisor feedback will generally only point out what needs to be revised, without commenting on areas that are written well (Adam 175). In many courses across the curriculum, teacher comments are only provided at the end of the writing process, and are used to justify a grade. Adam points out that it is how novices respond to some of these differences between teacher feedback and supervisor feedback, as well as whether they recognize supervisor feedback as a means of learning writing, that determines how effectively they learn to write at the workplace.

In the on-campus clinic, supervisor feedback is a blend of teacher feedback and the supervisor feedback that is more typical of a workplace. Though much of the feedback on student clinical documents that I collected pointed out areas in need of revision, some feedback indicated areas of the writing the supervisor considered effective. For example, one supervisor, Jill, wrote "Very nice!" in the margins of a draft of Alice's treatment plan. Another supervisor, Pam, wrote comments on the top of student clinical drafts, pointing out positive characteristics of the student's writing. When I asked her about this practice, Pam said, "Usually I try my very best to find something complementary to say. [. . .] Because through the report, I probably tend to comment on are things that need to change." The supervisors also tended to provide comments that were both in the form of open-ended questions and more pointed directives to change either the organization or wording. As Peg explained,

I'll write questions in the margins. Sometimes I straight out just change it. If it's kind of a wording thing, then I will actually try to reword it. If I don't understand what they are trying to get across or if I have a question about what they are trying to get across, then I'll ask the question in the margin. […] And I do rewrite, and I tell them, on some of the pieces, when I'm rewriting, this is the way that I would say it. And I will rewrite to condense it.

Though supervisor feedback to student-clinical writing may not be as directive as is given in some workplaces, it is far more directive than many of the students are accustomed to. When giving feedback to drafts of clinical documents, the supervisors respond both to what we might call "surface features" or "local concerns" as much as they respond to "global concerns," and they respond to local concerns more than many academic teachers do. When I asked students if they remember getting feedback from teachers during their undergraduate coursework, they commented that they could remember receiving feedback from writing teachers, but not in courses across the curriculum. However, even the feedback from writing teachers was not as focused on local concerns. For example, Alice remembers getting written comments from her teacher of a sophomore-level rhetoric course, but explained,

We would turn in a draft, and the teacher would put comments on it, and then we would have to revise it. But, it wouldn't be like specific wording changes. It would be like, develop this better, or try this here, or strengthen your argument.

It is common for teachers of academic courses to comment on global concerns rather than local concerns in student writing. I asked Fran, a supervisor who also teaches a graduate seminar on fluency, if she provides similar feedback to papers students turn in for the course, and she answered that she provides fewer comments on academic writing, explaining,

> I do put comments in about clarity, or I might make a comment about syntax, but I'm more likely to let it go in that realm than I am in the clinical realm. And why is that? I have no idea. [...] I guess I'm really more interested in them getting the concepts I'm trying to teach them in the course.

In their research on students interning in a financial organization, Freedman and Adam found that the students did not recognize the document cycling process as a way of learning professional writing, and often interpreted the supervisor feedback as a form of evaluation. Freedman and Adam attributed the students' responses to supervisor feedback to the way teacher feedback is used in academic settings, saying that teacher feedback is often used to justify a grade. Students in my study also relied on supervisor feedback to judge how well they did writing each document. During an interview with Kelly on the first draft of her treatment plan, I asked her how the writing went, and she answered, "I don't know how it went because I haven't gotten feedback on it." She explained that she cannot tell what is "what is good and what is bad" in her writing until she reads her supervisor's comments. Some of the students in my study also interpreted supervisor feedback negatively. I asked each student to tell me their first thought when they get a draft back with supervisor feedback and their comments were, "sad," "I felt stupid," "I knew I had my work cut out for me," and, "Whoa, I didn't do very well at all."

Evelyn, in particular, found the feedback hard to take. She interpreted her supervisor's feedback as controlling:

> [Supervisors] say that we can develop our own styles, but I attempted to do it in my way, and it was shut down. [...] The responses I would get would be, "Oh, no, you can't do this." Or, "you shouldn't do it this way." Or, "you should write it in a different style." So, it was contradictory. You say you want me to do something in my own way, but you want me to do it in your little bubble.

Evelyn acknowledged that she needed supervisor feedback to learn clinical writing, but

commented, "writing is something that is really kind of personal, and you can put your

original signature on it, without being un-clinical about it." Evelyn's response to

supervisor feedback reveals Evelyn's positioning on the threshold between school and

work. In academic writing, teachers often reward student writing that exhibits a certain

amount of flair and individualism. But what also played into Evelyn's response to

supervisor feedback was her general lack of confidence in herself as a writer, and her

feelings of being overwhelmed. She named clinical writing as the "hardest thing" she has

to learn during her graduate program, explaining,

> On top of my own lack of confidence in how to write, I'm not sure that I
> should be writing, and then with all the other information that I'm trying to
> process at the same time. I don't know. It's a lot of thoughts to be going
> through when I'm trying to write.

She also commented, "I feel like I'm learning [clinical writing] completely from scratch,

here's what I know right now, and that's it." Another factor contributing to Evelyn's

feelings about supervisor feedback is her lack of a framework for recognizing what

counts as individual style in clinical writing. In her response to a questionnaire question

on her impressions of clinical writing, Evelyn wrote,

> I haven't been exposed to the field for very long, but much of the writing I
> have seen tends to look the same. To me it appears as though everyone was
> schooled to write in the same way, although I have never taken a class or
> been directed to write in a particular style since I have started grad school.

Clinical writing tends to look the same across different clinical documents to Evelyn,

because she is not accustomed to reading clinical documents. It can take years of

experience in a field to begin to read the nuances of difference between documents that

may be read as generic to novices.

Min, a second language writer, had difficulty determining whether supervisor feedback commented on her ability to use English or another aspect of her writing. Min came into the program confident in her ability to write in English. She had majored in English in Korea, and then transferred to a university in the United States as a sophomore, and changed her major to linguistics. She had exceeded the university's minimum requirements for the TOEFL, and had passed the university's placement test, so she did not take ESL courses. She passed both first year composition and an advanced composition course with A's, and attributed her success in these courses to her many visits to the university writing center. I asked her if she remembered receiving comments on her writing in courses across the curriculum, and she only remembered comments on the content of her papers, not on her use of the English language. However, Min's confidence was shaken during her first semester in on-campus clinical practicum. At the end of the semester, one of her supervisors recommended that she retake clinical practicum, while the other stated that she felt Min was ready for off-site practicum. As Min's supervisors were split, the clinic director left the decision up to Min. Uncertain that she would be ready for off-campus practicum, she chose to remain on site. She agreed with the supervisor that felt that she needed another semester focusing on clinical writing. During interviews with Min, it was clear that she tended to interpret supervisor feedback as correcting her English. For example, during one interview, Min told me, "I have some problems with the articles, like 'the,' 'a,' 'an,' which we don't have in Korean." She pointed to a sentence where the supervisor crossed out the articles from the phrase "the rate of his speech," to say "rate of speech." Here, the supervisor is indicating that "rate of speech" is the accepted phrase in speech language pathology, not correcting

an English language issue. However, Min's interpretation of the feedback as commenting on her ability to write in English further chips away at her confidence as an English user.

Out of all of the students, Alice seemed to have the easiest time with supervisor feedback. From the beginning of the semester, Alice was comfortable with the document cycling process. Alice's individual client was new to the clinic, so Alice had to start a new file for him. A new client presents challenges to new clinicians, as there are no previous reports to use as models. I asked Alice about her approach to writing documents for this client, and she answered, "I briefly looked at other clients' files to see what type of information to use. But most of it I came up with on my own, and I tweak it a little week by week, based on how she likes them written." I interviewed Alice after she had written the first draft of her treatment plan, but before her supervisor gave her feedback. During this interview, I asked her how the writing went, and she answered,

> I don't know if my word order is cohesive. I was trying to get al.l the
> information down. I have a little bit of trouble with word order. I'm not
> sure exactly how to say things. I'm sure my supervisor will.

Here, Alice's trust in the document cycling process is evident. As she wrote, she was not sure if she was using appropriate discourse, but she went ahead with the drafting, because she knew that her supervisor would provide the correct terminology. Later during the interview, I asked Alice how long it took her to write the first draft, and she answered, "one or two hours." This writing process was considerably shorter than other students in my study, who reportedly took up to eight hours writing their first draft. Again, it is Alice's reliance on the document cycling process that eased her writing process. She commented, "Whatever I write, I know will be completely ripped apart, so I'm like, hey,

I'll just throw this out there." At the end of the semester, Alice said that she believed she

had an easier time learning clinical writing than did her peers due to her previous

experiences writing in the workplace. Alice worked as accountant for five years before

returning to school to complete an undergraduate degree in CSD. As an accountant,

Alice experienced the document cycling process, so she was already comfortable with

this process, and, as she explained, knew not to take supervisor feedback "personally."

Commenting on the document cycling process, Alice stated that students "are not

exposed to it in school at all really." Though accounting and speech language pathology

are very different fields, Alice's experiences with the writing processes used in the

workplace served her well when she began writing for the on-campus clinic.

For the most part, students seemed to interpret supervisor feedback as teaching

them how write using a style appropriate to clinical writing. The students picked up on

what it meant to write in a "clinical style" from supervisor feedback, describing this style

as "almost medical," "objective," and "concise." I asked Alice what her supervisor

tended to comment on, and she said, "very minute stylistic things," explaining,

> Sometimes I'm a little bit basic with my wording, so she likes to see a
> higher level of language. Like, if there is another verb that conveys the
> same meaning. Use a little more professional level of writing.

Min commented that "clinical writing style" is "very dry," explaining,

> I wouldn't write this way. I think that the supervisor definitely influences
> my writing style, because they comment on my writing, and if they make
> changes, then I would definitely choose that way, that they recommend, like
> certain words. I do not see a big difference, although there should be some.

Min makes the revisions that the supervisor suggests, though she doesn't always

understand how the supervisor's wording is better than her own. The students also felt

that supervisor feedback was idiosyncratic, or, as Alice put it, "completely supervisor

dependent." Min, who was taking clinical practicum for the second time, said that what gets commented on her writing "depends on your supervisor's writing style," and that what is acceptable to one supervisor might be revised by another. The students, then, tend to see supervisor feedback as editing, as focused mostly on surface-level features of their writing.

Learning about the Culture of Speech Language Pathology

Supervisor feedback, though, teaches far more than "clinical style." In studies of supervisor feedback to interns and novices, scholars have noted that supervisor feedback is the main conveyor of workplace culture. Anthony Pare, in his study on how social work students learned to write for their profession during internships, explained that, "Clearly supervisors do more than surface editing, and students learn more than a superficial 'style.' They learn how texts represent the varying demands of setting and circumstance, what stance to take toward clients and colleagues, and what should and should not be included" (151). Ledwell-Brown states that supervisor feedback maintains the organization's culture by "ensuring that discourse conforms to the organization's goals and values" (201). If part of genre knowledge is cultural knowledge, then supervisor feedback is one of the main means of passing on that cultural knowledge, handing down profession-specific ways of seeing, knowing, interpreting, and valuing.

"Integrative Thinking"

When I asked the supervisors what they focused on when giving feedback to student writing, they discussed how they see themselves as mentoring "clinical thinking." As Pam explained, "The students need to learn how to think through a case, and the client's performance and needs, and what that all tells them, how you apply the theory to

what you are actually seeing, and to your decisions." This process of thinking through a

case and piecing together test results, observations, and information from the client's

chart that Pam describes is what the supervisors in this program refer to as "integrative

thinking." They also use this term to describe the kinds of interpretive moves they want

students to make in their clinical writing. Pam talked about how she wants students to

"mak[e] connections with what they are seeing rather than concretely reporting results,"

and explained that it is helping the students to make these connections that she focuses on

when responding to student-clinical writing:

> Students can master, "the client got this score on a test, and there it is,"
> relatively quickly. That usually takes a matter of a session or two to show
> them the conventions, or a quick model of, "here's how you might phrase it"
> and they've got it. It's what does that score mean, and how does that relate
> to coming up with a treatment plan, and writing out what those connections
> are, so that someone who does not already know [the client] would
> understand why you are doing what you are doing, what that test meant and
> how it translated into your treatment. So much of it is talking through and
> working with [students] to understand those connections rather than on the
> actual writing.

Here, Pam explains that it is not difficult to teach students how to report data or use the

jargon of speech language pathology. The real challenge in mentoring clinical writing is

in leading students in making clinical decisions—interpreting test results, translating

those results into a plan for treatment, understanding the reasons behind clinical practices.

The supervisors who participated in my study are all experienced speech-language

clinicians, who spent years working in schools, pediatric hospitals, rehabilitation centers,

and private practice either before working for UU, or while working part-time at UU. Jill

asserted that she feels that all speech-language clinicians "should be strong clinical

writers," as effective documentation "can make a difference in service delivery,"

explaining, "in these days of health care accountability and cost reimbursement, your

documentation [. . .] can make a difference [in] whether or not your client gets services. It's nothing to be taken lightly." Jill also discussed how clinical writing reflects on the professionalism of the clinician, saying, "your documentation should reflect your knowledge and your expertise."

Peg, who works part-time at a pediatric hospital, talked about writing she has seen in the field that does not reflect professional "knowledge and expertise." She said, "there's a lot [of clinical writing] out there which is minus thought, as far as I'm concerned," explaining,

> [The reports] give results of tests, and then they say nothing. [. . .] I tell my
> students, I don't care if it's one paragraph, or it's ten pages. You have to
> integrate. And I'd say that over 50% of the reports I read outside, and I read
> a lot of reports outside, don't have any integration. They'll have, here are
> the test results. Very short. Then they will have some summary, which says
> in three sentences what they said in twenty sentences before. And then,
> "Recommendations will be decided on by the team." It's a ridiculous
> report. And nobody's thought about anything, you know?

I asked Peg, "What should they be thinking about in that report? What should they add?" She answered, "Integration." I asked her to explain, and she said,

> Bringing all of those results together to say, what does this mean in terms of
> how this child is learning or how this child is using language? What is
> constraining this child? Don't tell me the child got these scores on cell 4,
> whatever that is. That's beside the point. Maybe those scores help me
> figure out a profile. But tell me what the profile is. [. . .] I will tell you that
> probably, in the end, I can teach high school students to be better test-givers.
> So, that's totally not of interest to me. You have to be able to give a test
> well, but I think anybody can do that. What I have to have is a person who
> can say, what does this test mean?

The trend in the field is that clinical documents are becoming briefer and briefer. Some settings use forms that only require the clinician to check off boxes and fill-in-the-blanks, leaving little room for the clinician to provide interpretation of the data. And yet, many

supervisors feel that without this interpretation, the clinician is reduced from a professional to a technician. As Peg explained, it does not take a masters degree to give a test and report results. It is through the interpretation of the results that the clinician shows their professional expertise. The workplace will not demand that SLPs bring this level of interpretation into their writing. Instead, SLPs must take it upon themselves to make these complex interpretive moves in their writing. It is this pride in the profession of speech language pathology that supervisors are conveying to their students through their mentoring of clinical writing.

Writing Values

The cultural values of speech language pathology that students learned through student-clinical writing became visible the semester after they left the on-campus clinic to intern in local schools. During their first semester of off-site practicum, the students discovered that the writing requirements in the field were far different than those they experienced in the on-campus clinic. Instead of writing lesson plans, the students would instead talk over their plans for therapy with their supervisor, often while walking down the hallway to the next session. Instead of writing SOAPs after each session, students instead wrote brief handwritten notes on the student's progress in a notebook set aside for this purpose. One student reported that lunches at her internship were quiet, as she and the SLPs at the school were busying writing progress notes while eating. For most of the students, these progress notes were the only writing they did at their off-site internship. Though they did not use the genre conventions and formats they learned for the on-campus clinic while off-site, the students did use certain professional perspectives and values that they learned from their on-campus supervisors.

The value that all of the students discussed was client confidentiality. In the on-campus clinic, client confidentiality is protected by the HIPAA Acts (see chapter 2 for more discussion of these acts). These acts apply to medical settings, but not school settings. In the school, student confidentiality is a matter of ethics, but is not encoded by a set of acts. Alice reported that she was surprised that her supervisors at the school never mentioned student confidentiality. Alice explained,

> If I had to write a report on a kid and I don't have time to do it at school, she's like, you can take all the evaluation reports with you and write it at home, whereas you can not do any such thing here [in the on-campus clinic]. So, there is a chance that I could lose all that information. [...] They are the only copies, and they have students' names on them, and all their information.

In the on-campus clinic, students cannot remove documents from the chart room, and must painstakingly take notes on the information they need, while making sure to leave out identifying information. HIPAA also restricts how patients are talked about, so on-campus supervisors told students not to use their client's name or any identifying information when discussing the client, and to only discuss clients with colleagues and "behind closed doors." I asked Alice whether her school supervisors asked her to refrain from mentioning students by name when out in public, and she answered, "She's never said that. But I wouldn't anyway." Alice is carrying that sense of professional ethics that she learned from the on-campus clinic to other clinical settings.

Kelly, who interned at different school, was also surprised by her supervisors' relative lack of concern with client confidentiality. Kelly's supervisor asked her to write a diagnostic report, which is a long report that requires the writer to bring together information from multiple documents and evaluations. When Kelly began taking notes from the student's file, her supervisor said, "No, just take the chart." Kelly explained that

she took the chart home, and kept it at home for two weeks, while writing the report. Her

school supervisors' lack of concern about confidentiality bothered her. When I asked her

if student confidentiality is an issue, she answered,

> No, but I think it should be an issue. It's the same privacy rights. But it doesn't seem that . . . I don't want to say that they don't abide by it, but it doesn't seem to be taken too seriously. I'm really surprised that they just let me take the chart home.

She also mentioned that she and the SLPs "talked about the kids a lot," but she

understood this discretion to be a result of the physical restraints of the school:

> In the school system, it's really hard to find that quiet space where a teacher can talk about a child confidentially and with no one else around, and that the teacher happens to find coverage to watch their class. So I think they try, but I don't think it's that feasible, actually.

I commented that it sounded like there were real differences between how confidentiality

is handled in the on-campus clinic and the school, and Kelly stated that the concern for

client confidentiality in the on-campus clinic was a "good thing to get used to [...]

because that's the ways things should be, and that was the point of it." Kelly, then,

recognized that the on-campus supervisors placed such a large focus on client

confidentiality in order to pass down this sense of ethics to the student-clinicians.

The focus on the importance of clinical writing in the on-campus clinic also

carried over to how the student-clinicians treated clinical writing in their off-site

placements. Min interned in a school for severely handicapped and delayed children. As

Min explained, many of the children she worked with were "cognitively low-functioning,

mostly non-verbal" and used augmentative alternative communication (AAC) devices,

which allowed students to make a response by pushing a switch on a computerized board.

When I contacted Min for an interview around midterm, she replied that she had not been

asked by her off-site supervisors to do any clinical writing yet, so we should postpone our meeting. I contacted her again a few weeks later, and got the same response. We finally met at the end of the semester. At the interview, I learned that Min had still not been asked to write any clinical documents at the school. Her main task was to facilitate "circle time," an activity where the children are placed in a circle for an hour, and Min conducted communicative activities. Min explained that circle time was challenging as the children do not often give an observable response, so it can be frustrating and awkward to continue leading the activity. To prepare for circle time, Min did not write as full a lesson plan as required by the on-campus clinic, but did take some notes, that she would refer to when stalled during the activities. She also took it upon herself to write progress notes. Her school supervisors did not require her to write progress notes, explaining that the children's progress was so minimal that it was not worth documenting. Min, however, felt that even if the progress is minimal, it could be missed altogether if not documented. Min then used these progress notes, which were not kept in the students' files but in Min's own records, to write quarterly reports and evaluations. Though the on-campus clinic required more clinical writing than many other clinics would, the student-clinicians gained experience with the many roles clinical writing can play. Min went beyond to the school's documentation requirements and used genres she learned in the on-campus clinic—lesson plans and progress notes—to aid her practice as a speech language clinician.

Danielle was the only student-clinician that chose not to intern off-campus during the spring semester, but instead remained in on-campus clinic to continue working with the same client she worked with in the fall and to participate in Diagnostic Team, which

is a practicum experience where students work together to evaluate clients. An important difference between reports written for Diagnostic Team and other reports that Danielle wrote for the on-campus clinic is that copies of diagnostic reports are given to clients and/or parents, who can then make copies to give to other professionals working with the child, such as teachers, occupational therapists or other SLPs. This widening of the audience of the report made a real difference in how Danielle thought about the role of the SLP in relation to the client. During our last interview, Danielle talked a great deal about the role of a SLP as an advocate. Danielle had brought a draft of an evaluative report to our interview, and I noticed that Danielle had written a complementary line in the client status section, saying that the child "presented as a very cooperative, energetic, and friendly child." I asked her who she was thinking of as the audience when she wrote this line. She answered,

> I think maybe we were thinking of maybe the parents and the teachers, and just letting them know that this kid is very engaged and willing to learn and that he may have some issues, but that he has a lot of strong points too. I think that's always really important to include in a report such as this. Well, let's present this kid how he or she is, not just say, this is what's wrong with them. But say, this is the kid as the overall person. These are his or her strong points. This is what we have to work with. And we can use these strengths to help them work on these deficits. So I think it is always really important to bring out both the positive and the negative.

Danielle is seeing the importance of creating a balanced picture of a client, so that the reader can get an impression of the client as a person who is not defined by his or her communicative disorders. Danielle said that if a teacher were to read the report, she would want the teacher to be able to separate the child from the disorder, explaining,

> If they have a big class, and they are overwhelmed, and this kid is presenting as a behavioral problem, maybe they don't see the positive points about the kid. So I think it is very important to point that out and

say that this kid also has a lot of strong points. You need to work with those too. And kind of, reinforce those to work on the deficits.

Seeing a teacher as a potential reader makes Danielle realize that her representation of a child in a report can have real consequences for the child beyond speech therapy. An SLP can use her professional expertise to point out not only a client's communication disorders or needs, but also that client's strengths. Danielle explained that she sees advocacy is an important role for a SLP explaining,

> I think that a big part of the profession is to be proactive and to be in a sense preventative [...], facilitating a kid's language development and the learning process in a kid, through just making sure, is this kid on track? What is this kid doing? Are we asking the right kinds of questions? Are we providing the right kinds of services? Are we giving the kid enough structure? Are we giving them opportunities to use their language and to further their language development?

Here, Danielle is asking the kinds of questions that would allow her to create a full picture of the client, one that goes beyond test scores and ratings. She is seeing how language development is related to a child's overall education, and sees that speech therapists have an important role in that development.

The Place of On-Campus Clinical Practicum in Learning Clinical Writing

The cultural values that the student-clinicians discussed as being important to speech language pathology echo views the on-campus supervisors expressed during interviews. Client confidentiality is stressed in the program early in practicum meetings, before the students even begin working with a client. Min's emphasis on the important roles clinical writing plays for the clinician echoes a similar sentiment expressed by Kris. During an interview, Kris, who works part-time in a rehabilitation facility, discussed the importance of documentation:

I saw someone today who I hadn't seen since May, so I needed to document back in May where he was at, and I needed to document today where he's at, and see if there's a change, see if he does need therapy again, see if it's okay just to follow-up with him in another six months. It needs to be documented.

Kris uses documentation in a similar way to Min—to support her work as a speech language clinician. Danielle's list of questions about the client speaks directly to what her on-campus supervisors would call "integrative thinking." Peg had stated that "every good clinician is an investigator," and Danielle has clearly taken on this role.

It takes time to do the kind of mentoring required to pass on the cultural knowledge of a profession. Though students will have more opportunities to learn professional writing from other SLPs, through their off-site clinical placements, the Clinical Fellowship, and after they enter the profession as credentialed SLPs, it is only during on-campus clinical practicum that they will receive this close mentoring (see Figure 1 "The Academic to Workplace Continuum"). I interviewed the supervisors about how they themselves learned clinical writing, and they each pointed to the on-campus clinical practicum and the supervisor feedback they received there as primary.

Three of the six supervisors I interviewed received their masters in CSD at UU, and it seems that many of the same methods used for mentoring clinical writing have not changed over the years. Fran, who was a graduate student at UU in the early eighties, remembers supervisor feedback playing a large role in her learning of clinical writing:

I got specific feedback on my thing, kind of the same way I do it. I would turn in something, and I would get handwritten comments or revisions, you know, suggestions for revisions. [...] They would show me samples, and I would try my hand at it, and they would straighten me out.

When I asked Kris, who did both her undergraduate and graduate degrees at UU, how she learned clinical writing, she said,

> I think it was mostly the supervisor feedback I got and discussing the
> feedback and seeing if I revised it the right way, and if I didn't, they'd tell
> me a different way to do it. I think it was a lot of the hands-on. Just trying
> it again, and seeing the feedback, and then giving it another shot.

Kris noted, "I see myself now writing notes that I remember getting on my SOAP notes when I was a graduate clinician."

The supervisors described themselves as having learned more about clinical writing during on-campus practicum than during coursework. In CSD graduate courses, particularly those focusing on clinical practice, instructors will often use case studies to introduce students to clinical writing. Jane, who is a UU graduate, commented that she doesn't believe the case studies helped her learn clinical writing:

> I don't think the courses really were all that helpful [in learning clinical
> writing], because you don't have anything realistic to be writing about. So
> you don't have any hooks to hang information on. But I think that once you
> have a client, and really started writing about a particular person, I think
> that's when it became most helpful, as opposed to simulated.

Jill, who received her degree at another university, also remembers that coursework did not play as large a role as did supervisor feedback in her learning of clinical writing:

> I had a clinical methods class which talked about how to structure objectives
> and how to write the style of the thing, you know, passive and descriptive
> and concise. But then the real training really came from my supervisors
> editing my reports.

The supervisors also felt that they learned more about clinical writing during on-campus practicum than when they interned in off-campus clinical settings. The supervisors I interviewed reported that how much they learned about clinical writing during their different internships and the Clinical Fellowship year depended on the setting. In some settings, students are given little writing responsibilities. Jane remembered that at her first placement, which was at a school, she "didn't write any

reports," explaining, "it just wasn't assigned to me by that particular therapist." If student-clinicians do write during off-campus practicum, they may receive little feedback from supervisors, due to lack of time. As Kris, who supervised graduate interns for five years at a rehabilitation clinic before she came to work at UU, explained, supervision is often added to a clinician's regular workload. Off-site supervisors, then, often do not have the time for close mentoring or extended feedback to student-clinical writing.

Conclusion

The on-campus clinic's positioning both within and between school and work creates opportunities for learning clinical writing that are not available through graduate courses or through the workplace. In graduate courses, students can be introduced to the kinds of documents they will see at the workplace through case studies, but any clinical reports they write can only mimic the conventions of clinical genres, as they are not used in any real way. During off-site clinical practicum, student-clinicians have the opportunity to write for a wider range of readers and purposes, and get a better picture of how clinical writing fits into the professional activities of a speech language pathologist, but do not receive close mentorship from off-site supervisors. In the on-campus clinic, students write documents that are far more extensive and go through a longer writing process than those used in the workplace, but receive close mentorship from experienced supervisors for whom mentorship and clinical education is the primary concern. As Devitt theorizes, genre knowledge is complex, as any genre is shaped rhetorically by the context of situation, other genres, and culture. To learn how to write in a genre, then, means to learn about these three layers of context. Of these three layers, the context of culture is the most tacit, and, as Ledwell-Brown points out, often the most difficult for

novices in a workplace to gain access to (200). It is part of the tradition of CSD

programs to pass on this cultural genre knowledge through supervisor feedback in the on-

campus clinical practicum, passing on professional beliefs, values, practices, and roles—

those less visible facets of genre knowledge that are crucial to learning professional

writing.

V. THE BEST OF BOTH WORLDS

In this dissertation, I have explored how an on-campus speech-language clinic in a Communication Sciences and Disorders (CSD) masters program creates a middle ground between the worlds of academic and workplace writing. In *Worlds Apart*, Dias et al. set up a binary between academic and workplace writing, presenting these two worlds of writing as so polarized that there is little hope for teachers within an academic setting to help students attain genre knowledge that will help them transition to the workplace. I agree with Dias et al. that the worlds of school and work are indeed very different rhetorical spaces for writing, as academic and professional writing differ in authorship, readership, exigencies, functions, and writing processes, among other aspects. However, the findings of this study complicate this binary, as I demonstrate that student-clinical writing is simultaneously academic writing and workplace writing. The writer is both student and novice clinician; the primary reader is both teacher and supervisor. As with other types of academic writing, the primary reader of student-clinical writing, as a teacher, reads to assess the writer's knowledge and to grade, and is concerned about originality and values intertextual relationships with scholarly literature. As with other types of workplace writing, the primary reader of student-clinical writing, as a supervisor, provides comments that are meant to reshape the text. Student clinical documents, as they become part of a client's chart, have a life that extends past the end of the semester, as they may be used indefinitely by different readers for different purposes. These same documents are important to student learning, as students demonstrate their knowledge through clinical writing, and supervisors use student-clinical writing as a "teaching

vehicle" during clinical practicum. Student-clinical writing, then, is shaped by the worlds of both school and work, functioning both as academic and workplace texts.

In this study, I use Amy J. Devitt's theory of genre as a framework for exploring the relationships between writing, learning, and context. In chapter three, I analyzed the rhetorical context of student-clinical writing, focusing on context of situation, one of the three rhetorical contexts Devitt names, to discuss why student-clinical writing differs so much from the clinical writing of professional speech language pathologists, and why it would be impossible for this writing not to differ. In chapter four, I explored how Devitt's elaboration of rhetorical genre theory, particularly the context of culture, provides a framework for seeing how student-clinical writing, despite its differences from professional clinical writing, plays an important role in professional preparation. Together, these chapters demonstrate two important uses of rhetorical genre theory: understanding the relationship between writing and context, and understanding the relationship between learning to write and context.

Implications for Rhetorical Genre Theory

My main contribution to rhetorical genre theory is my focus on genre learning. In *Writing Genres*, Devitt spends more time discussing rhetorical genre theory's implications for understanding the relationship between writing and context than the relationship between learning and writing. She mentions that the context of other genres may contribute to genre learning, as she says that no writer writes in a generic void but relies on his or her knowledge of other genres when writing into an unfamiliar genre. In this dissertation, I do not focus on the context of other genres, but it is not difficult to extrapolate in this area. Students in CSD, rather than moving directly from academic

genres to professional genres, move through genres that have characteristics of each. The genres that students write for the on-campus clinic become the backdrop to their learning of genres in the different clinical settings and workplaces their internships and career will take them.

In my study, I extend Devitt's work to show how the contexts of situation and culture also play key roles in genre learning. If rhetorical context for genre includes situation, other genres, and culture, then genre knowledge would include knowledge of these three layers of context. When writing into unfamiliar genres, writers rely on what they know about how genre relates to the situational context, generic context, and cultural context. No writer will enter a new writing situation fully prepared to write in that context. As the supervisors in my study acknowledged, much of what the students will need to know to write effectively at the workplace must be learned on the job. However, due to the on-campus clinic's positioning both within and between school and work and the mentorship by experienced professionals through the document cycling process, students in CSD leave academic programs with more genre knowledge of professional writing than do students in many other programs. By the time CSD students enter the workplace, they have already started the process of becoming speech language pathologists. And much of this process of "becoming" happens through writing—using writing as part of professional activities, being guided in ways of interpreting and doing through the mentorship of supervisors, and gaining experience with the different roles writing plays in the profession.

Once students leave the on-campus practicum and enter an internship in a workplace setting, they will still have much to learn about the professional writing of

speech language pathologists. They will not yet have experience writing for the workplace's wider range of readers, who will be reading for a wider range of purposes. Nor will the students have experience writing within the genre sets and systems specific to that workplace, nor within the constraints particular to that workplace, such as constraints on time for writing, places for writing, access to information, and mobility of documents. Due to these differences between writing for the on-campus clinic and the workplace, clinical documents themselves will look very different in these two settings, differing in format, length, register, and the sections that are included. For example, while a progress note written for the on-campus clinic may be two or three pages long, is written with a word processor, and goes through a review process, a progress note written for a school may be only a few lines long, handwritten on notepaper, and is not commented on by a supervisor. With each internship that the student enters, the student will need to continue learning about the professional writing of speech language pathology, as writing for each workplace will be specific to that workplace, differing in readership, interacting with different genre systems, and requiring the writer to write within different sets of constraints. The students will expand on their knowledge of professional writing throughout these internships, during their clinical fellowship year, and then as novices, as they work as speech language clinicians in different workplaces.

The on-campus clinic plays a key role in this long process of learning to write as a speech language clinician. Though the on-campus clinic does not and cannot replicate the rhetorical situation of say, an elementary school or a rehabilitation facility, it provides an important transitional space for novice professionals, a space between the worlds of school and work. In many workplace settings, the focus is on doing, performing the

actions that make up professional work, while learning is incidental. In many academic

settings, the focus is on learning, and, as Dias et al. argue, this learning is

compartmentalized, apart from the applications that the learning is related to. In the on-

campus clinic, there is equal focus on learning and doing. Because the on-campus clinic

is situated within both school and work, it can take advantage of the opportunities for

learning and practice afforded by each. In many workplace settings, supervisors have

little time for mentorship, as they mentor in addition to their regular workload. In the on-

campus clinic, mentorship is the primary role of the supervisors. As with other academic

settings, but unlike many workplace settings, writing is highly visible in the on-campus

clinic, and becomes the link between learning and doing in ways not possible when the

worlds of school and work are separate.

What student-clinical writing demonstrates, then, is that the worlds of school and

work do not exist as a binary but as a continuum. In chapter two, I represented the place

of the on-campus clinical practicum in the apprenticeship of a CSD student in Figure 1. I

repeat that figure below:

Figure 1: The Academic to Workplace Writing Continuum in CSD

Figure 1, repeated from chapter 1, depicts the stages a CSD graduate student moves through as he/she becomes a credentialed professional.

This representation of the different sites for writing that CSD students move through as they learn to write as professionals has applications for students in many different disciplines. Below, in Figure 2, I generalize this figure so that it can be applied across disciplines and professions:

Figure 2: The Academic to Workplace Writing Continuum

Writer situated in school | Writer situated in workplace

| Service-learning projects | Field research into professional writing | University-workplace collaborations | On-campus workplace/ internship | Off-campus Internship | Novice professional | Experienced professional |

Figure 2 generalizes Figure 1 to depict the stages a student may move through as he/she transitions from school to work.

When we imagine the worlds of academic and workplace writing as distinct worlds, then we must also imagine that when students leave school to enter the workplace, they must make a metaphorical leap, a jump across empty space. In Figure 2, I present the movement of students from academic writing to workplace writing not as a jump between two distinct worlds, but as a gradual transition, with areas within academic and workplace settings that can provide students with steps into professional writing. On the left-hand part of the figure, the writer is situated within school. Here, I have expanded "coursework" to elaborate on the different kinds of course projects that help students investigate and write across rhetorical spaces. Service-learning projects, field research into professional writing, and academic/workplace collaborations all provide students with genre knowledge that can help them transition to professional writing. On the right-hand part of the figure, I have denoted three areas: off-campus internships, novice

professional, and experienced professional. During internships, students are situated within a workplace, but retain ties to a university program. Many undergraduate and graduate programs, such as education, business, and engineering, incorporate internship programs. As students enter the workplace, they shift between novice and experienced professional, as they move across workplaces and positions within the workplace.

At the heart of the figure is the area where academic and workplace writing overlap, an on-campus workplace. CSD programs are not the only programs to create workplace settings on campus. Other allied health programs, such as occupational therapy, and physical therapy, also use on-campus clinics to mentor students into practice. University programs outside of allied health that may also have some kind of on-campus workplace would include early childhood development (which often incorporate childcare programs), sports studies (which often incorporate internships in university athletic programs), and hotel and restaurant management (which often are connected to an on-campus hotel or restaurant). We cannot ignore the fact that many graduate programs, too, use the university as a training ground for novices through teaching assistantships and research assistantships. For novice academic professionals, such as graduate students in Composition Studies, teaching and research assistantships provide workplace experience during their academic program, under the mentorship of their professors. Seeing academic and workplace writing not as a binary, but as a continuum has implications for both pedagogy and research, which I will turn to next.

Implications for Pedagogy

At each point in the continuum, compositionists can play key roles in helping students transition from academic to workplace writing. I will begin by discussing the

on-campus workplace. An on-campus workplace or internship is situated in such a way that it can take advantage of the learning opportunities afforded by both academic and professional contexts for writing. Composition scholars can work with faculty across the curriculum to recognize on-campus workplaces as optimally situated for the learning of professional writing, and enhance writing pedagogy. To illustrate, I will draw from my own experiences as a Writing across the Curriculum consultant to a CSD on-campus clinical practicum. In collaboration with a CSD clinical supervisor, I designed a clinical writing workshop based on some of my insights from this dissertation project. During a clinical writing workshop, I presented a version of Table 2 "On-Campus Clinic as Middle Ground between Academic and Workplace Writing" (refer to p. 76). In the version I presented, I left the middle column, which details writing in the on-campus clinic, blank. I read through and explained the left hand column, which details academic writing, and then a supervisor read through and explained the right hand column, which details professional writing in CSD. We then asked the students to complete the middle column. We followed this exercise with one that guided students in comparing on-campus clinical documents to documents from the workplace. We gave the students a treatment plan written for the on-campus clinic, and documents that play similar roles in an elementary school, and an early intervention program, in which an SLP would provide services to infants, toddlers, and preschoolers. We asked the students to note the similarities and differences between these documents, and then asked the students to reflect on the reasons for these differences.

These two activities were designed to help students understand the on-campus clinic as a unique rhetorical space, while also helping students to see clinical documents

written for the on-campus clinic compare with documents written for the workplace. These exercises also helped the clinical supervisor understand how the clinical practicum fits within the students' overall learning of professional writing. After this workshop, the program started asking students interning off-site to collect writing samples from that workplace, write a reflection on how this clinical writing compared to on-campus clinical writing and how the student learned to write for this setting. The program, then, collected these samples and reflections in a binder which was kept in the clinical prep room, so that other students could review them and gain insight into the different forms clinical writing takes across clinical settings.

This illustration from a writing workshop in a CSD clinical practicum demonstrates that compositionists can do important work to make on-campus workplaces and on-campus internships more effective spaces for learning and teaching professional writing. Compositionists can sit down with faculty in these kinds of programs, and use the idea of the academic to workplace writing continuum to map out the different spaces where students in those programs learn and gain experience with different aspects of professional writing. Compositionists can guide faculty in comparing writing the students do in the on-campus workplace with the kinds of writing in the different workplace settings their profession will bring them to, and then use these insights to shape writing curriculum in the on-campus workplace. Recognizing the place of the on-campus workplace in the learning of professional writing can lead to more reflective mentoring and more effective professional writing curriculum.

Though some programs outside of CSD utilize some kind of on-campus workplace or internship, it is more common for programs to use off-campus internships

to give students experience with professional practice. Recognizing internships as part of this academic to workplace writing continuum could increase the effectiveness of off-campus internships in helping students transition to workplace writing, and compositionists can play a key role in increasing this effectiveness. Though supervisors at the workplace may not have much time to devote to mentoring professional writing, compositionists could act as a liaison, helping the student to negotiate the complex rhetorical context of workplace writing, and guiding the supervisor in finding more ways to share their knowledge of professional writing. The compositionist can also help the student use genre learning strategies for the workplace, helping the student figure out how to find and analyze writing samples, how to understand supervisor feedback as a learning tool, and how to identify and understand the needs of the readers of workplace documents.

The other areas of Figure 2, namely service-learning projects, field research into professional writing, and academic-workplace collaborations, refer to pedagogical approaches used in composition and professional writing courses that can also be used to help student attain professional writing knowledge. Service-learning projects and academic/workplace collaborations are similar projects. In service-learning projects, students create documents for a non-profit organization, while in academic/workplace collaborations, students create documents for a for-profit organization. In both cases, students often work in groups, collect and analyze documents from the organization, and gather data from the organization to develop new documents that will ultimately be handed over to the organization for their use. These kinds of projects can begin to break down the binary between academic and workplace writing by moving students away from

individualistic writing and asking students to create documents that have uses outside of the classroom. Field research into professional writing refers to projects that guide students in investigating workplace documents, ways of writing, and roles for writing. These kinds of projects can put students in touch with professional writers and genres. All of these projects can be used to teach students strategies for learning new genres and investigating new writing situations. If we see genre learning as not limited to learning discourse and genre conventions, but including learning about the situational, generic and cultural context, then we can create opportunities for students to investigate these layers of context. Instructors, both within composition programs and in disciplines across the curriculum, can create pedagogy that helps students move across the boundaries between academic and workplace writing. These strategies can be used in upper-level professional preparation courses, technical and professional writing courses, and even have implications for first year composition courses.

Courses that students take during their senior year that focus on professional preparation can offer opportunities for learning professional writing. To again use CSD as an example, undergraduates often take a course on clinical processes during their senior year, which is meant to introduce students to the practice of speech language therapy. Courses such as this can also be used to introduce professional writing. Students could interview speech language clinicians about how they themselves learned professional writing, how writing is important to their practice, who the readers are and what they want to communicate to readers through their writing, the process they use to write, how much time they spend on writing and how writing fits into their workday (context of situation). Students could be asked to read through a client's chart, and

reflect on what is included in the chart (as a genre set), and how the documents work together to create a representation of a client (as a genre system). Students could ask a speech language pathologist to show them a report they feel is well written and one they feel is not, and ask the SLP to walk them through the reports, comparing them, and showing them what they value in professional writing (context of culture). The course could also include comparisons of clinical documents from the different workplaces that SLPs work, similar to the assignment I describe above. These kinds of investigative assignments could be used in professional preparation courses across the curriculum.

Technical and professional writing teachers often teach courses to students from across the disciplines who are headed in very different professional directions. The multidisciplinarity of these courses present their own pedagogical challenges. Like the professional preparation courses that I describe above, technical and professional writing courses can ask students to investigate the professional writing of their discipline, by interviewing professionals and collecting and analyzing writing samples. However, unlike courses focused on a particular profession, the advantage of technical and professional writing courses is that the learning of writing is the explicit focus. Technical and professional writing instructors can teach rhetorical knowledge, leading the students in understanding the complexity of rhetorical context, why writing differs depending on context, and how to use this understanding to write in unfamiliar genres. Service-learning projects and academic/workplace collaborations can also be used in technical and professional writing courses to break down some of the binaries between academic and workplace writing that Dias et al. discuss. In order to create effective documents, students need to find out the organization's needs, find out what documents already exist

and how they work together, and figure out what documents would need to be created that fill the gaps (context of genre). They will need to understand how the organization will use the documents, who the target readers of the documents are, and what kinds of constraints exist, such as the organization's budgetary limits and access to software to update the documents (context of situation). Students will also need to understand aspects of the organization's identity—how the organization represents itself, thinks of itself, values, and sees its role in the wider community (context of culture).

Findings from this study also have implications for compositionists teaching first year writing. First year composition courses, often the first writing-intensive college level course a student takes, can be seen as a transitional space between high school and college, or, for returning students, between the workplace and college. I often think of first year composition courses as a crossroads of sorts—twenty or so students with twenty or so different sets of experiences with writing meet in the composition classroom for fifteen weeks, and then head into twenty or so different disciplinary directions. First year composition courses, then, can help students make connections between the genre knowledge they bring to the classroom, and the genre knowledge they will need as they write across the curriculum, both within their major and across the disciplines. In the first year composition course that I teach, I use literacy narratives, field research projects, and course portfolios to help students make connections between their different areas of genre knowledge. Literacy narrative assignments that use multiple writing prompts can help students to reflect on the different writing situations they have experience with. Field research projects can help students explore writing in their major, by asking students to interview professions and upper-level students, collect writing assignments

and samples from courses in their major, and analyze a writing guide for their discipline. A course portfolio can provide a space for students to bring together genres they have written both within and outside of the composition course. I invite students to include selections of their writing from before they came to college, from the workplace, and from courses across the curriculum. The portfolio, then, becomes a place where the student can explore their rhetorical knowledge and genre knowledge.

Compositionists across different contexts—in the classroom, in technical and professional writing programs, and in Writing Across the Curriculum programs—have important roles to play in helping students gain both rhetorical knowledge and genre knowledge, areas of knowledge that will help students write into the myriad of writing contexts in academia and beyond.

Implications for Research

In this section, I discuss ways in which the current study could be expanded and directions for future research. In this study, I focused on five graduate students studying CSD at one university over the course of a semester, and then conducted one set of follow-up interviews during the following semester. Expanding the number of participants, and drawing participants from multiple CSD programs can offer insight into the experiences of more CSD students and institutional contexts. Participants can also be drawn from other programs in allied health that have on-campus clinics, such as occupational therapy or physical therapy, to compare how different programs make use of the teaching opportunities created in a middle ground between academic and workplace writing. The study can also be expanded by extending the case studies, by following the participants for a longer period of time. Studying the participants as they

entered different internships, their clinical fellowship year, and then the workplace would give important information about how students continue to gain genre knowledge as they negotiate the differences in writing for these different workplace settings.

The study can also be extended by focusing more on second language writers. As with many fields, speech language pathology is in need of more bilingual professionals. In recognition of this need, ASHA has been actively recruiting bilingual students (Kayser). When I went to the ASHA convention, I talked with second-language writers in different CSD programs and discovered that many of these students do not become licensed as SLPs as they are often prevented from enrolling in clinical practicum. A project that focused on second language CSD students in different programs would be able to investigate how these students' status as second language writers impact their success in these programs. Such a study could also follow these students into the workplace, to see how their writing impacts their success once on the job. This type of study is needed across the professions. There is currently very little research on second language writers in the workplace. Further research is also needed to understand how second language writers fare as they transition from academic to professional writing, in both academic programs and the workplace. Very little is known about how second language writers' linguistic identities are constructed in different professions, both in academic programs and in the workplace. We also do not know how accepting the different professions are of accented writing, and how accented writing impacts a second language writer's success within a profession. By including a second language writer as a participant in my study, I have provided a foundation for studies that focus more exclusively on second language writers.

The idea of the academic to workplace writing continuum can provide a framework for further research into how students across the disciplines learn professional writing as they write across courses, on-campus workplaces, internships, and in the workplace. Compositionists can investigate what this trajectory looks like in different disciplines. Professional writing can be a difficult type of writing to study, as so much professional writing is confidential. Writing in the applied health fields, such as speech language pathology, is protected by patient confidentiality regulations, while writing in many other professions is protected by the companies for which the writers work, as the writing is the property of the company. By basing studies in areas of the continuum that students move through before entering the workplace as novice professionals, composition researchers can often access kinds of writing that may usually be off limits. Studying students who are just being introduced to the writing of their profession can be particularly powerful, as the student, positioned on the threshold between academic and professional writing, has a vantage point into both areas. As a novice to professional writing, that which has become tacit knowledge to those working in the field for some time is still visible to a student. In many professional preparation programs, such as CSD masters programs, the teachers are also experienced professionals. Including them in the study adds the perspective of seasoned veterans who are responsible for mentoring novices into professional practice and writing.

Conducting further research into the "academic to workplace writing continuum" would lead to a better understanding of genre learning and how genre knowledge is transferred across rhetorical situations. This research would also serve to strengthen writing instruction across the curriculum and guide academic programs in providing more

effective means for helping their students transition from academic to workplace writing. If we imagine that transition as a leap between the worlds of school and work, then students are left to flounder in that space between worlds. But if we imagine that transition to be a gradual transition, a moving through sites that can offer different opportunities for teaching and learning professional writing, then we can work towards making those sites more effective spaces for students to learn professional writing.

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131

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APPENDICES

Appendix A: CSD Graduate Student Questionnaire

Name: _____

Number of semesters as a CS&D graduate student: _____

College-level writing/composition courses you've taken (i.e. Freshman English, Technical Communication): _____

Languages spoken at home: _____

Years of schooling within the U.S.: _____

Years of schooling outside the U.S.: _____ Country: _____

Phone: _____ Email: _____

Who are your clinical supervisors this semester? _____

What seminars are you enrolled in this semester? _____

Generally, what days/times would you be available for a 45-minute interview?

Tuesdays	Thursdays	Fridays

I. Why would you like to participate in this study?_____

_____

_____

_____

_____

II. If you are asked to participate in the study, you will be invited to use a portion of our interview meeting time as a writing conference. At this point, would you be interested in doing so? Do you have any questions for me about writing conferences? _____

_____

_____

_____

_____

III. Describe your impressions of clinical and professional writing in Communications Sciences and Disorders: _____

_____

_____

_____

_____

IV. Where do these impressions come from? Academic courses? Workplaces? Explain:

_____

_____

_____

_____

_____

V. In your opinion, how does clinical writing compare to academic writing? How does it differ? How is it similar?

_____

_____

_____

_____

_____

VI. Please list the types of clinical documents and forms you've had experience with and comment on the nature of this experience:

Type of document	Comments

VII. Based on your experiences, what are the characteristics of "good" or effective clinical writing?_____

_____

_____

_____

_____

_____

VIII. Do you feel that learning clinical writing will be easy, somewhat challenging, or very challenging? Circle one and explain: _____

_____

_____

_____

_____

_____

_____

Appendix B: Clinical Faculty Questionnaire

Name: _____

Number of years in [UU]'s CS&D program: _____

Do you supervise student-clinicians?: _____ Comments: _____

Phone: _____ Email: _____

At this point, which days/times do you have available for a 45-minute interview?

Monday	Tuesday	Wednesday	Thursday	Friday

Clinical settings you have professional experience in (check any that apply):

_____ Preschool	_____ Rehab
_____ Primary School	_____ Out patient
_____ Secondary School	_____ Long term care
_____ Early intervention	_____ VNA
_____ Private practice	_____ Other (please describe)
_____ Acute care	

Where and how did you learn clinical writing? (Check any that apply and star (*) the most relevant item.)

_____ Undergraduate course dedicated to clinical writing

_____ Graduate course dedicated to clinical writing

_____ Undergraduate content courses (i.e. during Articulation course)

_____ Graduate content courses (i.e. during Swallowing course)

_____ On-campus practicum experiences

_____ Off-campus practicum experiences

_____ Workshop/conference

_____ On the job

_____ Self-taught (please explain)

_____ Other (please explain)

Based on your experiences, what are the characteristics of "good" or effective clinical writing?

_____

_____

_____

_____

In your opinion, how does clinical writing compare to academic writing? How does it differ? How is it similar? _____

_____

_____

_____

_____

How does clinical writing come up in academic seminars that you teach? Do students read or write clinical documents? Do you discuss clinical writing?

_____
_____
_____
_____
_____

Which resources do you offer or recommend to your students in support of their clinical writing development?

_____ Office hours/conference can be used to discuss clinical writing
*Please explain:*_____
_____

_____ Part of seminar is dedicated to discussions of writing
*Please explain:*_____
_____

_____ Peer review (feedback from another student)
Is this during the seminar or outside of class? _____
_____ Templates
Are these developed by [UU] faculty? _____
_____ If not, what is the source of the templates? _____
_____ General handbooks/writing guides
Please name: _____
_____ Handbooks/writing guides specific to CS&D
Please name: _____
_____ University writing center tutorials
_____ Other
*Please explain:*_____
_____
_____

Of these resources, which do you find are most beneficial to students' clinical writing development? Please explain: _____
_____
_____
_____

What do you find most challenging about mentoring clinical writing development? What do you find most rewarding?_____
_____
_____
_____
_____

Appendix C: Sample University Clinic Treatment Plan[4]

Urban University
Communication Science and Disorders Program
Speech & Language Center

Treatment Plan

Fall, 2005

Name: Jane Jenkins   **File #: 020-2004**
Address: 318 Main Street   **DOB: 8/08/1998**
           Big City, CT 03555   **Age: 7 years 2 months**
Telephone: (555) 882-1334   **Parent/Guardian: Maria Jenkins**
Tx Period: September 20- December 6, 2004   **Supervisor: Sally Smith, CCC-SLP**
Clinician: Kristin Hughes

Client Status

Jane is a 7-year-old second grade students who demonstrates consistently distorted /s, z/; distortions are characterized as being both hypersibilant and interdentalized.

Jane was referred to the clinic in March of 2004 by her teacher, Sandy Adams at ABC Elementary School in Smalltown, CT. Ms. Adams is concerned that Jane's articulation distortions will negatively impact her academic performance in school. This is Jane's first semester of speech therapy at the UU clinic. She has not received previous treatment.

Jane has two siblings, Joan, who is a 10:8 female, and Andrew, a 4:3 male. Neither sibling demonstrates any articulation difficulties and there is no familiar history of articulation disorders. Jane's birth was unremarkable; her medical history is significant for ear infections.

Pre-Treatment Baseline Measures

The Goldman-Fristoe Test of Articulation 2 was administered. This test requires a child to spontaneously name pictures while the clinician transcribes consonant productions in the initial, medial and final positions in words. Jane produced all consonants correctly except for the /s, z/ which were consistently distorted. When this performance is compared to Jane's chronologically-aged peers, her score falls at the 14th percentile. This percentile rank reflects that most 7-year-old children have mastered production of all the consonants.

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[4] This sample treatment plan is based on a treatment plan draft written by Alice. In order to protect the identity of the client, many sections of the report were revised, including the client profile, test results, and the short term goals. Only the rationale is verbatim from the original report. I thank the clinic director for helping me to revise this report. I also thank Alice for giving permission for the use of her writing.

In addition, a ten-minute spontaneous speech sample totaling 821 words was obtained to further assess /s/ productions in a natural conversational context. All 132 /s/ productions in this sample were distorted: 51 (39%) were hypersibilant and 81 (61%) were interdentalized.

Behavioral Observations

Jane has a shy personality and tends to refrain from speaking until prompted. She enjoys picture books, and the card game Pokemon. She takes some time to warm up to therapy exercises, but, once comfortable, she will participate actively in most activities. Jane needs to be reminded often that her mother is in the observation room, and that she will see her as soon as the therapy session is finished. Jane becomes discouraged easily, so she benefits from activities that include articulations she has success with.

Treatment Objectives

Long-Term Goal:

Jane will increase correct production of /s/ and /z/ in spontaneous speech.

Short-Term Goals:

STG 1: Jane will produce /s/ in isolation with 90% accuracy.
STG 2: Jane will produce /s/ in cv, vc, and cvc syllables with 90% accuracy.
STG 3: Jane will produce /s/ (singletons and clusters) in initial, medial and final positions of single words with 90% accuracy.
STG 4: Jane will produce /s/ in all word positions in carrier phrases with 90% accuracy.
STG 5: Jane will produce /s,z/ in all word positions in sentences with 90% accuracy.
STG 6: Jane will produce /s,z/ in simple 3-5 sentence stories with 90% accuracy.
STG 7: Jane will produce /s,z/ in short monologues with 90% accuracy.
STG 8: Jane will produce /s,z/ in 15 minute conversations with fewer than 5 errors.
STG 9: Jane will produce /s,z/ in 30 minute conversations with fewer than 5 errors.
STG 10: Jane will produce /s,z/ throughout the treatment hour with fewer than 8 errors.

Goal Rationale

The terminal objective of articulation remediation is automatization and is described as the automatic usage of standard articulation patterns in spontaneous speech. Phonological projections can be viewed as motor behavior that develops into an automatic response. The client must progress through the phases of generalization and maintenance before automatization is achieved. Most children acquire sounds in the prevocalic position. By teaching the initial position first, children may be able to generalize their production to other word positions. With maintenance, the client habituates the target behavior and assumes increased responsibility for self-monitoring of target phonological productions. The maintenance phases may be considered complete

once the client can consistently use target behaviors in spontaneous speech. (Bernthal and Bankson, 1993. *Articulation and Phonological Disorders,* 3rd edition. P. 323-334.)

Prognosis

The prognosis for Jane to achieve the long-term and short-term goals is favorable. During the evaluation, Jane demonstrated that *s*he can benefit from therapy, as she was able to produce a correct /s/ with minimal cueing. Her family is supportive of therapy. Her teacher is also supportive, and is interested in providing Jane with additional opportunities for practice during school activities.

Report prepared by: _____
                              Graduate Intern

Report approved by: _____
                              Clinical Supervisor

Date: _____

Appendix D: Sample Elementary School Individual Access Plan[5]

Smalltown School District
504 Individual Access Plan

Student: Allison Jones   Classroom Teacher: Mrs. Fletcher

Date of Birth: 9/25/96   Grade: 4

School: Smalltown Elementary School

<u>Disability:</u> Articulation

<u>Documenting Reference:</u> Speech screening (GFTA, S-CAT Probes)

<u>Case Manager:</u> Hillary Plum

<u>Statement of Specific Student Needs:</u>

Allison has several speech sound errors that impact his overall speech intelligibility.

<u>Goals:</u> Allison will correctly articulate /s/, /s/, and post-vocalic /r/ (i.e. ca<u>r</u>) at the word, phrase and sentence levels, and will decrease rate of speech in conversation.

<u>Description of Individual Program:</u>

Program, Related Service, Modifications, Other	Person Responsible	Review Plan
Allison will receive 60 minutes per week of speech therapy, to be divided as best seen fit to address: A) /s/ and /z/ at word level, phrase level and sentence level B) Post vocalic /r/ (especially "ar") at word level, phrase level, and sentence level	H. Plum	Feb/April/June 2004

I <u>do</u> ( ) <u>do not</u> ( ) agree with this 505 Individual Access Plan.

_____   _____

Parent or Guardian Signature   Date

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[5] This sample individual access plan is based on a plan written for an elementary school. I invented the client profile, but otherwise retained the wording and format used in the original plan.