**Abstract**

Development of cultural competency is a driving force behind the evolution of speech therapy curriculum. First year speech language pathology students were presented with a cultural competency check-in that required self-reflection at a university to bring awareness to students’ ideas and expectations to help prepare speech language pathology students to be successful during their clinic experiences and clinical fellowship. This research investigated the cultural competency of first-year speech language pathology students in relation to their self-reflection. The results did not yield statistically significant findings, an average score of 61 was established and can be used for comparison with other cohorts.

**Keywords**: curriculum, speech, cultural competency

**Cultural Competency in Entry-Level Speech Language Pathology Students**

**Introduction**

As client-centered practitioners we are taught to be culturally competent throughout our graduate coursework. “Cultural competency is not only developing the awareness that culture is an issue in health, illness, and health care, but also learning one’s own cultural assumptions, values, and beliefs in order to interpret the therapeutic situation from multiple perspectives” (Odawara, 2005, p. 326). The development of cultural competency is a driving force behind the evolution of the speech therapy curriculum. Throughout their professional courses, students become aware of their own cultural values; however, the current curriculum does not effectively address how those values could potentially impact their clients as well as how to manage personal biases.

Entry-level speech language pathology students have an array of cultural views.  This compilation of preconceived ideas and expectations about clients can affect the therapeutic relationship. Students come from various parts of the country and there can be a sense of culture shock with the transition to living in Central Florida. “If culture shock arises from preconceptions of what is culturally acceptable and appropriate, then therapists need to become aware of and understand their own preconceived notions and assumptions first” (Darawsheh et al., 2015, p. 10). The diversity in Central Florida often forces students to re-evaluate their beliefs, emphasizing the need for the curriculum to shift to help students navigate their beliefs while maintaining the ethos of the profession.

First year speech language pathology students are presented with a cultural competency check-in that requires self-reflection at a university in Central Florida. Bringing awareness to students’ ideas and expectations through this formal check-in helps prepare speech language pathology students to be successful during their clinic experiences and clinical fellowship. Clinic experiences can occur in a multitude of settings as can the clinical fellowship. Being able to demonstrate cultural competence with those that are seeking services and those that are supporting the students’ acquisition of skills is paramount for future success as a speech language pathologist with a certificate of clinical competence.

As technological and economic trends continue to impact rehabilitation services, the embracement of cultural competency is essential. From a macro level understanding the impact of technology and the shifting economy on the various cultures that inhabit the United States is imperative for continued cultural competency. Speech language pathologists can continue to lead and inform other disciplines on the international and national impact of technology and economy on cognition and communication. From a micro level, for speech language pathologists to lead in a pediatric setting, they must understand how different cultures are influenced by technology and the current state of the economy. As family-centered therapists, speech language pathologists need to be cognizant of how families view technological advancements and the utilization of these advancements during therapy. Speech language pathologists also must understand the cultural shifts in family dynamics that can occur due to economic turbulence. Cultural competency is an essential component to continue to address in our profession. As leaders in healthcare, education, and communities, realizing that cultural competency is fluid and staying attuned to the changes is crucial to leading.

This research aimed to investigate the cultural competency of first-year speech language pathology students in relation to the Cultural Competence Check-In: Self Reflection. The first research question asked, “Are there significant differences between the two cohorts scores?” The null hypothesis is that there will be a significant difference between the two cohorts. The second research question was descriptive and asked, “What are the expected scores of first-year speech language pathology students?”

**Methodology**

The Cultural Competence Check-In: Self Reflection was utilized to allow students to assess their cultural competence. The tool was given consecutively for two years to first year cohorts of speech-language pathology students to heighten their own awareness of how they view the influence of cultural and linguistic factors (American Speech-Language-Hearing Association, 2021). The Cultural Competence Check-In: Self Reflection was distributed and completed in class without identifying information being included. The students were encouraged to follow the recommendations for areas that were rated as 3, 4, or 5, which indicates a student is “unsure,” “disagrees,” or “strongly disagrees” with a statement.

An independent-samples t-test was run in SPSS to understand whether there was a difference in self-reported cultural competency based on cohort (i.e., dependent variable was "cultural competency score" and independent variable was "cohort year", which had two groups: "2021" and "2022").

**Results**

After data analysis, it was found there was not a statistically significant difference between the cohort’s ratings of their cultural competence as most first-year students stated they agreed or strongly agreed with the statements. The first research question’s null hypothesis was rejected. This demonstrates that the Cultural Competence Check-In: Self Reflection was reliable.

The second research question further investigated the student’s scores. The average score was 61 with a standard deviation of 12. The assessment has minimum score of 53 and a maximum score of 265 (with a higher score being better/worse). Although it is possible that this accurately reflects the student’s cultural competence, graduate students are known to overestimate their ability (Hawala-Druy & Hill, 2012). These results are still important because they can be used as a comparison for other program’s cohorts.

**Discussion**

This research investigated the cultural competency of first-year speech language pathology students in relation to the Cultural Competence Check-In: Self Reflection. Although the results did not yield statistically significant findings, an average score of 61 was established and can be used for comparison with other cohorts. Cultural competency is an essential component to continue to address in speech-language pathology students and practitioners. As leaders in healthcare, education, and communities, realizing that cultural competency is fluid and staying attuned to the changes is crucial to leading.

**Conclusions**

This research aimed to investigate the cultural competency of first-year speech language pathology students in relation to the Cultural Competence Check-In: Self Reflection. The first research question asked, “Are there significant differences between the two cohorts scores?” The null hypothesis is that there will be a significant difference between the two cohorts. The second research question was descriptive and asked, “What are the expected scores of first-year speech language pathology students?” The results did not yield statistically significant findings, an average score of 61 was established and can be used for comparison with other cohorts.

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