PERSPECTIVES

SIG 11

Viewpoint

The Value of Cross-Cultural Education in the Clinical Educator Training Process: A Viewpoint

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ARTICLE INFO

Article History:
Received September 19, 2023
Revision received January 11, 2024
Accepted August 29, 2024

Editor-in-Chief: Celeste Domsch
Editor: Lekeitha R. Morris

https://doi.org/10.1044/2024_PERSP-23-00233

ABSTRACT

Purpose: The purpose of this article is to highlight the need for cross-cultural education skills in the clinical education training process. This article discusses the benefits of cross-cultural education for clinical educators (CEs) who work with supervisees from cultures that differ from their own.
Conclusions: CEs differ based on their cultural backgrounds and their perception of concern about the impact that cultural differences have on the supervisory process. There is a need for cross-cultural education training for speech-language pathologists who work with supervisees particularly when there are limited cultural similarities between the CEs and supervisee. Further studies are needed to assess CEs' perceptions of the supervisory process and the potential impact it has on their own biases and interactions with supervisees.

Clinical education is a specialized and individualized relationship between a clinical educator (CE) and their supervisee. This relationship includes professional acceptance, modeling, and constructive feedback (Levy et al., 2009). The clinical education process is the training ground for supervisees to become independent practitioners. The goal of clinical education is adequate preparation of clinical trainees in the areas of knowledge and skills to practice effectively (Kindsvatter & Desmond, 2013). According to the American Speech-Language-Hearing Association (ASHA), "recognizing the importance and complexity involved in the supervisory process, it is critical that increased focus be devoted to knowledge of the issues and skills in providing clinical supervision across the spectrum of a professional career in speech-language pathology" (ASHA, 2008, p. 1). This is especially true since clinical education plays an integral role in the education and training of future speech-language pathologists (SLPs). Cook et al. (2019) stated that CEs support the development of reasoning, problem solving, and critical thinking skills in supervisees who are engaged in clinical training.

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CEs and the Impact on Clinical Education Training

Many professionals involved in the clinical education process utilize the terms "CE" or "clinical instructor" to reflect what the CE does (Council of Academic Programs in Communication Sciences and Disorders [CAPCSD], 2013). Throughout this article, we will be utilizing the term "CE" to reflect the current terminology. CEs can impact how supervisees interact and educate patients/clients on various therapy intervention strategies to prepare them for a career as an SLP (ASHA, n.d.). Working closely with students in authentic learning environments, CEs provide guidance, feedback, and assessment of clinical performance.

Quality of feedback is especially important when supervisees identify as members of a culturally diverse community. When creating a supervisory model for diverse supervisees, it is necessary to include envisioning multiple perspectives, participating in collaborative processes, understanding developmental processes, and engaging in reflective processes (Walters & Geller, 2002). CEs must be able to critically reflect on their feedback style, so that they can

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create an open dialogue with their supervisee to improve performance in practice (Walters & Geller, 2002). Constructive feedback includes focusing on the strengths and needs of the supervisee to improve the care of clientele. By mandatorily adding these opportunities for reflection between the CE and the supervisee, a healthier supervisory model will yield a more successful clinical education training experience for diverse graduate students.

Diversity and the Impact on Speech-Language Pathology

CAPCSD and ASHA state that an increase of graduate students entering the field of speech-language pathology is from culturally diverse backgrounds including 18% from racial or ethnic minorities (ASHA, 2022; CAPCSD, 2018). Moreover, according to ASHA (2022), there are approximately only 8.7% of the members of ASHA that identify as racially and culturally diverse. The profession has struggled to diversify the membership to align with the changing demographics of the U.S. population (Abdelaziz et al., 2021; U.S. Census Bureau, 2017). At the same time, the profession has not made significant advances in issues related to cultural competency in the clinical education process.

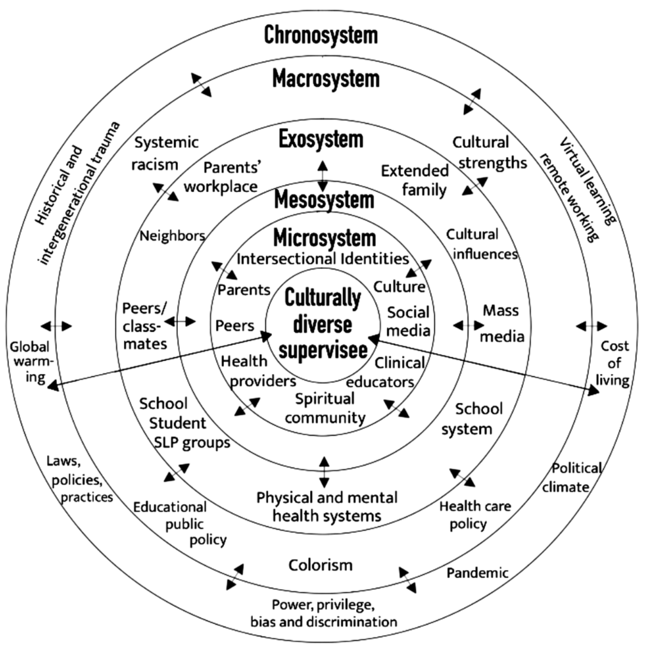
To increase diverse identities in the field of speech-language pathology, new conceptual models indicate guiding the clinical education process by including all the layers of influence environmental factors have on the clinical education process. One example is the Health Belief Model developed by Bronfenbrenner (1979) that suggests that human development is a proxy for environmental influences on the individual. Building on this premise, the Ecological Model of Health Behavior described by Glanz et al. (2015) introduces a specific framework of environmental factors and their influences on the individual. Specifically, environmental policies, organizations, community members, and interpersonal relationships all have a hierarchical imposition on an individual's health (Glanz et al., 2015). The ecology of human development theory explores focusing on a subject and then broadening the lens for how they see themselves and how they relate to others (Bronfenbrenner, 1994). Within that context, Bronfenbrenner (1979) states, "Active engagement in, or even mere exposure to, what others are doing often inspires the person to undertake similar activities on [their] own" (p. 6). The experiences that an individual does not personally experience, but to which they are exposed, evolve into a "construction of reality" rather than a mere representation of it (p. 10).

Glanz et al. (2015) further explains their work through five areas that work together and are affected by each other. If something is altered in one of the areas: (a) microsystem (family; peers), (b) mesosystem (things that impact the individual directly; interactions between two microsystems), (c) exosystem (mass media; neighbors), (d) macrosystem (intersectionality; ethnicity), or the (e) chronosystem (all of the environmental changes that occur over a lifetime—major life transitions; historical events), it will influence other areas for the individual. The Bronfenbrenner (1979) and Glanz et al. (2015) models were found to be the best representation of how external interactions impact an individual's experiences and influence future exchanges with others. The CE creates a learning environment based on their own experiences that can positively and negatively shape the learning experience for the supervisee. Specifically, the CE creates an environment for the supervisees based on how they communicate and provide feedback and constructive criticism. Figure 1 is based upon the previous work of Bronfenbrenner's bioecological model that focuses on the culturally diverse supervisee and all systems that they are impacted by. By using this model, we assess one aspect of how the graduate academic environment for a culturally diverse student SLP can determine their success within the supervisory process.

Considering the Demographic Landscape

Since the start of the 21st century, the population of the United States has grown and so has its cultural diversity. Thus, many facets of the profession require change, and among those is the training process (classes, clinical

Figure 1. The culturally diverse supervisee figure was based upon the previous work from Bronfenbrenner's (1979) bioecological model. SLP = speech-language pathologist.



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training, etc.). More specifically, approaches to training the next generation of practitioners must be carefully reconsidered. For example, many current CEs have a limited understanding of cultural awareness, mainly when interacting with culturally diverse students (Antón-Solanas et al., 2021; Lee et al., 2024).

Cultural awareness implies that there is an understanding of varying cultures; this understanding is considered within the clinical education process, and the CE addresses those differences and similarities within the supervisory process. Although there are very little data related to the impact of race concordance, Gonzalez et al. (2022) reported that approximately 30% of respondents overall and 45% of Hispanic/Latino/a respondents indicated that health care providers do not treat them in concordance with their race or ethnic background. It is further postulated that it can negatively affect their experiences in clinical and hospital settings (Gonzalez et al., 2022; Takeshita et al., 2020). For example, patients who experienced unfair treatment based on their race or other aspects of their cultural identity, in one or more dimensions, could improve their health care experiences, decisions about provider selection, and health outcomes (Gonzalez et al., 2022). It is critically important that CEs understand that supervisees bring their own biases to the supervisory process, CEs must be aware and account for not only their own biases but also the biases of their supervisees (Lingras, 2022; Popejoy et al., 2019). There is strong evidence that when the clinical population is diverse, patients report greater satisfaction, and they experience greater health related outcomes in allied health with patient–clinician racial concordance (Takeshita et al., 2020).

Building a Culturally Diverse Profession

CEs impact how supervisees interact with patients/clients and educate them on various therapy intervention strategies to prepare them for independent clinical practice. Recent discussions in the field suggest that the clinical education process must be carefully reconsidered as the profession struggles to recruit a more diverse student body and ultimately a more diverse clinician population (Daughrity, 2021; Ellis & Kendall, 2021; Fannin & Mandulak, 2021; Hopf et al., 2021; Wong et al., 2021). Clinical education in communication sciences and disorders programs must provide culturally diverse students with an equitable educational experience (Mahendra & Visconti, 2021; O'Fallon & Garcia, 2023). Currently, there is no formal cultural diversity training required to serve as a graduate-level SLP CE. In other health care fields, such as nursing, there is a more formalized supervisory/preceptor training and research that includes the topics of cultural humility, diversity, and inclusion that is offered when CEs are charged with taking on students/supervisees (Trepal & Hammer, 2014). Formalized training should include measurable learning outcomes, actionable objectives, and cultural diversity within the supervisory process. With no formal training and limited resources in research, CEs within the field of speech-language pathology provide clinical education with a limited understanding of their supervisees lived experiences, and these experiences can shape the supervisees understanding of clinical education (ASHA, 2017b; Rapillard et al., 2019).

According to 2020 standard V-E in the Standards and Implementation Procedures for the Certificate of Clinical Competence in Speech-Language Pathology, a CE or clinical facilitator is required to earn at least 2 hr of professional development postcertification in supervision and/or clinical education (CAPCSD, 2018). It is important to be aware that diversity, equity, and inclusion continuing education units (CEUs) are required for certification maintenance; however, there is no requirement for those CEUs to be directly related to clinical education or that they must occur prior to working with supervisees (ASHA, 2023). This is also the case in other allied health fields that there are no specific criteria requiring knowledge in cross-cultural education (Amelia et al., 2021; Daniels et al., 1999; Estrada et al., 2004; Oller & Teeling, 2021; Whiteley, 2004). Due to this inadequate systematic preparation, it is likely that many CEs within the academic setting do not receive the training that they need to effectively supervise students with cultures that differ from their own (Green & Dekkers, 2010; Leong & Wagner, 1994). The clinical education training should address the power differential between the CE and supervisee as well as in the client and the clinician dynamic. In cross-cultural education settings, numerous barriers can arise when CEs and supervisees fail to discuss racial-ethnic issues, potentially challenging the supervisory process. Additionally, overinterpreting the influence of culture and race within the supervisory process is a concern (Leong & Wagner, 1994). Diversity training that encompasses cultural competence and cultural responsiveness are necessary to address working with culturally diverse students and clients.

Based on the needs of CEs and students, an increased focus should be devoted to continuous improvement of the knowledge and skills of CEs to ensure they will be better equipped to train all supervisees from a variety of culturally diverse backgrounds (ASHA, 2008). To positively impact the overall supervisory process, it can be reasoned that CEs must take cultural differences into account. CEs should be made aware of their bias and views in order to holistically supervise supervisees from culturally diverse backgrounds. Since CEs have the power to influence their supervisees clinically, professionally, and socially, they need to understand how certain factors, such as cultural and linguistic sensitivity, can directly impact

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the CE-supervisee relationship and supervisory process. They should serve as models of cultural sensitivity and establish a framework for future professionals. Research from other allied health educational fields could help improve CEs within our profession (Amelia et al., 2021; Daniels et al., 1999; Estrada et al., 2004; Green & Dekkers, 2010; Leong & Wagner, 1994; Oller & Teeling, 2021; Whiteley, 2004). CEs may use guided reflection for themselves to hyper-analyze their interactions with their supervisees to improve the supervisory process but are not provided with any formal training (Levy et al., 2009). Although most CEs try to be systematic in their approach to understanding cultural differences, many factors can influence the exact nature of their interactions and an increased risk of misunderstandings could create a breakdown within the clinical education process. A goal of this viewpoint is to discuss CEs' awareness of the impact of cultural differences on the clinical education process for SLPs and emphasize the need for cross-cultural education training (Green & Dekkers, 2010; Leong & Wagner, 1994).

The Impact of Microaggressions and Implicit Bias

Evidence has also shown that culturally diverse students engaged in professional clinical education frequently experience microaggressions from the CEs called to facilitate their development (Abdelaziz et al., 2021). Microaggressions are subtle forms of bias and insults that give denigrating messages specifically to individuals of culturally diverse groups (Sue et al., 2007) and can significantly hinder the performance of an individual placed in environments like the classroom and therapy (Sue, 2010; Victor, 2014). Within the supervisory process, microaggressions can play a large role in the success or failure with a supervisee from a culturally diverse background. Racial and ethnic microaggressions can have prevalent themes that include overgeneralizations and assumed stereotypes that can impact negative socioemotional and academic well-being, feelings of exclusion, and loneliness (Abdelaziz et al., 2021; Ginsberg, 2018).

Another negative experience that culturally diverse students, CEs, and health care professionals face is implicit bias. Implicit bias is determined to be an unconscious and involuntary attitude that can influence and affect behaviors and cognitive processes (Maina et al., 2018). Implicit bias presents as stereotyping and prejudice, which results in clinical uncertainty toward culturally diverse professionals from CEs, patients, and colleagues in health care settings (Nelson & Zippel, 2021). The impact of implicit bias lends itself to perceived bias toward the intelligence, aptitude, and abilities of culturally diverse educators (Fitzgerald & Hurst, 2017). Implicit bias has been prevalent within the supervisory process (Barker, 2011; Twale et al., 2016). Microaggressions and implicit biases are barriers to diversifying the field of speech-language pathology that need to be addressed.

The Need for More Effective Preparation of CEs

To date, the clinical education process for SLP CEs, who teach culturally diverse students, has not formally addressed cultural diversity training, which is inclusive of microaggression and implicit bias training for CEs (ASHA, 2017a). It remains unclear if specialized training aimed at enhancing cultural diversity within clinical education impacts the success rates of culturally diverse students in completing their graduate studies in speech-language pathology. However more generally, graduate students of color are more likely to experience prejudice from their CEs, which can decrease their ability to reach academic success in allied health professions (Russell, 2015). When culturally diverse supervisees are not necessarily supported and supervised according to their academic needs, it can manifest as high attrition rates (Barker, 2011; Ford, 2014; Twale et al., 2016). We recommend cross-cultural education as a requirement for all SLPs, as we encounter a more culturally diverse nation (Amelia et al., 2021; Daniels et al., 1999; Estrada et al., 2004; Oller & Teeling, 2021; Whiteley, 2004).

Recommendations

Here, we aim to focus on clinical preparation of CEs and how they potentially translate into clinical education experiences. Ultimately, exploring these issues can create a healthier environment for supervisees from diverse backgrounds by reducing culturally insensitive situations on behalf of their CE. According to the Ecological Model of Health Behavior, perceptions of one's environment have direct effects on one's health (Glanz et al., 2015). Thus, if a supervisee perceives that their CE is ill equipped to communicate and act in a culturally sensitive manner, the said supervisee can undergo a stress response. The accumulation of these stressors can eventually deplete their self-efficacy, which can lead to attrition (Glanz et al., 2015; Twale et al., 2016).

As the model posits, perception is key to changing behavior (Glanz et al., 2015). Although the awareness of cultural diversity is implied in the ASHA guidelines, the need for more in-depth cultural diversity training for SLP CEs in graduate programs needs to be addressed (Stockman et al., 2008). Moreover, faculty in educational programs for SLPs and audiologists have yet to conduct studies regarding the need for cultural diversity training in graduate programs

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(Stockman et al., 2008; Yoon, 2018). Through their interactions, CEs influence supervisees; therefore, it is important that they are culturally competent and trained to work successfully in working with supervisees from different backgrounds (Jang et al., 2019; Kindsvatter & Desmond, 2013). Since cultural experience does impact how a CE provides clinical education, it is important to consider how diversity can affect the supervisory process. Supervisees should feel comfortable discussing cultural diversity concerns with their CEs (Moore, 2009). Facilitated conversations should be demonstrated and modeled for CEs as the SLP field aims to become more culturally diverse.

This viewpoint supports the need for cultural diversity training for CEs. This would improve the overall supervisory process and foster relationships (Jongen et al., 2018; Showunmi et al., 2024) between culturally diverse supervisees and their CEs from different backgrounds (Barker, 2011). Increased focus must be devoted to continuously improving the knowledge and skills of CEs, so that they will be better equipped to train all supervisees from diverse backgrounds (ASHA, 2008). There is a significant need for more culturally diverse SLPs as CEs and an increase in cultural diversity training to incorporate these advances into the supervisory process (Falender et al., 2013; Oller & Teeling, 2021). Students who experience a positive learning environment would feel better supported and understood by their CEs. Several studies across disciplines have documented the value of cross-cultural education training (Amelia et al., 2021; Daniels et al., 1999; Estrada et al., 2004; Oller & Teeling, 2021; Whiteley, 2004). Cross-cultural education can be a targeted consideration to address the limited exposure to cultural factors that affect some CEs during their interactions with culturally diverse supervisees (Amelia et al., 2021; Daniels et al., 1999; Estrada et al., 2004; Oller & Teeling, 2021; Whiteley, 2004).

Conclusions

This viewpoint has provided foundational information to support the systematic provision and expansion of cultural diversity supervisory training for SLPs who supervise graduate students. Cultural diversity is becoming more important in clinical training programs as clients, students, and supervisors become more diverse (Gaspard-St. Cyr, 2023; Green & Dekkers, 2010). Health care providers must be trained to provide care to clients and students from culturally diverse backgrounds (Perng & Watson, 2012). Future research studies are recommended to focus on improving multicultural competence in speech-language pathology clinical education. Creating cross-cultural clinical education training procedures can be a benefit to the field by increasing knowledge of cultural diversity and self-awareness of implicit biases and learned practical skills for managing cultural differences within the daily contexts of the supervisory process.

Positionality Statements

The authors believe that it is important to acknowledge their position in this article. The authors are academics who teach and publish on topics related to equity, diversity, and inclusion in speech-language, hearing sciences, and clinical practice.

The first author, Nancy Gauvin, is a Haitian American Black Cisgender woman who was born and raised in New York City. Her work is influenced by health equity, access, clinical education, and community engagement within speech-language pathology and the health sciences.

The second author, Kyomi Gregory-Martin, is a Guyanese American Black Cisgender woman who was born and raised in New York City. Her work is influenced by intersectionality, dialectal differences, and cultural humility/responsiveness within the context of speech-language pathology.

Data Availability Statement

Data sharing is not applicable to this article as no data sets were generated or analyzed during the current study.

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