

DEI Reflection #3

Recently I engaged in a MedBridge CEU course titled “I Don’t See Color: How Your Own Cultural Identity Shapes Your Clinical Practice.” While this course was originally intended for school-based speech language pathologists, I found it extremely relevant and applicable to any service profession. The sequence of the course was as follows: first exploring one’s own cultural identity, next learning to “see color”, discussing the topic of privilege, and finally promoting the shift from “color-blind” to “color competent.” While this course educated me on key aspects of one’s cultural identity, such as race, ethnicity, geographic roots, dialect, and neighborhood, to name a few, it also prompted a shift in my own mindset and intended behavior when interacting with others on a daily basis. Growing up in a military family and living in several diverse cities, my parents taught my sisters and I never to judge an individual by their skin color, essentially “not to see color.” My sisters and I always have had friends of various races and ethnicities, both male and female. While “not seeing color” facilitated a diverse friend group, I may have dismissed a valuable part of each of my friends, while also completely disregarding my own white privilege. This course advocates for the importance of recognizing each individual through their racial and cultural lens. It also emphasizes the importance of not trying to implement our own values on others, but instead considering and acknowledging all the different aspects of their identity that make them unique and influence how they walk in the world. During this CEU I reflected on my own shortcomings in making assumptions that speaking with “improper grammar” or English, essentially people saying things differently from me as a sign of someone being unintelligent or uneducated, instead of it being a nonmainstream dialect of English and having nothing to do with one’s level of intelligence or education. As a future health care professional I hope to appropriately and intentionally acknowledge cultural

identity in each of my patients and the number of different social categories and identities that intersect to make up each individual.

The presenters of this CEU course offer several suggestions to facilitate this shift in framework around appreciating one's cultural identity that I found relevant to improve my clinical practice. For example, they emphasize finding cultural brokers and peer communities for patients and families, and building partnerships around shared values. Additionally they promote the need for providers to find or create culturally relevant materials and work with a patient's strengths and interests in mind. I hope to continue to reflect on how my skin color, my family's socioeconomic status, and other parts of my identity have impacted how I view the world and have shaped my cultural practice in both positive and negative ways. I will strive to continue to reflect on how my cultural identity has also influenced my communicative practices and intend to continue to engage in potentially uncomfortable conversations to become a more culturally aware PT.