Perceptions of Cultural Competence Training at DGSOM

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Introduction

- Existing evidence demonstrates the importance of cross-cultural understanding in improving patient outcomes.[1-2]
- In 2006, the AAMC developed the Tools for Assessing Cultural Competence Training (TACCT) as an instrument for addressing, teaching and measuring cultural competency based on LCME accreditation standards.[3]
- The 6 TACCT domains were derived by using psychometric analyses of survey data from students and faculty at seven U.S. medical schools[4]:
  1) health disparities
  2) community strategies
  3) bias/stereotyping
  4) communication skills specific to cross-cultural communication
  5) use of interpreters
  6) self-reflection, culture of medicine

Objectives

To survey faculty and medical students to assess perceptions of cultural competency training using the AAMC TACCT instrument.

- Examine student responses by year, previous experience, and other demographics

Methods

- Cross sectional survey of DGSOM students (years 1-3) and core faculty conducted via Qualtrics during Summer 2021
- Survey included 74 items:
  - 42-item TACCT using a 4-point Likert scale
  - Additional questions regarding curriculum and demographic data
- $10 eGift card incentive for survey completion
- This study was approved by the UCLA IRB (#21-000764)

REFERENCES

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Table 1: Demographics of Respondents

Age		**Disability Status**	
22 or younger	4%	Yes	11%
23-25	49%	No	89%
26-30	42%	**Hometown**	
30+	5%	Urban CA city	55%
Gender Identity		Urban non-CA city	22%
Cisgender Female	65%	Rural CA city	8%
Cisgender Male	32%	Rural non-CA city	8%
Gender non-conforming	3%	Outside the U.S.	8%

Figure 1: Race/Ethnicity of Respondents

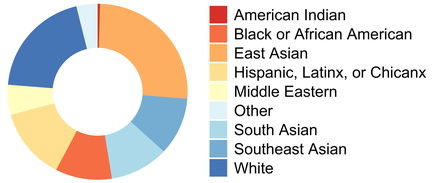

Table 2: Training on Healthcare Delivery and Outcomes for Underrepresented Patient Groups

Patient Group of Interest	Proportion who Perceive Training as Sufficient
Asian American or Pacific Islanders (AAPI)	21%
Black/African Americans	64%
Hispanic/Latinx/Chicanx	54%
Middle Eastern or North Africans	12%
Individuals with Disabilities	19%
LGBTQ+ individuals	63%
Individuals who face challenges related to social determinants of health	66%

Table 3: Constructs with Highest Level of Disagreement

		Proportion who Disagree/Strongly Disagree			
	TACCT Construct	**Overall**	**MS1**	**MS2**	**MS3**
Domain 1	Gather and use Healthy People 2030 data	81%	88%	77%	75%
	Critically appraise literature on disparities	55%	63%	47%	51%
Domain 2	Collaborate with communities	51%	59%	45%	44%
	Describe methods to identify community leaders	63%	67%	63%	56%
	Propose a community-based health intervention	54%	59%	47%	54%
Domain 4	Describe cross-cultural communication models	57%	68%	46%	54%
Domain 5	Identify and collaborate with an interpreter	50%	80%	28%	27%

Table 4: Constructs with Highest Level of Agreement

		Proportion who Agree/Strongly Agree			
	TACCT Construct	**Overall**	**MS1**	**MS2**	**MS3**
Domain 1	Define race, ethnicity and culture	85%	91%	81%	78%
Domain 3	Identify how race and culture relate to health	87%	91%	86%	81%
	Identify physician bias and stereotyping	85%	87%	86%	78%
Domain 4	Nonjudgmental listening to health beliefs	88%	85%	94%	85%
Domain 6	Value the need to address personal bias	86%	86%	86%	85%

Results

- Diverse sample of survey respondents (Table 1, Figure 1)
  - Student response rate = 39% with some variation by year (MS1=41%, MS2=37%, MS3=22%)
  - Faculty response rate = 14%
- Training on healthcare delivery and outcomes for patient groups:
  - Students perceived less sufficient training for the following underrepresented patient groups = AAPI, Middle Eastern or North African, and Individuals with Disabilities (Table 2)
  - Students felt more training was needed across all underrepresented groups (range: 77% for Black/AA, 94% for AAPI)
- Domains with greatest level of disagreement regarding adequacy = Health Disparities (Domain 1) and Community Strategies (Domain 2, Table 3)
  - Levels of disagreement varied by year, with a lower proportion of MS2s and MS3s who disagreed or strongly disagreed
- Domain with greatest level of agreement regarding adequacy = Bias/Stereotyping (Domain 3, Table 4)
  - No domain with ≥90% overall agreement

Conclusion

- The majority of students felt more attention was needed on healthcare delivery and outcomes for all underrepresented groups, especially Asian Americans or Pacific Islanders, Middle Eastern or North Africans, and Individuals with Disabilities
- We found that the most under-addressed content areas included Health Disparities (Domain 1) and Community Strategies (Domain 2), consistent with the 2008 administration of the TACCT across 7 schools.
  - Variation by year for some domains implies that increased exposure/training occurs across domains in the MS2 and MS3 years
- Future studies can compare faculty and student responses, the impact of the curricular redesign underway, and additional forces that influence health outcomes above individual interactions (i.e. broader social, political, and economic structures).

Acknowledgements: Project support provided by the STTP Program and UCLA DOM