

Using TACCT

The TACCT will assist schools in meeting the stated LCME (www.lcme.org) objectives and clarifications of:

1. *ED-21.* The faculty and students must demonstrate an understanding of the manner in which people of diverse cultures and belief systems perceive health and illness and respond to various symptoms, diseases, and treatments.
Clarification: The objectives for clinical instruction should include student understanding of demographic influences on health care quality and effectiveness, such as racial and ethnic disparities in the diagnosis and treatment of diseases. The objectives should also address the need for self-awareness among students regarding any personal biases in their approach to health care delivery.
2. *ED-22.* Medical students must learn to recognize and appropriately address gender and cultural biases in themselves and others, and in the process of health care delivery.
Clarification: All instruction should stress the need for students to be concerned with the total medical needs of their patients and the effects that social and cultural circumstances have on their health. To demonstrate compliance with this standard, schools should be able to document objectives relating to the development of skills in cultural competence, indicate where in the curriculum students are exposed to such material, and demonstrate the extent to which the objectives are being achieved.

A cultural competence educational program that is effectively integrated throughout all years of medical school requires identification and assessment of all components of the cultural competence domains. The TACCT provides a framework for building an effective educational program.

The TACCT is a self-administered assessment tool that can be used by medical schools to examine all components of the entire medical school curriculum. Schools can identify areas in the curriculum where specific aspects of culturally competent care are currently taught, including previously unrecognized educational elements. The TACCT permits gaps to be identified, as well as planned and unplanned redundancies that will allow schools to make the best use of opportunities and resources. The TACCT may be used for both traditional and problem-based learning curricula.

There are two parts to the TACCT grid. The first part (Domains) allows monitoring of overall curricular offerings (**where** teaching is occurring). The second part (Specific Components) provides a framework for identification of education for detailed knowledge, skills and attitudes (**what** learning objectives are being met). In both parts, the evaluation grid should show all required courses listed on the horizontal axis. Each school should use the Excel spread sheets to write in the names of courses, blocks, or clerkships to reflect their own curricular structure. All course, block, or clerkship directors should be asked to complete the TACCT for their course/block/clerkship, even if they believe that cultural competence teaching is not occurring in their course/block/clerkship (in which case their responses should be ‘not taught’ or ‘NT’).

Domains Grid

Completion of the Domains evaluation grid will provide an overall curriculum blueprint. Patterns that emerge may include: absence of content material, content in a single domain through multiple courses and/or a single course/clerkship where the majority of domains are covered.

Specific Components Grid

The use of the TACCT Specific Components grid provides higher fidelity information on educational objectives. It can be used to evaluate the quality of curricular offerings as well as identify teaching and student assessment methods. Effective teaching about cultural competence requires a solid knowledge base, which can be developed in lectures, assignments, and small-group activities. Skill building is most effectively accomplished in interactive, experiential learning settings. Exploring attitudes and developing effective communication strategies require an opportunity for reflection and discussion. The information from the TACCT Specific Components grid can form the basis for a strategic plan to modify and/or enhance the curriculum to assure that medical students receive an appropriate educational experience.

To facilitate accurate and complete curriculum evaluation the following steps are recommended:

1. This assessment should be initiated from the office of the dean or associate dean for medical education.
2. A TACCT (or LCME self-review) committee should be tasked with overseeing this activity. The membership of this committee should have expertise in cultural competence and medical education. In addition, this committee should include individuals who represent each year/segment of the curriculum (year representatives).
3. As an initial step in the process, course, block, or clerkship directors and department chairs should receive an explanatory letter or an electronically communicated message for the process of completing the TACCT from the dean with planned deadlines.
4. The year representatives should arrange face-to-face information meetings with representatives from each course, block, or clerkship to explain the process, provide background information, indicate their availability to serve as a resource for analysis of course content, and so on.
5. Course, block, or clerkship directors (or their designee) should be asked to complete the Domains or Overview template with the assumption that they are most familiar with what content is being taught in their courses/blocks/clerkships.
6. The TACCT committee can then summarize the collected data and provide an overall blueprint for the medical school curriculum from which to make revisions, deletions or additions.
7. Following completion of the Domains template, course, block, or clerkship directors may then be asked to undertake a more detailed analysis using the TACCT part 2 (Specific Components).

Eliminating racial and ethnic disparities in health care is a complex, multifactor process. It is recognized that one cornerstone of this is assuring that medical education supports the development of culturally competent physicians. The AAMC has developed the TACCT process as a resource to assist in this activity. Staff of the AAMC look forward to working with all the medical schools on this critically important initiative.

What the TACCT Does NOT Do

While the TACCT provides an overview of where curricula pertinent to cultural competence are offered (which year or which courses, blocks, or clerkships) in the medical school, it may not allow in-depth analysis of the teaching strategies (for example, lecture vs. discussion vs. role-play vs. self-reflection vs. standardized patient practice formats) or actual learning outcomes achieved. Careful examination of what teaching strategies (**how** learning is occurring) are currently offered, student responses to the teaching (**how** teaching is being evaluated), and student assessment (**what** learning outcomes are achieved) appropriate to the objectives, is strongly encouraged. This will allow systematic development of appropriate new or revised curricula to address cultural competence.

The TACCT does not make recommendations for the optimal number of hours to be devoted to each domain or the entire formal cultural competence curriculum. It is intended that each school will derive its own recommendations based on the collective findings of the TACCT.

Most importantly, the TACCT does not address the ‘informal curriculum’ that may influence student learning or achievement of cultural competency. To enrich the TACCT, schools may opt to conduct focus groups and other alternative evaluations to add depth to their planning process.

Following completion and discussion of the results of the TACCT administration, an examination of the evaluation methods for assessing student performance in the different domains, by the TACCT (or LCME self-study) committee, is highly recommended.