What are medical schools doing about social accountability? A systematic literature review

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Background: Medical Schools are increasingly viewing themselves as being accountable to wider society rather than just to their students/stakeholders. The aim of this review is to systematically assess how social accountability is currently defined/delivered and how interventions are evaluated.

Summary of Work: A literature search was conducted in multiple databases using the keywords “social accountability”, “social responsibility”, “medical education”, “medical curriculum” and “medical schools”. All items identified were systematically reviewed by title, abstract and the full paper against set inclusion and exclusion criteria. 1813 papers were screened to produce 26 papers for review. The remaining literature was coded using an initial framework to perform thematic analysis. More themes were developed inductively and papers were coded a second time. Weighting of evidence of each paper was based on quality appraisal and a hierarchy of methodology.

Summary of Results: Definitions for social accountability varied slightly, though the majority used the World Health Organisation definition from 1995. The most common reason given for pursuing socially accountable activities was to help the medically underserved and vulnerable populations. Themes revolving around interventions and activities to increase levels of social accountability focused on curriculum changes, placements, recruitment and community engagement. Despite a lack of longitudinal data, measurement of progress shows a heavy reliance on student opinions through surveys, with a lack of community involvement.

Discussion and Conclusions: A number of medical schools have recognised their obligation to actively engage with the communities they serve and address social issues to improve healthcare for all. Future research on social accountability should use a contemporary consensus definition as a framework, measuring impact using more quantitative, longitudinal methods, ensuring community members are involved in this measurement.

Take-home messages: Medical schools appear to have recognised their obligation to actively engage with their community and related social issues to improve healthcare. However, how this engagement is defined and measured appears to be diverse.
Research on Accountability Practices in Brazilian Medical Schools

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Background: Social accountability of medical schools has been the subject of considerable discussion in recent years.

Summary of Work: Research was carried out by the school's coordinators on 242 medical schools in Brazil to understand how they manage social accountability practices. Increasingly it is expected that the educational approaches of the health professional are directed to real social needs. The methodology is exploratory research, starting with a semi-structured interview sent by e-mail.

Summary of Results: The material based on the perceptions of the schools coordinators on the social accountability practices will be submitted to analysis, and the results will show the long term strategy used by the school to improve the health conditions as a whole, working with social responsibility and alongside the communities surrounding the campuses.

Discussion and Conclusions: Once the results are analysed, the best activities and management formats will be presented and that will allow the development of accountability practices on medical schools and on the communities in the surroundings, aiming to provide a better health service to all who were involved in the research.

Take-home messages: Encourage critical thinking on how medical schools can magnify their influence on the communities they are a part of and promote citizenship awareness with accountability practices in a political, social and subjective way.

Health Advocacy training promotes General Practice trainees’ social accountability

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Background: Health advocacy training is addressed mainly indirectly as part of medical educational programmes or linked to peer-discussions about current topics. Due to changes in the role of the general practitioner in the Health system in the Netherlands a more explicit training in advocacy is needed in the curriculum for GP’s.

Summary of Work: A two session program was designed to promote active exploration of the role of the general practitioner and to sharpen the view of the GP trainees towards health advocacy. The program was tested and evaluated in a group of GP-trainees.

The GP-trainees had to fulfill a couple of workplace assignments, among others to visit a community centre. Involvement of the GP-trainers at the workplace was encouraged by informing them about their role in the training.

Summary of Results: GP-trainees undertook a diversity of actions. Especially the visit to a community centre has functioned as an eye-opener. Also the discussion with the GP-trainers was valuable. Not only GP-trainees but also their GP-trainers reported more awareness and responsibility for social issues due to the program.

Discussion and Conclusions: Health advocacy training supports the development of personal views of the role the general practitioner in health oriented social issues. The involvement of GP-trainers served as an appreciated role-model for the trainees.

Take-home messages: Health advocacy should be explicitly addressed in GP-training, supported by a modelling GP-trainer.
Impacts of a new medical school on a remote Brazilian region

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Background: Jequitinhonha Valley is a remote and poor region in Brazil, which had no Medical School until 2012 and no local physician was involved in clinical teaching. Through efforts of the Federal University of Jequitinhonha and Mucuri Valleys and local community a school was created in Diamantina in 2013.

Summary of Work: The Medical School was implemented in February 2013, with residence in different areas. In March 2014, 30 undergraduates began their studies. The innovative community based curriculum aims to prepare students to work in primary health care and deal with the needs of local population. It is founded on a partnership between university and public health system. Students act as members of health care teams, performing functions that grow in complexity over the course. During the first two years, each group of ten students works within the same community under supervision.

Summary of Results: The program already had a positive impact on the medical community: now 38 local physicians are involved in teaching in classes for undergraduates, as primary heath preceptors or precepting residents. Students production, as epidemiological information, is also important and useful for the activities carried out by health teams.

Discussion and Conclusions: This new Medical School had a positive impact on the activities of the health units and medical community contributing to enhance the involvement of the educational institution with local community.

Take-home messages: The responsible insertion of an educational institution in local public health system is an important factor for the success of community based curriculum and reaffirms the social accountability of the Medical School.