A review of social accountability policy: Implications for health care training

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ABSTRACT

Background: Accountability is central to medical education. While many schools strive to be responsive to the communities they serve, measuring social accountability (SA) remains a global struggle. Although various frameworks have been established to assist programs to evaluate SA, their descriptions remain predominantly conceptual in nature. No single document describes common and unique elements or identifies a set of indicators that extend across SA frameworks in medical education. Using context-inputs-process-products (CIPP) evaluation model as an organizational framework, this paper synthesized key elements in SA frameworks as an initial step to develop measurable indicators intended to facilitate the evaluation of SA in medical training.

Summary of Work: Thematic analysis was used to describe and compare common and unique elements across large-scale, public SA policy frameworks. These elements were then thematically coded using four dimensions of CIPP model. Sub-policies and/or program/institution specific documents were excluded from the analysis as they build upon previous frameworks and may lack generalizability.

Summary of Results: Of an initial sample of 25 documents, four key SA policy frameworks were included in the analyses. Emerging themes highlighted across frameworks and CIPP dimensions included core SA values (relevance, quality, effectiveness, and equity). These values were expected to be displayed across the training continuum in education, research, and service activities. Sub-themes under each dimension included: context (public displays of institutional goals/mandates, collaborative partnerships with health systems); inputs (identification of community health needs, diversity); processes (curricular activities/reform/exposure); products (mix and distribution of graduates, quality assurance/program evaluation/accreditation) and impacts on public health (reduction of disease/mortality).

Discussion and Conclusions: This paper provides a thematic analysis and synthesis of key SA frameworks using CIPP to identify a set of performance indicators. Findings from our analysis revealed major themes consistent to the broader SA literature. The analysis and results of this paper provide tangible indicators that may be used as a guide for programs to evaluate SA, linking educational inputs and outputs.

Take-home Messages: SA is on the radar of all learning institutions. This paper provides a set of indicators to begin measuring the extent to which institutions are socially accountable. The indicators represented have the potential to support learning institutions interested in evaluating their practices for formative purposes.
Building a student-driven community-based educational program dedicated to social responsibility

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ABSTRACT

Background: Attitudes are an important part of medical students competencies. However, medical education has been shown to negatively influence student attitudes toward certain types of patient population, notably the underserved. Building educational programs dedicated to social responsibility during medical education is thus critical in order to improve the attitudes of medical students toward the underserved. Previous studies identified that translating medical school social missions to student experience needs innovative and original educational practices to be fully efficient.

Summary of Work: A new educational program dedicated to social responsibility has been created in September 2018 in the Lyon-Est School of Medicine, France. Based on community-based and experiential learning (35-hours training in charities dedicated to the underserved), this student-driven program aims to improve second-year medical students attitudes toward the underserved and to improve their awareness toward social issues in medicine and global health. The originality of the program is based on the concepts of experiential and narrative learning, with medical students participating in the program writing the narratives of meetings with men or women they will meet during their training in the community.

Summary of Results: A total of 65 medical students are freely participating in the program. We propose to present at the AMEE congress the process of the book redaction compiling the narratives. Some particularly remarkable narratives written by student will also be presented. The satisfaction and experiences of students will also be reported.

Discussion and Conclusions: Building innovative educational programs dedicated to social responsibility during medical education is critical in order to avoid negative attitudes toward the underserved in medical students. We propose to describe the building of a student-driven community-based program newly created in Lyon. Narrative and experiential learning are used to propose an innovative and original approach to teach social responsibility to medical students.

Take-home Messages: Medical education has been shown to negatively influence student attitudes toward the underserved. Building innovative and original educational student-driven community-based program dedicated to social responsibility during medical education is critical. Students participating in the program will write the narratives of meetings with men or women they will meet during their training in the community.
Professionalism to connect the student with the curriculum and healthcare society

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ABSTRACT

Background: In 2015 we started an extensively revised curriculum Medicine (MED) and Biomedical Sciences (BMS). The leading principles include an active, collaborating, self-directed role of students in a meaningful practice based and patient centred environment in which they develop to life-long learners. In this curriculum we started a generic longitudinal educational line ‘professionalism’ in all three MED and BMS bachelor years.

Summary of Work: All students are assigned to coaching groups (8-9 students each) and a personal coach. There are student group meetings and individual sessions at least 8 times a year each. The program gives attention to learning strategies, learning in collaboration, interpersonal skills, formulating learning goals, reflection on patient contacts, giving and receiving narrative feedback, discussions about current events, vocational orientation and individual, personal professional awareness and development. For assessment students show part of their E-portfolio, including written essays about their personal development supported by feedback from peers, patients and faculty.

Summary of Results: Yearly, students and coaches evaluate the elements of the educational line professionalism. The results show the appreciation of the small fixed groups for their open and safe environment (students 88%, coaches 95%); the program provides tools to get used to academic skills, peer assisted learning and collaboration; students explicitly perform personal strength and weakness analysis and reflections. Students feel stimulated to take responsibility for their own learning trajectory (students 70%, coaches 92%) and to formulate personal learning goals (students 65%, coaches 85%). During the bachelor students are willing and capable to take more initiative and responsibility for the programme. Students report the desire to discuss more about current events in health care and practical show cases related to professionalism. Patient contacts stimulate the learning process. The assessment of each students’ personal development from the E-portfolio is time-consuming.

Discussion and Conclusions: Although the context differs, the educational line ‘professionalism’ is applicable for students MED and BMS to develop skills necessary to face the future challenges of the ever growing complexity of health care and become vigorous, innovative and life-long learners. It strongly facilitates embedding activities with the other learning activities, patient-contacts and actual health issues.

Take-home Messages: Educational line ‘professionalism’: essential part of every curriculum.
Social responsibility: Development of a blended learning community-based approach to health and social issues in the Hong Kong Community

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ABSTRACT

Background: The World Health Organisation (1995) emphasise the role of medical schools to direct their education towards addressing the priority health concerns of the community, region, and nation they serve.' Hong Kong is an international city with similar and differing health and social issues. There was a need to educate and expose students to different issues in the community.

Summary of Work: The Social Responsibility (SR) curriculum consisted of two compulsory courses: Health Inequalities and Health Needs Analysis and 8 self-direct learning course which included poverty and deprivation, poverty and social exclusion ethnic minorities, foreign domestic workers, asylum seekers and refugees, health and stigma (HIV and mental illnesses), offenders health and cultural competence. Students were attached to community clinics and NGO facilities and included: homeless, sex workers, HIV clinic, private clinics etc. Students were required to complete the e-learning, attachments, attend debrief and complete a reflective essay

Summary of Results: The course was rolled out in a modular iterative approach. There were 4 modules of 56-57 students (Total: n= 228 MS) in Community and Family Medicine module with the last module in 1 March 2019. Results will include the process of course development, as well as the students' responses on debrief, interested topics, pre and post test quiz and evaluation.

Discussion and Conclusions: Initial analysis show that this was a feasible course and was well received. Post test quiz show that students gained knowledge. Most attempted course included: poverty and social exclusion and foreign domestic maids. Some students expressed attachments were not 'in depth' enough, whilst expressed 'helplessness'. Further support is needed for students to dissect and discuss the different issues

Take-home Messages: Social Responsibility is a vast topic and encompass empathy, professionalism, ethics and health care roles and needs. An e-learning blended approach with debrief is a good introduction to stimulate student's interest and learning. An interdisciplinary and guided approach is suggested.
Stepwise development of a new blueprint focused on the population´s needs for good medical care

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ABSTRACT

Background: The ongoing academic reform of the undergraduate medical program in Germany requires a reorientation of the curriculum and the corresponding steps of the medical licensing exam. Instead of assessing facts there will be a constant shift to assess competencies relevant for doctors´ everyday clinical-practical work. Therefore, the 2nd part of the reformed medical licensing exam should be focused on population’s needs for good medical care. The particular challenge will be to develop a blueprint that meets the current licensing regulations but at the same time meets all future requirements. The contribution is aimed at describing the steps needed for developing a competency-based blueprint increasing content validity and representativeness.

Summary of Work: In several workshops with health care professionals representing all disciplines and sectors of medical care in Germany a new structure for revising the IMPP-GK, a learning objective catalogue legally binding for German state examinations, was developed and accepted. The structure of the catalogue was integrated in a multidimensional blueprint, including the CanMED roles for physicians, organ systems, occasions for consultations, entrustable professional activities and a modified Bloom’s taxonomy. A multidimensional classification system for items, developed two years ago, was used for analyzing the baseline situation. A total of 960 items of three recent exams was reclassified and the amount of items was evaluated for each dimension and category being similar to the integrated blueprint of the structure for the new catalogue of learning objectives.

Summary of Results: The evaluation of past examinations according to the multidimensional blueprint indicated that the population’s needs for good medical care is only partially considered. The amount of items addressing fact based knowledge, which is easily researchable or focusing on aspects being to specific was striking.

Discussion and Conclusions: Based on these findings the blueprint will be adapted and checked for plausibility by data from health service research.

Take-home Messages: Creating a feedback loop between the blueprint for medical licensing exams and data from health service research is a very helpful tool for the conception of medical licensing exam.
The development of social responsibility of medical postgraduate students

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ABSTRACT

Background: In modern society, there is an increase in expectations for a high level of professional training of the doctor and his social responsibility. The resident, communicating with patients, should solve not only clinical problems but also effectively interact with the patients relatives, colleagues, insurance and legal organizations.

Summary of Work: The subject of the research was the study of the conditions of social responsibility development in medical University residents, the definition of criteria and diagnostic methods. Social responsibility was assessed at cognitive, motivational and activity levels. 325 residents of different specialties took part in the work. During the empirical stage of the experiment the levels of social and moral-ethical responsibility, social intelligence, normative behavior, and self-control of residents were diagnosed. At the forming stage, the criteria of the efficiency of the new are defined.

Summary of Results: Development of social responsibility of residents in medical University provides the following pedagogical conditions: organization of the process of training of residents; development and implementation of a new curriculum, the model of relationships in the system doctor-patient, the social responsibility of the doctor, communication as a socio-psychological process, barriers to communication and management of conflict interaction; creating an educational environment through the inclusion of residents in social design, social and psychological diagnosis and the formation of a psychological portrait of the resident.

Discussion and Conclusions: The study reveals the essence of the concept of social responsibility, defines the structure of social responsibility, methodological approaches, presents the implementation of pedagogical conditions necessary for the development of social responsibility of residents, analysis of the results and dynamics of development of social responsibility of residents in the course of experimental work. During the implementation of pedagogical conditions the level of knowledge about social responsibility increased by 52.6%. At the same time, the level of social responsibility has increased also.

Take-home Messages: To solve this problem, special pedagogical conditions for the development of social responsibility of residents should be developed.