Building Residency Programs for Greater Social Accountability

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Mandatory Declaration

The presenters have no conflicts of interest to declare
Objectives

At the end of this workshop, participants will be able to:

1. Define social accountability in the context of postgraduate medical education and list three elements of a socially accountable residency program

2. Analyze their own contexts of PGME and identify 3 opportunities for more socially accountable residency training

3. Develop an action plan for the implementation of curricular and structural changes within their PGME training contexts for greater social accountability
Introductions:
Group Brainstorm:

What words come to mind when considering the concept of social accountability specifically for post-graduate medical training?
Patient Safety Outcomes and Marginalized Groups

Access to high quality safe care (falls, medication errors, miscommunications, adherence) less likely to be received:

- Women
- Older persons
- Members of racial and ethnic minorities
- Economically disadvantaged
- Less educated persons
- Uninsured persons (6 references)
Defining Social Accountability

WHO has defined the Social Accountability of Medical Schools as

“the obligation to direct their education, research and service activities towards addressing the priority health concerns of the community, region, and/or nation they have a mandate to serve. The priority health concerns are to be identified jointly by governments, health care organizations, health professionals and the public.” (Bohlen)
Social Accountability: Elements

A set of principles with widespread curricular and policy implications:

• Medical schools emphasize to their faculty and students the need to **maintain their competence**, the importance of the **patient-physician relationship**, and an understanding of **professionalism** and its obligations.

• Medical schools respond to the **changing needs of the community** by developing formal mechanisms to maintain awareness of these needs and advocate for them to be met.

• Medical schools conduct **curiosity-driven research and provide evidence-based care**, testing new models of practice that translate the results of research into practice.

• Medical schools work together and in **partnership** with their affiliated health care organizations, the community, other professional groups, policy makers and governments to develop a **shared vision of an evolving and sustainable health care system for the future**.
Defining Community:

Key to each medical school’s journey to social accountability is the definition of its community or communities:

Whom do we serve?

How do we know this?

How has/have this community/these communities participated in the definition?
Defining the Actions of a Socially Accountable Medical School:

• Addressing unwanted aspects of the hidden and informal curriculum
• Respectful engagement of communities
• Societal Responsiveness
• Policy development aimed at increasing social justice, through attention to marginalization/oppression/ and discrimination

→ A medical school that is an integral part of its community
Social Accountability and the Tripartite Mission of Medical Schools:

Clinical Care: Health care delivery organization across the continuum of primary to tertiary care; and across the continuum of illness from onset to rehabilitation to recovery.

Research: Negotiating a balance between curiosity driven research and joint priority setting with communities

Education: A commitment to curriculum evolution with the changing needs of society

→ Through processes and policies
Defining the Communities Served within Our Residency Programs:

• Work at tables
• One scribe and one reporter

How has your residency program defined the communities that it serves?

Consider:  
External drivers
Internal drivers
The three missions

What are the communities served?

How could you make the process of defining the communities served within your residency programs better?
Program Mapping Social Accountability within Your PGME Program

• Return to group brainstorm done at the beginning of the workshop
• Pick one or two of the elements of social accountability identified for the following curriculum mapping exercise:

Working in groups of 2 or 3, map one or two elements to your residency program, considering:
• Selection
• Curriculum: formal, informal, and hidden
• Underserved, marginalized, or vulnerable populations
Tables will be asked to choose 1 or 2 examples from the discussion to present to the larger group
Meaningful Incorporation of the Community Voice into PGME

Large Group Brainstorm

Incorporating the community voice into PGME that is:

• Achievable

• Strong value-added (will make residency program more socially responsive)

• Privileges the marginalized, underserved, and vulnerable

• Specific: How could you start working on this when you get home from the conference?
Visioning and Actioning for, and Measuring Change

In one or two sentences write the vision of your program as a socially accountable one.

What one action might you do within the next three months for greater social accountability within your residency program?

How will you measure change?

Work in pairs or groups of three
Faculty Development for Social Accountability: Developing Critical Consciousness in our Teachers

Critical consciousness is the ability to perceive social, political, and economic injustice and to take action against the unjust elements of society. The concept of critical consciousness (Portuguese: conscientização—“conscientization”) was developed by Paulo Freire primarily in his books:

• Pedagogy of the Oppressed
• Education for Critical Consciousness

http://theamsphoenix.ca/blog/?p=82

Image from the AMSphoenix project blog – Baker, Halman, Ng, 2014, used with permission
Take Home Points/Wrap-up
Why is Social Accountability Important?

In the end, to consider social accountability helps us in medical schools answer the questions:

Why do we do what we do?

For whom do we do it?

→ Role of medical schools in creating a more just world
Thank You!

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