

Applying quality and equity lenses to advance social accountability in medical education

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Abstract

Social accountability has become a key driver of change within health professional education programs worldwide. Over the last two decades, there has been a growing number of frameworks, tools, and standards to help measure social accountability. This paper shares the experiences and lessons learned from one of the institutions that participated in piloting the Institutional Self-Assessment Social Accountability Tool (ISAT). We argue that tools for measuring social accountability are valuable not only because they provide data but, more importantly, because they can embed a dialogic and critical reflective culture within institutions. We describe how the tool expanded our thinking about social accountability to advance it,

including what constitutes socially accountable research and who and what fields contribute to this work. We argue that the tool encouraged collaborative critical reflexive practice and offered a process that was incorporated into institutional processes and activities, and simultaneously fostered intra-institutional cooperation. Finally, we contend that the application of quality and equity lenses offers sources of sustainability to advance social accountability in medical education as they encourage the prioritization of social accountability processes to achieve desired outcomes.

Key Words: social accountability, accreditation, medical education, continuous quality improvement, equity

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Background

Social accountability has become a key driver of change within health professional education programs worldwide.^{1,2} Increasingly, educational institutions are adopting social accountability missions and mandates^{3,4} and embedding these within curricula^{5,6} and accreditation frameworks.⁷⁻⁹ Additionally, health institutions are including social accountability in strategic plans and organizational structures.^{10,11} At its core, social accountability is about collaborating with local stakeholders to reimagine and reorient institutions to better co-identify and co-address local health and social priorities.¹² While there is global consensus for social accountability, and few dispute its value, there is a growing need for critical conversations

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about measuring and evaluating the impact of social accountability in health professional education.^{2,13,14}

Over the last two decades, there has been a growing number of frameworks, tools, and standards to help measure social accountability.¹⁵⁻²⁰ For example, medical residents have been surveyed²¹ and checklists have been developed to identify ways for medical schools²² and students²³ to assess the extent to which their school is being socially accountable. Recommendations to enhance social accountability in graduate medical education have also been made.^{21,24} Predominantly, these tools have taken a self-assessment approach, given that the nature of social accountability is contextually dependent. While helpful in generating data, many institutional and programmatic self-assessment tools also

provide valuable opportunities for dialogic reflections—a gap within the field. This paper aims to share the experiences and lessons learned from one of the institutions that participated in piloting a new social accountability tool—the Institutional Self-Assessment Social Accountability Tool (ISAT). We will argue that tools for measuring social accountability are valuable not only because they provide data but, more importantly, because they can embed a dialogic and critical reflective culture within institutions.

International Pilot

In 2021, 10 institutions participated in an international project to pilot a new social accountability self-assessment tool within its undergraduate medical education (UME) program.²⁵⁻²⁷ NOSM U was founded on a social accountability mandate to improve the health of Northern Ontario^{28,29} and to address a persistent shortage of health professionals in the region.^{30,31} NOSM U is organized, structured, and designed as a campus for the North, with over 90 partnership communities.^{32,33} Scholars and leaders at NOSM U have called for critical reflexive practice and the need to consider how institutional processes and activities are continuously meeting the needs of, or impacting, those they serve.³⁴⁻³⁷

The tool, referred to as the Institutional Self-Assessment Social Accountability Tool (ISAT), was developed by a team of international social accountability leaders, educators, and evaluators and supported by the Pan American Health Organization (PAHO), The Training for Health Equity Network (THEnet), The Network: Towards Unity for Health (TUFH), and Beyond Flexner Alliance (BFA). The ISAT tool was developed to assist institutions in measuring the extent to which they are, and can become more, socially accountable to the public, communities, and people they serve.^{25,38} To learn more about the ISAT tool, visit <https://socialaccountabilityhealth.org/>.

NOSM U's process for implementing the ISAT tool involved reaching out to the NOSM University community for assistance and in identifying leads to gather relevant information to populate each domain of the ISAT tool. A survey was created based on the questions and indicators for each domain of the ISAT tool: (1) identify relevant information, (2) identify supplemental documents, and (3) identify complementary processes (i.e., accreditation, strategic planning performance reviews). Over several months, the information

collected was collated and reviewed. A steering committee of domain leads, faculty and medical students reviewed and provided feedback on the self-assessment within each domain before submission. NOSM U's project leads subsequently participated in an interview with the ISAT review committee, which evaluated the content of the submission, asked questions, and provided feedback on the self-assessment. NOSM U's results can be found at <https://socialaccountabilityhealth.org/institute-list/nosm-northern-ontario-school-of-medicine/>.

Lessons Learned

After completing the process, three members of the NOSM U team (a faculty member, a postdoctoral fellow, and a medical student) reflected on their own experiences in the process and together identified three key lessons learned.

Social Accountability is an ongoing process. While NOSM U is well known for its social accountability mandate,^{2,28,29} like all institutions, it must continue to work towards, strive for, and advance efforts to meet the needs of the people, populations, and communities they serve. As communities' health and social needs and priorities continue to change, which has never been as demonstrably necessary as during the COVID-19 pandemic, schools like NOSM U must continue to adapt and evolve in tandem with their communities ([Figure 1](#)). It is incumbent on schools to continuously evaluate, assess, and reflect on how, or the extent to which, they serve and represent communities in a meaningful and equitable way. Approaching programmatic and institutional assessments for social accountability with both an equity and continuous quality improvement (CQI) lens for medical education and research “can improve medical education and help it achieve its goals.”³⁹ Employing CQI for program evaluation, with the added lens of equity, can also be helpful for other assessments such as accreditation.⁴⁰⁻⁴⁴

Social Accountability needs to be locally defined. There is potential to reconceptualize and redefine social accountability within and among institutions. A recent narrative review conducted to identify implementations of socially accountable medical education found that the World Health Organization's definition and meaning of social accountability¹⁵ has been widely adopted by medical schools with social accountability mandates.⁴⁵ Despite this seemingly ubiquitous application, inherent in the literature is diverse

Figure 1: Main takeaways from implementing the ISAT Tool

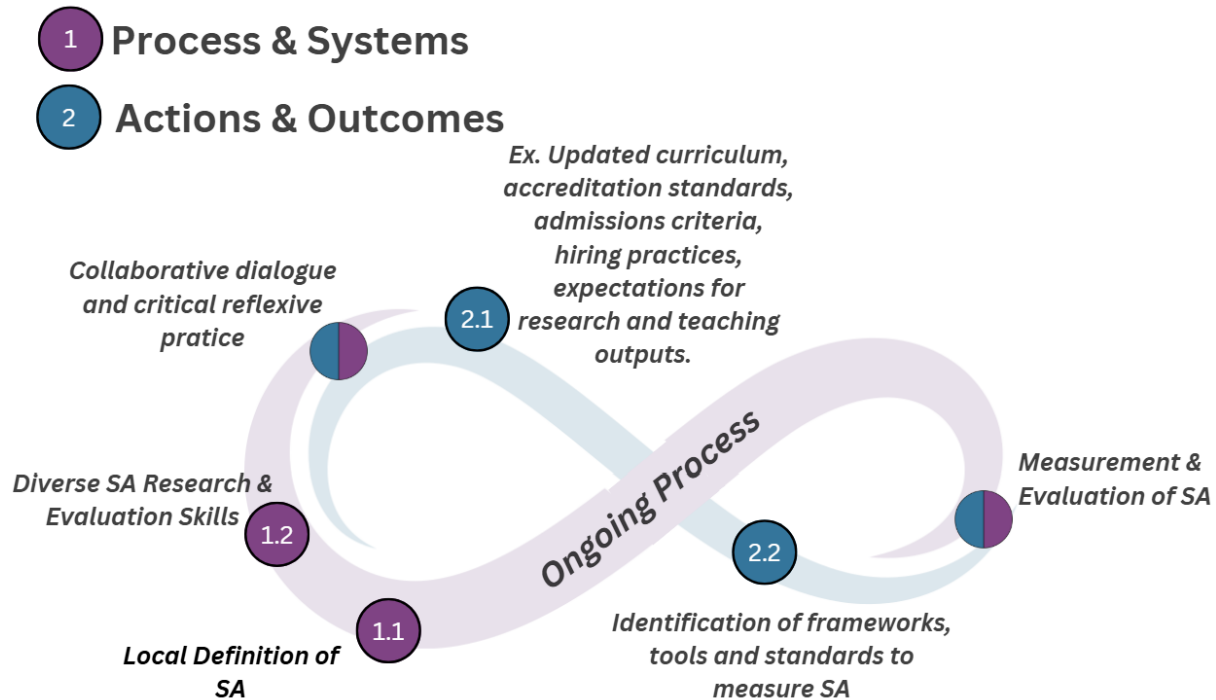


Figure 1. Main takeaways from implementing the ISAT Tool

Social accountability (SA) is an ongoing process that involves both Process and Systems (1) and Actions and Outcomes (2). Process and systems should comprise that majority of time spent on SA and is made up of finding the local definition of SA (1.1) and having a team with diverse SA research and evaluation skills (1.2). Lastly, the ISAT Tool provides a framework for evaluating and measuring how socially accountable an institution is (2.1, 2.2).

terminology, including “social responsibility,” “social responsiveness,” “social obligation,”^{20,46} “social mission,”²² and “social contract”^{47,48} that relates to, and is potentially used interchangeably with, “social accountability”. Conceptual slippage might result in stakeholders talking past each other in discussions about social accountability. It might also reflect just how complex, contextually specific, and nuanced this construct is.⁴⁵

Standardization is essential for practical and policy purposes such as accreditation, emphasizing uniformity and comparability of institutions⁴⁵ as a measure of educational quality and effectiveness, practitioner competence for further training or practice preparedness, and public confidence and trust.⁴⁹⁻⁵⁴ However, it is equally important to encourage an understanding of how different stakeholders approach social accountability and the versions, uses, and meanings they ascribe to it. During our document gathering and community and steering committee consultation process, it became

evident that social accountability can be thought about differently and mean different things to different people, even within a single institution ([Figure 1](#)). It is, therefore, important to consider who is included in, and actively contributes to, discussions about social accountability. It is also important to encourage broad participation of internal and external stakeholders in these discussions, as well as to ask who is or should be a stakeholder, and who is missing that needs a seat at the table for knowledge brokering purposes.

Diverse social accountability research and evaluation skills are needed. Socially accountable research is usually framed as community-based participatory research (CBPR). With its underlying philosophies of equity and social justice,⁵⁵ CBPR engages with communities as research partners and builds capacity through participatory and codesign methods.⁵⁶ It directly addresses issues of power⁵⁶ between “the researcher and the researched”⁵⁷ and is used mainly when working with marginalized

populations.⁵⁸ If a primary goal of social accountability in health professional education and research is to address priority community health concerns or needs,^{11,59,60} we argue there is room for different methods and methodologies beyond just CBPR.⁶¹⁻⁶³ While the ISAT tool specifically refers to community-based research, it also requires schools to demonstrate educational outcomes and societal impacts. This opens opportunities for other types of research, such as longitudinal multi-cohort studies that follow graduates from admissions into practice.

While articulating NOSM U's current activities and action plan to advance social accountability through research, it became clear that socially accountable research does not 'belong' to one ontological or epistemological perspective and associated methods; this unnecessarily limits the questions that may be asked, the approaches used to answer them, the problems that may be identified, and the potential solutions to address them. This also implies that social accountability is not everyone's responsibility. Pertinently, it was apparent that relationship and partnership building within and beyond institutions is essential to conducting socially accountable research ([Figure 1](#)). One might refer to variations of the Partnership Pentagram^{15,37,64-66} to continually assess who to engage for particular projects.

5. Future Directions

Social accountability is the foundation of the medical profession's social contract with society,¹¹ and by extension, the practice of medicine and medical schools.⁶⁷ Opinions differ about the importance of individual elements of medical school mandates,⁶⁸ and difficulty in measuring social accountability is frequently identified as a barrier to attaining the social contract.⁶⁹ If medical schools focus too much on actions and outcomes of being socially accountable and pay insufficient attention to the processes and systems they use to be socially accountable, there is potential to undermine the impact of this philosophy used to educate and train physicians at the institutional level.⁴⁵

In part, social accountability processes aim to hold accountable those responsible for quality service provision.⁷⁰ They can be considered complex interventions with several interrelated components, actors, decisions, steps, and change processes.⁷¹ As social accountability is a relational process between medical schools and the populations and communities they serve, interventions adapt as they

are implemented in specific places.^{70,72} Failure to adapt place-specific social accountability strategies and activities might result in not conforming to pre-set interventions.⁷⁰

The ISAT tool is not only a tool, but is a process medical schools can use to engage in critical reflexive practice at the institutional level to internally measure and assess their "process of being accountable."⁴⁵ Such self-reflection and -assessments can promote intra-institutional cooperation and dialogue within and across units to inform existing and future quality improvement (QI) processes or platforms, such as accreditation, curriculum development and delivery, or the creation of new social accountability frameworks. Increasing quality measures conducted in isolation may result in the transfer of resources from quality improvement to other quality-performance metrics that might have unintended consequences for the things medical schools and communities aim to achieve.⁷³ Ideally, quality measurement and QI will lead to educational and programmatic improvements and tangible changes required to graduate socially accountable physicians, meaningfully improving patients' and communities' engagement with healthcare systems and resulting outcomes from this engagement.⁷⁴

To facilitate such outcomes, quality and equity lenses such as CQI and social accountability, when applied, can serve as an anchor and source of stability for research in medical education. Socially accountable medical education research can explore how to balance QI activities in a way that allows medical schools to assess quality, cost performance, and outcomes of social accountability initiatives with appropriate metrics.⁷³ Lastly, social accountability research and QI activities might be directed to investigate and assess the implications of increasingly incorporating artificial intelligence to deliver curriculum or engage with communities virtually.⁷⁵

6. Conclusion

NOSM U's pilot test of the ISAT tool for its UME program to advance social accountability metrics in health professions education presented an extremely useful opportunity for critical reflexive practice. The ISAT tool allowed for reflection on the school's foundational social accountability mandate, how this has been implemented and reflected in NOSM U's institutional programming, processes, activities, and outcomes, and identifying improvement or change areas.

As a result of these reflections, we learned that social accountability is something that medical schools must continue to work towards as the health and social needs and priorities of the communities they serve change. We also learned that there is potential to expand our thinking about social accountability to advance it, including what constitutes socially accountable research as well as who and what fields produce this work, and that this construct might be reconceptualized and redefined within and among singular institutions; such definitions should be devised locally.

Critical reflexive practice, including self-reflection and self-assessment, offers a process that can be incorporated into institutional processes and activities and simultaneously foster intra-institutional cooperation. The application of quality and equity lenses can be sources of sustainability to advance social accountability in medical education, in that they can encourage the prioritization of social accountability processes to achieve desired outcomes.

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