The Need for Social Accountability in Medical School Education: a Tale of Five Students’ Integration into Vancouver’s Downtown Eastside

Taren Roughhead, BSc\textsuperscript{1}, Hira Gill, BSc\textsuperscript{1}, Krista Dewar, BSc\textsuperscript{1}, Naomi Kasteel, BSc\textsuperscript{1}, Kimberly Hamilton, BSc\textsuperscript{1}

\textsuperscript{1}Faculty of Medicine, University of British Columbia

\section*{ABSTRACT}
Medical educators are recognizing that social accountability is a tenet of Canadian medical education, yet it is a difficult concept to teach didactically. Accumulating evidence supports the integration of social accountability into the medical curriculum through community involvement. Fortunately, the University of British Columbia Faculty of Medicine enables students to pursue community learning as part of its curriculum; and we, five medical students, benefited from that opportunity. This commentary will promote the importance of teaching social accountability in medical schools through community-based learning based on available literature and our personal experience with Vancouver’s Downtown Eastside (DTES).

\section*{INTRODUCTION}
The World Health Organization (WHO) defines 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” [1]. Moreover, the Association of Faculties of Medicine of Canada has established social accountability as a fundamental value of Canadian medical schools and, in turn, physicians [2]. In 2010, 130 organizations and individuals who are leaders in medical education, accreditation, and social accountability conferred and developed the Global Consensus for Social Accountability of Medical Schools which provides ten strategies for medical schools to become socially accountable [3]. The CanMEDS framework was designed by the Royal College of Physicians and Surgeons of Canada to establish standards of physicians to adequately meet the health care needs of their patients. The role of Health Advocate integrates social accountability: “Physicians are accountable to society and recognize their duty to contribute to efforts to improve the health and well-being of their patients, their communities, and the broader populations they serve” [4]. Medical schools are embracing the importance of social accountability, but it is necessary to find an effective method of conveying this value to students. Many students start medical school with “altruistic motives, including working with underserved populations,” but unfortunately do not prioritize these values after finishing medical school and before starting practice [5]. Educational modules incorporating community experiences into the curriculum may encourage students to retain these values and help raise awareness of healthcare needs in underserved communities [6]. Social accountability is a central component of health care professions, and can be integrated into medical education through community-based learning.

Multiple studies have demonstrated the positive outcomes of medical student involvement in the community. A systematic review established that community involvement fostered a better understanding of health disparities, barriers to health care, social determinants of health, cultural competency, and professionalism [7]. Understanding individual challenges and barriers enables physicians to provide better personalized medical care. Through the University of British Columbia (UBC) medical school course “Doctor, Patient, and Society” (DPAS), second year medical students are offered a community service option as an alternative to classroom based learning. A pilot study by Dharamsi et al found that students engaged in this DPAS community service learning course had developed a sense of social responsibility and a strong understanding of the challenging experiences of marginalized populations by questioning their “taken-for-granted assump-
that students who are exposed to and involved in programs targeting underserved areas, such as the DTES, are more likely to practice in these communities in the future [12,13]. An increased density of primary care physicians in underserved communities can be an excellent resource for preventative medicine. Building strong relationships with vulnerable individuals would also help health care practitioners to personalize medicine. Finally, women of the DTES face unique and complicated challenges when accessing healthcare, and we anticipated that building meaningful relationships through these soccer practices may counter some of these difficulties. To illustrate, women who are living on the street, such as in the DTES, have disproportionately more blood-borne diseases, sexually transmitted infections, unplanned pregnancies, mental health problems, problematic substance abuse, malnutrition, and chronic illness [14]. These women also face barriers to health care including lack of respect and judgement from providers [15]. So to create a more comfortable and secure playing environment, we proposed holding female-only practice sessions which helped foster more positive relationships between the female members of the DTES community and UBC medical students.

Despite the increasingly recognized importance of teaching and promoting social accountability in the medical school curriculum, it is unclear what may be considered sufficient. Longitudinal studies have demonstrated clear benefits. For example, one study, which determined an increased likelihood of medical students becoming physicians for underserved areas, integrated a longitudinal curriculum involving all four years of medical school [13]. Nevertheless, research has shown a benefit from the DPAS course, and we feel that the DPAS course, despite lasting only one year, has positively impacted our experience [8,9]. Furthermore, our group continues to be informally involved with the VSSL and attends monthly games arranged by a new cohort of medical students for their DPAS course.

From our participation in the VSSL, we have developed a greater awareness of ethnic, social, cultural, and gender diversity. The Global Consensus for Social Accountability of Medical Schools suggests that one of the challenges of medical education is “improving quality, equity, relevance and effectiveness in health care delivery and reducing mismatch with societal priorities while redefining roles of health professionals” [3]. Medical schools are embracing these challenges, and we have benefited from UBC’s progressive implementation of social education opportunities in the curriculum. Studies have also shown that the UBC medical school DPAS course enables students to “challenge their taken-for-granted assumption about vulnerable communities” and to harvest a “deeper appreciation among future health practitioners of the vulnerabilities that marginalized segments of the population experience” [8]. In conclusion, social accountability is an integral component of medical school education, as shown by both research and firsthand experience, and we believe that
it can be most effectively learned through community-based learning modules.

REFERENCES


