

How medical schools can be more accountable to society through community connections

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The need for relevant and responsive health-care that improves people's

health outcomes means that medical schools need to be accountable for what and how they teach. Medical schools are responsible for training health practitioners who can help improve the health of individuals and societies.

The need for accountability also goes beyond that. Universities, including medical schools, receive large amounts of funding from governments to direct their education, research and service towards meeting the needs of the public.

Almost 30 years ago, the World Health Organization issued [a mandate](#) stating medical schools need to be socially accountable, meaning they are obligated to respond to the emerging needs of society and to address their priority health concerns.

In Canada, undergraduate medical programs must currently demonstrate social accountability to [receive accreditation](#). Our recent research has examined how medical schools can design channels through which students and faculty can [relay the priorities and needs of communities back to medical schools](#).

A social accountability mandate

Medical schools need to listen to communities and respond to their needs. Having a social accountability mandate suggests medical schools are responsible for building a workforce of practitioners who are willing and capable [of advocating](#) on behalf of patients, families and communities to address the factors that affect their quality of life.

But that is not all. A social accountability mandate confers a moral obligation upon medical schools to consider the inequities within and among populations served—and subsequently target interventions to reduce inequities in society.

Therefore, [social justice](#) is a cardinal value of socially accountable medical education. This may be realized through [practicing cultural humility and authentic community engagement](#).

What community engagement looks like

Students, staff and faculty at medical schools benefit from [community engagement](#) in several ways.

Students participate in structured and unstructured learning activities ranging from community placements to volunteering. These activities [positively influence](#) students' attitudes towards community members, knowledge of community priorities and also their future career trajectories.

Researchers have also shown that early exposure to community-based learning can cultivate students' public health skills, enhance their [understanding of cultural safety](#) and foster strong [connections with local communities](#).

Additionally, faculty, staff and students at medical schools are often engaged in community-based research that requires them to build meaningful relationships through spending extended periods of time working with members of the community.

Patient-oriented planning

Supports and resources help researchers reflect upon and embark on partnerships with communities, such as the [Patient Oriented Research Project Planning Tool](#).

In addition to education and research, service activities such as

volunteering create opportunities for community engagement. For example, the [Student Wellness Initiative Toward Community Health](#) in Saskatoon, Sask., is a student-led clinic that offers essential services to the community's core neighborhoods and enriches educational experiences for students.

Authentic community engagement equips students and faculty to advocate on behalf of communities within their schools. This creates an opportunity for medical schools to learn about the inequities and social justice issues that face different communities, and proactively address them.

Feedback channels to medical schools

What will intentional channels of feedback to medical schools look like?

1. Soliciting feedback from students in ways that provokes critical reflection: Students should be prompted to reflect on specific barriers and inequities facing the communities where students completed their placements; prompted to reflect on short- and long-term actions needed to address these barriers; identify potential stakeholders who could collaborate to address the concerns.

2. Encouraging and supporting student advocacy to value the agency, and resourcefulness of students: Creating formal channels for student-led initiatives to address a community's health priorities.

3. Building capacities of faculty: Schools must revisit current tenure-track criteria to reflect the value of meaningful community-based research. This can encourage more faculty to take up longer projects embedded in communities that can result in positive outcomes.

Addressing deep-rooted inequities

To address the deep-rooted inequities in society, the interaction between society and medical schools should be continuous, dynamic and sustainable. It is essential for medical schools to map out existing partnerships, and create a consolidated and central database that tracks partnerships and their benefits to communities and medical researchers and practitioners.

While ethics approvals for research projects typically require the research team to identify and name benefits (or risks) to communities, it is not necessarily the case that all medical schools have a central database detailing all ongoing community partnerships.

Having a central database can foster deeper and more meaningful connections over extended periods of time as opposed to multiple superficial, short-term engagements.

Benefits of working with a database

Benefits of working with a [central database](#) of all ongoing and past community partnerships in a medical school include:

- Meaningful community engagement where community placements are more than just opportunities to train students. Ideally, students will report back from their placements highlighting the needs of the community and actions needed to address these needs. Medical schools can then use student placements as an opportunity to learn about the needs of the community. Schools would provide opportunities for students to contribute to institutional planning, curriculum design and the identification of research priorities.

- Infrastructure to leverage students' agency for culture change: Medical schools encourage student perspectives and advocacy. Administration and leadership at medical schools partner with students to contribute to the school's response to addressing the health inequities in the population at large.
- Enhanced sensitivity to the community's capacity for engagement. If everyone in a medical school refers to and makes use of the same database, this reduces different research groups asking [community members](#) the same questions.
- Novel opportunities for creative collaborations within and between medical schools. Data can be regularly reviewed to generate ideas for collaboration.

With greater attention to these practices, socially accountable medical schools align their operations with the needs of society. When schools become responsive to the needs of the communities they serve, they address the barriers to health encountered by different equity-deserving populations with unique [health](#) needs and bolster public trust.

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