Practical Applications of Social Accountability in Osteopathic Medical Education

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The crisis of our time relates not to technical competence, but to a loss of the social and historical perspective, to the disastrous divorce of competence from conscience.

Ernest Boyer
Carnegie Institute for the Advancement of Teaching
The growing emphasis on the social accountability of medical schools comes from an awareness that our next generation of physicians need to be better prepared to anticipate and respond to health disparities and the priority health concerns of the communities they will serve.

1. Examine the concept of social accountability for Osteopathic Medical Education.

2. Explore **practical ways** of integrating social accountability in medical education and how future osteopathic physicians can **tangibly demonstrate** social accountability in practice.


A socially responsible medical school is ...

A socially responsive medical school is ...

A socially accountable medical school ...
A socially responsible medical school is one that has expressed a *commitment* to the welfare of society.

A socially responsive medical school is one that *responds* to society’s welfare by directing its education, research and service activities towards explicitly identified health priorities.

A socially accountable medical school goes beyond by *working collaboratively* with governments, health service organizations and the public to impact health outcomes and

*demonstrates* this by providing evidence that its work is relevant, of high quality, equitable and cost-effective.
“Every system is perfectly designed to get the results it gets. If we keep doing what we have been doing, we’ll keep getting what we’ve always gotten.”

Dr. Paul Batalden - on the healthcare system and quality improvement.

“The definition of lunacy is to keep doing what you’ve always done and expect a different result.”

Albert Einstein
1. Organization and Function

2. Education

3. Research

4. Contribution to Health Services
Social Accountability is a prime directive in the COM’s purpose and mandate and is integrated in its day-to-day management.

- Mission Statement
- Strategic Plan
- Promotional Material
- Assessment and Evaluation
Education

- Admissions
  - Reflects demographic mix of community
  - Recruits, selects and supports students from diverse social, cultural, economic and geographical backgrounds

- Clinical and service learning experiences reflect exposure to diverse settings (cultural, social, economic, geographic)

- Community engagement orientation with focus on health determinants and population health

- Competencies related to social accountability, underserved and disadvantaged populations

- Student-led projects; participatory processes

- Interprofessional learning
Education

- Faculty Development
  - Life-long learning
  - Involve and support practicing doctors in development and delivery of education in community
  - Preparation for teaching and role modeling social accountability in practice
Research Activities

- Community/regional/national health needs guide scholarship
  - Burden of illness; Health system improvement; Health disparities

- Actively engage community in research
  - Translational research that directly benefits local communities, particularly those that experience health disparities

- Develop, initiate and assess novel models of teaching in areas of osteopathic principles and practices in relation to social accountability, health advocacy, health promotion, social determinants of health

- Establish interdisciplinary educational and research partnerships regionally, nationally and internationally
Contribution to Health Services

- Actively seek and develop sustainable partnerships within and outside of healthcare system, including local community

- Produces graduates equipped with a range of competencies consistent with the development of the communities they serve, health system they work in, the expectations of the citizens and health priorities

- Produces graduates who are educated explicitly to be change leaders active in population health and health-related reforms, with an emphasis on coordinated person centered care, health promotion, risk and disease prevention, and rehabilitation for patients and entire families;
How to build a system that cares:

“If you want to build a ship, don’t drum up the workers to gather wood, divide the work, and give orders. Instead, teach them to yearn for the vast and endless sea.”

-Antoine de Saint-Exupery
APPENDIX SLIDES
“Healing relationships are at the core of humane and effective medical care: relationships between physicians and patients, among members of care provider teams, between care providers and their communities, and physicians’ own self awareness and self care.”

Conclusion of the Pew-Fetzer Institute report, Health Professions Education And Relationship Centered Care, 1994
Developing Assessment Standards

Values:

1. Quality
2. Equity
3. Relevance
4. Partnership
5. Effectiveness
Quality

The degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge.

These health services must be delivered in a way that optimally satisfies both professional standards and community expectations.
Equity

The state in which opportunities for health gains are available to everyone.

Health equity (that is, the absence of systemic inequality across population groups) and social determinants of health should be considered in all aspects of education, research and service activities.

This incorporates the principles of social justice, or addressing the unequal distribution of resources, and universal access to education.
Relevance

The degree to which the most important and locally relevant problems are tackled first.

This incorporates the value of responsiveness to community needs.

In addition, it incorporates the principles of cultural consciousness – critical awareness of cultural values, beliefs and perceptions. Why do we do things in that way? How do we see the world? Why do we react in that particular way? How does power and privilege play out?
Partnership

1. Between and among all stakeholders, including faculty and students, communities being served, all health and education system actors, the school, and the larger academic and social accountability community.

2. Mutual transformation – equipping students and faculty to be agents of change, and open to be changed.

3. Inter-professionalism - collaboration, co-ordination and shared decision-making with and in service to the patient and the whole community.
Effectiveness

1. Producing the greatest impact on health, with available resources targeted to address priority health needs,

2. Optimal and responsible use of available resources.
Education of Health Professionals for a new century: Transforming education to strengthen health systems in an interdependent world. Lancet 2010

- Fragmented, outdated and static curricula producing ill-equipped graduates
- Mismatch of competencies to population needs
- Poor teamwork (tribalism)
- Narrow technical focus without broader contextual understanding
- Predominant hospital orientation at the expense of primary care

Prof Julio Frenk, MD, Dr Lincoln Chen, MD, Prof Zulfiqar A Bhutta, PhD, Prof Jordan Cohen, MD, Nigel Crisp, KCB, Prof Timothy Evans, MD, Harvey Fineberg, MD, Prof Patricia Garcia, MD, Prof Yang Ke, MD, Patrick Kelley, MD, Barry Kistnasamy, MD, Prof Afaf Meleis, PhD, Prof David Naylor, MD, Ariel Pablos-Mendez, MD, Prof Srinath Reddy, MD, Susan Scrimshaw, PhD, Jaime Sepulveda, MD, Prof David Serwadda, MD, Prof Huda Zurayk, PhD
Socially Accountable Medical Education
From Informative to Formative to Transformative Education

Informative learning

knowledge and skills – Technical experts

Formative learning

socializing students around values – Professionals

Transformative learning

leadership - Enlightened change agents