Contents

1. Background ............................................................................................................................................... 3
   1.1 The need for social accountability in Saskatchewan .......................................................................... 3
   1.2 Where we have come from ................................................................................................................ 4
   1.3 Reflecting on progress over the previous strategic planning cycle .................................................... 4
   1.4 2016-2020 Strategic Plan: Guiding the social accountability work of the College of Medicine ........ 5
   1.5 A context ripe for social accountability growth at the University of Saskatchewan ....................... 6
   1.6 Evaluation: The need to self-monitor, measure and assess impact to grow and improve ............... 7

2. Thematic Summary of Strategic Goals ...................................................................................................... 7
   Goal 1: Integrate social accountability into learning at the College of Medicine. ............................. 7
   Goal 2: Integrate social accountability into research and scholarship at the College of Medicine. ...... 10
   Goal 3: The College of Medicine will engage authentically with the community to anticipate and respond to emerging community health needs. ................................................................. 11
   Goal 4: Uphold and expand our reputation as trusted leaders in social accountability through excellence in advocacy, partnership and scholarship. ................................................................. 12
   Identified required resources/support .................................................................................................... 12

3. Division of Social Accountability - Planning for Action ........................................................................... 14
   APPENDIX – Strategic Planning: Consultation Sessions .......................................................................... 16
   References .................................................................................................................................................. 17
1. Background

1.1 The need for social accountability in Saskatchewan

As the medical school for Saskatchewan, our mandate is to work with partners in government, academia, health services and community to meet the priority health needs of the province. This means, in particular, identifying areas of unmet need and working toward addressing those gaps. Within Saskatchewan, attending to the health needs of the population encompasses addressing the unique needs of – to name a few – an aging population, new Canadians, Indigenous peoples, people living in poverty, minority language speakers, and a large number of rural and remote communities dispersed throughout the province.

Recent data indicate that 27% of the population of Saskatchewan resides in rural areas, and just over half (53.2%) of the 103,205 self-identified First Nations individuals live on reserve. Among residents of Saskatchewan, 15.6% self-identify as Aboriginal (10.2% as First Nations, 5.2% as Métis) - the second highest proportion among the provinces following Manitoba - and 6.3% of Saskatchewan report to be visible minorities (Government of Saskatchewan, 2016). Data from the 2011 Census of Canada indicates 15% of the population was aged 65 and over, and 12.7% spoke non-official languages as their mother tongue. Unemployment rates have risen in the last year from 3.4% in December 2014 to 5.1% in December 2015 (Government of Saskatchewan, 2016). Just under 100,000 (10.1% of the population) Saskatchewan were living in poverty in 2010 and 64% of First Nations and Métis children are living below the poverty line in our province (Plante & Sharp, 2014).

With the health sector increasingly being asked to demonstrate how they will contribute to improving the health status of the population, medical schools must adapt to the health reforms society expects and accept a degree of accountability for society’s health. Social responsibility and accountability are core values underpinning the roles of Canadian physicians and Faculties of Medicine (AFMC, 2010). The social accountability of medical schools is defined 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” (Boelen & Heck, 1995).

Recent changes to accreditation standards place increasing emphasis on social accountability and stipulate “[a] medical school is committed to addressing the priority health concerns of the population it has a responsibility to serve” (CACMS, 2015).

The current vision of the University of Saskatchewan’s College of Medicine states, “[t]he College of Medicine will be an integrated environment of scholarly inquiry where students, faculty, staff and the public take pride in the College as a centre of excellence dedicated to serving the people of Saskatchewan, Canada and beyond” (University of Saskatchewan, 2015). Our curriculum starts with and is rooted in patients, their families, communities and populations, teaching the health issues and conditions of the people our
graduates will eventually serve. While the Division of Social Accountability (DSA) has been providing support to the college’s social accountability activities since its inception in 2011, there is much more to do to ensure the college is truly socially accountable.

1.2 Where we have come from

The College of Medicine (COM) established the Social Accountability Committee in 2004 to incorporate social accountability into its education, research, and services. The committee is made up of faculty, students, administrative staff and representatives of partner organizations. The committee, its subcommittees and partners work to address issues in a number of areas, including global health, Indigenous health, immigrant and refugee health, eco-health, health training in French and gender, equity and diversity issues. The committee believes a health system based on people’s needs requires policy makers, health professions and managers, communities and academic institutions work together to create unity in health.

In 2011, the DSA was created to provide administrative support to social accountability activities in the College of Medicine. With this new administrative change, the Social Accountability Committee undertook a process to evaluate social accountability activity within the College against the 2008 Strategic Plan and developed the 2011-2014 Strategic Plan to reflect the mandate and goals of the DSA.

The vision, mission and values of the Division of Social Accountability are:

**Vision:** Social accountability is reflected and valued throughout the culture and activities of the COM.

**Mission:** The Division of Social Accountability promotes and supports the University of Saskatchewan College of Medicine’s obligation to direct its Clinical activity, Advocacy, Research, and Education (CARE) activities towards the priority health concerns of local, regional, national and international communities.

**Values:** Consistent with the values of the COM, the DSA values integrity, quality, inquiry, diversity, community, communication, accountability, respect, equality, sustainability, innovation, collaboration and cultural competencies.

1.3 Reflecting on progress over the previous strategic planning cycle

We continued to move the needle forward in social accountability at the university during the previous three year cycle (2011-14), albeit not as much as we had initially hoped. A number of significant changes took place at the university during that time, including TransformUS and changes in leadership such as a new dean and vice-dean of the College of Medicine and two new university presidents. Further, the undergraduate medical education program (UGME) was placed on probation in December 2013.
Despite these transitions, the DSA continued to provide support to 20 students yearly in the two-year Making the Links (MTL) – Certificate in Global Health. Through MTL students are exposed to concepts of international, rural and urban health; community development; health systems and health teams and gain skills in communication and multi-cultural understanding. In December 2015 the DSA received support to expand the program to include an Indigenous health stream and support 30 students yearly (15 new students each year). The DSA has been partnering with the Indigenous Health Committee (IHC) to develop the expansion and partnership with the IHC has resulted in the inclusion of four distinct seminars covering Indigenous health concepts in CHEP 402, one of two global health courses provided in the program.

The ability to mobilize the resources and support needed to translate goals into action during the last strategic planning cycle was challenging. While the last plan outlined detailed objectives and plans for action, it was unclear whether the necessary resources/support were present. Further, the division effectively outgrew itself, as continued management of initiatives like MTL require dedicated staff time, leaving little capacity for further growth. Support from COM leadership is essential for greater success in the coming cycle. This support has already been demonstrated by dedicated resources to increase staff capacity of the DSA by 1.0 FTE and the Indigenous health stream expansion of the MTL program. Further, the early engagement of key members of the college community at the drafting stages of this plan should foster greater buy-in and support. Ongoing engagement is a key component of the 2016-2020 cycle and the DSA and committees will provide regular communication around progress and identified opportunities. Further, identification and mobilization of resources required to carry out our strategic goals will be the key step determining future action.

1.4 2016-2020 Strategic Plan: Guiding the social accountability work of the College of Medicine

The 2016-20 Strategic Plan was developed through consultation with various stakeholders, including committee members, students, faculty, COM departments and staff. The plan guides the work of the DSA, the Social Accountability Committee and associated committees, and the COM in its social accountability mandate. In August 2015, members of the Social Accountability Committee met and participated in a one-day strategic planning session using an appreciative inquiry approach. The group began the work of devising enduring, comprehensive goals, which were revised during subsequent consultation sessions with stakeholder groups (see Appendix A). The plan will continue to grow and change as appropriate strategies and required resources are identified and progress is made. Frequent and recurring review and assessment of progress towards defined goals will be conducted to further inform the strategic direction and activities of the division.
During 2016-20 Strategic Planning sessions, University of Saskatchewan medical students identified **what social accountability means to them**, as future medical practitioners.

| “Fulfilling the needs of the community” | “Being able to predict future problems and take action” |
| “Understanding patient demographics” | “Preventative medicine” |
| “Patient centered-care” | “Advocacy” |
| “Being a productive member of the community” | “Having the means to assist people in more than just medicine” |

1.5 **A context ripe for social accountability growth at the University of Saskatchewan**

As we plan for this time ahead, it is important to recognize how the current context provides opportunity for growth. In the national context, AFMC’s release of *FMEC PG Guide to Improved Social Accountability in Medical Schools* provides clear recommendations and best practices for implementing social accountability activities in Canadian residency programs. Further, the Committee on Accreditation of Canadian Medical Schools’ (CACMS) updated standards for accreditation of MD programs, released August 2015 and effective July 1, 2016, puts social accountability at the forefront. Standard 1.1.1 states:

**1.1.1 Social Accountability**

A medical school is committed to address the priority health concerns of the population it has a responsibility to serve. The medical school’s social accountability is:

- **a)** articulated in its mission statement;
- **b)** fulfilled in its educational program through admissions, curricular content, and types and locations of educational experiences;
- **c)** evidenced by outcome measures.

As Saskatchewan’s only medical school, the University of Saskatchewan’s College of Medicine is committed to delivering success for the people of our province and has begun the planning process for our next full accreditation visit in 2017. Further, there has been recognition within the new 2+2 undergraduate curriculum of the need for integration of subject matter themes, including social accountability. The DSA and various committees will be working diligently over the next strategic cycle to support the college to align with these standards.
1.6 Evaluation: The need to self-monitor, measure and assess impact to grow and improve

Regular reviews/assessments of social accountability at the COM is crucial in ensuring alignment with the accreditation standards and will help determine progress towards the outlined strategic goals. A continuous process of critical reflection and analysis and dissemination of these learnings will help us inform improvements, share successes, and influence policy makers, education providers, and other stakeholders to transform the health system. First steps may include defining what to measure and identifying existing social accountability projects/researchers in the COM and working to address any gaps. The development of a logic model may further guide monitoring and assessment.

2. Thematic Summary of Strategic Goals

One of the early tasks of the Social Accountability Committee was the identification of four key areas of social accountability activity within a medical school: Clinical activity, Advocacy, Research, and Education and training - the CARE Model of Social Accountability (Meili et al., 2011). The DSA seeks to embed social accountability into all four areas at the College of Medicine. Goals have been identified that touch on each of the four areas of activity and are outlined below.

Goal 1: Integrate social accountability into learning at the College of Medicine.

*Education and training at the university models and teaches professionalism and community-responsiveness, provides meaningful opportunities for community service-learning, and incorporates social accountability into practical training and continuing education throughout the life of a physician’s practice.*

What it looks like

- The admissions process is guided by social accountability.
  - We admit learners into undergraduate (UGME) and postgraduate (PGME) programs who reflect the socio-demographic characteristics of the communities we serve with a particular focus on underserved populations.
  - We admit learners likely to be willing to serve underserved populations and communities.
- Social accountability is embedded in the UG and PG curriculum, not as a single topic but as a foundation that underlies medical education (a social accountability lens).
  - The content of programs is directed toward priority health needs in various sectors of the community and to the range of health issues both locally and globally, including Indigenous Health, immigrant and refugee health, global health, the social determinants of health, population health equity, one health.

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1 THEnet. Social Accountability Framework. 2015.
2 Vertical Themes and Trans-Systems Topics within the 2+2, COM Curriculum Committee December 2014
Curriculum is developed in partnership with key stakeholders and through direct experience with the community.

Teaching methods are student centered, service-based, case or problem-based and the learners learn in context.

Student performance assessment focuses on competencies that will prepare graduates for meeting health needs, with an emphasis on primary health care and professionalism.

Learners provide service as part of their training that benefit local communities. Community service-learning opportunities are aimed at exposure to priority health needs and available to students early on and throughout education.

- Rotations in diverse learning environments (e.g., urban, rural, international, underserved, etc.) with varied practice settings and a range of service delivery models.
- Opportunities to experience undifferentiated patients and early presentation of illness in natural contexts.
- Experiences in non-clinical settings (e.g., teaching, government advocacy, public health, shelters, community/social service organizations).
- Residents and interns are exposed to allied health in inter-professional team-based care models.

Educators reflect the demographics of our reference population, the balance of clinical, biomedical and social sciences, and support the principles of socially accountable health professional education.

- Educator selection and promotion processes reflect a diverse mix of professional, cultural, social and community backgrounds.
- We assess faculty performance and provide faculty development programs aligned with the goals of socially accountable health professional education.

Potential strategies for implementation

Curriculum

- Develop SA lens in concert with decision-making bodies needing to apply the lens; review existing models of other facilities of medicine; establish a process for application of the lens (e.g., designated committee member, decision-making toolkit).
- Partner with curriculum committee around building application of SA principles and examples of SA leadership in practice into Med & Society, Foundations and Clinical Skills courses with discussion around current issues (e.g., Zika Outbreak).
- Ensure assignments, learning assessment and program evaluations include social accountability components.

3 AFMC (2010) The Future of Medical Education in Canada (FMEC): A collective vision for MD education
4 AFMC (2012) The Future of Medical Education in Canada (FMEC): A collective vision for postgraduate medical education
Expand continuing professional development opportunities to support graduates in areas addressing priority health needs.

Resident and intern academic half-days are used to teach about Indigenous health, global health, cultural medicine, etc.

Encourage involvement of 3rd, 4th year medical students and residents in social accountability activities (e.g., senior medical student advisory role in student groups, host events in evenings, build SA content into Junior Undergrad Rotating Student Internship (JURSI) half days)

Admissions

- Partner with admissions committee to better fill equity spots (e.g., help or encourage individuals earlier in the process, increase number of designated spots for various groups, provide additional support to learners from underserved population) and build SA assessment into application and selection process
- Develop outreach/partnership programs to secondary schools in underserved communities

Community Service-Learning and Delivery

- Link community service-learning programs with social accountability, building connections with service efforts and the larger COM mission.
- Establish direct partnerships with communities and other universities internationally to support community service-learning opportunities
  - Identify faculty who already have linkages
  - Partner with International Student and Study Abroad Centre (ISSAC) to identify established sites
  - Explore greater interdisciplinary partnership
- Expand and advertise opportunities for community service-learning, establish protected time for community service-learning

Our Educators

- Engage directors/staff physicians already heavily involved in social accountability to serve as mentors and role models for students and residents
- Increase social accountability capacity/skills of current COM faculty and staff (e.g., develop workshops, support SA professional development)
- Tackle why there are no chairs of Indigenous health at USask and expand the number of Indigenous faculty within the COM; explore vice dean position / dean of Indigenous relations
- Spread the word around university departments about potentially unknown incentives to hire Indigenous faculty (i.e., PROVOST covers 1 year of salary)
During 2016-20 Strategic Planning Sessions, University of Saskatchewan medical students identified unknowns around social accountability and issues they grapple with.

| Knowledge of other professions and how we can work together (e.g., social work) | How to prioritize issues |
| What resources are available? | Addressing multifactorial/systemic issues |
| What is our role as physicians? How far reaching is it? | Where to start? |
| The red tape | Feeling overwhelmed |
| | What is already being done? |

Goal 2: Integrate social accountability into research and scholarship at the College of Medicine.

The drivers for research/scholarship are balanced between discovery-driven research and research directed towards meeting the needs of the local and global community. The research conducted contributes to evidence-based practice, quality care, and greater health equity.

What it looks like

- Populations at risk, priority community needs, and gaps are identified through well-defined research\(^3,4\)
- The COM research agenda is oriented toward meeting priority health needs, has a focus on participatory and action-focused methodologies, and is developed and conducted in partnership with key stakeholders and community\(^1\)
- We conduct and disseminate research on social accountability and contribute meaningfully to moving the SA in medical education mandate forward
- Faculty, residents and grad students have research activities addressing social accountability and regional priorities included in their training\(^5\)
- Research teams are inter-disciplinary and research is multi-disciplinary (University of Saskatchewan, Toward 2020)
- Research projects contain knowledge exchange and mobilization components to ensure communities have access to scientific knowledge and findings are used to positively impact the community and inform decision makers

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\(^5\) Global Consensus for Social Accountability in Medical Schools, 2010
Potential strategies for implementation

- Develop a tool to support selection of research projects that meet social accountability criteria (e.g., social accountability lens)
- Increase the visibility of faculty research programs/interests (especially around Indigenous studies) for graduate recruitment
- Build SA research capacity; support and encourage faculty and students to conduct social accountability research to identify health needs locally and globally
- Engage with the associate dean research and the interim associate dean, interdisciplinary health research to support and encourage interdisciplinary research and create synergy with COM and the health sciences

Goal 3: The College of Medicine will engage authentically with the community to anticipate and respond to emerging community health needs.

*We partner with patients and families, the community and health sector to design activities that address the priority health needs of the communities we serve. Our partnerships reflect a genuine commitment to meaningful collaboration. Community inclusion in the COM’s activities grounds clinical, advocacy, education, and research activity in priority problems and changing community health needs.*

What it looks like

- Continuous, meaningful, and effective consultations in designing, implementing and evaluating the COM’s education, research and service programs
- Effective and efficient mechanisms are in place to maintain awareness of needs/emerging issues and for these needs to be met
- Patient and community voice is reflected in the work we do

Potential strategies for implementation

- Develop a clear picture of how we might engage and establish guidelines
- Engage the community/health sector in helping us set goals/priorities in all areas of CARE (e.g., curriculum design, defining competencies, research agendas, knowledge translation, etc.)
- Initiate/re-establish partnerships with community-based organizations (CBOs) and work together to integrate community service-learning into their workplans
- Develop lasting partnerships with the Saskatchewan Health Region to support social accountability/health equity in clinical care delivery
- Identify community members to sit on SA Committees and offer a seat for the community engagement office
- Invite community groups to lead/participate in courses, conferences, etc.
Hold meetings based in the community; create a forum that meets regularly and provides a voice to various community issues

Goal 4: Uphold and expand our reputation as trusted leaders in social accountability through excellence in advocacy, partnership and scholarship.

We are recognized agents of positive change. We speak out on behalf of underserved populations or neglected conditions and work with partners and policy makers to translate a vision of a patient-centered health care system.

What it looks like

- The division and COM advocate publicly for health equity/participate actively in the community as advocates for social justice and for the services and resources needed for optimal patient care\(^3,4\)
- The COM influences policy makers, education providers, and other stakeholders to transform the health system\(^1\)
- We actively support and engage with other institutions across national boundaries to progress socially accountable medical education
- The COM is recognized locally and globally for its work in moving the social accountability agenda forward

Potential strategies for implementation

*Increase awareness of the DSA and social accountability internally (among USask students, staff, and faculty)*

- Enhance online presence (e.g., offerings, information about Global Health and other initiatives, social accountability a recurring theme in the Dean’s blog, etc.)
- Explore how the location of the DSA influences visibility locally
- Identify champions within the COM engaged in socially accountable activities and work together collectively.

*Increase awareness of social accountability activities of the College of Medicine externally*

- Identify opportunities to share our success stories locally, nationally, and internationally
- Engage in efforts to advance social accountability at the level of the AFMC

Identified required resources/support

A number of required resources/support were identified to help move this agenda forward, including but not limited to:

- Development and application of the social accountability *lens* across admissions, curriculum, community service-learning, human resources, research, etc. to ensure COM activities are guided by our social accountability mandate
o Explore appropriate leadership for this work, including potential of a deanery position for Social Accountability / Equity, Diversity and Gender / Social Accountability / Indigenous Health to move this portfolio forward

o Capacity to do community engagement well – to ensure the patient/family voice is present in designing, implementing and evaluating the COM’s education, research and service programs

o Capacity to measure progress towards social accountability and outcomes/impact to help us identify opportunities for improvement and demonstrate, through evidence, our success

o Research on social accountability to better understand the local and global context of this work – What is happening locally and globally? How can we build on the success of others? How well are we doing?

o Dedicated communications support to increase the visibility of the COM’s social accountability work both locally and globally

o Central and visible location for DSA offices to enhance awareness, partnership and influence of social accountability in the College of Medicine and beyond
3. Division of Social Accountability - Planning for Action

The goals outlined in this strategic plan will require action amongst various groups and individuals within the College of Medicine. Some of this work is already underway - in some areas we already have established practices that reflect the stated goals - and in other areas we are just beginning. A significant focus for the division in this upcoming year is increasing awareness of the DSA and the social accountability work of the college both locally and nationally. Strategies for doing so include:

- Engaging with students, faculty and staff via Grand Rounds, SMSS student group meetings, classroom presentations, etc.
- Working with COM Communications to enhance our virtual presence (e.g., website, Bulletin, social media) and facilitate involvement in and knowledge of the university’s social accountability activities
- Enhancing our physical presence and exploring how our current location on campus influences visibility and access
- Revive connection with Regina campus
- Making sure the right people are at the table and that “social accountability” is at all needed tables by reviewing our own committees’ membership and connecting with various COM committees and working groups
- Identifying appropriate local and national venues to highlight the social accountability work of the college
- Build capacity within the COM to do social accountability (e.g., hold workshops, develop online tools and resources, etc.)

Continuing the process of appreciative inquiry will help us identify where we can build on existing strengths to help move this agenda forward. The division will be working to identify where structures, people, resources, etc. are already in place to support this work through activities such as:

- Identify existing structures to facilitate moving this agenda forward
- Identify and connect with those working in the various areas aligned with our strategic goals (e.g., admissions, curriculum, community service-learning, faculty, research, community engagement)
- Identify those who model “socially accountable” practice (e.g., identify a student and faculty champion in each department)
- Identify and connect with those outside of the COM who are working in the areas of social accountability; build inter-disciplinary teams
- Facilitate connections where needed; bring the right people together
- Identify who is involved in social accountability within the community and engage with those individuals/organizations; foster connections and partnerships
• Perform environmental scan of social accountability activities in the 17 Canadian medical schools and identify some potential strategies for moving us forward at the University of Saskatchewan (Masters of Public Health Project, Summer 2016).
### APPENDIX – Strategic Planning: Consultation Sessions

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<thead>
<tr>
<th>Group</th>
<th>Date of consultation meeting</th>
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<tr>
<td>Social Accountability Committee SP Working Group</td>
<td>August 2015</td>
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<tr>
<td>Social Accountability Committee</td>
<td>December 2015</td>
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<td>Global Health Committee</td>
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<td>Indigenous Health Committee</td>
<td>January 2016</td>
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<td>COM Department Heads Council</td>
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<td>COM Senior Leadership Council</td>
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<td>UGME Social Accountability and Curricular Impact</td>
<td>February 2016</td>
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<tr>
<td>Medical Residents and Interns</td>
<td>February 2016</td>
</tr>
<tr>
<td>Undergraduate Medical Students</td>
<td>February 2016</td>
</tr>
</tbody>
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References


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10. College of Medicine, University of Saskatchewan. 2015/16 Student Information Guide.


