

SOCIAL ACCOUNTABILITY AND COMMUNITY ENGAGEMENT



Social Accountability Priority of the College of Medicine

Address the priority health concerns of the communities the college is mandated to serve, incorporating authentic community engagement and mutually beneficial partnerships. Focus on equity and community engagement by interweaving social accountability throughout the college's operations.

Social Accountability is an umbrella term that encompasses many topics/ barriers affecting health equity such as:

Health (in)equity / health (in)equality / health disparities

Vulnerable/oppressed/underserved/marginalized/ low-resource communities

Power & privilege/health justice, social justice Bias, stereotypes & stigma

Discrimination & prejudice – racism, sexism, homophobia, misogyny, etc.

Global health/ Environmental health

Rural & remote health/ Inner city health

Accessibility of care

Mental health, addictions & suicide risk

Diversity / LGBTQ2 health

Poverty / SES gradient / economic inequity

Multiple ways of knowing/diverse knowledge systems

Indigenous health/wellness/healing, settler colonialism, decolonization, Indigenous rights

Immigrant & refugee health

Food security/ Safe & affordable housing

Community engagement, community-based participatory research

Race & ethnicity

Culturally safe & appropriate care, respect, humility, empathy

Health advocacy, ally(ship)

Trauma – historical, intergenerational, gender-based violence

Health promotion, disease prevention, population health

Social determinants of health (SDoH)



| YEAR ONE | Social Accountability Content |
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| Success in Medical School I | Identifying vulnerable individuals and populations; community advocacy; cultural competency/safety; LGBTQ2S; Indigenous health and healing; social accountability |
| Medicine & Society I | Health equity/inequality social; social determinants of health; barriers in accessing care; policy interventions; community engagement; Indigenous health inequalities; cultural safety and cultural responsiveness; immigrant health; mental health and stigma, addictions; bias and stigma reduction; LGBTQ2S history and stigma; community-based learning experiences |
| Foundations I | Impact of social determinants of health on health-promotion and illness-prevention for individuals and communities |
| Clinical Skills I | Incorporating cultural safety into patient interviews including in relation to gender and sexual orientation diversity. |
| Medicine & Society II | Indigenous health inequalities; social determinants of health; health inequalities and impact of poverty; immigrant health; global health; health care access and delivery disparities; community-based learning experiences; |
| Clinical Skills II | Incorporating cultural safety into patient interviews; identifying vulnerable individuals and populations; identify opportunities for patient or community advocacy |
| YEAR TWO | |
| Medicine & Society III | Community-based experience; environmental health and climate change; global health; cultural competency/safety; societal problems; social accountability; advocacy in healthcare systems and policy reform |
| Clinical Skills III | Identify vulnerable individuals and populations; Demonstrating cultural safety skills; access to care and delivery disparities |
| Medicine & Society IV | Global health; community experience in a community-based organization that focuses on SDoH; the roles physicians can play in working with community agencies and workplaces to enhance health and well-being; Indigenous health and healing; global health; immigrant health, health care access and delivery disparities; societal problems |
| Clinical Skills IV | Gender identity and sexual orientation; culturally safe communication; low health literacy; communication through language barriers; reducing stigma in mental health |

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| Foundations in Clinical Medicine III | Intimate partner abuse; identifying vulnerable individuals and populations; societal problems, mental health |
| YEAR THREE | |
| Saskatchewan Longitudinal Integrated Clerkship | Community project: identify any existing health disparities and social determinants of health that are present in the community; identifying potential community-based intervention to address existing health disparities/social determinants of health in the community. |

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| MEDC 307: Core Clinical Rotations | Demonstrate culturally safe and respectful care including First Nations, Inuit, and Metis; social determinants of health; identify vulnerable individuals and populations; Indigenous health and healing; immigrant health; social accountability; mental health; health care access and delivery disparities; sexual orientation |
| MEDC 308: Selected Topics in Medicine | Care and advocacy of vulnerable individuals and populations; immigrant and refugee Health; Indigenous health |
| YEAR FOUR | |
| MEDC 409: Preparation for Residency | Cultural Safety and Indigenous Wellness Course |

Making the Links: Certificate in Global Health (optional 1st and 2nd year extracurricular program)

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| CHEP 403 | Societal problems; decolonization; Indigenous and global health ethics; global health equity; social movements |
| CHEP 402 | Cultural health beliefs; Intersectionality of oppression; colonization and health affects; global health and health equity; social determinants of health; determinants of Metis, First Nations, Inuit health; |
| CHEP 411 & 415: summer practicum | 20-30 hour Practical application of health equity and advocacy in a marginalized/under-resourced community |