



Social Accountability Lens – Curriculum

The following guide has been created for the review of social accountability within medical curriculum.

Section 1: Review the social accountability definition and mission of the college, as it pertains to medical curriculum, and the list of key terms provided in Box 1, below.

Social accountability: the obligation of medical schools 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. The priority health concerns are to be identified jointly by governments, health care organizations, health professionals and the public. – *WHO, 1995*

The College of Medicine continues to uphold its social accountability mission by emphasizing health equity and training and supporting health professionals in developing the skills required to meet the unique needs of diverse, vulnerable and underserved communities. A socially accountable curriculum will develop socially accountable physicians.

The curriculum must recognize that patients from diverse socio-economic backgrounds, cultures, religions, genders, ages, sexual orientations, abilities, and geographic areas experience the world in unique ways; and that, too often, vulnerable and marginalized groups experience disparities in health that are neither “normal” nor “just”.

Box 1 - 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

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

Multiple ways of knowing/diverse knowledge systems

Social determinants of health (SDoH)



Section 2: Review and consider the following questions for the course review.	Comments or N/A
<p>1. The course includes content/learning experiences that prepare students to recognize wellness, determinants of health, and opportunities for health promotion and illness prevention (CACMS 7.2.a & 7.2.d)</p> <p><u>Examples</u> Course content covers:</p> <ul style="list-style-type: none"> ○ The impact of the social determinants of health on disease formation/progression, care management and patient interviews, AND relevant interventions and community resources to address SDoH ○ Vulnerable individuals and populations (<i>PLO, Health Advocate 1</i>) 	
<p>2. The course includes learning experiences with objectives for medical students to recognize and appropriately address the unique needs of people of diverse cultures, genders, races and belief systems, in particular, the Indigenous peoples of Canada (CACMS 7.6.a & 7.6.e)</p> <p><u>Examples</u> Course content covers:</p> <ul style="list-style-type: none"> ○ People of diverse backgrounds and experiences ○ How historical and current governmental practices towards Indigenous peoples implicates health outcomes/conditions 	
<p>3. The course prepares medical students to be aware of their own biases (cultural, gender, racial, beliefs) and how these biases influence clinical decision-making and the care provided to patients (CACMS 7.6.b)</p> <p><u>Examples</u> Course content covers:</p> <ul style="list-style-type: none"> ○ Bias (e.g., stereotypes, power and privilege; how personal values, biases and professional limitations impact the consultation process; etc.) (<i>MCC, Collaborator 2.1</i>) ○ How the values, biases, and perspectives of patients, physicians, or other health care professionals may impact the quality of care and how students can modify their approach to care accordingly (<i>CANmeds, Communicator 1.3</i>) 	
<p>4. The course prepares medical students in developing the basic skills needed to provide culturally competent health care (CACMS 7.6.c)</p> <p><u>Examples</u> Students are taught how to:</p> <ul style="list-style-type: none"> ○ Identify the personal and cultural context of the patient and the manner in which it may influence the patient's choices (<i>MCC, Communicator 3.3</i>) ○ Communicate using a patient-centered approach (<i>CANmeds, Communicator 1.1</i>) ○ Facilitate discussions with patients and their families (including Indigenous peoples) in a way that is respectful, non-judgmental and culturally safe (<i>CANmeds, Communicator 4.1; PLO, Professional 4</i>) 	
<p>5. The course prepares medical students to identify health care disparities (CACMS 7.6.d)</p>	

<p><u>Examples</u></p> <p>Students are taught:</p> <ul style="list-style-type: none"> ○ Relevant health care disparities, given the course focus (i.e., identifies which populations/communities are disproportionately affected by the health condition(s) and the underlying social/structural/economic/etc. forces at work) ○ How to identify public policies and trends that affect health and barriers to access for populations including persons with disabilities, the underserved, and the marginalized (<i>MCC, Health Advocate 1.3</i>) 	
<p>6. The course prepares medical students to identify opportunities to participate in developing solutions to address health care disparities (<i>CACMS 7.6.d</i>).</p> <p><u>Examples</u></p> <p>Students are taught how to:</p> <ul style="list-style-type: none"> ○ Work collaboratively with community, government and social service agencies in addressing health disparities (<i>MCC, Collaborator 1.3 & 1.5</i>) ○ Respond to an individual patient's health needs by advocating with the patient within, and beyond, the clinical environment (<i>CANmeds, Health Advocate 1.0</i>). ○ Work with patients to address determinants of health that affect their access to needed health services or resources (<i>CANmeds, Health Advocate 1.1</i>) ○ Identify opportunities for patient and/or community advocacy (<i>PLO, Health Advocate 2</i>). 	