

SOCIAL ACCOUNTABILITY OF MEDICAL & ALLIED HEALTH SCHOOL

1. Fact sheet on social accountability

- Universities and in particular medical schools/allied health schools have as “power house” of knowledge and new technology
- Medical school/allied health school tended to be concerned with the generation of knowledge, clinical service and research
- In spite the tremendous strides in biotechnology progress, medical schools/allied health schools have through the years receded into rather than exit from their ivory towers
- They are broader moral and social obligations towards the public
- Questions related to social accountability:
 - Can medical/allied health schools afford to exist in isolation?
 - Should their communities continue to view them with curiosity and awe rather than respect and shared sense of density?

2. Social accountability of a medical/allied health school is judged by:

- Internal factors (medical student)
 - External factors (surrounding societies)
- } Perspective of mission, objectives and activities

3. The major focus of accountability must surely be toward our own “medical student” within and to the “surrounding societies” in which the medical school is situated and that provide most of the context for its teaching, clinical service and research programs

4. Students are the very essence and business for which medical/allied health schools exist. They deserve and indeed are gradually beginning to demand that they be provided with relevant and meaningful training which promote rather than stunt their curiosity and intellectual growth

5. Requirement:

- Medical/allied health schools must design courses that have clear aims and relevant content that best equip students to become competent doctor/allied health professional
- Sir David Weatherall (1994) state that 'Have we, albeit unwittingly, evolved an educational system that from the very beginning is destined to leave many of its products ill-equipped to deal with the multi faceted needs of people'

6. Types of graduates (healer vs. specialoids)

- Healers
 - Doctors/allied health professionals who have not only technically skills of healing but also the mind and soul to empathize, promote well being and understand as well as focus on the whole patient rather than the disease
- Specialoids
 - Young doctor/allied health professional who think and act like teaching hospital specialists.
- Adapting to change and participating in change needs radically new educational approach
 - Maturation process (personal maturation alongside professional development)
 - Profession – specific capability plus with,
 - General applicable competencies:
 - Critical reasoning
 - Self directed learning
 - Life long learning
 - Collaboration in teams (teamwork)
 - Communicating including negotiating and counseling
 - Population health focus
- We should be able to train our students:

- To have the confidence to do things differently and the optimism that how they do can make a difference
- To have the courage and self assurance to resist distraction from medicine's highest ideas

7. Expectation of society

- Accessible, ethical and competent medical/allied health graduates who are more knowledgeable about common diseases than about esoteric ones
- Enough doctors to be able to serve the needs of special groups such as the mentally ill, the deprived, the elderly and the geographically isolated
- Establishment of educational priorities in preparing cadres of medical/allied health graduates who will respond appropriately to the population's individual and collective health problems
- Questions to ask:
 - How best can medical schools demonstrate their share of social accountability?
 - Specifically, what kinds of information might the faculty seek from its community and reasonably consider as it sets about establishing its educational priorities?

8. Responses by medical/allied health school

- Problem based and community oriented approach
- Reflect the priority health needs of the communities that they serve
- People friendly
- Developing partnerships with their communities and local governments
- Students rightly play the central and active role, bridge between the community and the medical/allied health school
- More channels of communication

- More meaningful and relevant learning and nurturing occur in both directions
- Need establish population based information
- Setting health priorities and developing health as well as educational policies
- Nomenclature, classification and coding systems based on the language of our patients and communities
- Local terms based on local, national and regional cultural and linguistic usage
 - Modified by expressions of pain, functional impairment and anxiety
- Clinical and molecular perspective of diseases community's most pressing problems expressed as days in pain, days lost from school or work and days of medication and hospitalization

9. New focus of patient management

- Indication for medical intervention
- Preferences and choices of patients
- Issues of quality of life

10. Research agenda

- Broader focus on:
 - Epidemiological preventive research
 - Essential health system research
- Clinical, biotechnology and molecular researches need to be applied and benefit communities
- Prevention research demands the dissemination of new programs developed by generation of new knowledge base of the research into communities served by the institutions
- It can take the lead in developing prevention partnerships which will in turn support and propagate educational and service reforms of the institutions

11. Challenges

- Privatized health care
- Health Management Organization
- Health Insurance

12. Dangers

- Commercialization
 - Entrepreneurship
- } of medical education
and training, clinical

13. Virtues to uphold

- Immediately available and easily accessible primary health care setup
- A strong focus on community orientation and population medicine
- Ability of medical schools to develop meaningful partnerships with communities and local government

14. In conclusion

- Society ultimately wins when medical and health professional schools build bridges to the community in carrying out training programs, relevant health services and research 'with' and 'in' the real world of the common people