



Reflections on an iBSc in Medical Education - exploring the issues of social accountability within 3 undergraduate curricula over 3 continents

Transcript of podcast:

Time Code	
00:00:00	<p>SANDRA</p> <p>Hello my name's professor Sandra Nicholson and I'm Chair of ASME and I welcome you to what is actually our 4th ASMEBITESIZE offering to you. And tonight, I've got with me a medical student who was one of my medical students when he registered for an intercalated degree in medical education at Barts QMUL and his name is Lucas Jullian and he's going to talk to us tonight about his project. And I'm very excited to hear what he has to say. So, we are doing a video and a podcast this time so you have a selection of different media to listen to what Lucas has to say. And we will follow this up next week hopefully - we will let you know - with a webinar where we will have Lucas' co-supervisors for his project which is Sally Sandover and Julia Blitz. And Sally is from Australia, Curtin University and Julia is from Stellenbosch University in South Africa. So, Lucas first of all tell us a little bit about yourself and why you chose to do an iBSc in Medical Education.</p>
00:01:13	<p>LUCAS</p> <p>Yeah, so my name's Lucas I'm just finishing my 4th year of the undergraduate degree at Barts and the London. I did my intercalated degree in medical education at Queen Mary so internally, last year and graduated in July. So, it was in medical education. The reason why I did medical education was because I wanted to learn more about how to become a better teacher once I graduate to other medical students, mostly because of personal experiences. So, when I was a medical student on clinical placement, I really saw the difference of teaching quality from junior doctors, from registrars and consultants. And from that experience it really triggered my desire to learn new skills and new ways to teach students to make sure that they don't feel outside of a care team or they feel like their time on the ward is worthwhile, better than just reading text books.</p>
00:02:13	<p>SANDRA</p> <p>But you specifically, and I remember you specifically sought me out to supervise your dissertation because you had a particular interest. Tell us what your interest was that you wanted to do your research project on.</p>
00:02:26	<p>LUCAS</p> <p>Yeah so obviously part of the degree is to do a dissertation at the end of the year and what's great about medical education is that we got to choose the topic that we wanted to choose, and within that and so to choose the investigate the concept of social accountability. The reason why that is is because through my training obviously the training is in East London and I personally felt that sometimes I didn't feel enough connection with the local community in terms of teaching and so I wanted to find out why and if there is an area of research to be looked into within medical education to engage the community that the medical school is located in, and to essentially make us</p>

	<p>better doctors for that population. So, from that point onward I got in contact with you because you're quite an expert in that area. And you introduced me to that word social accountability which is quite a big word and something that took me quite a long time to understand but it definitely kind of struck what I was looking for what I was looking to do research on. Yeah and it was great. I spent from like that whole year last year and this year we had the opportunity to do another dissertation so I continued that project.</p>
00:03:43	<p>SANDRA Yes, I remember you indicated to me that you would quite like to travel and unfortunately that hasn't happened but we can talk about that in a little bit. So, social accountability; what do you think that means to you now?</p>
00:04:02	<p>LUCAS So, for me social accountability is essentially how a school uses its resources to engage and to serve the community that it's located in. Obviously, that's a very broad definition but I think it's necessary to have a broad definition because you're looking to have this concept applicable to any schools worldwide. So, that means different geography, different population, different demographics so it needs to be quite a broad concept. But for me social accountability needs to be a value that should be incorporated or thought about in any strategy that the school takes and implements. That can be short term such as just engaging the community and stakeholders into the design of curriculum strategies or even the teaching delivery. It can be longer term thinking about, you know, encouraging students and graduates to stay within that community if we've identified that there's an understaffed area that we need to account for. It can even be further and ultra-long term thinking about doing average programmes and setting up support systems to make sure that young people from that community feel empowered enough to join in the medical school and increase the health status of the community from within, instead of bringing people from outside to help that community.</p>
00:05:31	<p>SANDRA I mean this isn't just your idea is it? So, tell me a little bit about the theory behind that and what you based those definitions and those ideas on.</p>
00:05:44	<p>LUCAS Yeah so like I said it was a very broad definition. So, two main guidelines brought in the expertise from experts in medical education around the world and these are the Global Consensus for Social Accountability and Aspire for Excellence both of which created and developed separate recommendations for schools with general principles that they should abide by and implement when they are developing their curriculum. What we did is that we mixed these two recommendation guidelines together to have a template that outlines recommendations for schools like Queen Mary and other schools that revolves around explicit statements about social accountability, the structural collaboration with local stakeholders, the governance of the school, student selection, internal review so all this. There's so many different aspects of running a medical school which from these guidelines have explicitly outlined you know this is something we should be thinking about every time we make a decision and that can be from admission processes to assessment so it's very, very broad.</p>
00:06:59	<p>SANDRA Thinking about that what would be really helpful for people who are listening either to the podcast or watching the video is that we'll attach a link so people can look at the</p>

	actual research which is associated to your project. So, tell me about what you actually did initially with Barts and the London and then Curtin University.
00:07:22	<p>LUCAS</p> <p>The project last year recruited two schools. So, it recruited naturally Queen Mary because that's the school that I was learning in and we also recruited another school in Western Australia and that's Curtin. There's two main reasons why we chose that school. The first reason is that we wanted to choose a school that was located in a completely different area to Queen Mary to see how the same recommendations were materialising into strategy and to see whether that different location, the different demographic and different populations they were serving, whether they impacted how the schools were kind of interpreting social accountability to be. And the second reason was because Curtin was actually built quite recently and the reason why it was built, it was built essentially on social accountability. It was built for that purpose of benefiting the local population of Western Australia and the rural population because they had identified previously through creating the university that this was a need they needed to address. So, we thought that it was a great school to compare with Queen Mary because we thought a lot of strategies would fulfil the social accountability principles.</p>
00:08:40	<p>SANDRA</p> <p>So, tell me a little bit about your methods. What did you do to compare the two schools?</p>
00:08:47	<p>LUCAS</p> <p>Yeah so, we asked both schools to send us university prospectuses and curriculum documents, whether that's on the public domain or on the intranet with teaching modules and learning objectives. And we used the template that I discussed from the two guidelines and inputted explicit statements from these curriculum documents and tried to basically fill each box to see which principles of social accountability were fulfilled explicitly and which weren't. And that's because from the literature, the literature said about social accountability that anything that you do around social accountability needs to be explicit. So, we needed to find explicit statements which would then be carried out to teachers who would know exactly what values to teach their students. And then we used that and then we interviewed senior staff members which were either the co-founders of the school or head of education in both of those schools and to ask us to give us more details about those strategies that we saw from the curriculum documents and also some of the challenges that they encountered when trying to implement social accountability values, because as we found some values are quite difficult to transmit to students reliably and across all the whole student cohort. And in this year, I had the opportunity to continue the study and we tried to add a third arm to the study which was interviewing students. So, basically say look this is what the school says they do, this is what they want to do, these are the strategies that they say they've implemented what is your perception of those? Do you think they're successful? If they're not successful why is that? What would you like to see further? And basically, form a feedback loop to see the outcome of those strategies.</p>
00:10:39	<p>SANDRA</p> <p>Yeah, sure. And this is where we introduced our third medical school which was Stellenbosch is that right?</p>
00:10:45	<p>LUCAS</p> <p>Yes.</p>

00:10:47	SANDRA How far did you get with that?
00:10:48	LUCAS So back in August we got in contact with Julia Blitz which was one of my other co-supervisors from Stellenbosch University which is just outside of Cape Town. We got in contact with her and she was obviously very happy to participate because that school also has a desire to become socially accountable and they would like to investigate what their students' perception is. So, we got as far as the curriculum document analysis, unfortunately I was supposed to go out there to interview the senior staff members like we did last year and interview the students, of course that landed with the Covid lockdown so unfortunately, we weren't able to do that.
00:11:24	SANDRA No.
00:11:24	LUCAS But we still got very valuable information from curriculum documents that we can compare and we can definitely, for Queen Mary we can definitely draw a lot of learning points from that curriculum even without having the benefit of talking to students and staff members.
00:11:38	SANDRA What would you say were your major findings?
00:11:42	LUCAS So, I can talk about Queen Mary first.
00:11:47	SANDRA Ok talk about Queen Mary first, yeah
00:11:49	LUCAS So, because this was the university where we were able to do all three arms of the study. So, what we found is that Queen Mary had a very, from the explicit statements to the senior staff members and to the student's feedback, Queen Mary curriculum had a great emphasis on community-based education from student support it was experienced to be a great asset of the school. And also, from drawing specific prevalent diseases from that population like tuberculosis and diabetes, and really emphasising them throughout that curriculum in a way that students felt that they were a lot more confident treating those diseases in the future than the rest of diseases. So, that was a great point for Queen Mary. On the other side we found that Queen Mary even though it expresses a desire to be socially accountable there is definitely a lack of explicit statements, whether that's in a mission statement or from learning objectives in each module. And what that has resulted in is that students felt like their learning experience about social accountability values was very unreliable it was very dependent on the clinician and on the tutor, they were learning from and that was because those values were not explicitly stated in learning objectives. And so, tutors didn't always feel like this was an area that needed to be covered in the students' learning. So, I think one of the main learning points it's showed us is that going forward being explicit about the desire and about these values is a key feature of the future curriculum development.
00:13:31	SANDRA That leads me to ask you a question which I know is a very sensitive question but I think it's a question that we all need to ask , I mean following the events in America and the death of George Floyd, how do you think your work might inform some recommendations or how QM might review its medical programme in terms of that?

00:13:56	<p>LUCAS</p> <p>Well even though in the recommendations from international guidelines racial justice explicitly isn't mentioned, but having graduates to be health advocates for the population they are serving is seen as a key attribute that students and medical students should learn, and should have by the time they graduate. When we talk about being health advocates for the population, especially when we talk about the school from Stellenbosch in South Africa but even Curtin in Australia who made it an emphasis to be accountable for the indigenous population, racial injustice is definitely a theme and an issue that medical students should be aware of and should be taught in order to be more aware of these issues when they become practitioners and understand the health inequalities of the patients they will encounter, whether that's on the ward or in clinical, in primary care. Now, within the research in the curriculum documents for Curtin and for Queen Mary, racial injustice is not something that's been outlined explicitly but for Stellenbosch University they have made a statement about accounting and for being advocates of racial justice. Recognising that in the past in South Africa, as we're all aware, there's been significant racial injustice and so they are making it explicit in their curriculum that part of being socially accountable means being aware of these issues for medical students. So, they make it explicit. In terms of the future I'm not exactly sure what to provide information I might need more time to reflect on that because my research didn't explicitly talk about racism and investigate that. Racial justice is definitely important and is a key aspect of social accountability for sure.</p>
00:15:45	<p>SANDRA</p> <p>Other than not being able to travel to South Africa what difficulties do you think as a researcher you found achieving this piece of work?</p>
00:15:55	<p>LUCAS</p> <p>So, obviously there's the travel issue, the second of it is we tried to work with three different universities about a topic that has a lot of different data collection methods. We're talking to senior staff and most of all we're talking to students and they might talk about quite sensitive issues. So, obviously the ethical process going through, getting ethical approval from three different universities in three different continents was definitely a challenge.</p>
00:16:25	<p>SANDRA</p> <p>It's always a challenge!</p>
00:16:28	<p>LUCAS</p> <p>And the second thing I think was regarding the document analysis was collecting all the data because a lot of it is on the public domain but when we're looking at learning objectives and learning outcomes that's only available on the intranet and that's only available if you're a member of that institution. So, that was a bit more difficult to gather and to make sure that we had all of the documents available. Because we didn't want to make conclusions about a curriculum only for the institution to say no, we do have a document outlining what you're saying is missing but we just didn't collect it. So, it was quite difficult to make sure we gathered all of the documents.</p>
00:17:06	<p>SANDRA</p> <p>So, you've just about completed your student selected component this year. What next?</p>
00:17:15	<p>LUCAS</p> <p>We just mentioned the issue with the Coronavirus and that it's kind of put a halt to a third of our methodology, so we would definitely like to continue that with Stellenbosch University and get the student feedback on what the perception is on the</p>

	<p>effectiveness of those schools on Stellenbosch and Curtin University. But secondly, we just want, we just hope that this topic in medical education is investigated further. I mean in the last two years since we started there has been a lot of published literature on this topic, but it wasn't something that was so clear and so looked into when we started, so we hope that this drive for schools to be socially accountable and to be more aware of their surroundings essentially to engage the community that they're located in, because there's a lot we can learn from. I hope that this drive and this desire continues worldwide.</p>
00:18:16	<p>SANDRA And as a student having completed an intercalated degree in medical education what do you think you've learnt from that process?</p>
00:18:26	<p>LUCAS Well I've definitely learned a lot of, a lot about in terms of Queen Mary because that's where I am, I've definitely learnt a lot about the importance of primary care. I mean I don't know exactly how much I wanted to work in primary care before this study but that's definitely a career that I'd like to pursue now because I've seen that primary care in England and East London is definitely something that is understaffed and underserved. But there's a lot of ways that we can engage with the community and do a lot of good so that's one of the things for me. And second of all I think from that project and from the work that we did as healthcare assistants because of the pandemic, as medical students, I've definitely learned the importance of working with other members of staff as healthcare assistants and working in a team, because we're able to not only work as doctors but when you work more closely with patients you get a better understanding of their health concerns and their social concerns and that's definitely an aspect that for me with that project has become a lot more important to me.</p>
00:19:30	<p>SANDRA It was a pleasure to supervise your project Lucas. I definitely think if we've got a double whammy there if we've also got a first-class dissertation and also a GP in the making what more could one want hey? So, thank you very much for giving your time this evening to talk to us about this and I look forward to a webinar with your other two co-supervisors which will be coming up shortly. So, thank you for listening and for, and I hope as ASME members and participants that you'll be able to join us for the webinar. Look out for the details as they are posted on our website, asmebitesize@asme.org.uk. Thank you very much.</p>
	<p>ENDS.</p>