

ASMEBITESIZE: Reflections of an iBSc in Medical Education – exploring the issues of social accountability within 3 undergraduate curricula over 3 continents

Tuesday 21st July, 12 noon

Responses to unanswered questions and comments

Q: Interesting research question. With at least 5 new medical schools opening in the UK, it would be interesting to see how much emphasis is placed on social accountability in the local community vs the national agenda in the UK. How then does a new medical school navigate widening participation but also sustain/elevate its profile?

Response from Sally Sandover: I don't think these need to be mutually exclusive. All schools are aiming to widen participation. Providing support to everyone to achieve their potential should be encouraged across the board.

COMMENT: I think Lucas' comment about what constitutes a good medical school is a brilliant one - how do we change the narrative around what constitutes excellent - move away from league table markers to more meaningful, nuanced measures?

Response from Sandra Nicholson: This question has resonance with the question from Adarsh. There are other markers such as the ones planned for TEF (Teaching Excellence Framework) within the UK. However to my mind most of these are still flawed.

Response from Julia Blitz: What about through the GMC? There seems very little in *Promoting excellence: standards for medical education and training*. I don't think that one would be able to impact the THES ranking system

Q: Do you think the rankings, FPAS contribute to student's passive aggressive disengagement because their contribution does not appear to be 'rewarded'?

Response from Sandra Nicholson: Rankings tend to favour certain types of student performances and naturally students prioritise these, however alongside the authors of "Boys in White" I think our students are canny enough to realise that to be a "good doctor" means achieving more than can be simply assessed.

Q: How do you sustain community engagement?

Response from Sandra Nicholson: I would encourage curricula to ensure community participants see the outcomes of their engagement.

Q: Student engagement is variable. What do you do with the passive aggressive disengaged?

Response from Sandra Nicholson: I would always encourage a robust student assessment which may not decrease the aggression but should at least alleviate the passivity!

Response from Julia Blitz: I think this also speaks to the institutional culture regarding the value of social accountability. This cannot be something only expected of students – what about staff? It also may speak to briefing the students appropriately in terms of the differences that have been made through these engagements previously.

Q: Medical ethics in curriculum is hidden in the curriculum manual but rarely seen in action. How to solve this? Any suggestions?

Response from Sandra Nicholson & Sally Sandover: We include ethics embedded in clinical scenarios such as the PBL sessions. Community engagement almost always includes an ethical dilemma. It's a matter of capturing it and expanding on it.

Q: Longitudinal Integrated Foundation Training (LIFT) is a scheme where new doctors in the UK spend a day and a half a week working in GP over 2 years – do the panel think this might be a possible solution to lack of engagement/understanding with communities?

Response from Julia Blitz: I worry that activities that are enforced do not necessarily change hearts and minds. However, for some new doctors this might be their first exposure and that has huge potential

Q: Basic science is generally considered weak in the modern era of problem based learning. How do we strengthen basic science understanding?

Response from Sandra Nicholson: Our curriculum is designed so that the underpinning science is revisited from early more simple PBL scenarios to more complex clinical case based discussions in later years.

Q: Do you find that integrating social accountability in their curriculum and community contexts has any effect on student engagement with public health initiatives/education? Apologies, forgot to introduce myself earlier - I am a Surgical Registrar and Research Fellow at Aberdeen

Response from Julia Blitz: I am not entirely sure what you mean by public health initiatives/education; I'm assuming that you refer to engagement with the specialty of public health medicine. I think that carefully designed community engagement activities can be eye-opening for many students. Whether it improves public health medicine per se may depend on the nature of the activity. Many of these activities in South Africa would not be led by Public Health Medicine specialists and so I'm not sure that they inherently would

Response from Sally Sandover: I think these two topics go hand in hand. Students understand public health better when they engage in the community