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

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00:00:07	SANDRA Hello and welcome to what I think is number ten or 11 of our ASMEBITESIZE webinars. My name is Sandra Nicholson and I'm Chair of ASME. And it's my great delight today to welcome you to 45 minutes or so of Reflections of an iBSc in Medical Education, exploring the issues of social accountability within three undergraduate curricula over three continents. Gosh that's all a bit of a mouthful isn't it? But I hope you enjoy our session. We'll be exploring the issues pertaining to social accountability within medical undergraduate curricula and with me today I will introduce our panel in a moment but initially I've just got a few housekeeping notes for you. So, as I've mentioned already the session will last approximately 45 minutes. If you wish to ask a question, and I hope you will do so, please use the chat field function and write your question down and then I will pick that up. This feature is available by clicking on the chat button at the bottom of your screen. If unfortunately, we don't get time to answer all of your questions we will provide further information, a document after the webinar, with the answers to these questions. Provided we can answer them of course. The chat function is available for you to also contribute to our conversation so it doesn't have to be a question it can be a comment, and we also have the function to invite participants to join us on the panel to expand on their comments, with their permission and to make them live in terms of video and audio if you so wish. So, please let me know through the chat function if you would like to do that. I would like to inform you that the webinar is being recorded and this will go onto our ASME website afterwards so that other people who haven't had the opportunity to join in could watch it. If you're having technical problems you can let ASME know by emailing events@asme.org.uk and we will try and assist you. So, my panel for ASMEBITESIZE today includes Lucas Jullian who is the student who did the iBSc project and Lucas and I had a discussion via video and podcast which I hope you've watched but if not, he will do a short summary to introduce the session shortly. But also, I have professors Sally Sandover and Julia Blitz with me. Sally is from Curtin University in Perth, Australia and Julia is from Stellenbosch University in South Africa. And both of these lovely people have been involved in this project and I've enjoyed greatly working with them, and it's an opportunity for us to share our collaborations with you. So, Lucas do start us off, give us a very brief introduction to your work and what you found please.
00:03:23	LUCAS Yeah. So, part of the intercalated degree was to carry out a research project so we decided to look at social accountability enactment in medical education. So just briefly the social accountability being interpreted as how the medical school accounts for the local population and the local health needs and shape their curriculum from that. We

	looked at guidelines on this topic but we decided that there was not enough published data on how these values were enacted. So, we decided to do our own research with three universities that claim to have social accountability values within its curriculum and those were Queen Mary University of London, Curtin University in Western Australia where Sally is working and Stellenbosch University in the Cape Region of South Africa where Julia is working. And just very briefly what we found was even though each school had a lot of similarities in which they implemented these values the most interesting thing was the varying degree and depth, and focus that each school can put into their curriculum to address each principle. It was very interesting how the different interpretation and emphasis was put by each school. So yeah that was one of the main learning points from our study.
00:05:02	SANDRA Thank you. So, at this point in time I'm going to ask Sally first and then Julia what their involvement in the project was so that the participants can understand our relationship. So, Sally what was your involvement?
00:05:19	SALLY Thank you Sandra and Lucas. So, I was contacted because Curtin Medical School is a start-up medical school. Our first cohort of students are in their fourth year of a five-year programme. So, we had the capacity to shape our curriculum how we would like it to be, and making substantial changes or introducing substantial elements of social accountability has been somewhat easy for us because we didn't have to change was historically done over time. So, Lucas contacted me and asked me if I would be prepared to be interviewed and talk about the different elements of social accountability that appear in our documents. So, what the explicit curriculum not the hidden curriculum of social accountability. After me I then actually asked him if he would like to interview others and I pointed him in the direction of other people to be interviewed. So, that's how he collected the data on Curtin Medical School. And the people he interviewed are the people who know the curriculum intimately and know the reason for the start of the Curtin Medical School.
00:06:56	SANDRA That's great, thank you very much. And Julia?
00:07:00	JULIA Yeah so, I think Stellenbosch University came on board a little bit later with the idea of, I think if I remember correctly, kind of checking it out, you know different contexts. And I think the reason that Stellenbosch was chosen was because in South Africa we were the first Medical School to create a rural clinical school. Really trying to address the social accountability in a kind of a parallel way so not so much trying to shift a whole curriculum as Sally was alluding to but actually creating a little bit of a parallel test of what we could do. I think most people would probably know that, as in many countries but maybe even more so than some countries, quite a push to really think about social accountability in its broadest possible sense. In terms of medical schools, all our medical schools are public universities so we are government funded and really have an obligation to think about what are we enabling our graduates to be able to do on graduation, and be able to do for the country. So, I think it was our rural clinical school that kind of triggered the possibilities and fortunately because we were phase two of this research we only really started working up to this towards the end of last year and Lucas had great plans for Easter 2020, which would have included a visit to sunny and beautiful Cape Town for his holiday, and our friendly little virus got in the way. And so, we haven't really progressed as far as Lucas had hoped to in terms of

	investigating Stellenbosch. If I remember correctly Lucas basically you've done a document review but not got as far as the interviews?
00:09:02	LUCAS Yeah that's right.
00:09:04	JULIA Yeah so interestingly in a parallel process which was just a fortuitous synchronicity I suppose, our Centre for Health Professions Education had decided to launch a project across South Africa but starting in Stellenbosch on what was called responsive curricula. So, really trying to look at our health professions curricula beyond medicine as well. And just seeing how were they responding to social needs, social issues, social determinants of health, all the kinds of things covered in that sense of social accountability. And so, we were really looking forward to Lucas' research as quite a nice added perspective to the intention that we had. So, we do hope that part two will pick up again once a bit more travel is allowed. But I think that's enough for a start, thank you.
00:10:07	SANDRA That's great Julia, thank you. So, just to remind participants that if they have a comment to make or if they wish to chat to put that in the chat function. No one has posted yet that I can see so just to encourage a bit of interaction. In the meantime, so for the four of us really, so my role in this was I supervised Lucas at Queen Mary so we had London, Stellenbosch and Curtin University. Three quite different places geographically I would say each with its own social problems or issues rather than problems I would say. I mean were there any findings which came out of the work so far that surprised you?
00:11:00	LUCAS I think in terms of surprising findings what I found great in a way was seeing from different universities kind of comparing and contrasting the different strategies. I think the most surprising thing that I didn't think about looking at it as a student is in Curtin and Stellenbosch's extent to which they've implemented community engagement and volunteering services from the university into the community for students to join in. I mean the one that comes to mind from Stellenbosch is obviously the Ukwanda rural medical school but also the Matie Community Service where the engagement isn't always clinical but it always is focussed on making bonds and relations with the local community. Which I personally think was great to see for medical students to encounter people from the local community not only in a clinical setting. So, you can understand people's life experiences without only being in a hospital and I thought that was great. And for Curtin it's the senior citizenship programme that Sally introduced me to and it was about students going into senior citizens' homes. And throughout the five-year project to build rapport with patients but not as patients, as human beings, to understand the struggles, the health needs and the social needs that they are encountering on a daily basis not just in a hospital setting. So, I thought that was a great kind of learning point to take definitely.
00:12:46	SANDRA Sure. Sally because you were lucky enough to have the first two phases, I mean I think we can call the interviews with students about their views and opinions of social accountability curriculum as part three, but you were involved in part one and two. Were you surprised by anything?
00:13:11	SALLY

	I agree with Lucas that there were a lot of things that were very common and I think they could probably be categorised in a couple of areas, so I think there's a common approach to widening participation through the admissions processes of the different universities. And I know certainly for our university it's a very big component of our social accountability. So, Curtin University was given permission to open a medical school based on the workforce needs within the State that showed that there were real areas of medical need where there were medical services shortages. And they were in outer-metropolitan and rural and remote areas. And if we could provide experiences for our students throughout the course the idea was that we would hopefully empower them and enthuse them to go back and work in those areas of particular need. And it's certainly very explicit in our mission and it's in all of our documentation. And the students hear it a lot from us. And we do it in a couple of ways so, admissions is a big way we have particular pathways for students from rural and remote areas, and we have pathways for our indigenous students in the hope that they will then go back and work in the areas that they come from or with the people that they represent. We also have as Lucas said we have actually quite a lot of community engagement in our curriculum. But I think the surprise to me was none of this is labelled anywhere as being socially accountable. It has other labels within the curriculum and I think that's something that we can certainly go back and address and we don't have any mechanism of assessing social accountability within the curriculum though we do have ways of assessing what the students do when they go on placement so that was another area that really made me think a little bit more. The programme Lucas was talking about that relates to the senior citizens has been an extraordinary programme. So, the students in pairs are allocated a senior citizen and they had to go and visit their senior six times in their first year and at no time are these visits clinical. They're all about healthy ageing and understanding the ageing process. And they go and visit their seniors in their homes or in the residential homes or wherever they are. And the really lovely thing about this programme is it continues on for the duration of the students' course so the five years. And the seniors consider that they are training doctors of the future but also what we're hoping to do is create an absolute paradigm shift around our young doctors and the way they think about senior citizens. And instead of thinking about them as being sick because usually you see seniors in a GP setting or in a hospital setting, but think about them as ageing well. And I think this is a really good example of the impact you can have when you actually place some learning within the community within a cohort that you're trying to make changes to.
00:17:23	SANDRA Ok. Sally that's really interesting what you're saying and I would like to raise the question that's come from Professor Clare Morris at this point because it's funny Clare, you raise a question which was just in my mind, just as we were beginning to talk. So, I mean there is an issue or a tension here. Are we preparing young people for careers as doctors or are we presenting a situation where social accountability, and political and social change is at the top of the agenda? And which is it and can they actually be combined? So, I mean some of those are my words but so what Clare was saying is; for me this is an interesting question about what we see as the primary purpose of a medical school. Is it to the extent to which it is a vehicle to help people prepare for a chosen career, or one that develops people to work with their chosen communities? And presumably with a social accountability issue there. I mean which is it?
00:18:34	SALLY

	I think it's both. You don't need to choose one or the other. I think medical students hope to get into medical school which is highly, highly competitive in every country I know about, wanting training in medicine. And many do not know which field they will want to go into. I think we are duty bound to offer them a context in which they can learn to be a doctor and practise their clinical skills, which can be very, very varied within a variety of communities. So, it's one thing to learn clinical skills in a clinical skills tutorial with no context, it's another thing to take that skill out into a remote station where you have to fly a plane in to the desert and treat some patients with minimal equipment, and understand the culture with which their coming to you and presenting their medical conditions. We are bound to teach them that medicine does sit within a context and I think that's where they should be socially accountable.
00:20:21	SANDRA Ok I'm going to ask Julia at this point to come in to respond to some of your comments actually Sally because I think, I mean for me the joy of this was working across three continents and whilst we have a lot in common, we also do have some differences. And I just wonder Julia what's your view about are we training people to be doctors or are you training them to be leaders really?
00:20:46	JULIA Yeah, it's a really good question and I suppose my initial response is it's both/and not either/or. However, communities vary one from the other so enormously and that's kind of these three communities of this research it's every community has its own uniqueness. And its own issues, its own social determinants of health, its own profile of diseases. And just thinking about myself as a medical student, and that was a long time ago, certainly we weren't talking social accountability, it certainly wasn't labelled as such but I don't think I ever had a sense that I was going to work with a community and if I had had that sense I'm not sure who I would have thought my community was. I've subsequently ended up working in a rural community for some years, working in a small urban community for many years so my community has changed a number of times during my career. And I think that's part of what Sally was also saying, I think. We need to also train people who are adaptable to those communities wherever they find themselves working and maybe that's the best kind of graduate we could train, would be one that could see that just because you've graduated doesn't mean you're done. You carry on learning and adapting and addressing the needs of whichever community you find yourself in. I think one of the difficulties that we have is that despite having a rural clinical school the vast majority of our training still is associated with the traditional tertiary, quaternary care teaching hospital where one loses all sense of community. And the notion of social accountability sitting within a tertiary hospital is a very difficult match to make. So, I think we need to think of strategies where we can remind students and staff actually of where patients actually come from. You know, who were they before they walked in the door of the hospital? And who are they going to become once they walk out of the door of the hospital? Because many of the staff - teaching staff, medical staff, all health professional staff - within those hospitals kind of lose some sense of community by having their practice seated in a tertiary, often technologically driven hospital. So, yeah, it's a really good question and I think we could spend a long time discussing it and the implications.
00:23:44	SANDRA I mean you mention that not all communities are the same obviously and not all medical schools even within one country are the same, they have different purposes and Curtin is a good example of its nature in terms of how it started. Ardash Shah one of our participants comments that there are at least five new medical schools opening

	in the UK and it would be interesting to see how much emphasis is placed on social accountability in the local community for these new schools. I mean I know that the new schools have to demonstrate a purposeful widening participation to increase the diversity of their intake, but I think he then mentions the tension between doing that kind of thing, emphasising social accountability and perhaps that then lessens the school's elevation in terms of its profile and its results perhaps, its standing against other schools. We have in the UK for example of group of elite universities which are known as the Russell Group Universities, can you be a Russell Group University as well as a university that is very much emphasising widening participation for example? Would anyone like to comment on that?
00:25:12	LUCAS Yeah, so I think when it comes to the UK and related to the project one of the things that was apparent is there seemed to be a stronger partnership in Stellenbosch and Curtin with the national governing bodies in terms of the focus of what medical schools should be like, more focus on a local level which was something that I didn't see as emphasised in the UK medical schools. So, it would be interesting to see for the new medical schools how they manage to fit social accountability and also include the national guidelines from the General Medical Council in the UK. I think it's doable but I think it goes through a shift in how we view medical schools to represent. If we're to say that a good medical school or an elite medical school is a socially accountable medical school then the principles in the guidelines need to be reflected in the clinical placements, in the assessments so that graduates and students are rewarded for practising those values. So, personally I think that they're not mutually exclusive to be socially accountable and an elite medical school but if there's to be recognition nationally I think it goes through a change in assessments at least.
00:26:42	SALLY Thanks Lucas. In Australia the funding for the Commonwealth supported places at medical school is tied to the enrolment of 28% of each year's cohort from rural places. So, there are also implications for teaching rural content within the curriculum and the same applies to indigenous content and indigenous enrolment within medical schools. So, that's a good step in our relationship with the federal government. We all vie for rural students because we know that we have to try and enrol 28% of our year from a rural location. And the thinking behind all of that is that if you widen participation then you're hopefully going to get people to work in areas of medical need. But it's not enough just to enrol students in the course you actually need to engage students in the curriculum in some of these areas. So, there's also funding to provide 25% of penultimate year students to spend the whole year in a rural location, so a rural clinical school like Julia is involved in, and then the rest of the students spend a GP rotation for four weeks in a rural location. And there are very rigorous reporting mechanisms on how indigenous health is delivered and students engage with this component within the curriculum in an attempt to try and improve the indigenous health statistics. Julia do you have comments?
00:28:57	JULIA Yes, thanks. I mean I think it's really interesting. It's this response to external metrics and who gets the power to determine what those external metrics are. Certainly, in South Africa there's been a recent buy-in to where you are on the Times Higher Education Supplement list. And the QS rankings and whatever else, which don't really take these things into account and I know you've got evaluation frameworks for various things in the UK. I think my comment earlier about all the South African Universities being public universities - the medical schools are at least - it makes it a

	little bit easier because that kind of sets the scene. But also, our regulatory body has included looking for aspects of social accountability when it does accreditation of medical programmes or health professions programmes. So, that's helped a lot but I think because it's a very small community and as I said we're all publicly funded there is some coherence around that. But I think there was something that was just posted in the chat if I can maybe just try and scroll back and find it. So, I think it was Clare saying student engagement is very [unclear] you deal with the passive aggressive, disengaged which is a lovely question because we always have this battle. And as soon as it's a choice that can be made, you may choose to go to the rural clinical school, that's fine, then those who choose go and if it's an intent for whatever reason and the reasons are a multitudinous and often not because they have any intention of practising rural but a whole lot of other underpinning things that they see as nicer ways to study. But if we try to force the issue, we get these passive aggressive, disengaged students. So, one thing that we've tried to do, or thinking of doing, we haven't quite reached the point in our curriculum yet, is that actually all students are going to spend a year that is much closer to communities. How close we can move remains to be seen but trying to just make it a norm instead of an alternative. It probably still will be passive aggressive, disengaged students but I think what particularly occurred to me with that question is actually the passive aggressive, disengaged teachers because we often do still come across those who are the super-specialists who have a lot of queries about whether you could possibly train outside of a tertiary hospital. And also, what is - and a little bit going back to maybe Clare's first question - what is this social accountability stuff anyway? You actually train people how to be doctors.
00:32:06	SANDRA This brings in Plutarco Chiquito's couple of comments that this person has made, from Ecuador who's currently working in Belfast, fascinating, a challenge for us I think Plutaco; should educators also have a paradigm shift and teach considering social accountability is a very important part of their teaching and the curriculum? And as you say Julia there are some teachers who, you know we don't want to deal with this fluffy stuff, the soft-end of the curriculum. And I think once that kind of nature and judgement has been passed to students it's very difficult to change that trajectory then and their views, even if they were open-minded to start off with once they hear faculty talking about the subject matter in a bit of a derogative way then you've lost them I think.
00:33:04	SALLY I was just going to say we've tried to deal with that a little bit in sending our students to the smaller outer-metropolitan hospitals that are really embedded in areas of need and in one of these hospitals the students are actually expected to stay for the year in that community. So, it's a longitudinal curriculum, it's not the rural clinical school, it's not counted as rural but it's an hour away from the metropolitan area. And that experience helps make a little bit of a shift in their thinking. So, our students will not have all of their major clinical experience in the big tertiary hospitals we're trying to push them out. And in fact, we've built a small clinical hub in a very outer-metropolitan area, a very nice clinical hub for the students.
00:34:08	SANDRA Yeah I mean from my own perspective I spent nearly ten years being head of the general practice community and part of Barts' Curriculum and ensuring that all students had adequate exposure to general practice, and how patients are cared for in the community and what patients' experience of obviously living in their own homes and in the community is, as opposed to being seen as a patient in a hospital was quite

	challenging. And I think Covid produces even more challenges now for us to maintain that aspect of community curriculum. I mean I don't know if Lucas you had a view about that? Because you're a fourth-year student so you will have done your general practice attachments in medicine and society as we call it. I mean people will laugh, I'm a doctor myself, and as a student I had 'man in society' as part of my curriculum, hopefully Leicester have managed to change that to something other than 'man in society' now. But the content was really similar to what Sally was talking about, the ageing population. So, Lucas what was your experience of general practice?
00:35:22	LUCAS Well I can only speak for Queen Mary from the curriculum that I've gone through, when you talk about primary care and GP practice that's one of the main positives that Queen Mary has because medicine in society is a once every two-week placement in a GP as soon as first year. So, sometimes it starts as soon your first week at university. And that goes throughout the year and your exposure to GP practice increases from first year to second year to third year and so on. So, you have throughout the five years or six years if you do an integrated degree, you have continual exposure to different GP practices in different areas of East London which is definitely good because you get this sense of role modelling where you see the GPs and you see the work that they do and the difficult patients they face and it does break the assumption that you get from other role models in tertiary care - we have quite a lot of tertiary care centres in East London as well with Barts Hospital - it breaks that assumption that you get from other role models in those hospitals who have negative views of primary care. So, having such a consistent and longitudinal exposure to primary care definitely goes a long way as a student, for me anyway, to change my view that, you know a lot of students have when they come into medical school.
00:36:54	SANDRA Yeah, a couple of participants are making comments about that it's important that students are seen to have a meaningful role within the curriculum. Seen to be able to deliver care and that this is an important vehicle then for them to approach the social accountability topic from a different agenda. I mean how is it for you in Stellenbosch for example, do medical students have a caring function?
00:37:26	JULIA So that's a really good question.
00:37:29	SANDRA Sorry! Have I put you on the spot?
00:37:32	JULIA No. It's actually one of the things that I was alluding to about the rural clinical school is that the narrative that has developed amongst the students is that you should choose to go to the rural clinical school because you get to be involved. You get to be part of the team and you get to really feel like you are getting ready for your internship which is our two years after graduating. And so, this whole idea that we had when we first opened the ICS that this was where people who wanted to practise rural would go because they'd learn how to practise rural and they'd be imbedded in this rural clinical school. So, it's shifted a little bit. I mean there certainly are the students who want that for their future but there are all these other reasons to choose this as well. So, trying to bring that now back into our more traditional teaching model in the tertiary hospital is much more problematic. To bring lessons from the periphery back to the centre isn't always so easy. That is one of the things that Covid has gifted us, as it were, is the opportunity to really change things because we have to at the moment. And that is one

	of the things that we're looking at at the moment is looking to what you call, Sally, the outer-metropolitan, to actually really strengthen those healthcare facilities by sending students and better outreach. And looking at how we can put more longitudinal experiences and embed students and teams even in the tertiary hospitals. And get them away from the sense that every student has to have the same experience and maybe move towards the thing where actually you can learn so much from every single patient that you see. So, whether you happen to be seeing a patient in the cardiology unit doesn't mean you can't learn about their diabetes or their in-grown toe nail, or their family history or their social determinants of health while you're there. That is a work in progress and I have a fear that it's going to take quite some time to make that progress.
00:39:55	SANDRA Yes, indeed. If I may just change the topic slightly Selina Robertson who is a foundation year doctor comments - because I think it's important that we think about post-graduate as well, our project was very much undergraduate but it obviously has repercussions for post-graduate medicine as well - and so Selina mentions about a longitudinal integrated foundation training lift scheme where doctors in the UK spend a day and a half a week working in general practice as opposed to just the hospital setting. And I know from experience as I've been in this game a little while now, that there was a time when all foundation year doctors had to spend 6 months or 12 months in general practice not just hospital training, to give them some insight into the community setting. Is this useful? What issue do you think we have for young doctors who qualify then? So, they're undergraduates, been and done, they've done all that stuff, they don't need it anymore do they? They want to be a plastic surgeon so off they shoot with that trajectory. Is social accountability a thing of the past?
00:41:21	SALLY I don't think it's something you teach in medical school and then you leave. I don't think it can be. I think that, well hopefully, it is something students take with them wherever they go regardless of the discipline they go into, their patients will all come from communities you know regardless of where the students are going to be practising. And I think let's say for example in Western Australia people who live in really remote rural areas are flown into Perth for major surgery. Even if the students decide they want a pathway in plastic surgery they do need to know something about the context of a rural patient who leaves everything behind and flies in by a flying doctor and stays in a tertiary hospital that's quite alien to them, and how they may respond. So, I think it's more than a skill it's an attribute we would love students to continue to develop, and to learn and to understand. And I think it takes a great deal of personal reflection to do that. I don't think they can leave it behind. In Western Australia students are going to be given the opportunity to do their internship which is the first-year post graduation in a rural hospital. So, they will be learning all their rotations within a rural setting and they will have to move to that town and, very much like the rural clinical school, they will join the local netball or football team and they will understand the celebrations post-harvest, and they'll have to deal with the surgery of the hand that gets stuck in the equipment. You know they'll be practising their skills within a community and within a community context. So, I would hope that they could continue to recognise social accountability.
00:44:11	SANDRA Ardash Shah who asked a question earlier, he's a surgical registrar and Fellow from Aberdeen University, Scotland, and he asks a question of Sally and Julia; do you feel that integrating social accountability into the curricula affects students' engagement

	with public health initiatives? Because I think that's slightly different than just the curriculum itself isn't it? I mean I think actually whilst it's a question for Sally and Julia, Lucas I mean you gave many examples within your work, your dissertation, about how the curricula had public health initiatives, or initiatives that students could engage in that had a social accountability theme. I mean maybe you could answer that question?
00:44:59	JULIA Yeah, I wasn't able to interview students directly but from the documents there's definitely a few health promotions. The one that I've got on my screen is for Stellenbosch is the SALT Project, so it's the Sharing Abundant Life Together. Students are asked to go into the community and create health promotions to empower vulnerable adults and women on the unique health needs. So, I think that's great, that's a kind of extra-curricular activity where students can use sometimes their clinical knowledge about diseases to engage with the community and to make public health initiatives. I think that's definitely something that we should push to make a norm to help medical students to become more health advocates of the community. I think that's probably one of the prime examples that I've got in the top of my head from Stellenbosch University.
00:46:07	SANDRA Good. Ok. So, we're coming up to about 45 minutes and I just want to sort of have some concluding comments. So, the four of us what do you think has been the main benefit of collaborating together like this? What have we all learnt do you think? Because it's a lot easier just to do research in your own country and in your own locality.
00:46:43	SALLY Isn't it just like it's a lot easier to teach some things within the safety of a classroom but it's much more rewarding allowing the students to learn within a community and understand the broader concepts. And I think that's probably what I have enjoyed about being involved in this project is the broader context so what other universities are doing. What is similar to what we do, what is different. Things that we did that I really didn't think much about, I'm thinking about twice now and certainly can highlight the more and promote them more. And I'm really looking forward to the time when Lucas can interview the students and see whether they actually understand the concept of social accountability and they can identify where it is occurring within the curriculum. That will be fascinating.
00:47:51	SANDRA Julia?
00:47:53	JULIA Yeah, I think it's almost always the situation when you have a chance to exchange ideas with people from other contexts the realisation that although we may appear different, we actually have a lot of similarities. But it also, as you were saying I think Sally, it just opens up things that you had never thought of. Not necessarily blind spots per se but really just oh my gosh, you know, those lightbulb moments are absolutely lovely. I think for me also it's been really great - we don't do a lot of integrated or intercalated degrees in South Africa so it's been really nice for me to see how Lucas has done this but obviously you've really enjoyed it so much. And I'd love to hear and I'm sure he'll close on what he's learnt in the process. But I too look forward to the student perspective and I think again the really interesting thing would be to have Lucas doing those interviews rather than us doing the interviews so student to student, peer to

	peer I think will be a very different conversation, so I really look forward to that next episode. Thanks.
00:49:08	SANDRA Lucas would you like to finish? What would you like to say?
00:49:13	LUCAS Yeah. I mean from the perspective of one of the students what I think I probably learnt from this is the role that medical students have within a medical school. The normal, the traditional is, like you said, is to be a student and learn how to be a good doctor but from this I've learned that the different ways students should, and in my ideal world, should engage with the community and the different roles that they have not just as a student. Because if you view yourself as just a student when you go into clinical placements you don't feel part of the team or the caring team, because you feel like you're just a student. So, I think that that's very important for me that students try to think outside the box about being more health advocates rather than just another undergraduate student in East London.
00:50:08	SANDRA Ok thank you so much. It was a pleasure to have you as well by the way Lucas. So, we come to an end because this is ASMEBITESIZE and if I wanted curate a whole day conference then I would have done. But no, this is mean to be bite size to allow us as busy people to get on with the rest of our jobs for the rest of the day. I hope you've enjoyed the session. I hope you feel refreshed and enthused because that's what this is all about. May I take the opportunity of thanking Sally and Julia and Lucas, great panel, thank you so much for your inspiring comments. We have a full itinerary of ASMEBITESIZE activities for you right up until the end of the year so I hope I will see many of you again. And thank you participants for your insightful questions. If we have not managed to get to your question I do apologise and as I say we will reply to you following the seminar. So, goodbye for now. Thank you.
00:51:14	**ENDS**