Social Accountability Survey of Canadian Program Directors
FMEC PG Recommendation #2

**Cultivate Social Accountability Through Experience in Diverse Learning and Work Environments**

Responding to the diverse and developing healthcare needs of Canadians requires both individual and collective commitment to social accountability. PGME programs should provide learning and work experience in diverse environments to cultivate social accountability in residents and guide their choice of future practice.
Actions

• Provide all residents with diverse learning environments that include varied practice settings, and expose them to a range of service delivery models.

• Provide and support experiences for all residents that focus on improving the health and health care of underserved and disadvantaged populations. Develop residents’ understanding of and respect for variations in the health, well-being, and needs of different patients and communities.

• Develop career-planning resources and supports, including mentors and positive role models.
Background

• **Survey Rationale:**
  - Before acting on the recommendation and its associated actions, an environmental scan of the current educational landscape was required.
  - Canadian residency Program Directors identified as the key audience to determine the extent to which social accountability is embedded in resident training environments.
  - First survey deployment: October 2014.
Survey Questions

• Is there any statement about social accountability included in the institution mission?
• Program-specific questions related to learning objectives, research activities, assessment, program evaluation
• Does your program reflect Canadian demographics?
• What required and elective resident experiences are occurring in diverse learning and work environments that include a varied practice settings?
• How are residents exposed to a range of service delivery models?
• What required elective learning experiences do residents have that focus on improving the health and health care of underserved and disadvantaged populations?
• How do residents develop an understanding of and respect for the variations in health, well-being and needs of different patients and communities?
Survey Questions (Cont’d)

• How do residents develop an understanding of and respect for the variations in health, well-being and needs of different patients and communities?

• Describe career planning resources and supports including mentors and positive role models for individual and collective social accountability.

• Are there restrictions in place that prevent resident training in diverse learning & work environments?

• Are there opportunities for residents’ learning experience in non-clinical settings?

• In your residency program, how much research relates to social accountability or involve underserved or disadvantaged populations?

• If there is research involving underserved or disadvantaged population, is there an opportunity for residents to participate?

• Has there been any exchange or interaction with other countries that would be relevant to residents’ social accountability experience in learning & work environments?
RESULTS

- **103 responses total**

- **13 Family Medicine programs**
  - 6 Emergency Medicine programs
  - 3 Lab Medicine programs
  - 23 Pediatric programs
  - 9 Psychiatry programs
  - 15 Surgical programs
  - 4 OBS/GYN programs
  - 15 Internal Medicine programs
  - 15 Other programs (Palliative, PHPM, Oncology)
Quantitative Analysis - FM results
Black Text = Family Medicine, Red Text = All disciplines

- Is there any statement about social accountability included in the institution mission?
  (YES=92%, NO=8%, N/R=0%) *N/R indicates No Response
  Overall (YES=65%, NO=33%, N/R=2%)

- Are there any specific learning objectives that include elements about social accountability?
  (YES=62%, NO=31%, N/R=8%)
  Overall (YES=72%, NO=27%, N/R=1%)

- Are there any research activities in your training program on social accountability?
  (YES=54%, NO=38%, N/R=8%)
  Overall (YES=36%, NO=63%, N/R=1%)
Quantitative Analysis - FM (Cont’d)

Black Text = Family Medicine, Red Text = All disciplines

- Are social accountability activities included in learning assessment?
  (YES=46%, NO=46%, N/R=8%)
  Overall (YES=53%, NO=46%, N/R=1%)

- Are social accountability activities included in program evaluation?
  (YES=38%, NO=54%, N/R=8%)
  Overall (YES=44%, NO=54%, N/R=2%)

- Does your program reflect Canadian demographics?
  (YES=62%, NO=38%, N/R=0%)
  Overall (YES=59%, NO=41%, N/R=0%)

- Are there restrictions in place that prevent resident training in diverse learning & work environments?
  (YES=31%, NO=46%, N/R=23%)
  Overall (YES=42%, NO=51%, N/R=7%)
• Are there opportunities for residents’ learning experience in non-clinical settings?
  
  (YES=54%, NO=38%, N/R=8%)

  Overall (YES=50%, NO=49%, N/R=1%)

• If there is research involving underserved or disadvantaged population, is there an opportunity for residents to participate?
  
  (YES=77%, NO=8%, N/R=15%)

  Overall (YES=60%, NO=14%, N/R=26%)

• Has there been any exchange or interaction with other countries that would be relevant to residents’ social accountability experience in learning & work environments?
  
  (YES=62%, NO=31%, N/R=8%)

  Overall (YES=53%, NO=35%, N/R=12%)
Qualitative Results

• Scanning the Family Medicine program locations, responses were received from Laval, Queen’s, NOSM, Montreal, Memorial, UBC, Sherbrooke, Western, & McGill

• Detailed qualitative and thematic analysis of the narrative responses has informed the creation of the *FMEC PG Guide to Improved Social Accountability in Medical Schools*
  – Copy provided