

## **The Institutional Self-Assessment Social Accountability Tool (ISAT): Nurturing Social Accountability Progress in Medical and Health Professions Education**

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### **Abstract**

Social accountability becomes an emerging and contemporary issue in medical and health professions education. Institution across countries respond, define, and implement social accountability in a various approach. The issue of including social accountability aspects in accreditation of health professions education has been reported in many studies and countries (Prihatiningsih et al., 2020). In practice, some aspects of social accountability have been included in medical and health professions education accreditation system in different countries. However, there has not been an accreditation system that comprehensively included social accountability domains in their parameter. Currently, there is limited availability on formal standards and tools for social accountability assessment. This manuscript intends to present and discuss an alternative instrument to assess social accountability of medical and health professions education, for instance, the Institutional Self-Assessment Social Accountability Tool (ISAT).

### **Domains and Aspects**

ISAT was developed as a collaborative initiative by Pan-American Health Organization (PAHO-WHO), brought together leading experts in defining the 12 core indicators of social accountability of medical schools. The ISAT's core domains are:

#### **1. Students**

Student recruitment and origin is a pivotal component of the future health professional's workforce. Students from underrepresented groups has a higher desire to work in area of needs, particularly rural and underserved regions.

#### **2. Faculty recruitment**

There is a need to recruit faculty members from various areas and groups. Recruiting and retaining a cadre of dedicated and well trained academic and clinical teachers is challenging in many countries, particularly in rural underserved areas.

**3. Faculty development**

There is a rapid change and grow in medical and health professions education advances. Hence, faculty training and development is the key of maintaining and improving educational and facilitation quality.

**4. Curriculum: content**

The content of curriculum should not only focus to general biomedical and health sciences, but also socio-biomedical curriculum designed to advance the teaching mission of the school, building on the strength of the community confronted with continuous evolving needs. Social determinants of health should be well-addressed in the curriculum.

**5. Curriculum: learning methods**

Learning methods should be aligned with the intended curriculum outcomes. The use of various learning approaches, blended learning, technology-enhanced learning, student-centered learning, and also community-based learning are essential to foster critical thinking, reflective practice, problem-solving, and promote life-long learning.

**6. Curriculum: types and location of educational experiences**

Educational activities and the curriculum should shift from conventional-classroom based learning, to community-based learning. Socially accountable health workforce education seeks to provide a balanced mix of clinical experiences between primary care setting, secondary and tertiary hospitals and opportunities for students to better integrate learning about the social determinants of health into the curriculum.

**7. Community-based research**

Community-based education and activities should have good foundation on local health and social needs. Hence, the institution's research focus should also include community-based research initiatives, which involve cadres and health professionals in rural and underserved communities.

**8. Governance**

While many schools incorporate principles of social accountability — such as including altruism or service to people and communities — into their vision, mission and value statements, they are not socially accountable unless these aspirations are reflected in the content of the program and how the school is governed. This includes the existence and use of metrics and benchmarks to assess how well the school or program is meeting the needs of the communities, region and society it serves.

**9. Stakeholder partnership and engagement**

There is a need to harmoniously sustain community-academic partnership to improve the health of the people and communities the programs serve. Programs and partnerships in community-engaged education are characterized by mutual benefit and reciprocal learning,

and they result in graduates who are passionate about and uniquely qualified to improve health equity

#### **10. School outcomes**

Since socially accountable programs and schools set out to produce graduates that choose careers and practice locations that are aligned with health system needs, including the needs of marginalized populations, it is essential that they track their graduates. Graduate tracking can also improve the education and training programs by learning what influenced graduates' career and practice location choices.

#### **11. Societal impact**

Health professions education institutions should regularly evaluate the outcome of their efforts as well as the impact they are having on graduates and their practice. This is to ensure that programs and schools are addressing evolving needs in the society, regions and communities they serve. The evaluators should apply multiple methodologies to build evidence for attribution, contribution, and accountability.

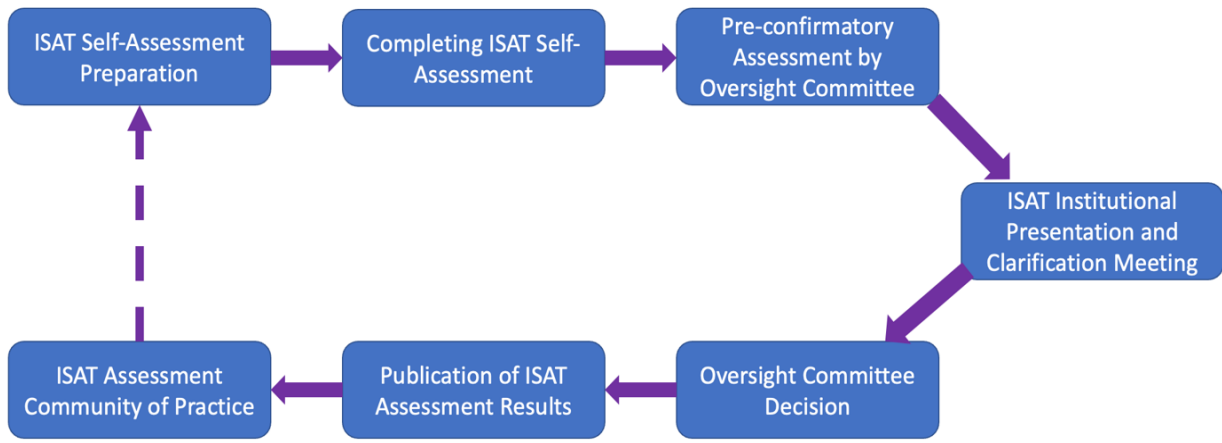
#### **12. Other consideration**

The role medical and health professions schools in providing education varies structurally around the world. The ISAT Tool allows and recognize school-specific and unique social accountability initiatives to be shared and assessed.

### **Assessment Process**

ISAT Assessment is not an accreditation process, but a collaborative assessment that includes institutional self-assessment and external confirmation (Figure 1). The assessment aims to provide a baseline data of the institutions' social accountability status and establish a plan for future improvements of assessed indicators. Initially, institutions should prepare their self-assessment based on the provided institutional guide. The process particularly may take one to two months depends on the resource and workforce allocated by each institution. The institutional self-assessment is arranged based on the 12 core indicators mentioned in the previous section. Institutions to rate themselves based in their advancement of each sub-indicators (Phase 1 to 4) as described in the institutional guide. Supporting documents and evidence then should be uploaded to corroborate the self-assessment results. Completed self-assessment submissions will then be assigned to oversight committee members (i.e., trained faculty, practitioners, and students) to be assessed and appraised. A synchronous confirmation meeting will then take place when the institution presents their self-assessment and being clarified by oversight committee members. The results of ISAT Assessment are then published in the [ISAT Official Website](#) after ratified by the oversight committee and TUFH representatives.

Figure 1: ISAT Assessment Process



ISAT assessment process might have been completed after the acknowledgement and publication of the assessment results. However, assessed institutions will be convened regularly to continuously appraise their progress as expressed in the improvement plan during the assessment. Institutions will share their experience and support each other as a community of practice of the socially accountable medical and health professions schools.

## Results

The inaugural ISAT assessment and launch was conducted in 2021. A total of nine institutions representing countries in the North America, Latin America, Africa, Eastern Mediterranean, and Southeast Asia global regions completed the ISAT self-assessment and attend all the assessment process. The inaugural ISAT-assessed institutions are:

1. Faculty of Medicine, University of Gezira, Sudan
2. Faculty of Medicine, Public Health and Nursing, Universitas Gadjah Mada, Indonesia
3. Multicampi School of Medical Sciences, Universidade Federal do Rio Grande do Norte, Brazil
4. Faculty of Medical Sciences, Universidad Nacional del Litoral, Argentina
5. Faculty of Medicine, Universidad Nacional Autonoma de Mexico, Mexico
6. Northern Ontario School of Medicine, Canada
7. Medical School, Nelson Mandela University, South Africa
8. Mahatma Gandhi Institute of Medical Sciences, India
9. Faculty of Medicine, Ain Shams University, Egypt

The assessment results show that each of the assessed institutions has unique social accountability features and activities. Although some institutions indicated that they were in the early levels (Phase 1 and 2) in indicators of ISAT, there were comprehensive and concrete strategy plans made by each institution to advance to Phases 3 and 4 in each area. Institutions

with more advanced levels (Phase 3 and 4) in each area, also made strategy improvement plans to intensify further the implementation and advancement of their social accountability initiatives.

Post-assessment follow-up activities were conducted to convene ISAT-assessed institutions, shaped as the ISAT Symposia. In each symposium, institutions presented their progress on social accountability initiatives after ISAT assessment. Institutions provide and receive peer support and sharing on their activities. During the symposia, institutions also share their assessment experience and the importance of social accountability assessment to participating institutions.

## **Discussion**

ISAT is a social accountability assessment tool to provide a framework and process for higher education institutions to become more socially responsible and accountable. The initial results demonstrate that ISAT is effective in bringing consciousness, organizing institutional stakeholders, establishing a baseline, and developing strategies to institutions to become more socially accountable across the main social accountability domains. ISAT was also shown to be effective across different cultures. Although ISAT is not an accreditation process, the instrument can be used by institutions to monitor and appraise their social accountability levels and prepare for accreditation.

The ISAT tool has additional potential and will continue to evolve to incorporate the evolving standards and domains of Social Accountability. Nevertheless, an evaluation instrument of health professions education needs to be continuously improved to ensure its generalizability and acceptability (Schiekirka et al., 2015).

Currently, ISAT prepares to evolve to accommodate more institutions around the globe in 2022 and 2023. The ISAT instrument has been translated in Spanish, French, and Portuguese. The ISAT is also establishing Oversight Committees in the different languages to provide support to the English, Spanish, French, and Portuguese-speaking institutions respectively. We also start to accept year-long applications with September and March cut-off for assessment and review. Hence, institutions may prepare their submission based on their pace and time, without concerning closing deadlines.

## **Conclusion**

ISAT is an alternative to assess medical and health profession schools' social accountability readiness which provide a collaborative, non-judgmental assessment and clarification. Institutions are invited to conduct assessment and studies to support and provide suggestions to improve ISAT.

## References

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