SOCIAL INNOVATIONS Journal

*We **inspire** leaders and organizations to **dream.** We **create** the space for leaders to tap into their own creativity to **innovate.** We **endow** leaders with the tools and knowledge to **launch and grow** their ideas. We **challenge** leaders to **become better versions of themselves.** We **transform** leaders and their companies.*

Linking Social Entrepreneur Education to Strengthen A Medical School's Social Accountability Mission

Rachmad Sarwo Bekti, Wike Astrid

Summary

Social entrepreneurship education is an emerging concept that provides a promising approach to educate future physicians to do more in solving public health and societal problems. However, misperception among medical teachers and managers in medical schools about social entrepreneurship education sometimes becomes a serious obstacle that hinders its potential as an opportunity to offer different way of bringing about social change. We found in our project that social entrepreneurship education in medical school had an intertextuality connection with social accountability for medical school which has been promoted by WHO since 1995. In this article we share our experience in delivering social entrepreneurship education in medical school as a way to capitalize on the social accountability vision of institutes by using an appreciative co-production approach.

Background and Context

Social Accountability (SA) for medical school is a call promoted by WHO to promote the importance of directing schools' mission, mission, and programs, either educational, research, or service to address the priority health problems in the societies it serves. Issued formally in 1995, the SA idea seems to rise and dawn among many initiatives to reform medical education systems and deliveries in the country such as PBL, competency-based curriculum, and accreditation. At least in our context, the idea of SA in a medical school is perceived as just another phrase of performing public health projects or making sure that medical schools spend certain amounts of their budgets on service-based projects. Although currently SA is highlighted in several items of accreditation mark sheets in our new accreditation system, the small valuation of the item compared to other tenets in the standard is depicting the minor attention paid to this matter. In this feature, despite the success of political penetration in the accreditation standard, the elaboration and realization of SA into any impactful social change is still a far way to come.

On the other hand, it is a common norm in Indonesia that medical education is a university-based system (both for undergraduate and postgraduate). In this situation, it is mandatory that the faculty of medicine should link their organization vision and mission with the university where most of its casework is dictated by the board of academic senate at the university level. Therefore, the priority of mission-based programs of the faculty under the patronage of the university should follow the university vision. Under this circumstance, under the mandate of the Ministry of National Education, our university principals made a bold commitment to be an entrepreneurial university which directed all of its graduates to be real problem solvers to the community they serve which practically meant incorporating a new course called entrepreneurship education. Unfortunately, the vision to be an entrepreneurial university is not well communicated to all internal stakeholders, especially to medical faculty members which mostly still hold a belief that medical education is incompatible with entrepreneurial education. Most faculty members perceived entrepreneurship education to be about knowledge to creatively sell goods or services, which is a different path than medical education where its main task is preparing a profession with a set of ethical principles and not making their profession as a source of profit

creation from the patients nor any pharmaceutical company. These differing perceptions were unresolved and even affect how we delivery the educational program and projects in our daily business process. This condition was worsened by the stance taken by the university authority in forcing the faculty principals to run a mandated entrepreneurship course which was led by a faculty member from outside the faculty of medicine. This happened mainly because there were not any medical teachers willing to run the course due to differing standpoints in interpreting entrepreneurship education despite white papers issued by the university. So, in a brief, there was a situation where social accountability for medical school has to be taken into account in our program because accreditation provisions, despite its minor value, and at the same time we ought to run entrepreneurship education was forced as a mandatory course in our curriculum.

This article is aimed at providing a case of how we promote social entrepreneurship to bridge the gap to strengthen the social accountability vision of the medical school through an appreciative inquiry approach.

What We Have Done

As most faculty members are more familiar with the process of competency-based curriculum, as principals in the medical education unit, we chose to use this as our initial approach to resolve the issue we problematized before. We conducted several focus group discussions and nominal group technique workshops to explore and identify the unique competitive learning outcomes by mainly asking participants to answer questions on what we already did well and what we can do differently for our society with our medical education, research, and service programs. At these workshops we managed to invite some influential graduates that already dedicated their time in social intervention programs such as Dr. Gamal Albinsaid with his Garbage Clinical Insurance (https://www.deutschland.de/en/garbage-clinical-insurance-indonesia and https://www.indonesiamedika.com/). We found that in previous years, our medical school had provided time and climate to the student so that they were able to creatively design social intervention projects on their extracurricular activities including Gamal's initial project focused giving unfortunate people some essential medical services with renewable trash payments.

At some points in the workshops series we managed to come up with a consensus on what an entrepreneurship education in medical education should like. The consensus was much more conformed with a stream of academic understanding of social entrepreneurship such as what is conceived by J.G Deeb (2001). And the most exciting things were also that this social entrepreneurship conception has an intertextual relationship with social accountability conception promoted by WHO. This finding made our next effort far more productive in capitalizing and linking how the University vision on entrepreneurship met with the view of the NGT and FGD participants. Shortly, at the end of the paperwork, we were able to develop a set of learning outcomes under the Leadership and Social Entrepreneurship (LSE) label which was added as the newest of the nine areas of competency in our competency-based curriculum frameworks representing the vision of the influential figures in faculty of medicine to bring forward the social accountability in its core business process of the medical school. We were also able to get a recommendation from the panelist that under the new set of learning outcomes, the LSE course should be run by a medical teacher in order to make it fit for purpose for medical graduates. This is based on the assumption that if students were given the appropriate knowledge and skills in developing health related social intervention projects (e.g. stakeholder analysis, building business model, and designing start-up) the necessary critical mass of graduates that can do something differently for the society can be achieved.

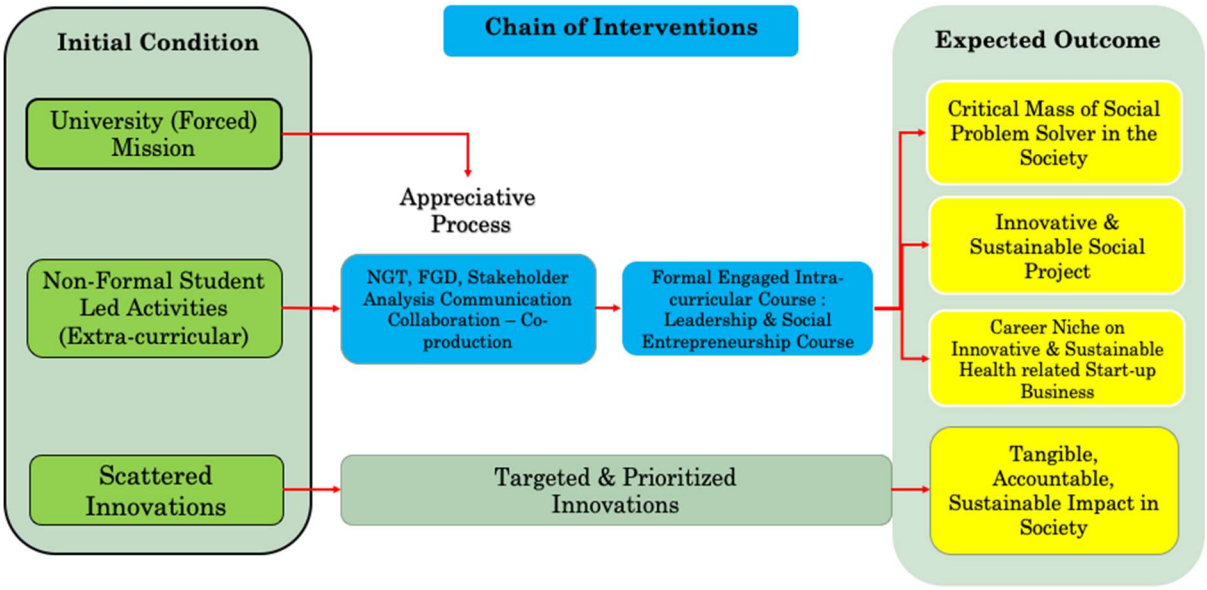

Figure 1. Conceptual Framework pathway to realize the Leadership and Social Entrepreneur Course

In achieving the learning outcomes of the LSE competency, we designed a longitudinal model of educational course and assessment. The course is divided into two mandatory academic courses in Semester III and Semester VII. At Semester III, the course is intended to immerse students with the theory and practice of social entrepreneurship under social accountability framework and social determinants of health conceptions in the health-related context. And based on this understanding they were given opportunity to propose a business model of creative and sustainable problem solving for the existing problem with their peer group consist of 10 to 15 students. The proposed business model then will be tested with potential partners from outside medical school (other faculty members, non-government organizations or small and micro entrepreneurs) throughout the coming semester and at the semester VII they will present what they participated in and reflective notes.

Figure 2. Student Fieldwork Learning with Health and Non-health related Enterprises

Each year during the semester VII show case, we gathered interesting problem formulations that are sometimes jaw dropping to some medical teachers because the details and knowledge acquired by the students of the problem being addressed and the very creative solutions students offer. Last year we were delighted to host a show case of creative Batik fabric exclusive designs as a result of co-production between students and local Batik's Small and Micro Entrepreneurs on human histology fabric motives. Students were using this moment to sell the unique and copyrighted human histology fabric designed and utilizing the result of the sales to fund their public health projects in the same semester.

Figure 3. Student's Show case on presenting business model projects and products

We are also amazed and proud of what students could do during the coronavirus (COVID19) pandemic when we found some were actively engaged in social projects (outside of any course assignment) which creatively engage communities to collectively fund essentials goods to be distributed to those who are badly affected by COVID19 such as student's handmade sanitizer and face masks to support health workers (e.g. technicians, some cleaning services, food provided, etc). Some of the medical teachers who had been in charge as advisors in local taskforces were amazed when the local authorities introduced student-led NGOs by our students that contributed to maintaining the supply of essential hand-made sanitizer.

Works Cited

Boelen, Charles, Heck, Jeffery E & World Health Organization. Division of Development of Human Resources for Health. (1995). Defining and measuring the social accountability of medical schools / Charles Boelen and Jeffery E. Heck. World Health
https://apps.who.int/iris/handle/10665/59441

Garbage Clinical Insurance, Indonesia https://www.deutschland.de/en/garbage-clinical-insurance-indonesia
https://www.indonesiamedika.com/

Dees, J. G. (2001), "*The meaning of social entrepreneurship,":*

https://centers.fuqua.duke.edu/case/wp content/uploads/sites/7/2015/03/Article_Dees_MeaningofSocialEntrepreneurship_2001.pdf