The ISAT Self-Assessment Tool for Social Accountability of Faculties of Medicine: From Theory to Practice

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Abstract

Faculties of Medicine are being urged to engage more and more in social accountability (SA), defined as the obligation to orient their education, research, and service mandates to respond to population needs. A concrete tool for SA institutional self-assessment (ISAT) was developed and has been housed since 2021 under The Network: Towards Unity for Health (TUFH). Standards and relevant indicators are included for each of the following components: students, faculty, educational program, research, governance and stakeholder partnership/engagement, school outcomes, and societal impact. The ISAT approach involves a wide consultation of stakeholders in order to identify the progress of the institution on a gradient of four developmental phases for each of the components. We found that the ISAT process can be divided into a sequence of four steps: planning, data collection and validation, assessment of developmental phases, and development of an action plan. Ensuring available human resources may be challenging. The movement towards greater SA can be viewed as an iterative loop that requires going through the sequence more than once to achieve institutional objectives. ISAT is an accessible and constructive tool that fosters continuous improvement of an academic health institution's capacity to achieve its SA mandate.

Introduction

The academic community in the field of health, through its faculties and professional schools, increasingly wishes to direct its mission of teaching, research, and service toward the greater community so that it may align with the health priorities of the population, particularly those in underserved communities.[i] It is now recognized and desired that any such social accountability (SA) approach be part of the struggle against health inequities and the progress of increasingly significant universal access to health care. In the wake of the global consensus on SA in 2010,[ii] a diagnostic tool was developed to meet such a need and was presented at the WHO Forum on Human Resources for Health in Dublin in 2017.[iii] This self-assessment tool makes it possible to advocate for coherent public health policies and to reflect on the profile of students and teachers in the face of ethnic, geographical, and socio-economic diversity through a new population and territorial lens. We consider it as an added value for the academic institutions that engage with it.

The ISAT tool

By defining indicators for SA for academic institutions in their mission of health profession education, the ISAT self-assessment tool was developed by a group of leaders in the field brought together by the Pan American Health Organization (PAHO). The goal was to build on existing SA guides and frameworks, such as the AMEE guide for the ASPIRE program[iv] and THEnet framework.[v] Standards, with a series of indicators, were developed for the following six core components of a faculty of medicine, applicable to all health sciences: students, faculty, educational program, research, governance and stakeholder partnership/engagement, school outcomes, and societal impact. The ISAT Guide[vi] includes a comprehensive description of the tool that uses a gradient of four developmental phases for each of the core components. The goal is to identify the phase of one's institution for each component, permitting the development of an action plan to move toward the next phase or phases. Assessment of the level of involvement of stakeholder engagement in the ISAT process itself is required. The self-assessment is submitted as a document including relevant supporting data in either of four languages (English, French, Spanish, or Portuguese) to the ISAT oversight committee under the responsibility of The Network: Towards Unity for Health (TUFH).[vii] This committee provides feedback to the institution about its SA self-assessment and action plan, encouraging it to adopt a continuous improvement process in attaining its target goals. In this way, engaging with ISAT constitutes a constructive process of understanding one's institutional reality while gaining some perspective, becoming aware of its blind spots, engaging the widest possible range of internal and external stakeholders, and taking concrete steps toward meeting population health needs via education, research, and service to the community.

The Quebec Experience

The Faculty of Medicine and Health Sciences (FMHS) of l'Université de Sherbrooke (UdeS) decided to engage in the ISAT process in 2022. In terms of health profession training, there exists schools of nursing, physiotherapy, and occupational therapy, as well as the medical program. This program is conducted in training sites in three regions in Quebec as well as in the province of New Brunswick. The Faculty of Medicine of l'Université Laval (UL) in Quebec, certified by AMEE (ASPIRE) in 2017, wishes, if possible, to plan a similar approach to that undertaken by the UdeS. The two universities have pooled their experiences from the outset and have planned mutual support at certain stages because the joint commitment of the Faculties of Medicine in Quebec to SA is present at the highest level in a spirit of solidarity and co-construction.

The ISAT process, as experienced by the UdeS, can be divided into a sequence of four steps: planning, data collection and validation, assessment of developmental phases, and development of an action plan (see Table 1).

Table 1. Step-by-step sequence of the ISAT process

ISAT Process
Social Accountability in health, from theory to practice…

Planning

Questions to ask :
- What is our motivation, why complete the ISAT process?
- What is the population that we serve, what are their needs?
- Is the timing right?
- Who are the potential internal and external partners?
- What are the anticipated challenges?

Feasibility issues :
- ISAT tool appropriation
- Program and Faculty approval
- Availability of human resources
- Work plan and schedule

Assessment of developmental phases

Choice of a wide-ranging consultative process

For each of the 6 core components:
- Presentation of standards and indicators
- Presentation of data summary for discussion
- Identification of the appropriate developmental phase
- Compilation of suggestions for improvement

Finally :
- Completion of a preliminary report
- Collating feedback about the ISAT tool

| 15 hours | 50 hours | 50 hours | 50 hours |

Data collection and validation

For each of the 6 core components:
- Identification of resource persons to be consulted
- Meeting organisation and preparation
- Online or in-person individual interviews or focus groups
- Post meeting data analysis
- Institutional data collection
- Data collection from external sources
- Data summary

Development of an action plan
- Formation of a working committee
- Organization and preparation of meetings with internal and external partners
- Online or in-person meetings
- Design of an action plan including means, indicators and a timeline
- Approval by governance
- Submission to ISAT oversight committee (TUFH) for feedback
- Presentation of the action plan on a larger scale
- Implementation and follow-up

Planning

Before engaging in the ISAT process per se, appropriate planning must take place, and different questions must be answered to ensure its success. Such questions include: What is our motivation to complete this evaluation, do we understand what SA means, what are our target populations, and what are their healthcare needs? For the UdeS, appropriate timing was an issue, and we had to ascertain that there were no other competing needs or projects. Therefore, a decision was made to complete the ISAT process first with the medical program. In terms of feasibility, we needed to better understand the ISAT tool, and we met several times with TUFH representatives. A great concern was limited human resources, which was offset by support from the Faculty Social Accountability Office (SAO). To obtain program governance approval and buy-in, the SAO team prepared a brief presentation about SA, the importance of self-assessment, and the ISAT process. This presentation was also made during the medical program annual retreat.

Data Collection and Validation

During the data collection, online meetings (1 to 2 hours) were organized for each ISAT core component with key resource persons, including students and teachers (individual interviews or focus groups). Before the meeting, the data analyst prepared a list of relevant indicators and unanswered questions. A copy of the ISAT guide and a series of questions were sent in advance. Participants also shared documents supporting the analysis. During the meetings, more key

resources were identified, eventually contacted and interviewed. Following the meetings and the collection of further institutional and external source data, a data summary was finalized. Since the UdeS medical program is distributed across four different campuses, regional Associate Deans and their teams were also interviewed to obtain information on site particulars and differences.

Assessment of Developmental Phases

For the UdeS, it became clear that it was not feasible to create a new committee for the ISAT self-assessment process, leading to the identification of the developmental phase for each core component. It was therefore decided to complete the process with the existing medical program committee that meets monthly and includes student, teacher, patient-partner, healthcare provider, program, and Faculty representation (60 members). The data summary for each of the six core components was shared with the committee via a questionnaire prior to each meeting. The identification of the developmental phase of the core components was made during the meeting based on responses to the questionnaire. Suggested recommendations were encouraged for improvement and movement towards the next developmental phase, if appropriate. Although the self-assessment ended up taking six months to complete, we were able to reach a wide and diverse range of participants.

Development of an Action Plan

Although we had a document with recommendations for improving SA at the FMHS and within the medical program of l'UdeS, we realized that we needed to take the time to involve more community representatives and a greater number of stakeholders in developing an action plan targeting priority area that would be implemented. This will occur in the next six months. However, the FMHS was encouraged to submit its preliminary report to the ISAT oversight committee for initial feedback before finalizing its action plan. Indeed, the process of inclusive consultation and a wide mobilization are just as important as the action plan itself and will help attain its objectives.

Discussion

The ISAT process can be used as a springboard to help facilitate a program accreditation process or to fashion and implement a faculty strategic plan. Moreover, the goal is not for the institution to achieve recognition or reward but rather to foster a continuous improvement process linking coherently its field of actions in education, research, and service to the welfare of its surrounding communities and the populations served by its graduates. Thus, the ISAT process can be viewed as an iterative loop where the initial self-assessment sets a baseline for continuous improvement that will require, if needed, going through the sequence several times for an institution or program to move from Phase 1 through to Phase 4 (see Figure 1).

Figure 1. Iterative process for greater social accountability
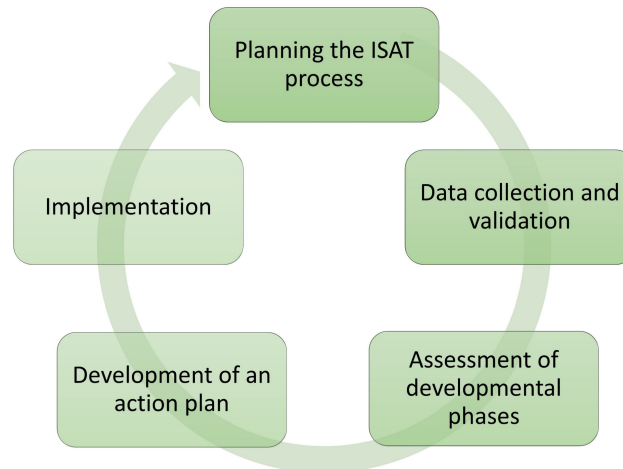
Facilitators and challenges

The quality, relevance, and accessibility of the ISAT Guide as a self-evaluation tool were noted by many participants in the UdeS process. It is simple, user-friendly, and concrete. SA benchmarks and indicators are instructive and permit us to question ourselves and better structure our reflection on a complex topic. Ongoing support from TUFH has been invaluable, not to mention the flexibility of the process, which bodes well for all institutions involved.

The issue of mobilizing human resources within an optimal timeframe remains a challenge when it comes to implementing this approach. Figuring out how to structure the self-assessment team and conduct wide consultations is key. Involving external and community stakeholders is also challenging but can lead to new partnerships with an unexpected positive effect. Finally, it can be challenging but important to obtain the commitment of Faculty governance and the buy-in of the program or programs concerned, as all make a significant contribution to the SA of the institution.

Conclusion

The ISAT self-assessment process helps develop and consolidate a common vision of the SA of Faculties of Medicine and other institutions in the health sciences. ISAT represents a powerful tool for development, which promotes the continuous process of change at the institutional level in contrast to maintaining the status quo. Indeed, SA in health is part of a dynamic movement beyond the results of self-assessment per se toward a more just and healthier world.

i World Health Organization. (2000). Towards unity for health: challenges and opportunities for partnership in health development: a working paper / Charles Boelen. World Health Organization. https://apps.who.int/iris/handle/10665/66566

ii Woollard B, Boelen C. (2012). Seeking impact of medical schools on health: meeting the challenges of social accountability. *Medical Education,* 46: 21–27. https://doi.org/10.1111/j.1365-2923.2011.04081.x

iii PAHO - ISAT working group. (2017). A guide through the path of Social Accountability through Indicators of Social Accountability tool (I-SAT). 4th Global Forum on Human Resources for Health. Dublin. https://hrhforum2017.ie

iv Boelen, C et al. (2016). Producing a socially accountable medical school: AMEE Guide No 109. *Medical Teacher,* 38(11):1078-1091. https://doi.org/10.1080/0142159X.2016.1219029

v Ross, SJ et al. (2014). THENet evaluation framework pilot study. *Education for Health,* 27(2):116-126. https://doi.org/10.4103/1357-6283.143727

vi PAHO/ISAT Working Group: Training for Health Equity Net (THENet), Towards Unity for Health (TUFH), Beyond Flexner Alliance (BFA). (2021). Indicators for Social Accountability Tool in Health Profession Education: Self-Assessment Guides and Tool. https://socialaccountabilityhealth.org/wpcontent/uploads/2021/04/ISAT-Implementation-Guide.pdf

vii The Network: Towards Unity for Health. (2021). The ISAT oversight committees. https://socialaccountabilityhealth.org/oversight-committees-2/