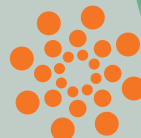
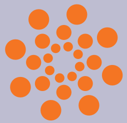
STUDENTS' TOOLKIT

SOCIAL ACCOUNTABILITY IN MEDICAL SCHOOLS

IFMSA
International Federation of Medical Students' Associations



THEnet
Training for Health Equity Network



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IFMSA

The International Federation of Medical Students' Associations (IFMSA) is a non-profit, non-governmental organization representing associations of medical students worldwide. IFMSA was founded in 1951 and currently maintains 132 National Member Organizations from 124 countries across six continents, representing a network of 1.3 million medical students.

IFMSA envisions a world in which medical students unite for global health and are equipped with the knowledge, skills and values to take on health leadership roles locally and globally, so as to shape a sustainable and healthy future.

IFMSA is recognized as a non-governmental organization within the United Nations' system and the World Health Organization; and works in collaboration with the World Medical Association.

THEnet

Based on the experience and successful strategies of their founding schools, Training for Health Equity Network (THEnet) is a global movement advocating for socially accountable transformative health workforce education. THEnet seeks to align health workforce education to meet local needs, including ensuring community engagement. THEnet knows that families have better health outcomes when health providers understand and respond to the particular needs of the communities they serve. THEnet envision a world of healthy, resilient communities – regardless of gender, ethnicity, wealth or geography – accessing quality health services from robust health systems.

Community engagement and primary-care orientation underpin all aspects of THEnet's work. Not only is the aim to help provide health services where there are none, but also to mobilize and support communities to take responsibility for their own health over the long-term.

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Contents

Word of welcome
page 3

What is social accountability?
page 4

Why this toolkit?
page 6

How to assess social accountability?
page 7

Assessment tool
page 8

How to take action
page 8

Annex 1: Explanatory tables tool
page 9

Annex 2: References
page 12

Annex 3: Glossary
page 13

Word of welcome

Dear medical students worldwide,

It is with great pleasure that we present to you the first version of the students' toolkit for social accountability in medical schools.

Social Accountability (SA) in medical education is becoming increasingly prominent in evaluating medical school performance and education quality. Medical students are the future of healthcare locally and globally. They should have a vested interest in receiving an education that will best prepare them to meet the future needs of the society in which they work. We hope that this toolkit will inspire you to want to learn more about SA and understand why it is important for you, as a medical student, to advocate for increasing SA at your institution.

This toolkit aims to provide you with a brief introduction of what SA and its core principles are, and how you as a student can apply several of the existing tools for your own school to really make a difference.

With best regards,

The International Federation of Medical Students' Associations (IFMSA)

Training for Health Equity Network (THEnet)

What is Social Accountability?

Definition

The world is changing dramatically. There is a great gap between available health resources and the people's needs. This has urged medical schools to form new priorities.

The World Health Organization has defined the Social Accountability (SA) of medical schools as **"the obligation to direct their education, research and service activities towards addressing the priority health concerns of the community, region, and/or nation they have a mandate to serve. The priority health concerns are to be identified jointly by governments, health care organizations, health professionals and the public."** (WHO, 1995)

This implies that medical schools should not only be involved in the improvement of their community healthcare system, but that they should also produce graduates that have been educated with the training, skills and knowledge to work in their community and have a positive impact on people's health status. These principles have been widely acknowledged within several governmental processes, such as the adoption of the Global Strategy on Human Resources for Health: Workforce 2030. (WHO, 2016)

> Medical education does not exist to provide students with a way of making a living, but to ensure the health of the community.

Rudolf Virchow (1821-1902)
Founder of the field of social medicine

Watch an animated infographic on Health Equity and Socially Accountable Health Professional Education: https://www.youtube.com/watch?v=J7N0L8ldo-k

Social responsibility, responsiveness or accountability?

Social accountability, social responsiveness and social responsibility are often used as synonyms to refer to a school social obligation. Yet, in reality, they have three different and specific meanings (Boelen et al. 2012).

A socially **responsible** school, defines by itself as committed to what faculty considers as welfare of society, based on implicit identification of society's health needs. A socially **responsive** school responds to its community health priority needs by directing education, research and service activities. Faculty focus on specific competencies that address people's health concerns.

A socially **accountable** school goes beyond responding to needs: it works alongside its community and key stakeholders to anticipate their population health related needs and adapt their educational program to them. It can demonstrate positive impact on people's help through evidence. It aims to produce change agents with capacity to work on health determinants, as well as contribute to adapting the health system.

What is Social Accountability?

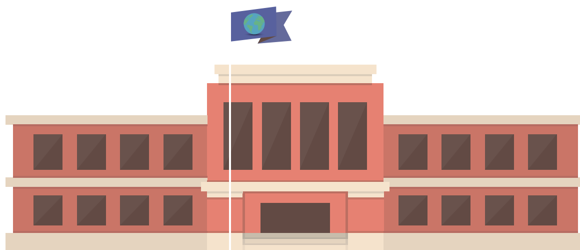
A SOCIALLY ACCOUNTABLE MEDICAL SCHOOL ASPIRES TO:

Have a Social Accountability Mandate
Have community partners that help shape the school
Have a curriculum that reflects the population's needs

Have teaching sites that reflect the health system
Have opportunities for community based learning
Have classes where students reflect the sociodemographics of the population

Offer opportunities for Service Learning
Produce culturally, socially and technically appropriate doctors
Collaborate with other institutions

Encourage learners to follow both generalist and specialist career paths, in accordance with the population's needs
Do community based research



Values of Social Accountability

THEnet framework proposes that Social Accountability rests upon five important values (https://thenetcommunity.org/framework-introduction/):

1. **Quality:** Health services must be delivered in a way that optimally satisfies both professional standards and community expectations.

2. **Equity:** Opportunities for health gains are available to everyone. Health equity and social determinants of health should be considered in all aspects of education, research and service activities.

3. **Relevance:** The most important and locally relevant problems are tackled first. Decisions on health resources are responsive to community needs and the principles of cultural sensitivity and competency.

4. **Partnership:** Partnerships are key in developing, implementing and evaluating efforts between all stakeholders - faculty and students, communities, health and education systems, and schools.

5. **Efficiency:** The greatest impact on health is achieved through cost-effectiveness and with available resources tareted to address priority health needs.

Key principles that should be emphasized in SA medical schools are community engaged medical education, reflecting on current and future health needs and challenges in society, interprofessional collaboration and emphasizing on impact.

Why this toolkit?

From the definition to action

Since the World Health Organisation (WHO) defined the obligation of medical schools to become socially accountable in 1995, there has been a rise in the awareness of the relevance of both the medical schools and their graduates involvement in this process. Medical schools are becoming increasingly conscious that they need to ensure that their graduates are "fit for purpose" by identifying and addressing the priority health concerns of society.

Some medical schools are successful at doing so, however more medical schools should be encouraged to take on these principles. That is why we, as medical students, should take the opportunity to reflect on whether our medical schools are effective in addressing the priority health needs in our communities and identify if there is potential for improvement.

Our role as medical students

The first step to a socially accountable medical school is to recognize that SA forms a foundation not only for medical practice, but also for medical education. All key social accountable actions for medical schools involve medical students. From the selection and admissions process to the curriculum and teaching methods, medical students are essential to the development of a socially accountable school. Advocating for SA is an opportunity to contribute to the building of best medical education practices and improving the health of our communities and countries. (IFMSA, 2016)

Be the change!

We hope that, through this toolkit, you will find encouragement to advocate for a socially accountable medical education. Our ultimate goal is to provide you with the necessary resources to be the change at your own institution!

In this part of the toolkit, we will provide you with a simplified assessment tool to help you assess your school's social accountability and thus identify its problems and its areas of improvement.

How to assess SA in your school?

User guide - So how does this tool work?

Read the questions in the table on page 8 carefully and rate your school's performance from 0 to 3 for each area by circling the number. Consider doing so in a group of students from various years to form a clear overall picture. You can then calculate the total score by adding the scores of each question to a total, and see where your school approximately stands. You can use the linked table in Annex 1 (page 10) with additional information on each of the questions and accompanying indicators to guide your scoring. When you've finished, you can use the Annex 1 table to identify areas your faculty could work on.

As a final step, you can check the "take action" part from our toolkit which will provide you with proper and adequate tools to help you improving your school's social accountability! Keep in mind that social accountability of a school requires continuous quality improvement to meet the needs of a society while training fit-for purpose doctors. In the model below, based on THEnet's quality improvement model, you can see how to review how education, research, and service delivery creates a continuous quality improvement feedback loop (Clithero et al., 2017).

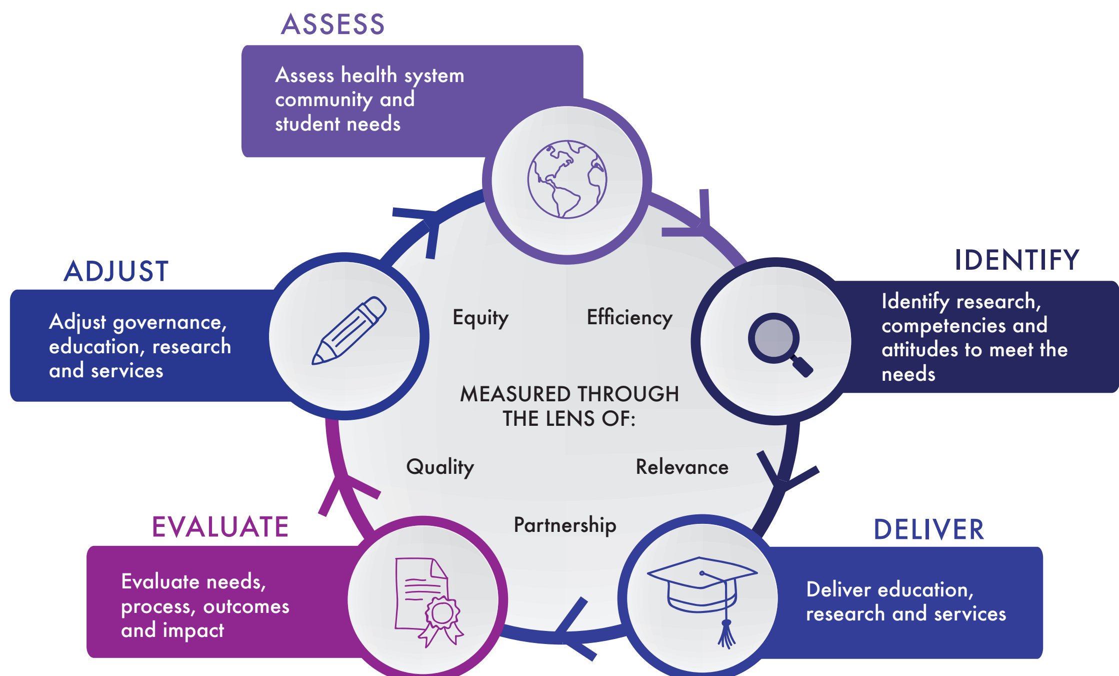
Scoring implications

0-8: Start a conversation with your classmates and school to begin to build social accountability at your school.

9-17: Your school has some social accountability strategies, look for ways to advocate to build on these existing strategies

18-26: Your school is doing well, look for areas of weakness and ways to advocate to improve social accountability.

27-36: Your school has a strong foundation in social accountability, advocate for continued growth and leadership in social accountability.



Adopted from THEnet's iterative continuous quality improvement model.

Assessment tool

	No	Somewhat	Good	Excellent	Related questions of the assessment tool from Annex 1
a. Does your institution have a clear social mission (statement) around the communities that they serve?	0	1	2	3	A1
b. Does your curriculum reflect the needs of the population you serve?	0	1	2	3	A2, B1
c. Does your school have community partners and stakeholders who shape your school?	0	1	2	3	A3, A4
d. Do you learn about other cultures and other social circumstances in medical context in your curriculum?	0	1	2	3	B1
e. Do the places/locations you learn at in practice include the presence of the populations that you will serve?	0	1	2	3	B3
f. Are you required to do community based learning (opposed to only elective opportunities)?	0	1	2	3	B2, B3
g. Does your class reflect the socio-demographic characteristics of your reference population?	0	1	2	3	B4
h. Do your teachers reflect the socio-demographic characteristics of your reference population?	0	1	2	3	B5
i. Does your learning experience also provide an active service to your community?	0	1	2	3	B6
j. Does your school have community based research?	0	1	2	3	B7
k. Does your school encourage you to undertake generalist specialties (eg. family medicine, general practice)?	0	1	2	3	C1
l. Does your school have a positive impact on the community?	0	1	2	3	C2, C3, C4
TOTAL SCORE **(sum of the above, between 0 and 36)**					

How to take action

My institution has space to improve. What do I do next?

Your assessment of your institution will only have an impact once you take action based on your findings. You have many opportunities for doing so. You'll have to set up goals, identify stakeholders, and get together a team to help you.

We have created some tools that you can use to get started in your work in Social Accountability in medical schools. You can find all tools at www.ifmsa.org/social-accountability. Below you can find a short description of the different tools that are currently available.

Building capacity

In order to have a team with whom you can work to address the issues in your institution, it's important for you to put some time in building capacity of your team or representatives. We created an **example training session** you can use. You will find both a PowerPoint as well as a trainer's handout

Raising the issue

In order to raise the issue towards your colleagues, it can be helpful to use a PowerPoint presentation. Make sure to make it specific to your audience.

A letter to your student oragnization

You will find an example letter to your student organization you can send as an individual student, to ask their attention to this topic.

A letter to your school administration

You will find an example letter to your dean of medicine, that you could adjust to send to the right person in your faculty (this might be for example the dean, a person in the centre for medical education, or a person dedicated to student affairs).

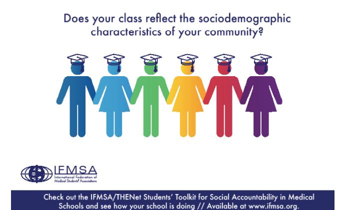
Social Media

Trying to get attention for your initiatives? Try using Social Media platforms. We created a sample text that you can adjust to your situation, and several images you can use.

Why is this toolkit appearing now?

During the World Summit on Social Accountability 2017, Tunisia, people from across the world came together to translate ideas into action. As the organizations taking the lead in this process, we think it's absolutely essential that students have the tools they need to help contribute to the improvement of and to hold their schools accountable to its principles.

Now, it's time for actual implementation. We need to hold ourselves and our schools accountable to uphold these principles, and to make sure that all together we live up to society's expectations. We hope that this toolkit provides a background and materials for students willing to take on action, and start the conversation within their local communities.



Annex 1

Explanatory tables to the assessment tool

The following tables are based on a combination of the following two reference documents:

- THEnet Framework for Socially Accountable Health Workforce Education
- AMEE Aspire criteria for recognition of excellence in Social Accountability of a medical, dental and veterinary school

A. How does your school work

Key question	Goals	Indicators	Sources of Evidence for Students
A1/ What does your school believe in?	Social accountability values should be established and upheld and should be inspired by the current and prospective needs of your school's immediate society.	1. Social accountability values are explicit and apprehended by students and staff.	What are the school mission and vision statement? Do they address SA principles? Are they available on the website? Did you know them before you applied? Do you hear them in classes? Do all your teachers follow the social mission?
A2/ Who does your school serve, what are their needs and what are the needs of your health system?	The reference population should be recognized and its needs and priorities are defined and addressed in collaboration with key stakeholders.	1. Clear rationale for identification of populations and a regularly reviewed identification of priority health and workforce needs. 2. The reference population is recognized and understood by students, staff and key stakeholders, who are involved in developing key health policies and improving health services, especially the Primary Health Care (PHC).	Are you taught specifically about all populations in your community, including vulnerable populations and their health needs? Do you have guest speakers discussing the needs of the community? Do you know whether faculty have active community partnerships?
A3/ How does your school work with others?	Your school should collaborate with all related stakeholders to respond to the priority health and social needs of the reference populations.	1. Level of involvement of related stakeholders in teaching, research programs and recruitment and admission processes. 2. The engagement and collaboration of the community by making and receiving in-kind and financial contributions.	Are the partners and stakeholders on the school's website? Are (simulated) patients from the community involved in creating or giving classes and workshops?
A4/ How does your school make decisions?	All relevant stakeholders should be meaningfully involved in the strategic decision-making processes by continuous and effective consultations in designing, implementing and evaluation of its education, research and service programs.	1. Governance structure guarantees significant participation of key stakeholders. 2. Students are recognized as key stakeholders and are involved meaningfully at all levels of education design, implementation and evaluation. 3. Stakeholders are provided with the opportunity to receive the necessary support and training to fulfill their roles.	Is there a school organizational chart available that shows how different stakeholders are involved and how decisions are made? Have meaningful changes been made in response to feedback? Are there group committees such as student representative groups or community groups that give input for decisions? Is their input considered in a meaningful way?

Explanatory tables to the assessment tool

B. What does your school do?

Key question	Goals	Indicators	Sources of Evidence for Students
B1/ What are you taught?	Your curriculum reflects the health system, workforce and priority needs of the community you serve.	1. Curriculum design, delivery, assessment and evaluation reflect the desired graduate attributes, the principles of generalism and integration of basic and clinical sciences with population health and social sciences.	Do you specifically learn about the health sytem? About the needs, health and wellbeing of the community you serve? About different cultures and their specific needs? Are you taught about the social determinants of health specific to other cultures and vulnerable populations? Can you find relevant related learning objectives in your student handbooks or curriculum documents? Are you assessed on these aspects?
B2/ How are you taught?	Learning objectives are based on the current and projected health care needs. There is a program on professionalism for students and staff and learning opportunities that focus on the concept of SA and interprofessionalism.	1. Assessment is designed to assess the acquisition of the knowledge, skills and behaviours required by socially accountable practitioners in responding to health needs of underserved populations. 2. Teaching methodology is relevant and appropriate to learner's needs and context.	Do you specifically learn abou the needs, health and wellbeing of the community you serve? Are you taught in a variety of ways such as lectures, small group learning, community based learning? Does your school support you to develop competencies such as interprofessionalism and leadership? Are these competencies also assessed in students?
B3/ Where are you taught?	Patients at teaching sites reflect the population that you serve and there are opportunities for early and extensive community based learning experiences and for interprofessional learning and practice.	1. Field placements developed to provide adequate exposure to priority health needs whilst learning in context. 2. Continuity of community and clinical experience throughout the curriculum. 3. Length of time student spends in supported, educationally sound placements congruent with learning needs. 4. Interprofessional education opportunities available to all students.	Is it mandatory to have (some of) your internship placements in the populations you will serve? How much time do you spend in the community rather in the hospital to learn? Do your placements provide you with an educationally sound experience? Does the length of community placements provide you with an understanding of the population health needs?
B4/ Who is in your class?	Our class reflects the socio-demographic characteristics of our reference population, especially underserved populations.	1. Percentage of student body from reference population. 2. Explicit and targeted support and pathways for underserved populations. 3. Student progress and completion rates are equivalent across student groups. 4. Advocacy to support medical students.	Are your fellow classmates from a diverse background based on the community your school serves? Does your school encourage applicants from vulnerable populations to apply? Are there support programs available? Do the selection methods give everyone a chance to become a student?
B5/ Who teaches you?	Teachers reflect the demographics of our reference population, a balance of clinical, biomedical and social sciences, and are committed to social accountability. Lifelong learning should be provided through a continuous education/professional development.	1. Faculty/staff reflect a diverse mix of professional, cultural and community backgrounds. 2. Proportional representation and retetion of underserved groups on faculty and non-academic staff. 3. Presence of community preceptors in the underserved community.	Are your teachers from a range of cultural backgrounds? Are your teachers from a balance of clinical, biomedical and social sciences? Do your teachers have educational expertise of the vulnerable communities? Have your teachers worked or lived in the local community for a long period of time?
B6/ How does your school contribute to the delivery of health care?	Students and educators are involved in service delivery related to changing priority health needs and community development.	1. Students and educators are involved in community need driven service learning activities. 2. Student projects developed with community partnerships.	Is there a clear service learning pathway for students at your school? Do you complete projects with community members and partners? Do you have the opportunity to create health promotion activities with the community? Does your faculty support student organizations to do so? Do you feel that your placements provide you with opportunities to serve your patients?
B7/ What is the role of research in your school?	Research inspired by and that responds to the priority health needs of the school's community/region/nation should be an essential component and a desirable feature for the students within the curriculum. They should have clear beneficial effects on the community.	1. Students and faculty are involved in researches that are reflecting and anticipating the health needs of the population. 2. Health outcome indicators related to the researches.	Does your school have staff who are trained in research? Are you being taught research skills in your formal curriculum? Do supervisors use their research expertise to support student projects in the community? Are student research projects reflecting the health needs of the vulnerable communities?

Explanatory tables to the assessment tool

C. What difference does your school make?

Key question	Goals	Indicators	Sources of Evidence for Students
C1/ Where are your school graduates doing, rather than what they should they be doing?	The school should produce the right number of qualified doctors "to practice the right medicine with the right partners at the right time and the right place". They should be appropriately trained to be change leaders and are encouraged to choose careers that are relevant to the priority health needs of the population.	1. Graduates number and quality (knowledge, attitudes and skills) are adequate to their practice and settings. 2. Balance of graduates working on public versus private, urban versus rural, primary versus secondary/ tertiary care settings.	Do graduates stay to work in the local community? Do you meet graduates of your school when you go on placements? Is there a perception among students to want to 'give back' and support students once they have graduated? Does your school's social mission state that graduates are encouraged to undertake both generalist and specialist careers? Do the specializations chosen by graduates reflect health workforce needs?
C2/ What difference does your school make to your reference population and health system?	Your school should have a positive impact on the major health and social needs of the reference population. With stakeholder contribution, your schools should develop projects, policies and strategies that aim to create a more relevant health system and to respond to social and health needs within the population.	1. Models of partnerships with socially accountable entities reflect SA values. 2. Community satisfaction with care; access and quality. 3. Retention of health workforce in the community. 4. Health, economic and social outcome indicators. 5. Outcomes of students and faculty projects.	Is your school viewed by the general public as one that positively influences the local community? Do graduates stay to work in the local community? Do many of the projects started by students and faculty from your school continue to exist and have positive outcomes?
C3/ How does your school influence others?	Your school should positively influence all related stakeholders and policy makers to adapt and develop the health system.	1. Number of relevant publications and conference presentations. 2. Examples of changes to health system as result of school's activity. 3. Quality improvement frameworks.	Have you seen many publications or much presence of your school in national or international conferences? Do you know any examples where your school changed health policy or works with policy makers to change the health system?
C4/ What impact does your school make together with others?	Schools, including learners, should support and collaborate with other institutions nationally and internationally to attain common SA goals.	1. Number of schools joined in SA projects or assisted to adopt the SA values. 2. Site visits to other institutions.	Does your school participate in many national or international projects together with other institutions and faculties in order to reach common SA goals? Do students have the opportunity to participate in such projects?

Annex 2

References and further reading

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Suggested further reading

Global Consensus on Social Accountability

In 2011, the Global Consensus on Social Accountability (GCSA) was developed. It resulted from the efforts of 130 medical education organizations and individuals who worked along to produce a document consisting of 10 strategic directives. Those directives show to medical schools the way to become socially accountable.

Link to the full document: http://healthsocialaccountability.org/

Tunis Declaration

In 2017, the World Summit on Social Accountability and the Network Towards Unity for Health created a declaration stating its beliefs and proposed actions in the area of Social Accountability in Health Professions Education

Link: http://www.worldsummitonsocialaccountability.com/

Global Strategy on Human Resources for Health

In 2016, the 69th World Health Assembly adopted the Global Strategy on Human Resources for Health: Workforce 2030. The document is primarily aimed at planners and policy-makers of WHO Member States, but its contents are of value to all relevant stakeholders in the health workforce area. Link: http://www.who.int/hrh/resources/globstrathrh-2030/en/

Glossary

Advocacy
Raising awareness and encouraging people to take action

Community Based Learning
Learning with the community as a teaching site

Community Based Medicine (CBM)
Medicine oriented to a community health needs, focusing on the disadvantaged and underrepresented social groups.

Community Based Medical Education (CBME)
Educational activities that use the community extensively as a learning environment where students, teachers, community members and representatives of other sectors are actively engaged throughout the educational experience in providing medical education that is relevant to community needs.

Community Engagement and Partnership
Partnership with key stakeholders in developing, implementing and evaluating efforts. Partnerships with stakeholders including faculty and students; communities being served; all health and education system actors; the school and the larger academic and social accountability community.

Cultural Sensitivity
Health professionals should see all patients, colleagues and partners as unique individuals whose culture including experiences, values, beliefs and language influences perceptions and behaviour. Cultural competency is not seen as a specific knowledge, attitudes and practices acquired, but a process of removing barriers to effective and open communication in the service of the patient

Efficiency/Cost-effectiveness
This involves producing the greatest impact on health with available resources targeted to address priority health needs.

Equity
The state in which opportunities for health gains are available to everyone. Health equity (the absence of systemic inequality across: population groups) and social determinants of health should be considered in all aspects of education, research and service activities.

Generalism
Targeting medical education towards the generalist specialities (family medicine, general internal medicine, general surgery, primary care etc.) in order to give learners a broad education and produce comptent physicians who can meet the needs of the community

IFMSA
International Federation of Medical Students' Associations

Inter-professionalism
A value that all health professionals respect each other's knowledge, culture and understand the role that each team member plays on the health care team. Inter-professionalism includes key features of partnership, participation, collaboration, coordination and shared decision making. Where inter-professionalism is practiced, health professionals from all disciplines work together as teams with and in service of the patient and the whole community

Interprofessional Education (IPE)
Interprofessional education occurs when students from two or more professions learn about, from and

Glossary

with each other to enable effective collaboration and improve health outcomes.

Participatory Education
Educational model in which students are active participant in determining their curriculum and learning activities.

PCM
Patient Centered Medicine

Primary Health Care (PHC)
The day-to-day healthcare given by a health care provider. This provider is the first contact person for patients. He/she follows and overviews their medical care.

Quality
Optimally satisfying both users and professional standards. The degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge.

Relevance
The degree to which the most important and locally relevant problems are tackled first.

Resilience
The ability of a system to cope with change. It includes anticipating risk, limiting impact and recovering from adverse situation.

Responsiveness
Medical schools should be proactive and responsive to changing needs and requirements of the people, systems and societies they serve

SA
Social Accountability

Secondary care
The healthcare of someone who has more specific expertise in whatever problem the patient is facing. The first care provider usually referrs patients to secondary care providers when he/she can't handle the problem on his/her own.

Service Learning
Learning in the community in a project developed in collaboration with the needs of an organization and medical learners. ie: Learning through serving others by way of established partnerships

Social Justice
The equitable distribution of social, economic and political resources, opportunities, and responsibilities and their consequences, and the redressing of inequitable distribution.

Stakeholder
A person, group or organisation with an interest or concern in something, e.g. a community, the dean of a medical school or the ministry of health.

Sustainable Development Goals (SDG)
Set of goals to end poverty, protect the planet, and ensure prosperity for all as part of a new sustainable development agenda adopted by the United Nations in 2015.

Tertiary care
A higher level of specialty care. Tertiary care requires highly specialized equipment and expertise.

THEnet
Training for Health Equity Network

Transformative education
Educational model in which students are urged to think autonomously and to develop a personal meaning of a subject.

WHO
World Health Organization

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