How Can Medical Education Train Socially Responsible Physicians?

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In 2010, a Working Group on Social Responsibility and Accountability was formed to inform the UBC MD undergraduate program's curriculum renewal. Based on 'The Future of Healthcare in Canada' report[1] and the 'Stakeholder Input' report[2] this working group identified eleven key themes that would direct the creation of a medical curriculum to develop socially responsible physicians (Figure 1).

Figure 1 | Social Responsibility and Accountability Framework

As represented in Figure 1, Social Responsibility, protected by a circle around it, symbolizes the sacredness of this core value to the medical profession. Spreading out, and supported by the notion of social responsibility, are eleven themes that were identified to be the focus of the MD Undergraduate Curriculum. The outside circle of Social Accountability represents the interface with all external stakeholders. For example, Social Accountability acknowledges how a faculty of medicine displays and demonstrates that its medical curriculum is meeting its social responsibility mandate while incorporating stakeholder feedback.

Social Responsibility Themes

Health Disparity

The Institute of Medicine's 'Unequal Treatment: Confronting racial and ethnic disparities in health care' (2003) noted that racial and ethnic minorities received lower quality of health care even after controlling for access issues.[3] This report recommended that cross–cultural curricula needed to be integrated early into health professional training.

The framework proposes that medical students be provided frequent opportunities to gain an understanding of health disparities through didactic lectures which outline the basic foundations, small group learning sessions which encourage discussion, and clinical experiences which invite student engagement with diverse communities. In addition to an increased awareness and sensitivity to social determinants of health, medical students need to understand their own capacity and responsibility to impact these health disparities during their training and subsequently in independent clinical practice.

Diversity

It has been well recognized that the delivery of quality healthcare to diverse patient populations is suboptimal.[4,5] One strategy to address this has been to increase the diversity of the physician population to meet the needs of diverse communities.[6]

While gender, ethnic minority, and students from non–traditional academic backgrounds have improved overall medical student diversity,[7,8,9] there remains an underrepresentation of students from lower income families[10] and from Aboriginal communities in Canadian medical schools.

Also absent is a representation of female role models in academic leadership positions. Similarly, there remains a lack of ethnic diversity in faculty and leadership.[11] It is proposed that initiatives to connect medical students with diverse leadership and to enhance the mentorship of students belonging to underrepresented groups will lead to more inclusive health and education organizations.

Changing Demographics

The Census of 2016[12] indicates that there are more seniors living in Canada than there are children. Also indicated is an increase in ethnic diversity through the growing immigrant population in Canada.[13] Both of these shifts in demographics will significantly affect the practice of future physicians. It is proposed that to better train medical students in healthy aging, chronic disease management, global health, and cultural safety, these content areas should be emphasized in didactic sessions and in problem/case–based learning. These topics can also be integrated in clinical experiences that are strategically organized for students to experience practicing with society's changing demographics.

Aboriginal Peoples' Health

For future physicians to address the significant health disparities amongst First Nations, Inuit, and Métis peoples[14] in Canada, the medical curriculum needs to include the history of colonization, residential schooling, and intergenerational trauma as well as the social determinants of health including housing, employment, income, environment, and education. It is anticipated that educational priorities as identified by Indigenous communities, with an educational curriculum developed by Indigenous scholars, will be implemented throughout medical training in a safe and effective manner.

Rural and Remote Health Care

It is recognized that recruiting and retaining sufficient physicians in rural and remote areas of Canada is a significant healthcare challenge,[15] that has been further aggravated by an urban–centric educational paradigm in both the recruitment and training of physicians.[16]

It is proposed that early exposure to rural clinical practice and then repeated exposure later in training leads to a better understanding of the opportunities and realities of rural practice. Medical students should also have interactions with rural medicine role models.

Global Health

Improving medical students' global health education will strengthen students' abilities in communication, collaboration, and advocacy.

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While reminding the medical students of their obligations of global citizenship, medical education should improve the medical students' knowledge and skills that will enhance their clinical practice both locally and internationally. While considerable resource and logistical challenges exist, students need increased learning opportunities for clinical rotations in developing countries and for increased engagement with recent immigrant and refugee patient communities in well resourced countries.

Generalist and Specialist Training

While it is well understood that family physicians improve health outcomes[17] there remain forces that discourage students from choosing family medicine as a career.[18,19] It is proposed that medical students be provided ongoing valuable rural practice clinical experiences. It is also critical to recognize that physicians with highly specialized skills are crucial to ensuring positive health outcomes.[20] Medical students need exposure to both generalist and specialist high quality practices early in their training so that they can make informed career choices. This is best achieved through a combination of rich mandatory clinical rotations and a wide offering of electives in both generalist and specialist practices.

Collaborative Care

There is considerable research evidence that ideal collaboration provides better health outcomes, while dysfunctional health care teams lead to negative outcomes.[21,22] To train socially responsible physicians, medical students need to spend time in interprofessional education (IPE), which has been defined as "occasions when members or students of two or more professions learn with, from, and about each other to improve collaboration and the quality of care and services."[23] Curriculum topics such as professionalism, ethics, resiliency, patient safety, and conflict resolution are appropriate for small group learning sessions with students from a variety of health education programs. During the clinical years, medical students would benefit from interacting with the entire health professional team to provide patient care.

Research and Scholarship

Medical students should be given opportunities to participate in socially responsible research to create and translate health knowledge to address society's most complex and significant health concerns. This should include opportunities for ethical community driven participatory research. Rather than doing this on their own extracurricular time, medical students need protected time to engage in scholarly research for which they will be granted academic credit.

Health Promotion and Disease Prevention

Socially responsible physicians recognize that health improvement and disease prevention is not only more cost effective than the treatment of disease, but is also consistent with the notion that disease occurrence should be avoided whenever possible. Medical education needs to include sessions on healthy lifestyles, screening for diseases, as well as the role of physicians during large–scale emergencies and epidemics.

Patient–Centred Care

For medical students to become socially responsible, the curriculum needs to emphasize high levels of competency in communication, empathy, and cultural safety so that truly patient–centred care can be practiced.

Medical students should also be provided opportunities for work–life balance, mindful practice, and self–reflection. The importance of the therapeutic alliance and relationship–based care need to be highlighted throughout the medical curriculum. There needs to be protected time to learn and practice resiliency strategies.

Conclusion

The framework proposes that a socially responsible physician, while performing each of the CanMEDS competency framework[24] roles of Medical Expert, Communicator, Collaborator, Leader, Health Advocate, Scholar, and Professional, must understand that meeting society's needs is not secondary to being a competent physician.

It is the role of medical education to both assist medical students to achieve CanMEDS competencies, and to nurture their development into socially responsible physicians.

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