



# PEOPLE, PARTNERSHIPS, PROGRESS

**THE FOUNDATION OF SOCIAL ACCOUNTABILITY  
AT THE FACULTY OF MEDICINE**

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# Foreword

We are pleased to present this report highlighting current and recent social accountability activities within the Faculty of Medicine. In this report, we present the findings of a timely environmental scan aimed at identifying the breadth of social accountability initiatives taking place in the Faculty. This environmental scan was conducted as an integrated component of the Faculty's new strategic plan "Leading Innovation for a Healthier World" and will serve as a key foundational element in defining our overall strategy and approach for enhancing social accountability across all programs and initiatives in the Faculty of Medicine. This is the first overview report of its kind in the Faculty of Medicine, and it shows how multidimensional social accountability at the Faculty already is, and how engaged we are with the diverse communities we serve.

The social accountability of medical schools, "their obligation to direct their activities towards addressing the priority health concerns of the communities or regions they serve as identified jointly with governments, health care organizations, health professionals and the public" (as Boelen and Heck defined it for the World Health Organization in 1995), is an integral facet of the 21st century medical school. It is also one of the dimensions in the accreditation of Canadian medical schools, and a key factor to ensure that we, as a leading Faculty of Medicine, remain contemporary in our commitment to equity, diversity and inclusion.

The Faculty of Medicine has recognized the importance of social accountability by enhancing its social accountability mandate. In this new context, it quickly became apparent that it was essential to comprehensively identify the Faculty's existing strengths in this area, and to systematically define areas of growth and opportunities. As detailed in the report, the Faculty has already incorporated social accountability in all areas, including leadership, education and research. Moreover, faculty members are effectively engaging with patients, stakeholders and communities. Our social accountability mandate

will help us to actualize innovations in engagement that will enhance the beneficial impact of our activities for diverse people and communities in ways that are both equitable and respectful, as articulated in our 2020-2025 Strategic Plan. This environmental scan serves as the basis for operationalization of the plan and related action items, and thus constitutes a first step towards developing a social accountability framework tailored to the needs of our communities.

In closing, we would like to thank members of the Faculty for their extensive and enthusiastic participation in this project, and for generously supplying in a timely fashion the necessary data and information. Findings included in the report provide a solid foundation on which we will develop a shared vision of social accountability and engagement in the years to come.



Claire Kendall, MD, FCFP, PhD  
Associate Dean, Social Accountability



Bernard Jasmin, PhD  
Dean, Faculty of Medicine

# What is social accountability?

Social accountability in medical school is defined as the school's obligation to direct their activities towards addressing the priority health concerns of the communities or regions they serve as identified jointly with governments, health care organizations, health professionals, and the public. The road towards social accountability can be interpreted as a social obligation gradient, with social accountability building on social responsiveness and social responsibility [1].

## Social Accountability in the uOttawa Faculty of Medicine

Established in 1945, the University of Ottawa Faculty of Medicine is one of Canada's 17 medical schools, and the first and largest bilingual faculty. The development of social accountability initiatives at the Faculty began in 1995, with the creation of a Francophone Stream for the MD program, founded with the intent to recruit students to serve the needs of Francophone communities [2]. The Faculty has since furthered initiatives to serve Indigenous and rural populations, along with the overall population of the Ottawa area.

As part of our 2020-2025 Strategic Plan, "Leading Innovation for a Healthier World", the Faculty has committed to accountably collaborating with patients, communities and populations to enhance the quality, equity, relevance and effectiveness of care and to integrate this collaboration into medical education, clinical service and health research [3]. As part of our approach, we conducted a comprehensive internal environmental scan to inventory our social accountability initiatives. Our study captures our current social accountability activities, opportunities where we can expand these, and areas where we need to develop. It will therefore serve as an initial basis for the integration of social accountability Faculty-wide.

Social accountability is evident in all of our domains, and the wide range of activities that can be found at

every stage of the social obligation gradient suggests that social accountability is dynamic and developing at our Faculty. It is important to note that a study such as ours is only a snapshot of our activities, and only captures those that are institutionally externalized, not those where it features as a mindset and a context. However, we are confident that Faculty members endeavour to incorporate social accountability into all of their activities. Our aim with this environmental scan has been to begin actualizing a robust enabling environment to support and inspire this.

### Social Accountability

Active engagement with key community stakeholders to optimize activities to achieve community health goals, with a measure of how these actions impact the health system performance and population's health status.

### Social Responsiveness

Course of actions addressing society's needs based on data

### Social Responsibility

State of awareness of duties to respond to society's priority health needs and challenges

### References

1. Boelen, C., & Heck, J. E. (1995). Defining and measuring the social accountability of medical schools.
2. About Us | Office of Francophone Affairs. (n.d.). Retrieved November 19, 2020, from <https://med.uottawa.ca/francophones-affairs/about-us>
3. Leading Innovation for a Healthier World, University of Ottawa, Faculty of Medicine Strategic Plan 2020-2025.
4. Dean's Office, Faculty of Medicine. (2020). Leading Innovation for a Healthier World, Strategic Plan 2020-2025 (Rep.). Ottawa, Ontario: University of Ottawa, Faculty of Medicine.

# Approach

To garner an understanding of social accountability activities across the Faculty of Medicine, we conducted a mixed methods environmental scan. Data collection and extraction took place between June 3 and July 27, 2020. We used a look-back window of five years starting June 1, 2015 for all data sources and included items in both English and French. We collected 729 documents and data sources to extract information related to social accountability factors such as values expressed, populations represented, and social obligation spectrum ranking. Of these documents, 560 were considered relevant to social accountability and used for further analysis. For the purpose of this report, we sorted these documents into three natural categories: Departments and Offices, Education, and Research. We also solicited 29 brief descriptions of projects involving community and stakeholder engagement and used thematic analysis to understand varying interpretations of social accountability. We have used some of these descriptions to illustrate social accountability initiatives in each category.

## Departments and Offices

- Administration
- Affaires francophones
- Department of Innovation in Medical Education
- Distributed Medical Education
- Indigenous Program
- International and Global Health Office
- Office of Equity, Diversity, and Inclusion

## Research

- Annual Report
- Marginalized, Indigenous, and/or Francophone Community Involvement
- Community Involvement and/or Collaboration with External Stakeholders

## Education

Undergraduate Medical Education	Postgraduate Medical Education	Graduate Studies	Continuing Professional Development
<ul style="list-style-type: none"> <li>• Admissions</li> <li>• Community Service Learning</li> <li>• Committees related to Social Accountability</li> <li>• Community Service Learning</li> <li>• Curriculum Committees</li> <li>• Graduate Questionnaires</li> <li>• Policies and Procedures</li> <li>• Scholarships and Bursaries</li> <li>• Student-led Initiatives</li> </ul>	<ul style="list-style-type: none"> <li>• Postgraduate Medical Education Committee</li> </ul>	<ul style="list-style-type: none"> <li>• Courses</li> <li>• Pipeline Programs</li> </ul>	<ul style="list-style-type: none"> <li>• Mini-Med School</li> <li>• Family Medicine Curriculum</li> <li>• Strategic Plan</li> </ul>

## Departments and Offices

The Departments and Offices category includes specialized offices as well as the administration as whole, defined by the variety of initiatives created by staff and faculty affiliated with administrative divisions within the Faculty of Medicine, as shown in the table below. The Administration component includes measures by the Executive Leadership Team that relate to assessment, advancement, and

recognition of its programs and members. In the other departments and offices, outreach activities and partnerships are prominent. Francophone, Indigenous, and rural and remote communities are emphasized, as demonstrated through specific admissions streams and community placements. Affaires francophones and the Indigenous Program demonstrated an exceptional understanding of social accountability, as shown by the featured programs and projects on the following page.

Departments and Offices	Social Accountability Initiatives
Administration	<ul style="list-style-type: none"> <li>Executive Leadership: Assistant Dean of Social Accountability, Positions Representing Francophone, Indigenous, and Rural Communities</li> <li>Pandemic Response: COVID-19 Pandemic Response Funding Program</li> <li>Recognition: Awards for International and Global Health; Social Accountability; Leadership in Equity, Diversity, and Inclusivity; and Promotion of Francophonie</li> <li>Strategic Direction: Accreditation and Strategic Plan, Centre for Indigenous Health Research and Education</li> </ul>
Affaires francophones (AF)	<ul style="list-style-type: none"> <li>Admissions: CNFS Stream and French Stream</li> <li>Francophone Promotion: Journée de la francophonie, Electives with Francophone Communities, French Lessons</li> <li>Outreach: Mini-cours de médecine, Journées des carrières en santé, Camp Destination Réussite</li> <li>Partnerships: Patients impliqués dans l'éducation des professionnels de la santé (PIEPS)</li> </ul>
Department of Innovation in Medical Education (DIME)	<ul style="list-style-type: none"> <li>Outreach: Body Bequeathal Program</li> <li>Research: DIME Core Research Unit</li> </ul>
Distributed Medical Education (DME)	<ul style="list-style-type: none"> <li>Clinical Service: Rural Placements for UGME and PGME, Rural Elective Pre-Departure Training</li> <li>Curriculum: Community Physician Teaching Opportunities, Community Week</li> <li>Partnerships: Rural Placement Networks</li> </ul>
Indigenous Program	<ul style="list-style-type: none"> <li>Admissions: Indigenous Stream</li> <li>Curriculum: UGME Indigenous Celebration Day, Electives with Aboriginal Communities</li> <li>Outreach: "Come Walk in our Moccasins" Mini-Medical School, Indigenous Mentorship Program</li> <li>Partnerships: Advisory Committee of Indigenous Community Leaders</li> </ul>
International Global Health Office (IGHO)	<ul style="list-style-type: none"> <li>Curriculum: Global Health Concentration, COVID-19 Webinar series</li> <li>Clinical Service: International electives, pre-departure training</li> <li>Partnerships: International Partnership Agreements, Kuwait Mentoring Program, Ottawa-Shanghai Joint School of Medicine</li> </ul>
Office of Equity, Diversity, and Inclusion	<ul style="list-style-type: none"> <li>Mentorship: Women Faculty Mentoring Program, Female Post-Doc Fellows Program, LGBTQ2SA+ Learners Program</li> </ul>



## Spotlight on Indigenous Program

The Indigenous Program Steering Committee acts as the guiding influence and backbone of the Indigenous Program and meets annually to guide the work of the Indigenous Program regarding recruitment and admissions, curricular content, and cultural activities. This group is composed of Indigenous Elders, representatives from First Nations, Inuit, and Métis organizations and communities,

and Indigenous medical students. Members share their expertise and lived experiences to provide insight that affects the direction and activities of the Program. Since its inception in 2005, the Indigenous Program has admitted 78 Indigenous students, 68 in the Anglophone stream and 10 in the Francophone stream, with a 100% graduation rate. The Indigenous Program also supports complementary curricular events, such as the Indigenous Celebration for all first-year students, and extra-curricular cultural activities hosted by the Indigenous Health Interest Group.

## Champions of Social Accountability

**Dr. Darlene Kitty, Director, and Ms. Lisa Abel, Coordinator of the Indigenous Program**



The Indigenous Program has been led since 2010 by Dr. Darlene Kitty, who has worked diligently with the Coordinator, Ms. Lisa Abel, to increase the number of Indigenous students in the MD program. Initiatives include support and mentorship of current Indigenous medical students, and recruitment and outreach activities essential in inspiring future Indigenous physicians. For example, “Come Walk in our Moccasins” is an annual mini-medical school event open to Indigenous youth, post-secondary students and adults, who experience ‘a day in medical school’. Dr. Kitty has also contributed to improving the health of Indigenous peoples through her work in the Faculty of Medicine, having

taught and developed Indigenous-specific content and traditional healing methods as part of the MD curriculum. In addition, she has supported local, regional and national initiatives in Indigenous health, medical education and research. Dr. Kitty values highly her clinical and advocacy work as a front-line family physician in her home community in Chisasibi, Northern Quebec.

Dr. Kitty photo credit: Peter Thornton/uOttawa

## Spotlight on Distributed Medical Education

The University of Ottawa’s Distributed Medical Education (DME) Office supports smaller, underserved Northern and Eastern Ontario communities in recruiting physicians and ensuring high-quality health outcomes. Through DME programs, medical students and residents have many opportunities to receive clinical training

outside of tertiary academic health centres. At the end of first year, all medical students spend a week shadowing a physician in a smaller community and all medical students complete a four-week rotation in a small or rural community during their clerkship. Many other DME opportunities are available at the undergraduate and postgraduate levels for interested students. Between 2015 and 2020, 1054 students conducted electives in small population centres and 109 students conducted electives in 39 different rural communities.



## Spotlight on Affaires francophones

Affaires francophones organizes and runs the series of Mini-cours d'introduction à la médecine courses, an outreach activity that aims to promote careers in medicine in French at the high school, college, and university levels. These courses are led by medical students and have included interactive activities, anatomy laboratory visits, information sessions, medical school interview sessions, as well as student testimonials. Affaires francophones also participates in the Camp Destination Réussite for Francophone students from Ontario, as well as other recruitment activities nationally. Over the past three years, 39% of first-year students in the Francophone stream have participated in one of these recruitment activities. The Journée de la Francophonie aims at raising awareness among Francophone and



Anglophone students of the health challenges faced by Francophones in minority language settings, and of the importance of the active offer of health services in French. Affaires francophones is also a Board member of the Réseau de services de santé en français de l'Est de l'Ontario, which aims to improve access to high-quality health services in French in the region.



## Education and Clinical Service Learning

The Education and Clinical Service Learning category encompasses all areas related to curriculum, learning and teaching, as well as student-led activities within the Faculty of Medicine, subdivided into Undergraduate Medical Education (UGME), Postgraduate Medical Education (PGME), Graduate Studies (GS), and Continuing Professional

Development (CPD). The majority of the social accountability initiatives within the Faculty fell under this category. Activities related to strategic direction, partnership, and community and patient representation are prominent. Community involvement plays a particular role in UGME-related activities, for example those that allow patients to present their lived experiences to learners. Outreach initiatives that enable students and members of the community to interact and learn from each other are also common.

Postgraduate Medical Education	Social Accountability Initiatives
Faculty Postgraduate Medical Education Committee	<ul style="list-style-type: none"> <li>Needs Assessment: Decision-making for residency position allocations based on society needs (PGY-1 Residency Allocation Committee)</li> <li>Representation: Community member in PGY-1 Residency Allocation Committee membership</li> </ul>

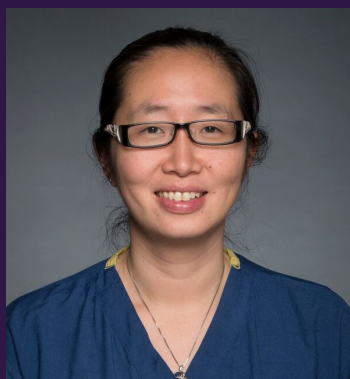
Continuing Professional Development	Social Accountability Initiatives
Family Medicine Curriculum	<ul style="list-style-type: none"> <li>Representation: Presentations to physicians from patients with lived experience in the health issue</li> </ul>
Governance (Strategic Plan)	<ul style="list-style-type: none"> <li>Francophone Promotion: Development of bilingual programs and modules for Faculty and affiliated institutions</li> <li>Partnership: Aims to integrate needs of diverse stakeholders and communities</li> </ul>
Mini-Med School	<ul style="list-style-type: none"> <li>Outreach: Education on current health issues to community members</li> </ul>

Graduate Studies	Social Accountability Initiatives
Courses	<ul style="list-style-type: none"> <li>Needs Assessment: EPI 5183 (Approaches to Community/Public Health Program Evaluation)</li> <li>Partnership: PBH 5301 (Public Health Practicum), PHT 6910 (Practicum in Population Health Risk Assessment and Management)</li> </ul>
Pipeline Programs	<ul style="list-style-type: none"> <li>Financial Aid: Travel Grants for Potential Graduate Students</li> <li>Mentorship: DEGREE Shadowing Program</li> <li>Outreach: BioMed Graduate Discovery Day</li> </ul>

<b>Undergraduate Medical Education</b>	<b>Social Accountability Initiatives</b>
Admissions	<ul style="list-style-type: none"> <li>• Admissions: CNFS Stream, French Stream, Indigenous Stream, and Social Accountability Initiative</li> <li>• Strategic Direction: Admissions Office Mandate and Research Projects related to Diversity of Applicants/Matriculants</li> </ul>
Community Service Learning	<ul style="list-style-type: none"> <li>• Community Service: Mandatory 30-Hour Community Service Placement for First-Year Medical Students</li> <li>• Partnership: Community Partner Feedback</li> </ul>
Committees related to Social Accountability	<ul style="list-style-type: none"> <li>• Community Service: Navigating Ottawa Resources to Improve Health (NORTH) Clinic</li> <li>• Clinical Service: Social Accountability Clerkship Curriculum Development</li> <li>• Partnership: Social Medicine Network</li> <li>• Representation: Social Accountability Student Advisory Committee, Social Accountability Leadership Team, Community Member for the Curricular Content Review Committee</li> </ul>
Curricular Components	<ul style="list-style-type: none"> <li>• Clinical Service: Community Preceptorship Program for First- and Second-Year Medical Students, ePortfolio Cultural Safety Exercise</li> <li>• Partnership: Interprofessional Education Classes and Electives, Simulated and Standardized Patient Program for Physician Skills Development</li> <li>• Representation: Patient Testimonials in Society, Individual, and Medicine Courses</li> <li>• Strategic Direction: Case-Based Learning Project on Improving Diversity of Cases</li> </ul>
Graduate Questionnaires	<ul style="list-style-type: none"> <li>• Strategic Direction: AFMC Graduate Questionnaires and National Report</li> </ul>
Policies and Procedures	<ul style="list-style-type: none"> <li>• Clinical Service: Mandatory Clerkship Rural/Community Rotation Policy</li> </ul>
Scholarships and Bursaries	<ul style="list-style-type: none"> <li>• Recognition: Scholarships and Bursaries based on Financial Need</li> </ul>
Student-Led Initiatives	<ul style="list-style-type: none"> <li>• Community Service: Orientation Week Community Service Event</li> <li>• Outreach: Black Medical Students Association, Indigenous Health Interest Group, Homeless Health Initiative</li> </ul>

# Champions of Social Accountability

Dr. Yvonne Ying, CHEO Division of Plastic Surgery



Dr. Yvonne Ying is a pediatric plastic surgeon at CHEO. As Assistant Program Director of Surgical Foundations at the Faculty of Medicine, she helped incorporate health advocacy and social accountability in the Surgical Foundations curriculum, including mandatory community outreach projects. Currently, Dr. Ying is organizing an experiential learning academic day on health advocacy for PGME. She has also worked with the Sandy Hill Community Health Clinic to provide surgical consultations to inner city and uninsured patients, and aims to set up a similar clinic with the Akausivik Inuit Family Health Team to enable patients to access consultations and minor surgical procedures in a non-hospital setting.

## Spotlight on the Society, the Individual, and Medicine Curriculum

Society, the Individual, and Medicine (SIM) is a component of the UGME curriculum that highlights the importance of the social dimensions of medicine. The sessions cover a wide range of topics related to health inequities among marginalized populations, such as Indigenous health, LGBTQ+ health, mental health and substance use disorders. Other sessions are related to various health conditions, including Down syndrome, HIV, diabetes and disability, and are planned in collaboration and consultation with patients, who also participate in the sessions. Framing these health conditions from the perspective of patients with lived experience provides students with a better understanding of the challenges patients and caregivers face in living with chronic conditions, and reinforces the idea that behind every diagnosis is a real person. SIM sessions also cover important concepts in epidemiology and public health, in which students acquire the tools needed to assess and address the health needs of communities. The Faculty develops SIM learning sessions in collaboration with external stakeholders, including patients, community partners, and local and federal policy makers.

## Spotlight on Ottawa Mission Primary Care Clinic

The Ottawa Mission Primary Care Clinic is a nurse practitioner-led clinic operated by the Ottawa Inner City Health Program. It serves highly marginalized populations who do not have access to family physicians, and focuses on those experiencing the intersection of homelessness, mental health and substance use concerns. A family physician from the Bruyère Academic Family Health Team/Department of Family Medicine provides consultation services to the team. Resident physicians in Family Medicine also attend once per week to gain clinical exposure to these populations and to learn how to manage complex care needs in an interprofessional setting.

# Champions of Social Accountability

## uOttawa Black Medical Students Association



The uOttawa Black Medical Students Association (BMSA) brings together medical students of African and Caribbean ancestry to promote interest in race-based health knowledge, Black indigenous cultures, and the social determinants of equity. This student-run organization encourages Black students and other students from disadvantaged and underrepresented groups to pursue careers in medicine, with the goal of increasing diversity in the medical student body. It provides mentorship and support for undergraduate students from marginalized communities through CASPer preparation workshops and medical school mock interviews. In addition, the Association helps run a mentorship program with Black physicians and

residents. Through these activities, the BMSA aims to raise awareness of Black Canadian health disparities and foster a community of inclusivity, with the overarching goal of collectively becoming compassionate and culturally competent physicians.

## Spotlight on the NORTH Clinic

The Navigating Ottawa Resources to Improve Health (NORTH) clinic is a collaboration between medical and law students at the University of Ottawa, supported by social workers and faculty. The clinic is led by an executive team of students with various roles shared equally between the two disciplines. This interdisciplinary clinic was established to address the social needs of Ottawa's refugee community, such as housing, food insecurity and employment, by connecting referred clients to community-based and government resources. NORTH enriches the experiential learning and interprofessional education of the participants through its strong focus on developing competence and proficiency in patient-/client-centred care, interprofessional collaboration and communication, leadership and health advocacy.



# Research

The Research category comprises the annual report from the Research and Innovations Office and research projects and activities led by faculty, as found in grants and publications as well as on project or investigator websites. The research projects identified as socially accountable commonly emphasized partnerships with patients,

communities, or external stakeholders. These partnerships were developed through interview and survey needs assessments, consultations, and participatory research methods. Marginalized communities such as LGBTQ2IA+, refugees, and the homeless were most often the focus of these projects. Social accountability principles were evident in projects across all research domains, such as clinical science, basic science and health services.

Research	Social Accountability Initiatives
Annual Report	<ul style="list-style-type: none"> <li>• Strategic Direction: Encouragement of Translational Research</li> </ul>
Marginalized, Indigenous, and/or Francophone Community Involvement	<ul style="list-style-type: none"> <li>• Canadian Collaboration for Immigrant and Refugee Health (Pottie K)</li> <li>• MAGIC: Men’s Access to Gay Informed Care (MacPherson PA)</li> <li>• Inuit shared decision-making strategy in cancer care (Jull J, Graham ID)</li> <li>• Trauma informed narrative exposure therapy to treat PTSD among homeless populations in Ottawa (Hatcher S)</li> <li>• ALHIV: Aging and Living with HIV (Kendall C)</li> <li>• Promoting youth wellness for First Nations women (Matheson K)</li> <li>• Maternity care for women living with HIV in Ontario (Shoemaker E)</li> <li>• Photovoice: understanding the reproductive and sexual health needs of young mothers (Gill R)</li> <li>• FEHNCY: Food, Environment, Health and Nutrition of First Nations Children and Youth (Kovesi T)</li> </ul>
Community Involvement and/or Collaboration with External Stakeholders	<ul style="list-style-type: none"> <li>• PROUD: Participatory Research in Ottawa: Understanding Drugs (Lazarus L)</li> <li>• TAIMA (Stop)-TB (Alvarez GG)</li> <li>• CHOICES: Canadian Hysterectomy Options Collaborative Evaluative Study (Chen I, Thavorn K)</li> <li>• Paramedics assessing low-risk trauma patients for transport without immobilization (Vaillancourt C)</li> <li>• ARC: Access to Resources in the Community (Dahrouge S)</li> <li>• CanPORT: Canadian Patient-Oriented Research Training (Alvarez GG)</li> <li>• Building capacity for patient-oriented research in eating disorders (Obeid N)</li> <li>• Implementation and evolution of a regional chronic disease self-management program (Liddy C)</li> <li>• Regional hospice palliative care program in Champlain region (Pereira J)</li> <li>• Involving adolescents with chronic health conditions in medical education (Moreau KA)</li> </ul>



## Spotlight on the PROMPT Project

The PROMPT project was implemented at the Bridge Engagement Centre, a community-based research centre located in Vanier under the auspices of The Ottawa Hospital, The Ottawa Hospital Research Institute, and The University of Ottawa. Co-led by a team of academic researchers and community researchers with lived experience, this project was co-designed to determine the feasibility of a community based participatory action research approach to address tobacco dependence in the urban poor population of Ottawa. Eighty individuals were recruited and provided with free

nicotine replacement therapies, a safe space, peer support, weekly life skills workshops, and access to counselling for 6 months. The majority of the participants not only reduced or quit tobacco use, but also reduced or quit their use of other substances. The PROMPT project also documented other positive life changes, such as the improvement in the socio-economic circumstances of participants, enrolment in school and substance use treatment programs, and the reuniting of family members. The project demonstrated a successful patient engagement model that centered harm-reduction and tobacco dependence prevention and treatment, allowing for the improvement of health outcomes in Ottawa's most marginalized communities.

# Champions of Social Accountability

Dr. Paul MacPherson, Infectious Disease Physician and Clinical Epidemiology Scientist



Dr. Paul MacPherson is an Associate Professor in the Department of Medicine and a Clinician-Scientist at the Ottawa Hospital Research Institute. He holds an Ontario HIV Treatment Network Chair in Gay Men’s Health, and was a founding member of the Gay Men’s Wellness Initiative, now MAX Ottawa, a community organization promoting gay men’s health. Dr. MacPherson leads the Men’s Access to Gay Informed Care (MAGIC) in Ontario project, which works in partnership with gay men, community groups and health care

organizations to create an approach to gay men’s health that is directly relevant to their needs. The MAGIC in Ontario project is informed by a survey of gay men’s health and healthcare needs, and by feedback and suggestions on an annual community knowledge transfer event that provides health information and updates on the team’s work. The team also hosts a website with health information, tools and resources specifically for gay, bisexual, and other men who have sex with men.

## Spotlight on the “IBD Youth Gut Together” Outreach Event

“Youth Gut Together” is a yearly outreach event that aims to give youth with inflammatory bowel disease (IBD) and their parents an opportunity to participate in an educational session with IBD experts and acquire tools and strategies to better manage IBD. This event is organized collaboratively by not-for-profit charities, patients, researchers and trainees working in the field of IBD. It includes activities such as posters from scientific conferences, meet-and-greets with researchers, and tours of the team’s basic science lab spaces, to inform both parents and patients about the research program’s progress and findings. This event typically attracts 100 to 150 participants.





# Champions of Social Accountability

Dr. Simone Dahrouge, Principal Investigator of ARC Project



Dr. Simone Dahrouge is an Associate Professor in the Department of Family Medicine and a Senior Scientist at the Bruyère Research Institute. Her research focuses on addressing the needs of communities, as exemplified by her role as Principal Investigator of the Access to Resources in the Community (ARC) project. ARC seeks to improve equity in access to health enabling resources by integrating patient navigation services in primary care. Dr. Dahrouge relies on partnerships she has established with stakeholders to guide her work and ensure alignment with the

needs of communities. The stakeholders in the ARC project consist of community members representing marginalized and minority populations, care providers, and health planners. For the past 5 years, these stakeholders have worked together to establish an innovative approach to patient navigation and to study ARC in different contexts, including COVID-19.

## Communications

Of the 560 data sources that were included in our analysis, 90 were categorized as Communications, including MedPoint press releases and social media feeds. However, all of these items referred to activities categorized under the three other domains, and therefore have not been presented separately here.

**Recherche uOttawa** @uOttawaResearch · Jun 15, 2020

Three @uOttawa researchers are honoured for translating their research into practice for the benefit of the community at large. Congratulations to the recipients of the University's 2019-2020 Knowledge Mobilization Excellence Award! #KMb Read their stories [bit.ly/2zzzYj5](https://bit.ly/2zzzYj5)

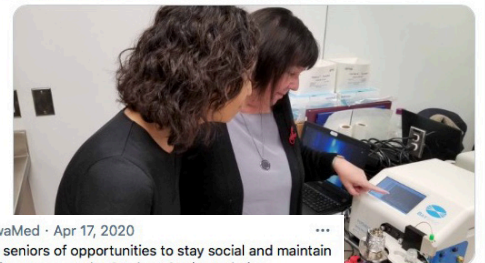


uOttawa Sciences de la santé | Health Sciences and 2 others

18 39

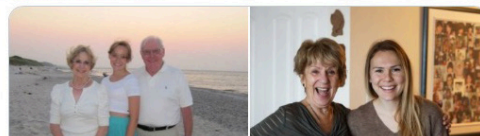
**Recherche uOttawa** @uOttawaResearch · Jun 22, 2020

Professor Lynne Leonard of @uOttawaMed is one of the recipients of the Knowledge Mobilization Excellence Award. Her community-based drug-checking program at an Ottawa safe injection site has resulted in positive changes in behaviour among users. [bit.ly/3hqWBaB](https://bit.ly/3hqWBaB)



**uOttawaMed** @uOttawaMed · Apr 17, 2020

#COVID19 has robbed seniors of opportunities to stay social and maintain their sense of community. However, the Student-Senior Isolation Prevention Partnership (SSIPP) program offers a warm and caring solution: [bit.ly/2KcLtPd](https://bit.ly/2KcLtPd)



Dr. Elizabeth Muggah and 2 others

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Posted on Tuesday, May 26, 2020

By Michelle Head

Stay at home, wash your hands, remain six feet apart—simple preventive measures to stay safe from COVID-19. But what if a person has no home, has no reliable access to soap and water, and sleeps two feet from the person in the next cot?

Ottawa Public Health has identified people living in shelters as being at particularly high risk of contracting COVID-19, given their living circumstances. As such, they were made a priority for support soon after the onset of this new health threat.

In the midst of the current pandemic, several faculty members and students at the Faculty of Medicine have banded together to care for the most vulnerable members of society. As large university with a research-intensive medical school, the University of Ottawa has abundant resources that, applied thoughtfully, can have a profound impact on COVID-19.

"It's all about providing our activities and resources to respond in a nimble fashion," says Dr. Cherie Kameel, the Faculty's newly appointed assistant dean of social accountability. "The heart of our responsibility lies in working directly with communities to truly understand their health and needs, in order to establish and strengthen the right partnerships."





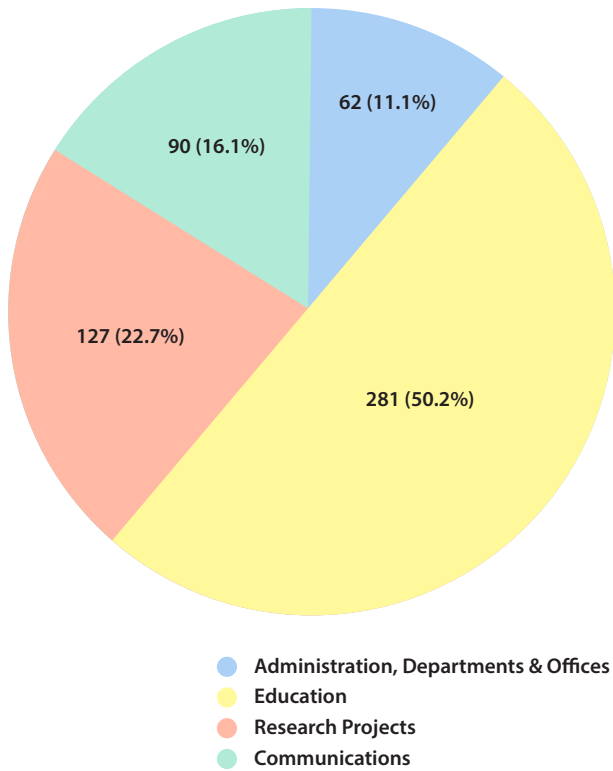
# Results at a Glance

Here we present an abridged version of the study results and summarize the key components of a socially accountable initiative.

**We analyzed 729 documents, of which 560 were included in the study.**

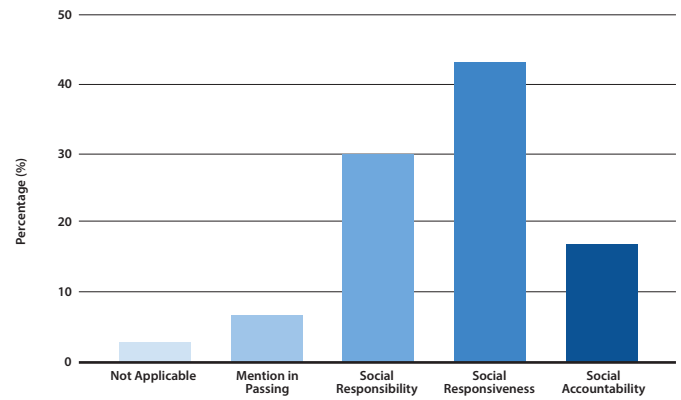
The included documents were sorted into the categories of Departments and Offices, Education, Research and Communications, with just over half of the items falling under “Education” (see Figure 1).

**Figure 1. Distribution of Items within Faculty Categories.**

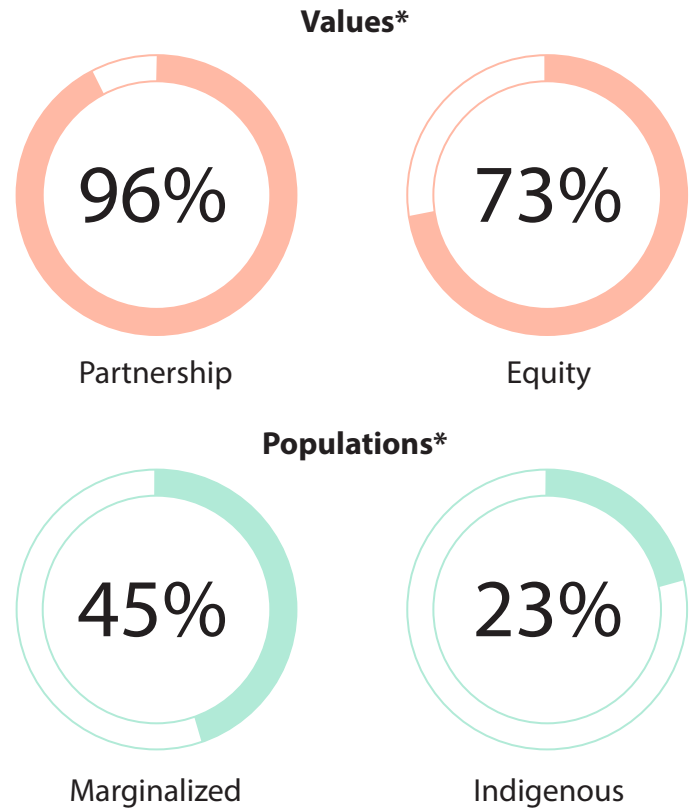


We also sorted the documents by their position on the social obligation gradient. 17% of items described activities that were socially accountable (see Figure 2). We examined these activities to see the values and populations that were most common, which included the values of “partnership” and “equity” and “marginalized” and “Indigenous” populations (see Figure 3).

**Figure 2. Distribution of Items on the Social Obligation Gradient.**



**Figure 3. Values and Populations among Socially Accountable Items.**



*\*Not mutually exclusive*

**We thematically analyzed 29 brief descriptions of projects potentially related to social accountability provided by Faculty members.**

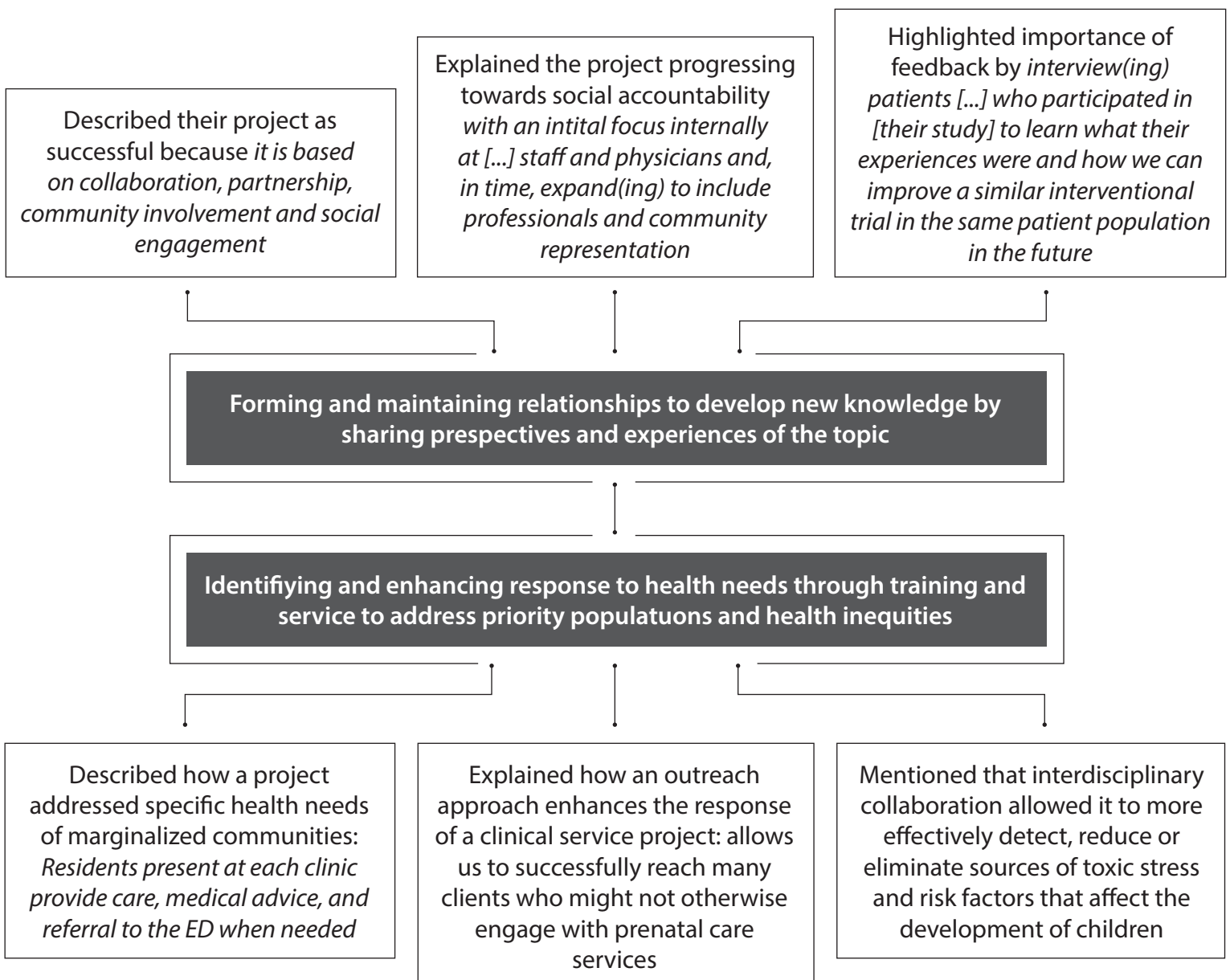
We identified two themes related to aspects of social accountability from these brief descriptions. These were:

- Forming and maintaining relationships to develop new knowledge by sharing perspectives and experiences of the topic

- Identifying and enhancing response to health needs through training and service to address priority populations and health inequities

Thirteen of these descriptions contained quotations that fit at least one of these themes. Three quotations that best match each theme are shown in Figure 4.

**Figure 4. Summary of thematic analysis findings.**



## Conclusion

The social accountability of medical schools is rapidly evolving and, therefore, a work in progress. Our environmental scan has revealed the range and depth of socially accountable activities already taking place in our Faculty. Such depth in our varied activities is both encouraging and rewarding, since it is clear that social accountability has taken root and is present across all of the Faculty's domains as a result of the leadership, expertise and dedication of a wide range of individuals and groups. This project has also highlighted how committed we are in advancing our values focused on diversity, equity, inclusion, professionalism and respect, all key elements to better engage with our communities and ensure impactful and diverse partnerships.

As the environmental scan revealed and this report emphasizes, engagement with the communities we serve, in terms of both service delivery and productive dialogues, is of the utmost importance for our social accountability mandate. By taking stock of our progress to date, we have now initiated the first steps towards horizontally integrating the myriad of social accountability initiatives and activities across all domains of the Faculty. Such an integration will better support the development of a social accountability framework that captures all of its important dimensions while reflecting the unique strengths of our Faculty. This, in turn, will allow us to demonstrate the beneficial impact of our programs and initiatives on people's health, the health of the communities we have a mandate to serve, and the health care system.

These results also provide a baseline from which we can vertically consolidate and strengthen our social accountability approach across levels, from individuals (learners, staff, clinicians, teachers and researchers) through units, departments, the Faculty, the University as a whole and, ultimately, to the communities in which the Faculty and University are embedded. This will enable us to fully engage with our communities and forge stronger partnerships in the years to come.

As our journey unfolds, scanning and monitoring our environment and our progress will be critical. This report should therefore be seen as a dynamic document that will be updated periodically to ensure that our activities are constantly captured and remain aligned with our strategic priorities.

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