

Oxford Refugee
Health **Initiative**

SOCIAL ACCOUNTABILITY IN MEDICAL EDUCATION

*– AN EXAMPLE OF A REFUGEE
INITIATIVE*

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MEDICAL EDUCATION LEADERS CONFERENCE 2023 - LEADING FOR THE FUTURE

VOCO OXFORD SPIRES HOTEL

3RD JULY 2023

BACKGROUND: *SOCIAL ACCOUNTABILITY AND MEDICAL EDUCATION*

WHO Definition:

“the obligation [of medical schools] to direct their education, research and service activities towards addressing the priority health concerns of (those) they have a mandate to serve.” [1]

BACKGROUND: *SOCIAL ACCOUNTABILITY AND MEDICAL EDUCATION*

Medical educators have responsibility to train socially accountable practitioners that understand and respond to patients' needs, particularly those facing barriers to accessing healthcare [2]



Training in social accountability enhances health equity, clinical confidence, and professional behaviour [3]



Minimal evidence for how best to deliver such training

**BACKGROUND:
INTRODUCTION
TO OXFORD
REFUGEE
HEALTH
INITIATIVE
(ORHI)**

- Initial funding from Health Education England in 2015
- 2016-2018: Health advocacy for newly arriving refugee families
- 2020: Support for group of unaccompanied minors
- 2021- onwards: Responding to large numbers of asylum seekers housed in contracted hotels
- Run by a committee of medical students from Oxford's standard undergraduate medical course, and the graduate entry medicine course

CURRENT PROJECTS: *HEALTH CLINICS*

- **Weekly clinics organised for asylum seekers with local GP**
- Medical students support with:
 - initial health assessments, triage, patient registration
- ✓ *Clinical exposure to undertreated chronic conditions, dermatology, ENT, infectious diseases, MSK*
- ✓ *Regular use of language line*
- ✓ *Debriefing and reflection*

CURRENT PROJECTS: *MENTORSHIP*

- **22 mentors in the scheme benefitting 40 individuals**
- Individualised support
 - Facilitate healthcare access, navigation of the NHS, social support
 - safeguarding – signposting to services
- Community projects tailored to personal interests
- ✓ *Understanding individual and structural barriers to healthcare and how to overcome these with appropriate support*
- ✓ *Communication skills, teamwork, responsibility*

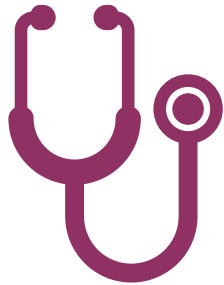
CURRENT PROJECTS: *HEALTH ADVOCACY*

- **Presence in five hotels**
- **Welcome sessions**
 - *NHS structure, healthcare entitlements and local healthcare provision*
- **Health education sessions**
 - *Common paediatric presentations, women's and reproductive health*
- **Public health interventions**
 - *e.g. coordinating uptake of scabies medication*
 - *e.g. vaccination histories and education*

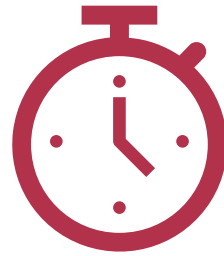
CURRENT PROJECTS: *LEARNING TOGETHER*

- Educational talks from experts in the field
- Regular group supervision and reflective space
- Engagement of students in their own learning and curriculum [5]

PERSONAL REFLECTIONS



ORHI clinics vs standard medical
course clinical placements: not just
more of the same



The value of time



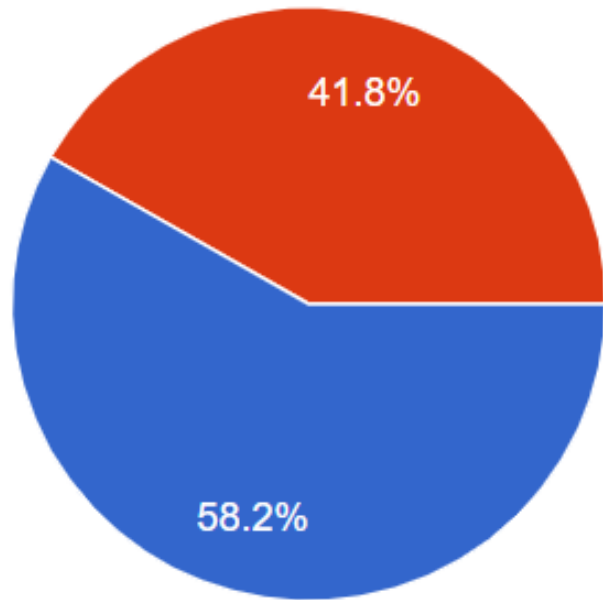
Becoming a better doctor

APPRAISING THE INITIATIVE

- **Method:** online qualitative and quantitative survey in May-June 2020 of 91 clinical (4th-6th year) Oxford Medical Students in undergraduate and graduate entry course regarding teaching on 'social determinants of health'
- **Aims:**
 1. Assess attitudes towards current teaching and assessment
 2. Quantify proportion of cohort open to additional teaching
 - a) Identify preferred teaching methods
 3. Identify student concerns regarding course

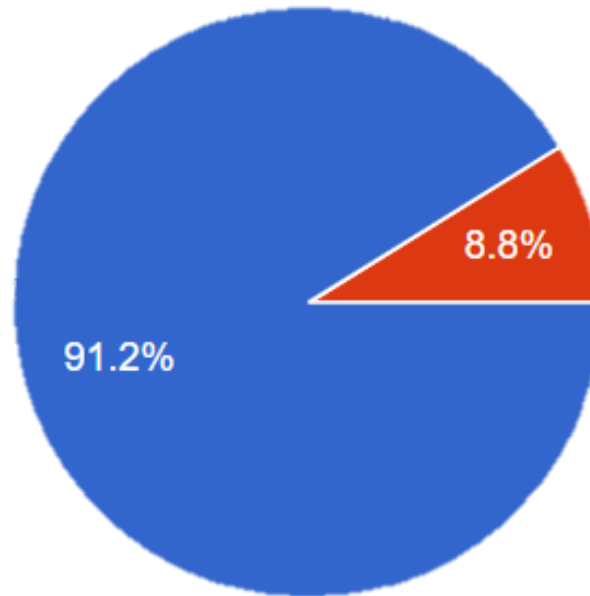
RESULTS – TEACHING MODEL

Figure 1: Respondents who felt current teaching on social determinants of health was adequate [91 responses]



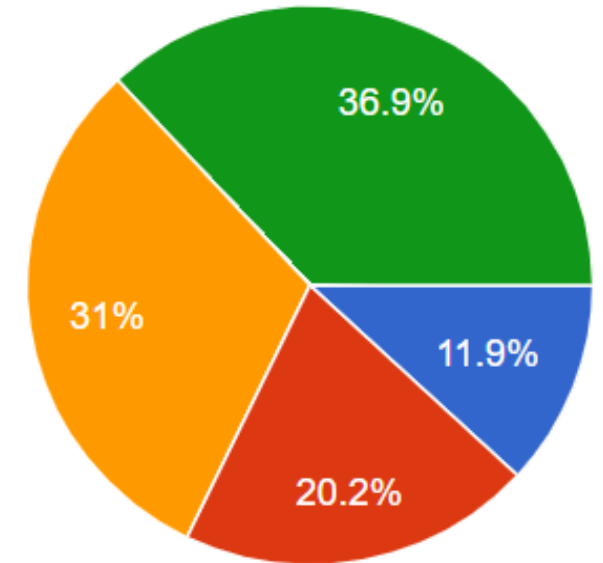
● Inadequate
● Adequate

Figure 2: Respondents who think having a compulsory module on social determinants of health is a good idea [91 responses]



● Good idea
● Bad idea

Figure 3: How long respondents would want to be paired with families as part of an advocacy scheme [84 responses]



● 3 months ● 1 year
● 6 months ● 3 years

RESULTS – CHALLENGES

1. Integration to current course

- *Already taught but attendance is poor, or “it’s viewed as a soft subject/not relevant to exams”.*
- *These “components of the course need to be examined; explore “why they are not well attended and taken to”.*

2. Ensuring adequate training prior to patient contact

3. Maintaining reciprocal nature at large scale

- *Must avoid “exploiting the families used to help us” learn; make sure that they are “aware of what’s happening and what we’re learning at all times”.*
- *“ensure that their priorities and concerns were adequately addressed in the teaching”.*

ONGOING WORK

1. Building partnerships within Oxford

2. Collating experiences in other medical schools

3. Co-producing exemplar module with families

KEY MESSAGES

Teaching
model



*'Being engaged with ORHI has given me some of the best days of medical school. It **reminds me of why we learn what we learn**'*

Skill
acquisition



*'...Being involved in the project has broadened my understanding of challenges refugees face, allowing me to **apply this knowledge and appreciation to clinical situations. I have gained many transferable skills from this.**'*

Reciprocal



*'**ORHI is valuable for both the families and the students.** Medical students often don't feel helpful but I definitely have felt like I've helped through ORHI and it's a great way to stop vulnerable families from flying under the radar.'*

THANK YOU FOR YOUR TIME...
ANY QUESTIONS?



"Asylum is a bumpy road, getting involved with ORHI smoothens it. The idea of meeting people and getting involved is one among the few good things I get."

Agegnehu, an asylum seeker who works in the health support group helping with translation, social media and strategy for ORHI

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