



Social accountability - The missing link in dental education

Manu Batra^{1*}, Aasim Farooq Shah², Subha Soumya Dany³, Prashant Rajput³, Jasbir Mehar⁴

¹Senior Lecturer, Department of Public Health Dentistry, Surendra Dental College and Research Institute, Rajasthan, India

²Registrar, Department of Community Dentistry, Government Dental College and Hospital, Srinagar, Kashmir, Jammu and Kashmir, India

³Post graduate student, Department of Public Health Dentistry, Kothiwal Dental College and Research Centre, Moradabad, Uttar Pradesh, India

⁴Post graduate student, Department of Orthodontics, Kothiwal Dental College and Research Centre, Moradabad, Uttar Pradesh, India

*Corresponding author email: drmanubatra@aol.com

How to cite this article: Manu Batra, Aasim Farooq Shah, Subha Soumya Dany, Prashant Rajput, Jasbir Mehar. Social accountability - The missing link in dental education. IAIM, 2015; 2(1): 137-140.

Available online at www.iaimjournal.com

Received on: 15-12-2014

Accepted on: 22-12-2014

Abstract

In this century, dental colleges will be gauged by their capacity to anticipate the kind of doctors required by evolving health systems. They will need to consider the challenges these systems face as they grapple with critical health concerns in society. The roots of ill health lie in poverty, discrimination, lack of education, misdistribution and misuse of often scarce resources; and in any given country, those who identify health issues, act on health determinants, decide on the use of resources, deliver health services, or train health manpower are usually different groups that may not share the same value system and priorities. Thus, fragmentation is a serious threat to the efficiency and effectiveness of health systems everywhere. Meeting requirements of social accountability is a real challenge for dental colleges as it is for the dental health professions, health service organizations, health insurance schemes, and health policy leaders. So this article tries to evaluate the need for social accountability in the dental education system.

Key words

Social accountability, Dental education, Health professionals.

Introduction

Today we are facing widening disparities in India in health status and access to basic health care. Catastrophic health expenditure is causing significant indebtedness. There is an acute health manpower shortage, particularly in rural areas.

The social accountability of medical schools has been defined as "their obligation to direct education, research and service activities towards addressing the priority health concerns of the community, region and/or nation that they have a mandate to serve" [1]. According to its definition, the principle of social accountability can be applied to all the health professions, dentistry being one among all.

"Service learning," by which students experience rigorously planned and evaluated learning activities while providing direct community service, is the concept of community based education [2]. The rigour of this community based education and research must equal that traditionally expected in an academic setting. Although methodological standards may need to be adjusted to fit a community context, applying different standards does not mean applying lower ones. If, for example, a qualitative analysis is used to assess patients' experiences of the transition from hospital to ambulatory care, the standards established by peer review in that methodology must be met. Methods of student assessment may also need modification; for example, residents assigned to remote sites could be examined via electronic media, but such examinations would have to be equivalent to those given at the home institution [3]. In a dental setup community based learning can be of particular use, as because in a developing country like India people don't consider dental problems to be life threatening, and cogitate the treatments to be

costly. Subsequently many cases go untreated, snow balling the burden of dental diseases. Hence, when conceiving a perception like "service learning" both ends of the sword are in the favour of the community: disease burden is dwindling, providing experience to the professionals.

Four values of social accountability are: relevance, quality, cost effectiveness and equity, as they pertain to the activities of medical schools, namely education, research and service [4]. As governments, health care organisations, health professionals and the public jointly identify health concerns, two features of social accountability emerge: altruism and integration. Altruism focuses primarily on society's well-being and integration is an integral part of the social canvas. Humanistic principles: relative to people's protection, and systemic principles: relative to the relationship of the institution with the health care system; serves as frames of references [5].

Integration of medical education into health service delivery system plays an important role to community health promotion and improvement of medical schools in all aspects of social accountability.

An educational institution that aspires to excellence in the production of health care professionals should be granted that status not only when its graduates possess all of the competencies desirable to improve the health of citizens and society, but when they are able to use them in their professional practice. Although medical schools are not presently held to account for the ways in which their graduates are used, and serve, their societies, such an accounting may be required in the future. Educational institutions are increasingly requested to be more explicit about their

outputs of professional practitioners and the impact of their presence on social well-being [5].

Expressions of social accountability

Social accountability requires that the actions of a medical school begin and be grounded in the identification of societal needs. The meeting of those needs is the desired end. We suggest that the beginning and end of this complex process are connected through a cascade of three specific, although interdependent, domains concerning the health professionals they produce: conceptualisation, production and usability.

The domain of conceptualisation involves the collaborative design of the kind of professional needed and the system that will utilise his or her skills. The domain of production involves the main components of training and learning. The domain of usability involves initiatives taken by the institution to ensure that its trained professionals are put to their highest and best use.

The term 'usability' is preferred to the terms 'utilisation' or 'usefulness'. Graduates may indeed be utilised and useful as soon as they are employed in any health care structure, even if they only partially apply the spectrum of competencies in which they have been trained. By contrast, the notion of usability refers to the degree of concordance between their acquired competencies and their opportunities to practise them. Therefore, the domain of usability should reflect processes initiated by the institution to ensure that the profile of a health professional on which the training was based is properly valued in the future working environment.

There may be a mismatch between an institution applying this conceptualisation-

production-usability (CPU) model and the health system if there are not enough job opportunities for health professionals educated to respond to the public interest. A sustainable series of partnerships is necessary if feedback loops of CPU activities are to be built. Social accountability cannot be entirely fulfilled if all of the main actors do not share a common set of values and an effective, although complex, system through which to express those common values [5].

This model is such a sweeping concept, that it can be very well amended according to the dental institutions also. In Indian scenario where the Dental Council of India, is trying its best to give the Department of Public Health Dentistry its merited status, by including it as an subject of final professional year and 3 months of compulsory posting during internship. So baby steps towards social accountability already taken need to be polished by well versed professionals with their scholarly thoughts.

Conclusion

Accreditation systems, properly designed and mandated, can be powerful forces for quality and change in any complex system. This is particularly true of the institutions of medical education. Accreditation can support countries in their regulatory obligation to institutionalise quality assurance approaches and guide individual institutions in their development. Therefore, it is very important to pay close attention to developments in this area. There is an urgent need to foster the adaptation of accreditation standards and norms that reflect social accountability. Only then can educational institutions be measured and rewarded for their real capacity to meet the pressing health care needs of society.



Not only medical professions but also dental professions are liable to this social accountability as they also need to direct education, research and service activities to meet the needs of the community. This will help in providing quality affordable, accessible & sustainable oral health care to the destitute by the institutions along with learning experience to the dental students in a real life situation. All these will definitely make them a more confident practitioner with a humanitarian touch.

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Source of support: Nil	Conflict of interest: None declared.
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