The Third Mission of UBC’s Health Faculties, Departments and Schools: A Role in Society Beyond Education and Research

Authors: Victoria Wood
Presenter: Victoria Wood
Time: 14:00 - 14:15

Universities are increasingly playing roles in society beyond education and research, often referred to as a third mission. As such, there are discussions within universities about their relationship with society, their desired impact on society, society’s expectations of universities, and how universities can be more accountable to society. This dissertation research explores the role that health Faculties, Departments, and Schools at the University of British Columbia (UBC) play in society, beyond the education of health professionals and conducting research. UBC Faculty of Pharmaceutical Sciences, School of Nursing, and Department of Physical Therapy provided a comparative case study to explore the relationship between a university’s health units and society. This paper outlines the role each unit articulated beyond education and research in their strategic plans. It explores the dominant and competing neo-liberal and socially-oriented discourses embodied in the way that each unit articulated its relationship with society through a Critical Discourse Analysis. It also discusses an ‘advocacy’ role played by units identified through interviews and a focus group with leaders from each unit. This paper explores this advocacy concept and how this role was being operationalized similarly and differently across the three units, proposing a framework to help other health units think critically about their relationship with society. This research highlights commonalities around how three units at UBC articulate and operationalize their relationship with society, as well as differences that stem from how they are situated within the university and the broader provincial landscape.

Keywords: Higher Education; Health; Third Mission
Can the Public Speak? The Effects of Social Accountability Policies in Canadian Medical Education

Authors: Brett Schrewe
Presenter: Brett Schrewe
Time: 14:15 - 14:30

What problem have you identified and/or tried to address?

Social accountability is a central discourse in contemporary Canadian medical education. As per the World Health Organization’s 1995 *Defining and Measuring the Social Accountability of Medical Schools* policy statement, faculties of medicine are obligated to direct their activities towards “addressing priority health concerns”, which are to be identified in part by the public. Despite this obligation, however, public consultation and engagement by these faculties has been a limited practice.

What did you do (a description of methods and/or innovation)?

As part of a larger Foucauldian genealogy that examines the relationship between physicians and the state, this work uses critical discourse analysis to explore how Health Canada’s *Social Accountability—A Vision for Canadian Medical Schools* from 2001 adapts the WHO statement to the Canadian context, paying specific attention to how the relationships and roles between medical schools and the public are discursively constructed.

What did you discover in the work (findings and/or lessons learned)?

The Canadian adaptation elides the public from its role as a major stakeholder in the identification of priority health needs. Further, this text claims a key role for medical schools, positioning the social accountability discourse to maintain their privileged position in response to perceived threats to funding and prestige in response to the 2002 Romanow Report.

Why is this important (implications and/or future directions of the work)?

These discursive shifts are two decades old, yet their effects on public marginalization with respect to the identification of priority health needs reach into our present. For a medical education system that recurrently invokes its fundamental orientation to social accountability, strategies that more robustly engage the public are required to ensure our systems of training continuously align with meeting societal needs.

Keywords: Social accountability; policy analysis; public engagement
Adapting to Changing Needs: The Development of the BC Centre for Excellence in HIV/AIDS (BC-CfE)/University of British Columbia (UBC) H2SUM Enhanced Skills Program

Authors: Cathy Puskas, Edward Rooke, David Hall, Tina Webber, Silvia Guillemi, Valentina Montessori
Presenter: Cathy Puskas, Edward Rooke
Time: 14:30 - 14:45

Keywords: Enhanced skills residency training, complex care, underserved populations

Problem: There is need for family physicians to provide care to individuals with multiple complex conditions, including HIV, viral hepatitis, substance use, and mental health disorders. These diagnoses are linked with experiences of stigma, coloniality, trauma, vulnerability, and marginalization. The aim of the H2SUM program is to enhance skills, behaviours, critical self-reflection, and confidence among physicians who work with marginalized and vulnerable populations in BC.

Methods: H2SUM R3 training program (developed: 2020/2021; first trainee: Spring 2022) is focused on the above mentioned conditions and culturally safe/humble care. Each pillar is guided by learning objectives with scaffolded milestones. Clinical placements are shaped by learner interests, and arranged with Vancouver Coastal Health (VCH) and Provincial Health Services Authority (PHSA) clinics. Tenets of culturally safe/humble care exist in all placements, with additional learning and reflection alongside a mentor. An online portal provides core learning components, clinical guidelines, support tools, and resources. Assessment occurs via learner built portfolio, including field notes, journaling, and reflections.

Lessons Learned: H2SUM provides broad, work-based learning, online supporting content, and partnership with a mentor. By naming culturally safe/humble care as a pillar of program, it was in the forefront, rather than subtly built into the program. Self-reflection was guided through regular meetings with mentors to explore situations, feelings, attitudes, and challenges to one’s practice, however greater structure of this would increase its benefit.

Implications: H2SUM provides physicians with scope, knowledge, and critically reflexive skills to improve quality of care to marginalized populations with complex care needs.
The Gender Gap in Medical School Leadership: Effect of Organizational Culture

Authors: Diana Fort
Presenter: Diana Fort
Time: 14:45 - 15:00

Introduction
For 30 years, women have comprised at least half of Canadian medical school graduates, yet a pervasive and persistent gender gap exists in senior leadership. Efforts to redress this gap, including interventions such as implicit bias training, mentorship opportunities and leadership training for women have failed to reverse this inequity. More recently, it has been suggested that the medical school organizational culture and climate play an important role in perpetuating these inequities; however, the impact of the system on women leaders remains undertheorized. Thus, our study aimed to explore how women’s perceptions of the organizational climate and culture of the medical school influence their decisions to pursue, remain in, or abandon academic leadership positions.

Methods
Using Constructivist Grounded Theory, we conducted semi-structured interviews with ten women leaders recruited with attention to diversity. We analyzed data iteratively and inductively.

Results
Participants perceived a medical school culture that values toughness and individualism. They described a hierarchical structure that privileges men and disadvantages women, who remain below the “glass ceiling,” primarily in middle management positions. Senior leadership positions were unappealing to many participants.

Conclusion
Women’s decisions to engage with medical school leadership are informed by their experiences in a patriarchal system, in which socialization and paths of least resistance perpetuate the gender gap in senior leadership.