



BRIEF COMMUNICATION

Quest for Social Accountability: Experiences of a New Health Sciences University in Nepal

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ABSTRACT **Context:** *B.P. Koirala Institute of Health Sciences (BPKIHS), a new Health Sciences University in Nepal has taken several steps to respond to the societal needs and has adopted an integrated, partially problem based and community oriented curriculum.*

Objective: *The objective of this study was to measure the school's achievements in responding to societal needs.*

Methodology: *A descriptive cross sectional questionnaire survey (N = 46) of the administrators, faculty, students/residents and the community. The questionnaire included statements on relevance, quality, cost effectiveness and equity in the education, service and research domains of a medical school. The data were analyzed by using WINKS 4.5, a statistical package for Windows.*

Results: *The responders satisfactorily rated BPKIHS. The mean rating (mean 3.11, SD = 1.06) was more than the satisfactory score (3). The responders were satisfied with the education (Mean = 3.26, SD = 1.06) and research (Mean = 3.12, SD = 1.10) but were less satisfied with the service domain (Mean = 2.94, SD = 0.98). The majority believed that the service is based on health care priorities (72%), and includes primary care (80%). A fair proportion felt the need for improvements in quality of care (50%) and cost effectiveness of care (46%). In general the faculty and administrators groups were more satisfied than the community and students/residents groups.*

Conclusion: *The study was useful in identifying the school's strengths as well as weaknesses in responding to the societal needs.*

Introduction

Boelen and Heck defined “social accountability of medical schools” as “the obligation to direct their education, research and service activities towards

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addressing the priority health concerns of the community, region, and/or nation they have the mandate to serve,” and they proposed a framework for assessing a school’s progress towards addressing these social needs (Boelen & Heck, 1995). Those of us who are part of the B.P. Koirala Institute of Health Sciences (BPKIHS), a new community-oriented and partially problem-based university in Nepal (Chapagain *et al.*, 1998), have taken steps to respond to the social needs of our communities. We developed plans to raise the health status of disadvantaged and underserved communities in our vicinity by establishing partnerships with various governmental and non-governmental organizations, and we adopted a preferential admission policy for rural students from underserved areas (Upadhaya, 1997). To help us determine the effectiveness of our initial efforts, we conducted a descriptive cross sectional survey of selected samples of administrators, faculties, and students/residents at BPKIHS, and of community members in our school’s vicinity.

Materials and Methods

For our survey, we used a short questionnaire (Table 1) developed by Boelen & Heck (1995). This questionnaire deals with relevance, quality, cost-effectiveness and equity, the four main values implicit in the goal of Health for All (WHO, 1981).

Table 1. Sample topics rated by respondents

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1. The medical school has defined the characteristics, skills, and knowledge of the “ideal” doctor that would respond to society’s health needs and uses this profile to plan the curriculum.
 2. The medical school regularly assesses the priority health care needs of the community, region, and/or nation by collecting data and consulting with representative group such as politicians, practicing physicians, payers of health care, and government policy makers.
 3. The medical school’s curriculum is designed and updated at appropriate interval to:
 - address the priority health care needs of the community, region, and/or the nation;
 - emphasize the provision of high quality health care;
 - emphasize provision of cost-effective care; and
 - emphasize care to underserved.
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Note: Items similar to no. 3 were asked about the research and service programs.

The responses were analyzed using WINKS 4.5, a statistical package for Windows (TexaSoft, 1998). Responses were collected on a six-point scale. We then dropped the “do not know” category, so that our remaining responses formed a five-point scale: never (1), needs improvements (2), satisfactory (3), strong (4) and very strong (5). Responses in this five-point scale were used in calculating the groups’ individual scores and the aggregate means, standard

deviations and *p*-values. We then narrowed the responders to just two categories: those who felt that improvements were needed, and those who were satisfied, as follows: never (1) and needs improvements (2) were joined and reported as “needs improvements”; satisfactory (3), strong (4) and very strong (5) were joined and reported as “satisfactory.”

Results

The subjects ($N = 46$) of the study were drawn from among administrators ($n = 11$), faculties ($n = 12$), and students or residents ($n = 13$) at BPKIHS. A sample of community members ($n = 10$) from the school’s vicinity was also surveyed. The students/residents and faculty were drawn randomly from the students/residents and faculty, respectively, who had been with BPKIHS for at least six months at the time of the study. The sample of the administrators included all high-ranking administrators at BPKIHS. The purposely selected sample of the community included various governmental and non-governmental officers, political leaders and school or campus teachers in the Sunsari and neighboring districts who were more likely to be familiar with the activities of the university.

Their mean rating (3.11) exceeded the satisfactory score (3), with a standard deviation of 1.06. They rated the educational program (mean = 3.26, SD = 1.06) and the research program (mean = 3.12, SD = 1.10) as satisfactory, but they were less satisfied with the school’s service (mean = 2.94, SD = 0.98).

The majority felt that the school’s curriculum is relevant (93%), that it emphasizes provision of high quality care (65%), and cares to the underserved (67%). They also felt that the school conducts research on health care priorities (78%), to improve the quality of health care (65%) and the care delivered to the underserved (54%). They felt that the school delivers health care services based on health care priorities (72%), to the underserved and high-risk sub-populations (57%) and includes primary care (80%). However, fewer were satisfied that the curriculum emphasizes cost-effective care (46%), and that the research was conducted to improve cost-effectiveness of care (43%). A fair proportion felt the need for improvements in quality of care (50%), cost-effectiveness of care (46%) and care to the underserved and high-risk sub-populations (41%).

The faculty (mean = 3.35, SD = 1.00), administrators (mean = 3.13, SD = 1.20) and students/residents (mean = 3.06, SD = 1.07) were somewhat satisfied, but the community members (mean = 2.87, SD = 0.90) were somewhat less satisfied. The faculty ratings were highest, whereas the community ratings were lowest in all three domains. The groups differed in their perceptions but their differences in the rating were not significant ($p > 0.05$).

Discussion and Conclusions

Medical schools are increasingly being challenged to respond to social needs,

and a social accountability grid has been proposed to initiate and stimulate reforms in medical schools by using the grid to measure their success in social accountability (Boelen & Heck, 1995; Kamien *et al.*, 1999). BPKIHS used the grid to help document its achievements in social accountability.

This small study suggests that there are some differences in the perceptions of our four groups of respondents. The faculty members had a tendency to rate the social accountability performance of the school more positively than did the community members. However, from our limited data, we cannot yet know whether this difference, if it is real, is due to the ignorance of some of our programs among the community respondents or to an unrealistic optimism among the faculty, or both. If it is due to the optimism of the faculties, it could be a barrier to our efforts to undertake further change at our medical school. Further studies, using larger samples, will be needed before any generalizations can be made.

Although the validity and reliability of the questionnaire have yet to be established, we feel it has been useful to us and could be useful to other schools whose leaders seek to identify their institution's strengths and weaknesses in responding to its communities' social needs.

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