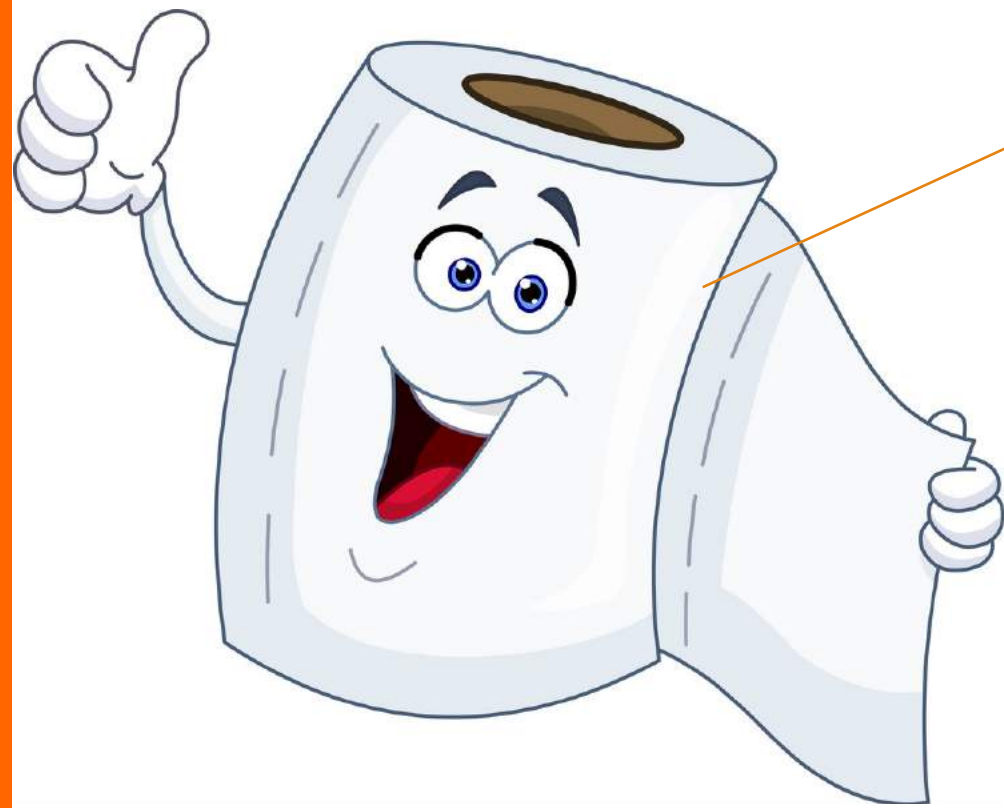




“Your fear of being publicly exposed as a fraud is a stress-related disorder called ‘Impostor Syndrome.’ It’s common among people in high-profile authority positions, and, of course, in actual phonies, like you.”



We're really the same, me and you. Same manufacturer even ...



Just ignore him!!

ALLIED HEALTH PROFESSIONS EDUCATION AS A DETERMINANT OF HEALTH OUTCOMES



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DEAN, COLLEGE OF HEALTH SCIENCES

CHARLES H. & SHIRLEY T. LEAVELL CHAIR IN HEALTH SCIENCES

Causes of the Causes....

THEMES & DEBATES

From *social determinants* to *social interdependency*: Theory, reflection, and engagement

William Ventres; Shafik Dharamsi; Robert Ferrer

Abstract

Introduction:

Scholars and practitioners in medicine and public health have devoted significant time and effort to defining the social determinants of health and identifying resulting inequities in health outcomes.

Discussion: We introduce the concept of *social interdependency* in health and illness as a way to (1) reinforce the need to identify the root causes of social determinants, and (2) accept not only personal but also shared responsibility for acting to ameliorate their effects. Developing a sound understanding of social interdependency in clinical practice, public health research, and healthcare advocacy involves an

**Do we not always find
the diseases of the
populace**

**traceable to defects in
society**

Rudolph Virchow

Do Inequalities Kill People?

 Public Health England

Health inequalities — the social gradient

Health inequalities are unjust and avoidable differences in people's health



Socio-economic circumstances benefit some more than others, so not everyone has the same opportunities to lead a healthy life

“It is not inequalities that kill people...it those who are sponsible for these inequalities that kill people.”

Navarro V.

What we mean by

social determinants of health

Int J Health Serv. 2009;39:423-441

The State of Health Disparities in the United States

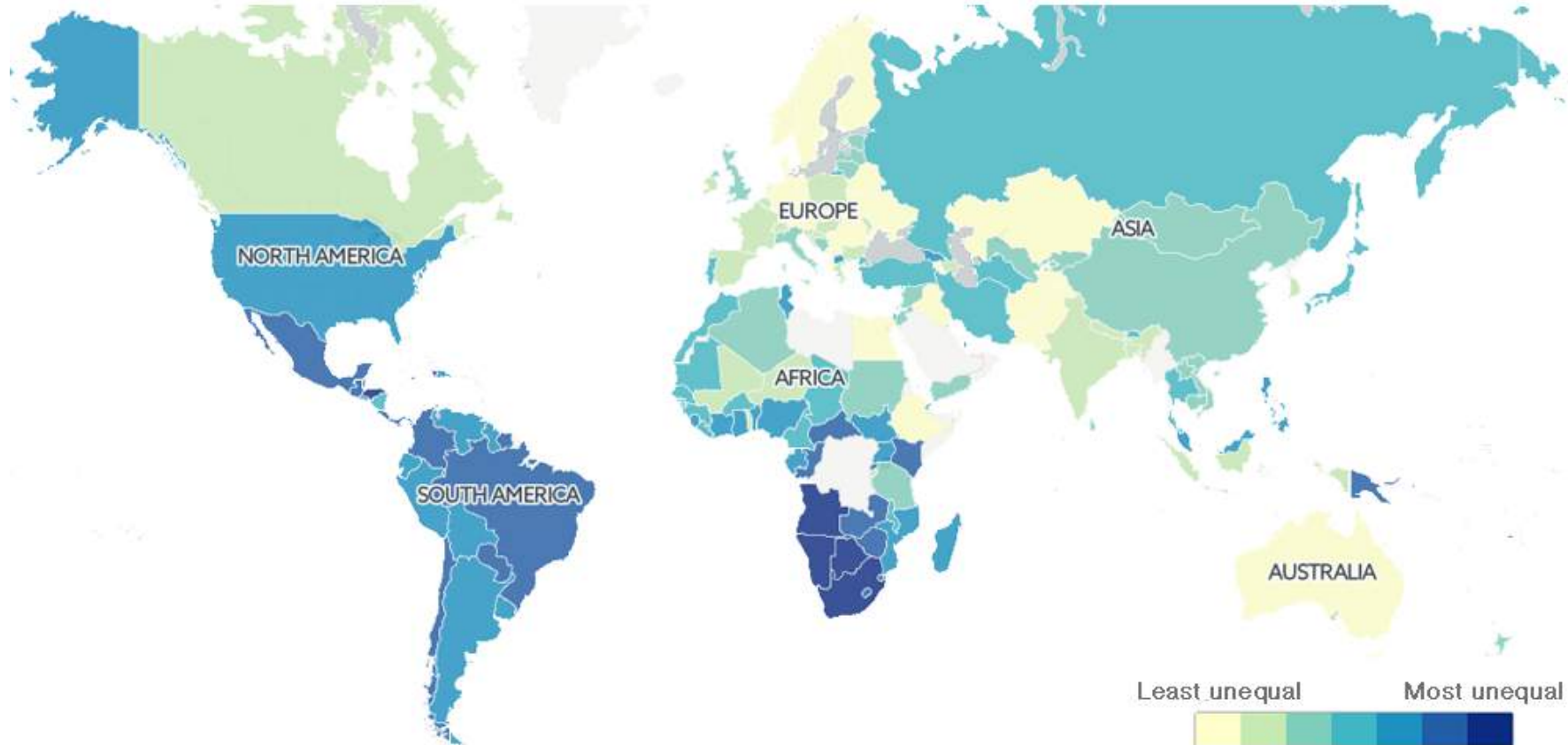
National Academies Press (US); 2017 Jan 11. 2,

The most unequal regions in the world

GINI index measure of inequality

WORLD
ECONOMIC
FORUM

COMMITTED TO
IMPROVING THE STATE
OF THE WORLD



Power and Education

“Education can enable empowerment ...
but it is also implicit in the reproduction of social inequalities.”

Michael Watts
Emeritus Professor
University of California, Berkeley

How Dentists Account for Social Responsibility: Economic Imperatives and Professional Obligations

Shafik Dharamsi, Ph.D.; Daniel D. Pratt, Ph.D.; Michael I. MacEntee, Ph.D., L.D.S.(I), F.R.C.D.(C)

Abstract: This study explores how dentists explain the concept of social responsibility and its relationship to issues affecting access to oral health care by vulnerable segments of the population. Analysis of open-ended interviews with thirty-four dentists, including dental educators, and administrators and officials of dental public health programs in Canada and the United States revealed that four main themes—economics, professionalism, individual choice, and politics—influenced the respondents' sense of social responsibility in dentistry. There was a belief that social responsibility in dentistry is dominated by economic imperatives that impact negatively on the policies and practices directing access to care. Yet, despite the highly critical stance on dentistry as a business, there was practical recognition of the economic realities of dental practice. Nevertheless, those who focused on social responsibility as a professional obligation highlighted the privileges of self-governance along with the accompanying duty to serve the welfare of everyone and not just those who are socioeconomically advantaged.

Dr. Dharamsi is Assistant Professor, Department of Family Practice, and Associate Director of the Centre for International Health; Dr. Pratt is Professor, Department of Educational Studies; and Dr. MacEntee is Professor, Department of Oral Health Sciences—all at the University of British Columbia. Direct correspondence and requests for reprints to Dr. Shafik Dharamsi, 300-5950 University Boulevard, Department of Family Practice, University of British Columbia, Vancouver, British Columbia,

“social responsibility is not at forefront of the thinking of our profession”

“We work under a market system”

“a tendency for care to be delivered as defined by insurance plans and for patients to sometimes be encouraged to have care because it’s covered.”

“monetarization of medicine . . . and the kind of health care that’s delivered becoming extraordinarily dictated by what is profitable.”

“Is social consciousness billable?!”

"For God sake, Jim, I'm a Doctor!!"



“This is important but we really need our students to develop proficiency in clinical and surgical skills...the other ‘stuff’ they can figure out later, once they get going in their careers.”

“The curriculum is so focused on... getting students through the process... the currency to graduate... is not social responsibility but passing] tests and getting clinical credits.”

Increasing Access, Improving Quality, Reducing Costs



[WELCOME](#) [ABOUT](#) [ACTION](#) [PUBLI](#)



[Trends Archives](#)

HEALTH REFORM DEVELOPMENTS

[September 25, 2018](#)

Efforts have been made over the past several decades to achieve meaningful health reform. The number "three" figures prominently in such attempts. One version focuses on: increasing access to health care, improving quality, and reducing costs. Pursuing any one of these aims often has the unwanted outcome of making it difficult to realize the other two. Another version based on the number three is known as the Triple Aim, which consists of improving the patient experience of care (including quality and satisfaction), improving the health of populations, and reducing the per capita cost of health care.

What impact do allied health professionals have on population health outcomes?

1. A systematic review of evidence about extended roles for allied health professionals. McPherson K, Kersten P, George S, Lattimer V, Breton A, Ellis B, Kaur D, Frampton G. J Health Serv Res Policy. 2006 Oct;11(4):240-7
2. Extended roles for allied health professionals: an updated systematic review of the evidence. Saxon RL, Gray MA, Oprescu FI. J Multidiscip Healthc. 2014 Oct 13;7:479-88.

What do we know?



Our next generation of health professionals will need to be able to:

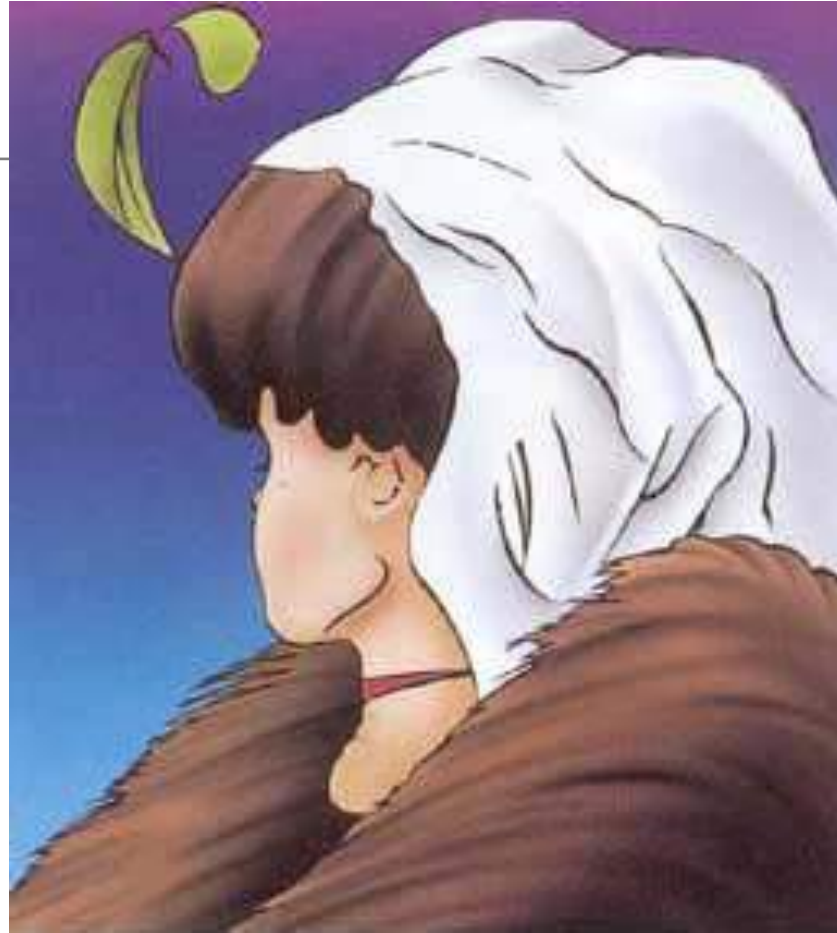
- Meet the health needs of the aging population,
- Respond to the growing prevalence of chronic disease,
- Help address the cost burden of chronic disease and co-morbidities,
- Understand and respond to population risk profiles
- Shift from secondary and tertiary to primary and preventive care
- Focus on the increasing emphasis on health equity and population health
- Be prepared to function in interprofessional teams

Health professionals for a new century: transforming education to strengthen health systems in an interdependent world

Frenk J*, Chen L*, Bhutta ZA, Cohen J, Crisp N, Evans T, et al. **Lancet 2010**

1. Fragmented, outdated, and static curricula produce ill-equipped graduates
2. Mismatch of competencies to patient and population needs
3. Poor teamwork
4. Persistent gender stratification of professional status
5. Narrow technical focus without broader contextual understanding
6. Episodic encounters rather than continuous care
7. Predominant hospital orientation at the expense of primary care
8. Quantitative and qualitative imbalances in the professional labor market; and
9. Weak leadership to improve health-system performance

Transformative Education



Can't go back to seeing the world in the same way...

Never being able to be in the world in the same way...

Association of American Colleges and Universities (AAC&U)

What kind of learning do students need to meet emerging challenges in the workplace, in a diverse democracy, and in an interconnected world?

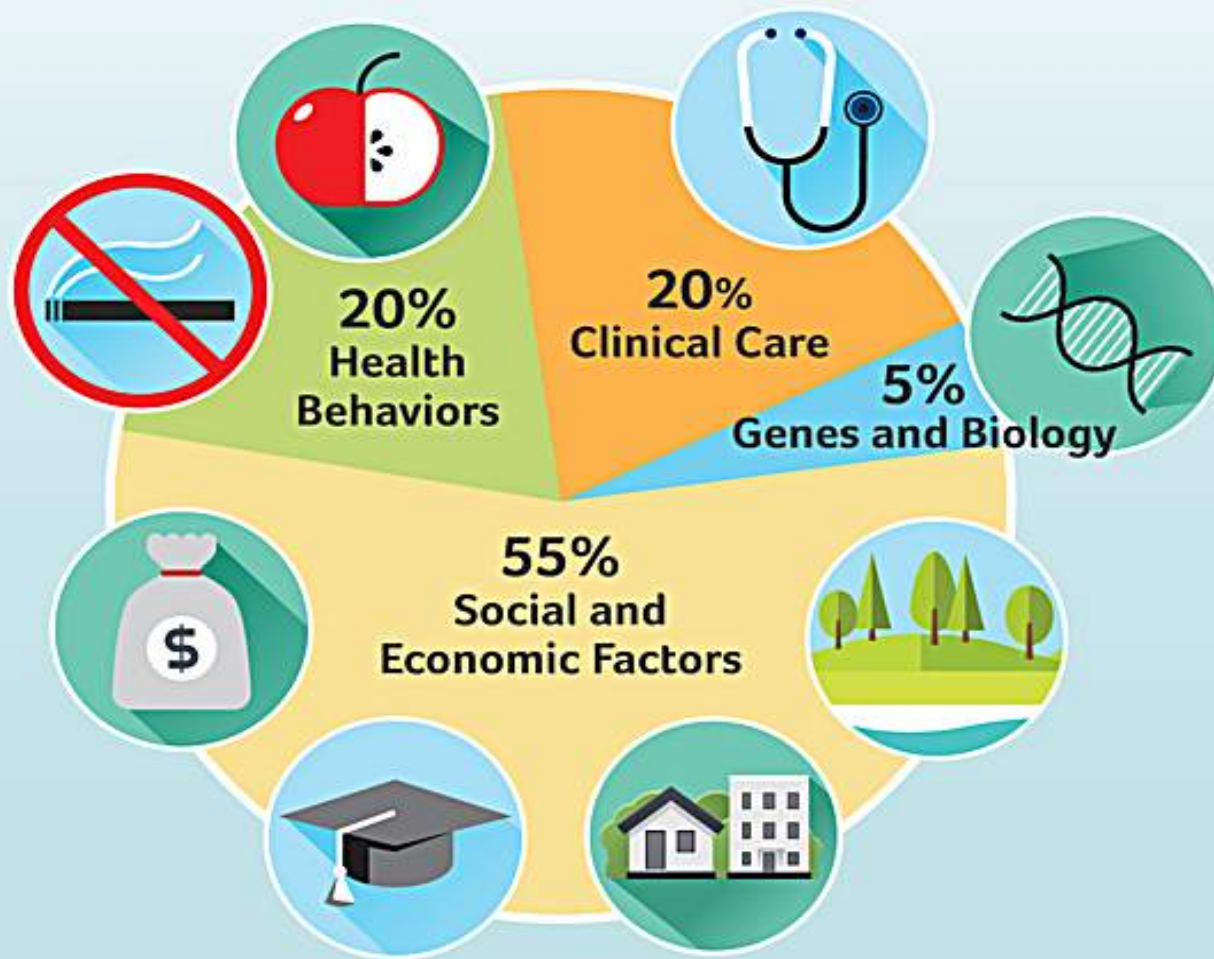
Higher education needs to engage in developing responsible learners whose sense of social responsibility and ethical judgment is marked by intellectual honesty, social justice, and a discernment of ethical consequences of various decisions and actions

In this turbulent and dynamic century, our nation's diverse democracy and interdependent global community requires a more informed, engaged, and socially responsible citizenry. Personal and social responsibility should be core elements of a 21st century education if our world is to thrive.



Health starts where we live, learn, work and play.

WHAT MAKES US HEALTHY?



Adapted from <http://www.cdc.gov/socialdeterminants/FAQ.html>

Competence and Conscience

“In many fields, skills have become ends. Scholars are busy sorting, counting, and decoding. We are turning out technicians....

But the crisis of our time relates not to technical competence, but to a loss of social and historical perspective, to the disastrous divorce of competence from conscience....

Once professionals begin to practice, they stop thinking beyond the technical aspects of their work....

Professionals must be able to make judgments that are not only technically correct but also ethically and socially considerate.”

Ernest Boyer

1928-1995

Health Science education as a determinant of health outcomes

“Every system is perfectly designed to get the results it gets. If we keep doing what we have been doing, we’ll keep getting what we’ve always gotten.”

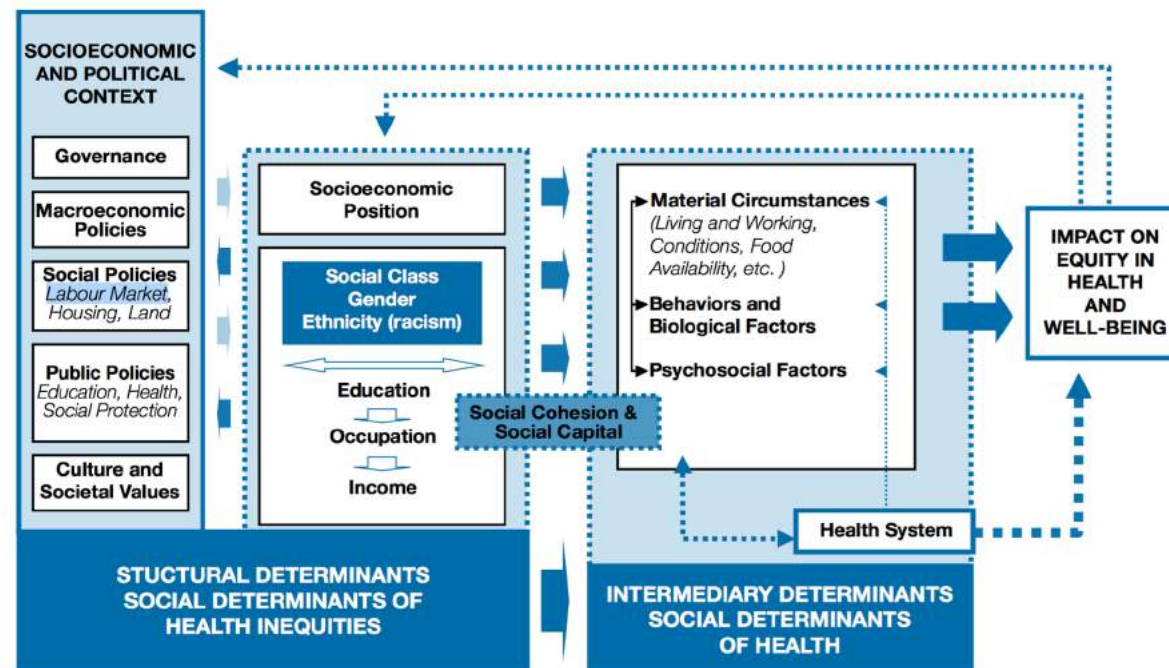
Dr. Paul Batalden - on the healthcare system and quality improvement.

“The definition of lunacy is to keep doing what you’ve always done and expect a different result.”

Albert Einstein

Solar O, Irwin A. A conceptual framework for action on the social determinants of health. Geneva: World Health Organization; 2007

Conflating the social determinants of health and the social processes that shape these determinants' unequal distribution can seriously mislead policy.



Cox M, Irby D. A New Series on Medical Education. New Eng J Med 2006;355:1375-76.

**“The best of science and the best of caring to
improve the health of the public.”**

Accreditation Bodies Calling For Greater Attention to Social Accountability -

“healthcare disparities and the development of solutions to related burdens,

the importance of meeting the healthcare needs of medically underserved populations ... and

core professional attributes, such as altruism and social accountability...”

“Advocate for social, economic, educational, and political changes that ameliorate suffering and contribute to human well-being.”

Health Professionals' Attitudes Towards Homelessness

26. I believe that those who enter medicine or other health disciplines want to help those in need.

Strongly disagree	3.1%
Disagree	16.4%
Neither agree nor disagree	18.8%
Agree	37.5%
Strongly agree	24.2%

Total Respondents 101 (Year 1 MD Students)

Health Professionals' Attitudes Towards Homelessness

33. I believe that health professionals are too pressed for time to investigate psychosocial issues routinely.

Strongly agree	10.2%	13
Agree	46.5%	59
Neither agree nor disagree	22%	28
Disagree	16.5%	21
Strongly disagree	4.7%	7

Woo JKH, Ghorayeb SH, Lee CK, Sangha H, Richter S. **Effect of patient socioeconomic status on perceptions of first- and second-year medical students.** CMAJ 2004;170(13):1915-19.

Medical students from high SES backgrounds are less inclined to want a patient from low SES background in their practice than high SES patients.

Physicians with low SES backgrounds (low parental income and education) showed significantly higher levels of service to poor patients than physicians with high SES backgrounds, even after adjustment for physician race, ethnic background and sex.

1. Crandall SJ, Volk RJ, Loemker V. Medical students' attitudes toward providing care for the underserved. Are we training socially responsible physicians? JAMA. 1993;269(19):2519-23.

The MS-IVs are less favorably inclined toward caring for the medically indigent than MS-Is

2. Crandall SJ, Reboussin BA, Michielutte R, Anthony JE, Naughton MJ. Medical students' attitudes toward underserved patients: a longitudinal comparison of problem-based and traditional medical curricula. Adv Health Sci Educ Theory Pract. 2007 Feb;12(1):71-86.

Longitudinal findings revealed that commitment to caring for the medically underserved was greater when students entered medical school than when they graduated.

Education having a negative influence

Woloschuk W, Harasym PH, Temple W. Attitude change during medical school: a cohort study. *Med Educ* 2004;38(5):522-34.

Schwartz PL, Loten EG. Influence of type of curriculum on students' perceptions of the medical course: a compilation of results from the Cognitive Behavior Survey, Attitudes Toward Social Issues In Medicine survey, and Learning Environment Questionnaire. *Teach Learn Med.* 2004;16(2):123-32.

Nurturing social responsibility through community service-learning. Dharamsi et al. Med Teach 2010.

“I wanted to tell you how excited I am to see [that] school is not all about long hours of studying and feeling disconnected from society...thank-you for firing this interest in us.”

“When you are lectured on things like socio-economic status, it doesn't quite sink in, you really need that personal experience to kind of realize [and] to see those communities and be out there... It is just different than being told in a classroom.”

“In the process of putting this project together we learned a lot about teamwork and how to integrate and relay our professional knowledge in a relatable way to the public. It was an extremely rewarding experience [that] taught us the most important lesson of all, about the value of communication and respect in patient care. “

UNIVERSITIES

AND

THE FUTURE

OF AMERICA



DEREK BOK

“... [M]any university officials and faculty members continue to feel ambivalent about deliberate efforts to address practical problems of society.

And though competition drives university leaders and their faculties to unremitting effort, what competition rewards is chiefly success in fields that command academic prestige rather than success in responding to important social needs.”

The Essence of Human Societies

Society is the total network of relations between human beings. The components of society are thus not human beings but the relations between them. In a social structure individuals are merely the foci in the network of relationships.... A visible and palpable collection of people is not a society; it is a crowd. A crowd, unlike a society, can be assembled, dispersed, photographed, or massacred.

Arnold Toynbee