A learner-led conference to enhance interdisciplinary social accountability education in healthcare: participant perspectives on engagement and educational experience

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Implication Statement

We developed the Interdisciplinary Social Accountability Conference in Healthcare to address educational gaps and empower learners to advocate for healthcare needs. This conference aimed to strengthen social accountability competencies in students through three areas: (1) a learner-led planning model that promotes initiative-taking and leadership, (2) interactive sessions on locally relevant topics, and (3) a student research showcase to foster interdisciplinary dialogue. Survey findings demonstrated high engagement and positive experiences with cross-disciplinary networking. We encourage institutions to adopt similar learner-led initiatives, facilitating students to take an active role in shaping social accountability education and supporting attendees in gaining practical skills through workshops on locallyrelevant issues. These initiatives will equip learners with the collaborative mindset and skills required to improve health outcomes in their communities.

Énoncé des implications de la recherche

Résumé français à venir.

Introduction

Education on the social determinants of health varies across Canadian institutions, leading to differences in healthcare providers' ability to tackle social issues affecting their patients. ^{1–3} As social inequities impact a growing proportion of the population, the ability to navigate these challenges is increasingly vital. ^{1,4}

Social accountability is defined as "responding to the health needs of our society." While education about social determinants of health equips learners to recognize upstream factors impacting health, social accountability ensures this knowledge is used to address community health needs. Given the interprofessional collaboration in healthcare teams, we developed the Interdisciplinary Social Accountability Conference in Healthcare (ISACH), a

learner-led initiative to equip current and prospective healthcare learners with an awareness of community priorities, relevant skills to meet community needs, and opportunities for early interprofessional collaboration.⁶ Our objective was to strengthen social accountability education through learner-led and community-informed programming. To understand its impact, we conducted a program evaluation focusing on participant engagement and educational experience.

Description of the innovation

ISACH is a one-day annual conference. The 2025 conference, held in Toronto, was organized by an interprofessional team of 18 learners from three universities, representing medicine, nursing, midwifery, global health, and pharmacy. We formed committees on speaker outreach, promotions, and finance. Recurring virtual meetings allowed for learner-led governance and collaborative leadership.

The planning committee identified key themes that were under-addressed in healthcare education and the local community, based on personal and professional experience, informal discussions with peers and faculty, and a literature review of community consultations determining Toronto healthcare priorities.

Guided by the World Health Organization's pedagogical framework for social accountability,⁵ the program featured a keynote address on opportunities and pitfalls in student advocacy, a panel discussion on guaranteed basic income, and interactive workshops involving community-informed care (on three topics: systems-level change in street health, emergency management of opioid overdoses/naloxone administration, and primary care for homeless individuals). Speakers had relevant lived or professional expertise in these areas, with ties to community organizations. They engaged attendees through interactive discussions, examples, and hands-on practice. The learner-led research showcase featured oral and poster presentations, judged by conference organizers, and networking sessions to encourage perspective-sharing and identification of opportunities for collaborative advocacy. Figure 1 details the conference itinerary.

The total cost was \$9,702, funded through university sponsorships. By combining experiential learning and peer leadership, ISACH offers a replicable model for institutions to strengthen social accountability education. Given this project aligns with quality assurance and program evaluation standards, it was exempt from formal review by the University of Toronto Research Ethics Board.

Outcomes

Ninety-six individuals from across Canada attended ISACH 2025. The most common attendee groups were medical (26.0%), undergraduate (16.7%), graduate (15.6%), and nursing students (4.2%).

We conducted a confidential post-conference survey to assess participant experience, consisting of multiple-choice, 5-point Likert scale, and open-ended questions. Outcomes included attendee demographics, participant experience, and suggestions for improvement. The response rate was 29.2% (28/96). Responses are detailed in Appendix A.

Findings suggest that attendees had a positive overall experience, found speakers engaging, and would attend a similar conference in the future (Figure 1). Positive qualitative feedback was received regarding skill-building workshops, specifically during naloxone training. Respondents emphasized the value of showcasing diverse presentations and learner-led research in promoting dynamic discussions.

| Time | Activity | | | | | |
|----------|--|--|--|--|--|--|
| 7:15 am | Registration | | | | | |
| 7:45 am | Welcome & Introductory Remarks | | | | | |
| 8:00 am | Keynote Speech | | | | | |
| | Health Care Professionals as Advocates: Opportunities and | | | | | |
| | Pitfalls | | | | | |
| 9:00 am | Poster Presentations | | | | | |
| | Research submission categories include: racism and health, | | | | | |
| | Indigenous health, 2SLGBTQQIA+ health, planetary health | | | | | |
| | and climate justice, healthcare access, health equity, social | | | | | |
| | justice, mental, physical, emotional, or spiritual health, | | | | | |
| | health policy, patient rights, public health initiatives, health | | | | | |
| | education, healthcare workforce, healthcare innovation, | | | | | |
| | and health advocacy. | | | | | |
| 9:50 am | Networking Break | | | | | |
| 10:00 am | Oral Presentations | | | | | |
| 11:20 am | Workshops | | | | | |
| | Providing trauma-informed care during opioid | | | | | |
| | overdoses and naloxone administration | | | | | |
| | Primary care for persons experiencing homelessness | | | | | |
| 12:10 pm | Lunch | | | | | |
| 1:00 pm | Expert Panel on Universal Basic Income | | | | | |
| 2:00 pm | Workshops | | | | | |
| | Providing trauma-informed care during opioid | | | | | |
| | overdoses and naloxone administration | | | | | |
| | Primary care for persons experiencing homelessness | | | | | |
| | Healthcare TipSheet project by Street Health | | | | | |
| | completed alongside community members | | | | | |
| 2:50 pm | Poster Presentations | | | | | |
| 3:40 pm | Networking Break | | | | | |
| 3:50 pm | Closing & Presentation Awards | | | | | |
| | Awards were provided based on scores in the following | | | | | |
| | rubric categories: | | | | | |
| | Oral presentations: Organization, content | | | | | |
| | understanding, delivery, use of visual aids, answers to | | | | | |
| | questions | | | | | |
| | Poster presentations: Organization, data visualization, | | | | | |
| | use of text, objectives, delivery of information | | | | | |

Figure 1. Detailed itinerary of the 2025 ISACH conference.

Suggestions for next steps

Initial findings suggest that ISACH was successful in fostering participant engagement through presentations on socially relevant issues. However, interpretation of impact is limited by the post-survey response rate and absence of baseline data.

Future iterations should incorporate objective pre- and post-conference assessments or self-reflection tools to move beyond general experience ratings, and better capture educational value or confidence in applying social accountability principles. It is important to increase survey response rates, tailor survey questions to conference objectives, perform outreach efforts to include participants from broader disciplines, and perform a specific local needs assessment to select topics. To broaden accessibility, alternate formats such as virtual or hybrid models should be explored. Institutions planning to replicate ISACH-like initiatives should consider securing an interdisciplinary planning committee, faculty mentorship, and institutional funding, within an eight to 12-month timeline.

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Appendix A. Post-conference feedback survey results from attendees.

All survey questions were optional. To note, the "participant demographics" survey question uses different categories to understand the current role that respondents played within healthcare, compared with the sign-in survey that categorized attendees by educational background.

| Response rate: 28/96 (29.2%) | | | | | | |
|---|--|-------------------|-----------|----------------------------|-------------|--|
| Participant Demographics | | | | | | |
| | Student | Research er | Academic | Healthcare Professional | Policymaker | |
| What is your primary role? (Select one) | 21 (75%) | 3 (10.7%) | 1 (3.6%) | 3 (10.7%) | 0 (0%) | |
| Participant Experience | | | | | | |
| | Excellent (5) | Very Good (4) | Good (3) | Fair (2) | Poor (1) | |
| On a scale of 1-5, how would you rate your overall experience at ISACH 2025? | 16 (57.1%) | 10 (35.7%) | 2 (7.1%) | 0 (0%) | 0 (0%) | |
| | Very | Mostly | Somewhat | Slightly | Not at all | |
| Were the speakers and panelists engaging and knowledgeable? | 18 (64.3%) | 9 (32.1%) | 0 (0%) | 0 (0%) | 0 (0%) | |
| | Workshops | Keynote Speech | Panel | Research Presentations | Other | |
| Which workshops or sessions did you find most valuable? (Multi-select response) | 23 (82.1%) "Yes" | 6 (21.4%) | 5 (17.9%) | 4 (14.3%) | 1 (3.6%) | |
| "Very engaging, good flow of activities throughout the day." "Yes, I liked the Q&A. Only thing I would consider changing is making the workshops for interactive/have a task during the session." "Yes! Hands on components were great." "Yes, lots of expertise and information!" "Yes - allowed for movement and didn't feel like I was sitting for a while. A lot of variety and diversity of perspectives." "Yes, they were engaging! I liked how questions and stories were regularly shared to help contextualize things." "Very engaging, lots of diversity in the style of the presentations." "Very effective, good flow, stayed engaged throughout the day." "Presentations with lots of discussions." "Preferred the interaction rather than slide presentations." | | | | | | |
| Conference Organization | | | | | | |
| | Excellent | Very Good | Good | Fair P | oor | |
| How would you rate the organization of the conference? | 15 (53.6%) | 9 (32.1%) | 3 (10.7%) | 0 (0%) 0 | (0%) | |
| Future Conferences | | | | | | |
| | Yes | Maybe | | No | | |
| Would you attend ISACH again in the future? | 25 (89.3%) | 3 (10.7%) 0 (0%) | | | | |
| "Policymakers" "Digital age and health" "Global health innovations" "Climate change" "Al in healthcare" "Patient engagement and patient partnerships" | | | | | | |
| (Open-text response) | "Racial inequities in health" "Mental health for all" "Healthcare and humanitarianism" "Interdisciplinary teams in healthcare" "Power and hierarchy and privilege" "Healthcare technology" | | | | | |