

## WORKS IN PROGRESS

## How do academic institutions assess and demonstrate their social mission? A scoping review protocol

Randa Oubouchou,<sup>1</sup> Julie Massé,<sup>2</sup> Marco Zaccagnini,<sup>3,4</sup> Linda Bergeron,<sup>1</sup> David Rojas,<sup>5</sup> Marie-Claude Tremblay,<sup>6</sup> Erin Cameron,<sup>7</sup> Allison Brown,<sup>8</sup> Tim Dubé<sup>2</sup>

\*Author information is provided in the back matter of this manuscript

## Comment les établissements d'enseignement supérieur évaluent-ils et mettent-ils en œuvre leur mission sociale ? Un protocole d'une étude de portée

### Introduction

Academic institutions and their programs are uniquely positioned to advance health equity by aligning their education, research, and service with the needs of the communities they serve. This is an imperative long emphasized by the World Health Organization through its call for socially accountable health professions education (HPE).<sup>1-4</sup> Rooted in a social contract between society and academic institutions, social accountability (SA) implies that training programs integrate and enact values such as quality, equity, relevance, and effectiveness across their admissions practices, curricula, and educational approaches.<sup>5-9</sup> Yet, a persistent gap remains between this ideal and how social SA is enacted and demonstrated in practice.<sup>10,11</sup> To move further from rhetoric to

measurable impact, it is essential to understand how HPE programs are operationalizing and assessing their SA commitments.

HPE programs often struggle to document how these SA commitments are reflected in their institutional strategies and practices, or to measure outcomes that demonstrate their contribution to their social mission.<sup>6,12-14</sup> Furthermore, they currently have few theoretically and empirically grounded resources and tools to guide them in these efforts. This affects how SA is understood and contextualized, how it is taught, and how learners are prepared to address priority health needs.<sup>6,15</sup> A more coherent approach to documenting SA-related strategies and outcomes is thus needed to support academic institutions, inform accreditation standards, and ensure graduates are equipped to act as change agents.<sup>16-19</sup>

Our research aims to identify and analyze the existing literature on strategies and approaches implemented by faculties and programs in HPE to promote SA, and to document the indicators and educational outcomes used to assess their SA mandates. This study will offer a comprehensive understanding of how SA is being operationalized and assessed within educational contexts, contributing to improved conceptual clarity and providing valuable guidance for programs, educators, and accreditation bodies.

## Methods

We are conducting a scoping review using the framework developed by Arksey and O'Malley<sup>20</sup> and further refined by Levac et al.<sup>21</sup> to map the breadth and depth of the existing literature regarding the approaches, data sources, and outcomes utilized by health faculties and programs to assess their SA mandate. We chose a scoping review to identify and synthesize available evidence, clarify key concepts, examine how research is conducted, map characteristics related to social accountability, identify knowledge gaps, and inform future systematic reviews in this area.<sup>22</sup> The full protocol details are registered with the Open Science Framework.<sup>23</sup>

### Stage 1. Defining the research question

What approaches, indicators, and outcomes are reported in the literature for assessing how HPE faculties and programs enact their SA mandates?

### Stage 2. Identifying relevant literature

We developed a search strategy with an academic librarian using keywords related to the assessment of SA in HPE institutions. The strategy (Table 1) was tested and refined to ensure that we covered the relevant literature. We also tested it with five key articles to determine if they appeared in the search results.<sup>13,24-27</sup> Because SA may be described using related concepts (e.g., social mission, health equity), the search strategy includes a range of associated terms to capture how these commitments are

reflected in the literature. The search was limited to studies published from 2009 onward, when Boelen and Woollard's seminal article on the social obligation scale was published.<sup>28</sup> We generated our inclusion and exclusion criteria (Table 2) by using the Population, Concept and Context (PCC) framework.<sup>29</sup>

### Stage 3. Selecting the literature

We uploaded the search results into Covidence for title and abstract screening. Three members of the team (RO, LB, TD) will first independently screen 5% of the results and then compare their decisions to ensure a 90% agreement rate as a calibration exercise.<sup>30</sup> They will next divide the remaining records among themselves. After title and abstract screening, we will conduct full-text screening. We will repeat the same calibration exercises and then the team will independently assess all full-text articles using the inclusion and exclusion criteria.

### Stage 4. Data charting

We will extract relevant data from selected full texts using a data-charting form.<sup>29</sup> The team will focus data charting on year of publication, country of origin, discipline, specific processes and practices, data sources, and outcomes related to SA, contextual settings, and key discussion points. Data charting will be conducted independently by two team members on 20% of the papers with a desired 90% agreement.<sup>30</sup> All discrepancies will be discussed.

### Stage 5. Analyzing and reporting the results

We will report our results according to the Preferred Reporting Items for Systematic reviews and Meta-Analyses Extension for Scoping Reviews (PRISMA-ScR) checklist.<sup>31</sup> We will use both bibliometric data and thematic analysis<sup>32,33</sup> to a) provide a detailed description of the specific approaches, data sources, and outcomes related to SA and b) provide evidence-informed recommendations and insights to inform the use of specific approaches, indicators, and outcomes to assess a SA mandate.

## Stage 6. Discussing results with knowledge users through consultation

Aligned with the principles of integrated knowledge translation approach,<sup>34</sup> the consultation aims to: a) present findings to knowledge users and gather their input to enhance relevance and accessibility, b) co-create effective dissemination strategies, and c) identify future research priorities in SA in HPE. Three groups of six to eight key informants,

representing a mix of learners, community members, patient partners, faculty, SA leaders and experts, and policymakers, will be recruited to participate in a facilitated 120-180-minute videoconference discussions. Feedback will be gathered using the Harvard Macy “step-back” method, where the researcher presents a summary of findings, then withdraws to allow participants to discuss and reflect freely.<sup>35-36</sup> They later rejoin to facilitate a collaborative exchange.<sup>37</sup> We obtained ethics approval from Université de Sherbrooke review board (#2025-4988).

Table 1. Search strategy, databases, and limits

Concept 1: Social accountability	Concept 2: Assessment	Concept 3: Health professions education
"Social* mission*" OR "social* contract*" OR "social* respons*" OR "social* accountab*" OR "social* obligation*"	accredit* OR "quality ass*" OR review* OR tool* OR evaluat* OR assess* OR report* OR document* OR monitor* OR perform* OR measure* OR indic* OR standard* OR framework* OR benchmark* OR audit* OR outcome* OR impact* OR process* OR metric* OR "quality improv*" OR "continuous quality improv*" OR "process improv*" OR "performance improv*"	(medic* OR residen* OR postgraduate OR "post-graduat*" OR graduat* OR PGME OR GME OR "postgraduate medical education" OR "post-graduate medical education" OR "graduate medical education" undergraduat* OR UGME OR UME OR "under-graduat*" OR "health profession*" OR "health occupation*" OR "health science*" OR nurs* OR "occupational therap*" OR "physical therap*" OR rehab* OR pharmac* OR dent* OR "Physician* ass*" OR "midwi* OR "social work*") N5 (facult* OR program* OR school* OR universit* OR institut* OR education* OR train* OR colleg* OR curricul*)
Database: Academic Search Complete, APA PsycInfo, CINAHL, Education Source, ERIC, MEDLINE, SocINDEX, Scopus, Proquest One Education, ProQuest One Health & Nursing, ProQuest One Social Sciences: only Sociology & Social Sciences Collection, ProQuest One Psychology.		
Limits: Date range: 2009** to 2025; Languages: English and French		
** Year of publication of the article by Boelen & Woollard (Medical Education, 2009: 43: 887-894) <sup>28</sup>		

*Table 2. Inclusion and exclusion criteria*

Inclusion criteria	Exclusion criteria
Articles focusing on HPE (including medicine, nursing, rehabilitation sciences, dentistry, and pharmacy, social work, physician assistants, midwifery).	Outside HPE: Studies not situated within HPE contexts (e.g., K-12, higher education outside of HPE), unless HPE is clearly included.
Studies situated in academic institutions, faculties, or programs offering health professions training.	Outside academic institutions, faculties or programs (for example, training that is not provided by a university/college)
Studies that explicitly address SA, social mission, or social responsibility as applied to institutional mandates in HPE.	Not relevant to SA: Articles that do not mention or address SA, social mission, or social responsibility at the institutional or programmatic level. / Studies focused solely on individual professionalism, ethics, or compassion without connection to institutional SA practices.
Articles that describe, develop, apply, or evaluate accreditation standards, metrics, indicators, or accountability frameworks related to SA.	Not relevant to accreditation / (self) assessment practices: Articles that discuss SA in general terms without reference to measurement, evaluation, metrics, accreditation, or institutional (self) assessment.
Studies that report on documented institutional processes (e.g., curriculum design, stakeholder engagement, quality assurance) or outcomes (e.g., graduate distribution, community impact) linked to SA mandates.	Curricular descriptions or learning experiences that do not connect to how institutions assess or demonstrate their SA commitment.
Empirical, theoretical, or conceptual studies that link evaluation practices (e.g., self-assessment, external review) to SA in an institutional or programmatic context.	Editorials, commentaries, conference abstracts, knowledge syntheses. Unless they include substantive descriptions of SA evaluation methods or institutional metrics.
Articles published in English or French.	Articles not published in English or French
Publications from 2009 onward	Publications before 2009

## Summary

This scoping review focuses on peer-reviewed literature to map how SA is assessed in HPE, providing a foundation for subsequent phases of this research program. Findings will support faculties, program leaders, and accrediting bodies by identifying practical strategies and measurable indicators to strengthen how SA is implemented and assessed in HPE. These insights may inform curriculum design, faculty development, and institutional reporting, ultimately improving alignment with community needs.

#### Author information:

1- Faculty of Medicine and Health Sciences, Université de Sherbrooke, Québec, Canada

2- Department of Family Medicine and Emergency Medicine, Faculty of Medicine and Health Sciences, Université de Sherbrooke, Québec, Canada.

3- School of Epidemiology and Public Health, University of Ottawa, Ontario, Canada

4- Canadian Society of Respiratory Therapists, Ontario, Canada

5- Wilson Centre, University Health Network, and Department of Obstetrics and Gynaecology, Temerty Faculty of Medicine, University of Toronto, Ontario, Canada

6- Department of Family Medicine and Emergency Medicine, Université Laval, Québec, Canada

7- Human Sciences Division, Northern Ontario School of Medicine University, Ontario, Canada

8- Department of Medicine and Department of Community Health Sciences, Cumming School of Medicine, University of Calgary, Alberta, Canada

#### Correspondence to:

Tim Dubé

email: [tim.dube@usherbrooke.ca](mailto:tim.dube@usherbrooke.ca)

#### Published ahead of issue:

Apr 8, 2026

© 2026 OUBOUCHEU, MASSÉ, ZACCAGNINI, BERGERON, ROJAS, TREMBLAY, CAMERON, BROWN, DUBÉ; licensee Synergies Partners.

This is an Open Journal Systems article distributed under the terms of the Creative Commons Attribution License. (<https://creativecommons.org/licenses/by-nc-nd/4.0>) which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is cited.

#### Conflict of Interest:

TD and MZ are on the Canadian Medical Education Journal editorial board. None were involved in any decision regarding this manuscript. All other authors report no conflicts of interest.

#### Funding:

This article draws funding from the Social Science and Humanities Research Council (SSHRC), Insight Grants, No. 435-2025-1482. TD is holder of the Chaire de recherche en pédagogie médicale Paul Grand'Maison de la Société des médecins de l'Université de Sherbrooke, which provided partial support for this work.

#### Acknowledgements:

The authors wish to thank the team of academic librarians at the Université de Sherbrooke.

## References:

1. Jongbloed B, Enders J, Salerno C. Higher education and its communities: interconnections, interdependencies and a research agenda. *High Educ* 2008;56(3):303-324. <https://doi.org/10.1007/s10734-008-9128-2>
2. Lotz-Sisitka H, Wals AEJ, Kronlid D, McGarry D. Transformative, transgressive social learning: rethinking higher education pedagogy in times of systemic global dysfunction. *Curr Opin Environ Sustain* 2015;16:73-80. <https://doi.org/10.1016/j.cosust.2015.07.018>
3. World Health Organization. *Towards unity for health: challenges and opportunities for partnership in health development: a working paper* / Boelen C. 2000. <https://apps.who.int/iris/handle/10665/66566>
4. Dubé TV. An imperative for transforming health professions education. *Med Educ* 2024;58(1):8-10. <https://doi.org/10.1111/medu.15274>
5. Association of Faculties of Medicine of Canada. *Future of Medical Education in Canada 2020*.

2020. <https://afmc.ca/en/projects-resources/future-of-medical-education-of-canada-fmec>
6. Boelen C, Pearson D, Kaufman A, et al. Producing a socially accountable medical school: AMEE Guide No. 109. *Med Teach* 2016;38(11):1078-1091. <https://doi.org/10.1080/0142159X.2016.1219029>
  7. Committee on Accreditation of Canadian Medical Schools. CACMS standards and elements: standards for accreditation of medical education programs leading to the M.D. degree. 2021.
  8. Canadian Residency Accreditation Consortium. 2019. <http://www.canrac.ca/canrac/about-e>
  9. Gibbons M. Science's new social contract with society. *Nature* 1999;402(Suppl 6761):C81-C84. <https://doi.org/10.1038/35011576>
  10. Ellaway R, Van Roy K, Preston R, et al. Translating medical school social missions to student experiences. *Med Educ* 2018;52(2):171-181. <https://doi.org/10.1111/medu.13417>
  11. Morley CP, Mader EM, Smilnak T, et al. The social mission in medical school mission statements: associations with graduate outcomes. *Fam Med* 2015;47(6):427-434.
  12. Ross BM, Cameron E. Socially accountable medical education: our story might not be yours. *High Educ Stud* 2021;11(1):114-120. <https://doi.org/10.5539/hes.v11n1p114>
  13. Batra S, Orban J, Guterbock T, et al. Social mission metrics: developing a survey to guide health professions schools. *Acad Med* 2020;95(12):1811-1816. <https://doi.org/10.1097/ACM.0000000000003324>
  14. Boelen C, Dharamsi S, Gibbs T. The social accountability of medical schools and its indicators. *Educ Health (Abingdon)* 2012;25(3):180-194. <https://doi.org/10.4103/1357-6283.109785>
  15. Reeve C, Woolley T, Ross SJ, et al. The impact of socially-accountable health professional education: a systematic review of the literature. *Med Teach* 2017;39(1):67-73. <https://doi.org/10.1080/0142159X.2016.1231914>
  16. Dharamsi S, Ho A, Spadafora SM, Woollard R. The physician as health advocate: translating the quest for social responsibility into medical education and practice. *Acad Med* 2011;86(9):1108-1113. <https://doi.org/10.1097/ACM.0b013e318226b43b>
  17. Dubé TV, Cumyn A, Fourati M, et al. Pathways, journeys and experiences: integrating curricular activities related to social accountability within an undergraduate medical curriculum. *Med Educ* 2024;58(5):556-565. <https://doi.org/10.1111/medu.15260>
  18. Frenk J, Chen L, Bhutta ZA, et al. Health professionals for a new century: transforming education to strengthen health systems in an interdependent world. *Lancet* 2010;376(9756):1923-1958. [https://doi.org/10.1016/S0140-6736\(10\)61854-5](https://doi.org/10.1016/S0140-6736(10)61854-5)
  19. Strasser R, Hogenbirk J, Jacklin K, et al. Community engagement: a central feature of NOSM's socially accountable distributed medical education. *Can Med Educ J* 2018;9(1):e33-e43. <https://doi.org/10.36834/cmej.42151>
  20. Arksey H, O'Malley L. Scoping studies: towards a methodological framework. *Int J Soc Res Methodol* 2005;8(1):19-32. <https://doi.org/10.1080/1364557032000119616>
  21. Levac D, Colquhoun H, O'Brien KK. Scoping studies: advancing the methodology. *Implement Sci* 2010;5:69. <https://doi.org/10.1186/1748-5908-5-69>
  22. Munn Z, Peters MDJ, Stern C, et al. Systematic review or scoping review? guidance for authors when choosing between a systematic or scoping review approach. *BMC Med Res Methodol* 2018;18(1):143. <https://doi.org/10.1186/s12874-018-0611-x>
  23. Oubouchou R, Massé J, Zaccagnini M, et al. Reimagining social accountability in health professions education: unlocking impact through evidence-informed approaches. 2026. <https://doi.org/10.17605/OSF.IO/TE69U>
  24. Barber C, Chahine S, Leppink J, van der Vleuten C. Global perceptions on social accountability and outcomes: a survey of medical schools. *Teach Learn Med* 2023;35(5):527-536. <https://doi.org/10.1080/10401334.2022.2103815>
  25. Batra S, Orban J, Zhang H, et al. Analysis of social mission commitment at dental, medical, and nursing schools in the US. *JAMA Netw Open* 2022;5(5):e2210900.

- <https://doi.org/10.1001/jamanetworkopen.2022.10900>
26. Blouin D. Accreditation of Canadian undergraduate medical education programs: a study of measures of effectiveness. *Acad Med* 2020;95(6):931-937.  
<https://doi.org/10.1097/ACM.0000000000003065>
27. Orban J, Xue C, Raichur S, et al. The scope of social mission content in health professions education accreditation standards. *Acad Med* 2022;97(1):111-120.  
<https://doi.org/10.1097/ACM.0000000000004437>
28. Boelen C, Woollard B. Social accountability and accreditation: a new frontier for educational institutions. *Med Educ* 2009;43(9):887-894.  
<https://doi.org/10.1111/j.1365-2923.2009.03413.x>
29. Pollock D, Peters M, Khalil H, et al. Recommendations for the extraction, analysis, and presentation of results in scoping reviews. *JBI Evid Synth* 2023;21(3):520-532.  
<https://doi.org/10.11124/JBIES-22-00123>
30. Thomas A, Lubarsky S, Durning SJ, Young ME. Knowledge syntheses in medical education: demystifying scoping reviews. *Acad Med* 2017;92(2):161-166.  
<https://doi.org/10.1097/ACM.0000000000001452>
31. Tricco AC, Lillie E, Zarin W, et al. PRISMA extension for scoping reviews (PRISMA-ScR): checklist and explanation. *Ann Intern Med* 2018;169(7):467-473.  
<https://doi.org/10.7326/M18-0850>
32. Braun V, Clarke V. Using thematic analysis in psychology. *Qual Res Psychol* 2006;3(2):77-101.  
<https://doi.org/10.1191/1478088706qp063oa>
33. Braun V, Clarke V. Thematic analysis: a practical guide. London: SAGE Publications; 2021.  
<https://doi.org/10.53841/bpsqmip.2022.1.33.46>
34. Kothari A, McCutcheon C, Graham ID, for the IKT Research Network. Defining integrated knowledge translation and moving forward: a response to recent commentaries. *Int J Health Policy Manag* 2017;6(5):299-300.  
<https://doi.org/10.15171/ijhpm.2017.15>
35. Jordan J, Shah K, Phillips AW, et al. Use of the "stepback" method for education research consultation at the national level: a pilot study. *AEM Educ Train* 2019;3(4):347-352.  
<https://doi.org/10.1002/aet2.10349>
36. Zaccagnini M, Cameron E, Strasser R, et al. Unpacking educational approaches for social accountability in health professions education: a scoping review. *Adv Health Sci Educ* 2025.  
<https://doi.org/10.1007/s10459-025-10494-9>
37. Zaccagnini M, Maggio LA, St-Onge C, Dubé TV. Reprioritising consultation in scoping reviews: Clarifying purposes and practices. *Med Educ* 2026.  
<https://doi.org/10.1111/medu.70211>