
YOU SHOULD TRY THIS

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

Meera Chopra,¹ Rebecca Wong,² Reeya Kothari,³ Yevin Cha,⁴ Mohammad Jay⁵

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

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 locally-relevant issues. These initiatives will equip learners with the collaborative mindset and skills required to improve health outcomes in their communities.

Conférence dirigée par les apprenants pour améliorer l'éducation interdisciplinaire en matière de responsabilité sociale dans le domaine des soins de santé : points de vue des participants sur l'engagement et l'expérience éducative

Énoncé des implications de la recherche

Nous avons mis en place la Conférence interdisciplinaire sur la responsabilité sociale dans le domaine des soins de santé afin de combler les lacunes éducatives et de donner aux apprenants les moyens de défendre les besoins en matière de soins de santé. Cette conférence visait à renforcer les compétences des étudiants en matière de responsabilité sociale dans trois domaines : (1) un modèle de planification dirigé par les apprenants qui encourage la prise d'initiative et le leadership, (2) des sessions interactives sur des sujets pertinents au niveau local, et (3) une présentation des recherches des étudiants afin de favoriser le dialogue interdisciplinaire. Les résultats de l'enquête ont montré un engagement élevé et des expériences positives en matière de réseautage interdisciplinaire. Nous encourageons les établissements à l'engagement des apprenants dans des initiatives similaires. Cela permet aux étudiants de jouer un rôle actif dans l'élaboration de l'enseignement de la responsabilité sociale et d'aider les participants à acquérir des compétences pratiques grâce à des ateliers sur des questions pertinentes au niveau local. Ces initiatives permettront aux apprenants d'acquérir l'esprit de collaboration et les compétences nécessaires pour améliorer les résultats en matière de santé dans leurs communautés.

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.”⁵ 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 so-

cial 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).

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.

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.

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.

Author information:

1- Temerty Faculty of Medicine, University of Toronto, Ontario, Canada

2- Department of Medicine, Western University, Ontario, Canada

3- Department of Global Health and Social Medicine, McMaster University, Ontario, Canada

4- Department of Psychiatry, University of Toronto, Ontario, Canada

5- Department of Medicine, Division of Endocrinology, University of Toronto, Ontario, Canada

Correspondence to:

Meera Chopra

email: mc.chopra@mail.utoronto.ca

Published ahead of issue:

Nov 17, 2025

© 2026 CHOPRA, WONG, KOTHARI, CHA, JAY; 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:

The authors declare no conflicts of interest.

Funding:

No funding was received for the preparation of this manuscript. Financial and material support for the ISACH 2025 conference was secured through a competitive award from the Ontario Medical Students Association, as well as McMaster Post-Graduate Medical Education, "Community of Practice" in the McMaster Department of Medicine, McMaster Program for Interprofessional Practice Education and Research, University of Toronto Temerty Faculty of Medicine,

Office of Inclusion and Diversity, and the University of Toronto Division of the Vice-President, Research & Innovation.

Acknowledgements:

The authors thank Dr. Umberin Najeeb, Dr. Michaela Beder, and Dr. Tisha Joy as faculty advisors throughout the conference planning process. We also extend our thanks to the executive team of the Interdisciplinary Social Accountability Conference in Healthcare for their contributions to conference design and execution.

References:

1. Andermann A. Taking action on the social determinants of health in clinical practice: a framework for health professionals. *CMAJ*. 2016;188(17-18):E474–E483. <https://doi.org/10.1503/cmaj.160177>.
2. Hunter KA, Thomson B. A scoping review of social determinants of health curricula in post-graduate medical education. *Can Med Educ J*. 2019;10(3):e61–e71. <https://doi.org/10.36834/cmej.61709>.
3. Doobay-Persaud A, Adler MD, Bartell TR, et al. Teaching the social determinants of health in undergraduate medical education: a scoping review. *J Gen Intern Med*. 2019;34:720–730. <https://doi.org/10.1007/s11606-019-04876-0>.
4. *Everyone counts 2020-2022: results from the third nationally coordinated point-in-time counts of homelessness in Canada*. Ottawa (ON): Government of Canada; 2024;34. Available from: <https://housing-infrastructure.canada.ca/homelessness-sans-abri/reports-rapports/pit-counts-dp-2020-2022-results-resultats-eng.html>. [Accessed on Mar 15, 2025].
5. Department of Family & Community Medicine. *Social Accountability*. University of Toronto. Available from: <https://dfcm.utoronto.ca/social-accountability>. Accessed 15 Mar 2025.
6. Grymonpre RE, Bainbridge L, Nasmith L, Baker C. Development of accreditation standards for interprofessional education: a Canadian case study. *Hum Resour Health* 2021;19(12):1–10. <https://doi.org/10.1186/s12960-020-00551-2>.

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	Researcher	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%)	6 (21.4%)	5 (17.9%)	4 (14.3%)	1 (3.6%)
Was the format of the sessions (e.g., presentations, discussions, panels) effective in facilitating learning and engagement? (Open-text response)	“Yes” “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	Poor
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%)	
What topics or themes would you like to see covered in future ISACH conferences? (Open-text response)	“Policymakers”				
	“Digital age and health”				
	“Global health innovations”				
	“Climate change”				
	“AI in healthcare”				
	“Patient engagement and patient partnerships”				
	“Racial inequities in health”				
	“Mental health for all”				
	“Healthcare and humanitarianism”				
	“Interdisciplinary teams in healthcare”				
	“Power and hierarchy and privilege”				
	“Healthcare technology”				