

Title: Exploring how medical graduates perceive and enact social accountability during their first five years of practice

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Supplementary material A

Perception of undergraduate training

Question stem: Your perceptions of your journey from undergraduate training to your current practice...

Statement	Totally agree	Agree	Neutral / No opinion	Disagree	Totally disagree	Total (n=)
My undergraduate training gave me the tools I need to assess social determinants.	6	25	4	0	0	35
My undergraduate training reflected the needs of the populations I currently serve.	4	17	9	4	1	35
My undergraduate training gave me the tools I need to tailor care to the needs of the individual patient.	11	21	2	1	0	35
My undergraduate training enabled me to learn about community resources to meet the needs of the populations served.	2	11	9	12	0	34
My main undergraduate training site (Longueuil, Moncton, Saguenay-Lac-Saint-Jean, Sherbrooke) had a clear mission regarding the overall needs of the populations served.	5	20	8	2	0	35

Perception of postgraduate training up to current practice

Question stem: Your perceptions of your journey from postgraduate training to your current practice...

Statement	Totally agree	Agree	Neutral / No opinion	Disagree	Totally disagree	Total (n=)
My postgraduate training gave me the tools I need to assess social determinants.	11	18	6	0	0	35
My postgraduate training reflected the needs of the populations I currently serve.	12	17	2	4	0	35
My postgraduate training gave me the tools I need to tailor care to the needs of the individual patient.	20	13	2	0	0	35
My postgraduate training allowed me to learn about community resources to meet the needs of the populations served.	9	16	4	6	0	35
My main postgraduate training site (Moncton, Montérégie, Saguenay-Lac-Saint-Jean, Sherbrooke) had a clear mission regarding the overall needs of the populations served.	6	20	4	5	0	35

Supplementary Material B

Priority health needs identified

Question stem: In my current practice, I place particular emphasis on the following priority health needs: (beyond simply resolving the health issue for which the person comes to see me).

Statement	Totally agree	Agree	Neutral / No opinion	Disagree	Totally disagree	Total (n=)
Injuries, trauma and occupational injuries	10	10	7	8	0	35
Impacts of climate change	12	14	1	5	3	35
Sexually transmitted and blood-borne infections	10	13	6	6	0	35
Emerging infectious diseases (other than STBBIs)	6	18	3	7	1	35
Poverty and social inequalities in health	21	9	5	0	0	35
Disease prevention	24	5	4	2	0	35
Elderly health	24	5	5	1	0	35
Child and adolescent health	10	13	9	3	0	35
Women's health	17	11	4	3	0	35
Indigenous community health	10	10	8	5	2	35
Population health	11	16	2	5	1	35
Mental health	19	11	4	1	0	35
Use, misuse and dependence disorders	18	12	3	2	0	35

Supplementary material C

Priority groups identified

Question stem: In my current practice, I have implemented strategies to prioritize the following individuals or groups...

Statement	Totally agree	Agree	Neutral / No opinion	Disagree	Totally disagree	Total (n=)
People with low educational attainment	6	15	4	8	1	34
People with neuroatypia	2	14	4	14	1	35
People with mental health problems	9	17	4	4	1	35
People with disabilities	6	14	4	10	1	35
People experiencing homelessness	1	12	7	13	2	35
People from recent immigration, refugees, cultural minorities, etc.	6	16	5	6	2	35
People from LGBTQ+ communities	6	12	5	11	1	35
Indigenous populations	1	10	11	11	2	35
Disadvantaged or marginalized populations	7	15	4	7	2	35
Rural or remote populations	7	13	7	7	1	35

Supplementary material D

Perception of self-efficacy

Question stem: Regarding self-efficacy, I believe...

Statement	Totally agree	Agree	Neutral/ No opinion	Disagree	Totally disagree	Total
Addressing priority healthcare needs within my practice can have an impact.	6	27	1	1	0	35
Acting on access to care for people from underserved populations can have an impact.	11	22	1	1	0	35
I currently need to prioritize my early medical practice.	6	15	11	3	0	35
I currently need to prioritize my personal balance	13	18	4	0	0	35
I am aware of the activities of community organizations relevant to my practice.	3	14	7	10	0	34

Supplementary material E

Illustrative participant quotes

Themes	Participant quotes
Defining and appropriating social accountability through core values	<i>"For me, it's a term that's a bit vague, I must admit (...), we have several types of responsibilities, whether it's responsibility towards patients, towards, the discipline, towards colleagues (...)"</i>. (P2) <i>"A doctor who is concerned with integrating values into their practice, I would say more equity and then inclusivity, therefore making choices in their practice as well as in their style of practice regarding the choices of patients, which ones they will follow..."</i>. (P6)
Translating social accountability values into everyday practice	<i>"It can change from day to day and I have a kind of responsibility in the limited resources with which I start. So I see that I try to optimize as much as possible the services that I can offer to serve the people who need it most at the moment while taking into account the reality of each patient "</i>. (P2) <i>" I started taking on a lot of patients with [complex] problems... So, I really felt like I had put a little bit of social responsibility into my practice"</i>. (P6)
Navigating systemic and moral tensions	<i>"It takes more energy, it's always easier to go with the flow, and then be complacent (...). Because there will always be patients, right? If we don't take care of the priority groups, there will be other patients, so you know, it's not like we have to [see them] to survive. (...) Energy and time are the main barriers".</i> (P3) <i>"There was a kind of resentment, and then that clearly, I think, harms social accountability. We end up becoming cynical, and then simply says to ourselves, it's not my little business. (...) It's not a vocation that I'm obliged to have."</i> (P4)

The influence of training and role models	<i>"I don't remember, however, that we had discussions (...) or readings on social accountability, and I think that would be a good way to introduce it (...) so that we can start to ask ourselves these questions because then, once in the clinic, when we are confronted with the way of doing things of our supervisors, well we would have already discussed this way of doing things, we would recognize it, and then we could already put it into perspective in relation to other ways of doing things in more social and broader terms". (P2)</i> <i>"As a doctor, we are often with students, so I think it's a bit like passing on this value. It's also a social responsibility". (P5)</i> <i>"I had role models who, who frankly challenged me, then who influenced my practice through their sensitivity, then their desire to do better, so I take for example one of my colleagues who was one of my teachers who worked for a long time in the North, and has a great sensitivity for the Indigenous populations and their culture". (P6)</i>
A broader orientation toward advocacy, prevention, and collective leadership	<i>"Then I also think that there is an advantage in finding ways, communication channels to teach more broadly, to increase health literacy in the population because you know, it is worthwhile as a doctor to do it individually, but in certain areas, it takes, it takes slightly broader campaigns or ways to reach more people to educate them, and then do prevention at the same time". (P4)</i> <i>"Then I also see the adversity in my field, that is to say other specialists from other specialties or other health professionals or even people who have nothing to do with health, who will then express opinions that are contrary to science (...). Then that makes me angry. I can't stand by that so if my colleagues don't speak out, well I'm going to do it, someone has to do it". (P3)</i>