conditions such as infection, malnutrition, and severe anemia that can lead to complications and death. It is recommended that strategies are developed to improve health education for SCD.

## Social accountability in global medical education: The REVOLUTIONS framework

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**Background:** Socially accountable medical education prepares future physicians around the world to address the priority health concerns of society, with particular attention to marginalized populations, using educational, research, and service models that engage interdisciplinary professionals, public and private organizations, and civil society. Schools of medicine interested in advancing their socially accountable roles need structural frameworks on which to build such programs in the communities they serve.

**Structure/Method/Design:** This presentation builds on available literature and theory regarding socially accountable medical education, a review of exemplary medical education programs from around the world that focus on social accountability, and our personal experience, both domestically and internationally, in developing socially accountable systems of medical education.

**Results (Scientific Abstract)/Collaborative Partners (Programmatic Abstract):** We present the REVOLUTIONS framework for socially accountable medical education in a global context. This framework is based on the following theses: 1) medical schools have a duty to train socially accountable physicians; 2) training such physicians means building socially accountable systems of medical education; 3) building such systems means movement (from traditional to socially accountable educational models or practices) along 11 teaching, learning, and service dimensions. Each of the 11 REVOLUTIONS dimensions highlights: 1) one area of medical education, including characteristics of that area that correspond to traditional and socially accountable educational systems; 2) changes needed in each area to make medical education more socially accountable; and, 3) reference to exemplary programs demonstrating progress in social accountability.

**Summary/Conclusion:** Medical schools interested in becoming more socially accountable need a blueprint for developing their curricula. The REVOLUTIONS framework for socially accountable medical education provides this blueprint. In this presentation we review the reasons for moving toward a social accountability in medical education, present a framework for considering and structuring these changes, and provide an up-to-date review of global best practices in socially accountable medical education.

## Global health education locally: A community service-learning program to support refugees, engage medical students, and fill a gap in the community

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**Background:** Over the past 2 years, the Refugee Health Initiative (RHI), a medical student-led interest group at the University of Ottawa in partnership with the Catholic Centre for Immigration (CCI), has successfully piloted an original collaborative program with the intention of fulfilling the following three objectives:

i) To support newly arrived refugees in their first year of resettlement and to help families navigate the barriers that prevent integration into the Ottawa community
ii) To provide relevant cultural competency training to medical students interested in learning how to practice medicine within a global context
iii) To work collaboratively with community partners to fill needs that are not currently being addressed by other program mandates

**Structure/Method/Design:** The program was implemented via a new curricular initiative that required all first-year medical students to complete 30 hours of community service. RHI facilitated this program by working closely with various community partners including the CCI, physicians, and interpreters.

In October, students are matched with a newly arrived family and have the initial encounter as a medical intake interview. In the following months, the students and families complete various activities such as accompaniment to additional medical appointments, grocery store visits, and tutorials on how to access resources in the community. Under the guidance of community case managers, we ensure that activities are tailored to the needs of each family, making each match unique. The year culminates in a Community Health Fair. The first Health Fair brought together over 150 refugees, physicians, nurses, dieticians, community partners, and students in an effort to provide relevant information regarding access to Ottawa community resources, health, and well-being.

Throughout the year, students attend various training sessions run by medical professionals with expertise in global health. These sessions provide immediate benefit to the refugee families and at the same time, equip future physicians with the tools to ensure equitable and accessible health care for diverse populations.

**Results (Scientific Abstract)/Collaborative Partners (Programmatic Abstract):** - 21 families matched

- 150+ refugee families attended Community Health Fair
- 46 students trained as "health brokers" for refugee population; over 1500 hours of total community service-learning experiences
- Effectively filled a need identified by community partners
- Refugee families empowered by the added support, opportunities to interact with students and access to community resources
- Students acknowledged improved cultural competency and knowledge about refugee and migrant populations alongside increased comfort when working with vulnerable populations
- Community partners recognized value of the program in alleviating workload and filling unmet needs

**Summary/Conclusion:** A student-led community initiative can successfully address refugee well-being, cultural competency training, and unmet needs in the community with minimal resources. RHI's pilot program therefore holds tremendous potential for growth in various domains.

## IVUmed: A nonprofit model for surgical training in low-resource countries

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**Background:** Low-resource countries (LICs) face both training and infrastructural challenges for surgical care, particularly for specialty care, such as for urology. Practitioners charged with caring for these patients have few options for basic or advanced study. Travel abroad for hands-on training is virtually impossible due to certification