

ISAT in Action: A Social Accountability Investigation of Ahfad University for Women's Medical Education

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Abstract

The medical school at Ahfad University for Women in Sudan has assessed its social accountability standards within its processes and educational program using the Indicators for Social Accountability Tool. By engaging in this assessment process, two main gaps were identified: the involvement of community stakeholders in the medical school's decision-making processes and the integration of Interprofessional Education competencies. Boyer's model of Engaged Scholarship has been used to guide the plan of action that addresses these gaps.

Introduction

Ahfad University for Women (AUW), located in Omdurman, Sudan, is a private, non-profit institution founded in 1966, which envisions the educational empowerment of women. The School of Medicine was established in 1990, offering a six-year Bachelor of Medicine and Bachelor of Surgery (MBBS) program. The school emphasizes a holistic and community-centered approach to medical education and training.¹ Despite challenges posed by Sudan's war, which began in April 2023, the school remains committed to maintaining high-quality medical education by partnering with local and regional institutions. A recent study on the impact of the war on medical education in Sudan and prospects for recovery recommended that medical curricula be reshaped into a model of excellence through social accountability (SA).² One step in the model of excellence is the SA self-assessment of medical institutions. This article presents the outcomes of the AUW medical school self-assessment using the Indicators for Social Accountability Tool (ISAT)³ conducted in 2025. The outcomes highlight gaps and a plan of action to bridge AUW SA and community health equity.

Methodology

The self-assessment process began with the formation of a working team dedicated to self-assessment, which included the 2025 SA fellowship team, the director of the Human Resources Office, the director of the Students' Admission Office, the Head of the curriculum committee of the School of Medicine (who also serves as a representative of the Sudan Medical Council), the head of the community medicine unit at the School of Medicine, faculty members from the medical school, and medical students. Although the Omdurman locality community and health authority representatives were designated as team members, they could not be contacted due to the prevailing instability in the country.

The team's capacity was enhanced through orientation sessions focused on the ISAT concept, its purpose, goals, core components, and indicators, which were facilitated by the AUW fellow of the TUFH Social Accountability Fellowship 2025. The team established a self-assessment strategy that outlined the ISAT core components as tasks, which were then allocated among the team members. Each subgroup was responsible for leading a task, articulating the goal, selecting the data collection tool, analyzing the data, aligning the results with the relevant developmental milestones, and gathering evidence. The school self-assessment was methodically implemented across all ISAT core components: student recruitment, faculty recruitment and development, curriculum content, learning methods and types/location of educational experiences, community-based research governance, stakeholder partnership and engagement, school outcomes, and societal impact.³ The methods employed for data collection included structured interviews, as well as tools for content and document analysis. Following the completion of the sub-groups' tasks, the ISAT working team assessed the outcomes, pinpointed gaps, and proposed a plan of action to amplify the medical school's social accountability impact on the health of the community served.

Results

- **Key Information of the ISAT Core Components**

Student recruitment is central through the Ministry of Higher Education and Scientific Research's electronic portal. Applications include all programs at public and private higher education institutions in Sudan and are only available to students who have obtained the Sudanese Secondary School Certificate or its equivalent for the specific year. The applicants from different states of Sudan apply to 15 programs of their choice. The office of the General Administration of Admissions then processes the applicants' choices, considering the average of the school certificate, available seats per program, and then announces the admission result. However, the AUW recruitment office has a scholarship policy in place and offers scholarships to the underserved states of Sudan to empower women's tertiary education. The office ensures transparent selection through collaboration with state governors, education ministries, and community leaders, who help nominate deserving students.

Regarding **faculty recruitment and development**, the hiring process follows an annual plan set by the Human Resources (HR) office, which is executed in partnership with the administration of the School of Medicine. The HR office enforces a faculty recruitment policy that is both diverse and inclusive. All faculty members are recruited locally to ensure they reflect and comprehend the communities they serve. Furthermore, the Ahfad Faculty and Staff Development Center (AFSDC) operates under the Academic Affairs Office's jurisdiction. It organizes activities aimed at building the capacity of AUW, ensuring it upholds a high standard of excellence in fulfilling its responsibilities and reaching its objectives. The development programs are customized to meet the specific needs of the School of Medicine, including workshops focused on problem-based learning and student assessment tools.

The School of Medicine **curriculum** is a spiral, integrating community-oriented and problem-based learning approaches. The school offers three levels of modules: basic applied science, fundamental modules, and community-based and clinical training. However,

interprofessional education (IPE) competencies are not integrated in the curriculum. The **learning methods** emphasize active learning, problem-based learning, early clinical exposure, and small-group discussions. Concerning **the types/location of educational experiences**, the longitudinal Family Attachment Program (LFAP) and comprehensive primary healthcare training provide students with hands-on experience in frontline health services, particularly in rural and underserved areas. The program spans 6 years across 12 semesters, divided into three phases: Phase I, Phase II, and Phase III. Students rotate through four core disciplines and five minor specialties, ensuring they are not only clinically competent but also deeply committed to community health and equity.

Ahfad University's research is centered on community needs and focuses on policy-oriented, action-oriented, and knowledge production research. The School of Medicine integrates **community-based health research** into its mission, with faculty-led initiatives, research programs, and international partnerships. Community engagement in research is supported through university-established organizations like Babiker Bedri Scientific Association for Women's Studies (BBSAWS) and Community Animators Friendly Association (CAFA).

Concerning the **governance** of the School of Medicine, stakeholders like community leaders and families are included alongside health authorities from state and local offices in the decision-making regarding specific issues. Nonetheless, this engagement is generally informal, unplanned, and unstructured, apart from the families involved in the family attachment program, which features objective and planned meetings with the families participating in the educational program. As for tracking the school **graduates**, it is central through an alumni office that serves all AUW graduates, including the School of Medicine alumni. The alumni office has a system in place to capture the graduates' credentials, but does not track their practice locations.

Regarding the **societal impact**, AUW has the research and grants unit and the Quality Assurance and Institutional Assessment Office as custodians of the implemented research and societal impact as part of institutional assessment respectively. However, AUW doesn't have either a measurement research agenda or tools in place to measure its education, research, graduates, health service, and partnerships' impact on the health, healthcare, and equity of the communities and catchment areas that the AUW and its graduates serve.

- **ISAT Milestones and Identified Gaps**

The sub-groups employed different data collection tools and analysis methods that were tailored to the qualitative and quantitative data (Table 1).

Table 1: ISAT core components result

ISAT core component/task	Sub-group facilitators	Data collection tool	Data analysis method	Fit phase
Student recruitment	AUW Students Admission Office	Interview with the key stakeholders and Student Information System data retrieval	Qualitative and quantitative methods	3
Faculty recruitment and development	AUW Human Resources Office, and Ahfad Faculty and Staff Development Center	Interview with the key stakeholders and document analysis	Qualitative method	3
Curriculum content	School of Medicine Curriculum Committee, and AUW Academic Affairs Office	Content analysis	Qualitative method	2
Curriculum learning methods				3
Curriculum types/location of educational experiences				4
Community-based research	School of Medicine Research and Community Medicine units, and the AUW Research and Grants Unit.	Interview with the key stakeholders and online database extraction	Qualitative method	4
Governance	Dean's Office of the School of Medicine	Document analysis	Qualitative method	2
Stakeholder partnership and engagement	Ahfad Health Center and the Family Attachment Unit of the School of Medicine	Document analysis	Qualitative method	2
School outcomes/graduates	Dean's office of the School of Medicine and the AUW Alumni Office	Interview with the key stakeholders and document analysis	Qualitative method	2
Societal impact	Dean's office and the Community Medicine unit of the School of Medicine	Interview with the key stakeholders and document analysis	Qualitative method	1

Notably, various university bodies such as the admissions, human resources, academic affairs, and research and grants offices are actively involved, indicating a broad institutional commitment. The self-assessment scores (ranging from phase 1 to 4) suggest that while strengths exist in areas such as community-based research and educational experience types, opportunities remain for growth in societal impact, which was rated at the earliest phase (1), indicating an area that may require strategic development and deeper integration. Two main

gaps were identified: the involvement of community stakeholders in the medical school's decision-making processes and the integration of IPE competencies.

At AUW, involving community stakeholders in the medical school's decision-making processes is beneficial and essential. This will align the medical curriculum with the actual health needs and cultural context of the population served. Furthermore, this will strengthen partnerships and resource sharing for the betterment of student placement and community-based learning, graduating culturally competent medical doctors. Community stakeholders can also provide valuable feedback on the graduates' services to the community and their societal impact. This data can drive continuous improvement, helping the medical school remain dynamic and responsive to evolving community health challenges.

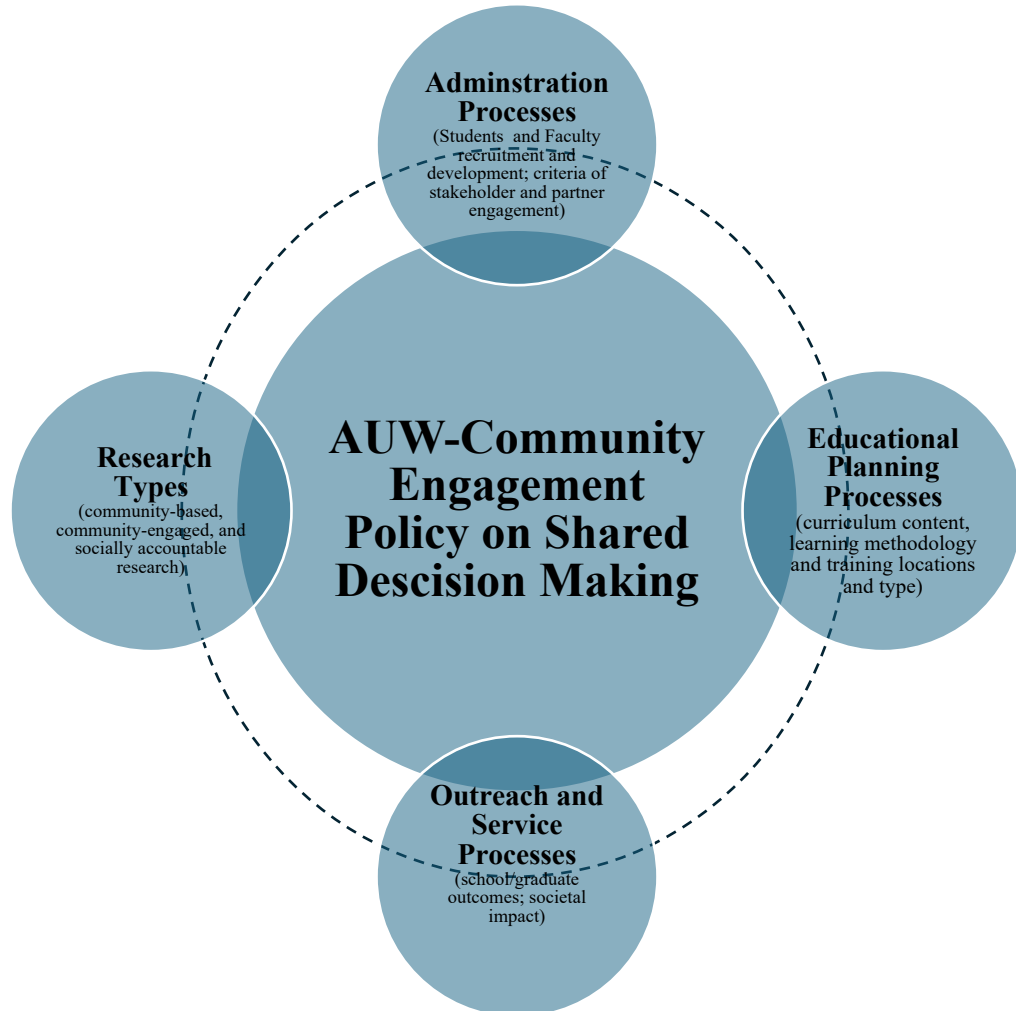
Integrating IPE competencies into the medical school curriculum at AUW offers a strategic and transformative opportunity. Given AUW's institutional strengths—including its established schools of Health Sciences, Pharmacy, and Counseling and Health Psychology—the university is uniquely positioned to foster a collaborative and patient-centered educational environment. IPE competencies promote team-based healthcare that fosters a collaborative practice culture, a necessity in today's challenging and complex clinical environment. Furthermore, IPE focuses on interdisciplinary communication and accountability, training students in real-world scenarios to improve clinical safety and outcomes. As such, integrating IPE aligns AUW's medical curriculum with international standards of the WHO and the Interprofessional Education Collaborative framework, enhancing the global competitiveness and employability of its graduates.⁴

- **Plan of Action Addressing Gaps**

The first step is for AUW to establish a Social Accountability Task Force. The task force will be established to enhance transparency, encourage participation, and ensure responsiveness in university and community interactions. Its objectives include developing and implementing a social accountability framework and AUW-Community Engagement Policy for Shared decision-making. This will increase community stakeholder involvement in AUW decision-making processes and strengthen collaborations with civil society with a clear mandate to promote inclusive and accountable practices that align with AUW's mission. The task force is constituted from faculty, students, administrators, and community representatives.

The School of Medicine at AUW will then adopt the Engaged Scholarship (ES) model (Boyer's model), which calls upon the Academy to partner with society to seek answers to pressing social problems.⁵ The term "engaged scholarship" is defined as a process in which academics and community members collaborate, share knowledge in a bi-directional manner, and advance the creation of new knowledge that has both academic value and contributes to positive social outcomes.⁶ Higher education institutions described ES as professional work relating to teaching, research, outreach, service, and consultancies that enable professional growth, income generation, and solve public problems. The idea of a mutual relationship with communities via teaching, research, outreach, service, and consultancy is central in the medical education community ES as applied at a public College of Medicine (COM) in Malawi.⁷ Figure 1 below shows the ES model of AUW reflecting all processes for shared AUW-community decision-making.

Figure 1: AUW-Community Engaged Scholarship Adapted Model



Based on the adapted ES model, the first step in the plan of action is to develop the AUW community engagement policy on shared decision-making. Following the enforcement of the policy across the different processes, the execution of the plan of action is as described in Table 2.

Table 2: Plan of action for the school of medicine-community ES model implementation

Objective	Responsible	Involved Stakeholders	Resources	Expected Outcomes	Risks	Mitigation Strategies
<p>Administration Processes: To incorporate SA standards into the A UW administration processes</p>	Admissions Office; Human Resources Office; School of Medicine Administration; Quality Assurance and Institutional Assessment Office	Community leaders, NGOs, Medical Faculty, and Student representatives, Representative of the A UW Social Accountability Taskforce	A UW-community engagement policy on shared decision-making, Administration offices policies and tools, service-oriented Scholarships	Increased diversity of faculty and students aligned with the social mission of A UW	Bias in selection; scarce in the medical profession recruitment; Limited reach of students in underserved areas	Provide implicit bias training for responsible and involved stakeholders; Promote a part-time recruitment policy; Partner with local high secondary schools
<p>Educational Planning Processes: To create, execute, and assess a comprehensive IPE framework at A UW</p>	Heads of the curriculum committees at the Schools of Medicine, Health Sciences, and Pharmacy at A UW	Faculty, and Student representatives, representative of the A UW Social Accountability Taskforce, clinical tutors and supervisors, health authorities in the served community, IPE educators, and experts	Framework for Action on Interprofessional Education & Collaborative Practice ⁴ Interprofessional education: tips for design and implementation ⁸	A UW IPE adapted model implemented in both academic and clinical settings, and supports effective interprofessional practice	Shortage of funding for IPE; Resistance of clinical and community training settings (governors	Develop IPE as a North-South institutional health project to secure funds and expertise; Involvement of the governors, health professionals, and community leaders of the training settings throughout the discussion and preparation meetings.

					and health workforce)	
<p>Research Types: To foster community-engaged research initiatives</p>	<p>Research and Grants Unit; School of Medicine Research Committee</p>	<p>Faculty, and Student representatives, representative of the AUW Social Accountability Taskforce, NGOs, CBOs, National Ethics Board</p>	<p>Seed grants, Participatory research training, and Institutional Review Board policy</p>	<p>Co-produced knowledge, community-relevant research findings</p>	<p>Misalignment in research objectives</p>	<p>Shared research agendas</p>
<p>Outreach and Service Processes To enhance health equity for the AUW-served community</p>	<p>Community Medicine unit, Clinical units, Ahfad Family Health Center; Alumni Office</p>	<p>Faculty, Students and alumni representatives, representative of the AUW Social Accountability Taskforce, NGOs, CBOs, Primary Healthcare centers</p>	<p>AUW-community engagement policy on shared decision-making LFAP; comprehensive health services package (curative, preventive and promotive); Digital alumni platform</p>	<p>Better community health outcomes</p>	<p>Data collection challenges to measure societal impact; Lack of stakeholder feedback loops</p>	<p>Use mixed methods for triangulation; Hold regular feedback meetings</p>

Discussion

The School of Medicine adopted the ES model, adapted to address the gaps revealed by the results of the ISAT investigations. This model embeds the process of knowledge exchange between AUW and the served community through co-inquiry, co-learning, interdisciplinary research, and the use of knowledge, which will benefit the School of Medicine while solving community problems.⁹ The ultimate goal is to establish ‘engaged practice’¹⁰ to advance the students and graduates, promoting a positive societal impact that fosters health equity in the community served by AUW.

Due to the ongoing war in Sudan, the following limitations were evident:

- All ISAT discussions were virtual, limiting access to some faculty and students.
- Difficulty in getting supporting documents for some ISAT core components.
- Unable to reach health authorities and community leaders due to limited access to the internet.

Conclusion

The ISAT investigation of the School of Medicine at Ahfad University for Women has been a collaborative process that involved internal and external stakeholders. The investigation revealed two fundamental gaps that need to be addressed through a well-articulated plan of action. The plan was established around the adoption of the ES model to integrate social accountability standards into AUW processes that enhance the medical school education, research, outreach, and services.

Endnotes

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