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Educational Technology-Benefits and Barriers

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Statement of Problem:

The second background paper for the Medical School Objective Project (MSOP), defined Educational Technology (ET) as the use of information technology to facilitate student's learning.¹ Medical schools as a group have made limited progress in accomplishing the recommended educational technology goals and there had been much greater use of such technology in basic sciences courses than in clinical clerkships. We will explore the positive and negative implications of incorporating ET into the educational experience of TMC schools.

Objectives:

1. Share baseline data and individual experiences in use of educational technology.
2. List educational technologies being used or considered for use in the participant schools
3. Discuss the issues, both benefits and barriers, around the incorporation of these technologies in medical school curriculum.

Session Content:

Introduction:

- Summary of recently published data about ET use in US medical schools.
- Description of streaming audio and video and pod casting and other ET technologies available for use and those being used by UT-H.
- Description of BCM's research on streaming video and its effect on student academic performance.

Large Group Discussion:

- Open discussion of perceived benefits and barriers to ET within the represented educational environments.

Small Group Breakout:

1. What educational benefits can ET resources provide?
2. What drives the adoption of ET resources into your educational environment (student expectations, educational benefit)?
3. What, if anything, do these resources replace?
4. How does ET impact on the social/cultural responsibilities of medical education
5. What are the barriers to incorporating the resource?
6. How can you educate the faculty and/or get faculty "buy-in"?

Large Group Debriefing/summation:

- Summarize the small group experiences and create a list of recommendations from the group.
- Share innovative approaches to faculty development in the area of ET.