

Chapter 6

Integrating Educational Technology to Advance Health Equity: An HBCU Medical School's Investment in an Educational Technology Ecosystem

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ABSTRACT

Educational technology has played an increasingly important yet often-debated role in medical education. The global COVID-19 pandemic forced a rapid transition to technology-dependent online/hybrid medical education, which revealed the potential shortfalls of educational technology in medical education delivery. As vaccination rates increase and life resumes a more familiar cadence, it is time to reflect on the role of educational technology and how to implement it constructively in delivering quality medical education. The purpose of this chapter is to review and reflect on an HBCU medical school's educational technology investment journey, experiences, and expectations, given its social mission to create and advance health equity.

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INTRODUCTION

Educational technology has played an increasingly important yet often-debated role in medical education. Recently, academic medical schools have made robust investments in educational technology- from flipped classrooms to VR technology integration to simulation centers. Several prominent forces have driven such an investment. In the broad social context, in 2021, the AAMC (Association of American Medical Colleges) reported a national shortfall of primary care providers with an estimated shortage of between 37,800 and 124,000 physicians by 2034 (*AAMC Report Reinforces Mounting Physician Shortage*, 2021). The physician deficit calls for an immediate increase of access, equity, and inclusion in medical education, particularly for the underserved and most vulnerable minority populations where the most profound health disparities have persisted. Given its promises and potential to increase knowledge access and offer learning flexibilities in resources, spaces, and paces, educational technology has been intriguingly explored as a possible solution. Within medical education, the adoption of flipped classrooms, project-based learning, and students' requests to access class lectures remotely have spurred the investment in an increase in video-based teachings such as lecture capturing systems and digital medical competency assessment and to offer self-directed learning opportunities as individualization (Standard 6, Element 6.3) and that a medical school provides access to well-maintained information technology resources sufficient in scope to support its educational and other missions (Standard 5, Element 5.9). The global COVID-19 pandemic forced a rapid transition to technology-dependent online/hybrid medical education and has revealed both the potential and shortfalls of educational technology in delivering medical education during extreme circumstances.

Furthermore, it is often unclear within a medical school to stakeholders, including academic leaders, faculty, students, and curriculum support staff, as to the composite of educational technology systems and their roles and impacts on medical education and its future. As the pandemic loses its force, it is time to reflect on the roles of educational technology and its potential to deliver quality medical education, particularly for schools that focus on training a diverse body of physician education resources. At the same time, the Liaison Committee on Medical Education (LCME) required medical schools to standardize learning outcomes through competency assessment and to offer self-directed learning opportunities as individualization (Standard 6, Element 6.3) and that a medical school provides access to well-maintained information technology resources sufficient in scope to support its educational and other missions (Standard 5, Element 5.9)(*Standards, Publications, & Notification Forms*, 2021). The global COVID-19 pandemic forced a rapid transition to technology-dependent online/hybrid medical education and has revealed both the potential and shortfalls of educational technology in delivering medical education during extreme circumstances. Furthermore, it is often unclear within a medical school to stakeholders, including faculty, students, and curriculum support staff, as to the composite of educational technology systems and their roles and impacts on medical education and its future. As the pandemic loses its force, it is time to reflect on the roles of educational technology and its potential to deliver quality medical education, particularly for schools that focus on training a diverse body of physicians.

BACKGROUND

The term “educational technology” has been defined by the Association of Educational Communications and Technology (AECT) as “The study and ethical practice of facilitating learning and improving perfor-

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