I admit it, I’m a technology skeptic. It’s not that I dislike educational technology—it’s that I dislike technology that is unreliable. And I dislike technology that requires endless effort. I particularly dislike technology that detracts from the intended learning outcomes more than it contributes to learning outcomes. Does that seem so unreasonable?

Developing new teaching and technology skills while immersed in clinical practice can be overwhelming, even for the most dedicated professionals. The teaching–learning process often takes a back seat in the health professions—educators focus more on clinical content than on the processes by which students learn to provide safe, high-quality care. Recently, the Josiah Macy Jr. Foundation, known for supporting development of health professionals, published six recommendations for the application of technology in health professions education. I was most encouraged by the second recommendation:

Faculty in health professions education should be supported to develop skills and expertise in the selection and effective use of educational technologies to complement the teaching–learning process and assessment of outcomes. (Josiah Macy Jr. Foundation, 2015, p. 6)

When health professions colleagues suggest introducing new technology in a course or academic program, I’m the first to raise the questions: “Should we do that?” What educational purposes and learning outcomes could be supported by adopting that tool?” Even as I ask the questions, my mind is racing to think through the expertise and resources needed to support those teachers and learners.

Educators who have led technology initiatives can appreciate the frustration of devoting precious time and extensive efforts in adapting a tool for an educational program, only to encounter glitch after glitch in the roll-out phase. Learners who need to focus their cognitive capacities and available study time on integrating complex information may find that the addition of a new tool creates cognitive overload. Educators who need to focus their cognitive capacities and available work time on facilitating students’ learning processes may find that a new tool generates the additional burden of providing technology support.

Our colleagues who wrote the Macy report declared, “Technology does not replace faculty, but can and should expand their reach, impact, and efficiency” (Josiah Macy Jr. Foundation, 2015, p. 3). YES! That’s what I want. Technology should improve teaching–learning processes and outcomes, not create additional tasks and obstacles.

Wariness about using new educational tools is warranted. However, with carefully chosen tools and reasonable support, health professionals can be astonishing in their technology adoption and adaptation. Exciting new software or equipment can even serve as a hook to reengage educators. As Hagler, Kastenbaum, Brooks, Morris, and Saewert (2013) stated, “It can be tricky to suggest that teachers need to learn more about teaching; however, faculty members are often eager to learn overtly about new technology, providing faculty developers with opportunities for modeling and covertly incorporating best teaching practices” (p. 28). In a recent project funded by the U.S. Department of Health and Human Services, a faculty learning community approach facilitated educators’ adoptions of best teaching practices and clinical practices, along with the adoption of high-fidelity simu-
lation and online learning technologies. Educators given modest technical assistance and support became leaders in transferring those technologies into their academic programs and clinical practices.

Health professions educators worldwide have been chanting “learn with, from, and about each other” (Centre for the Advancement of Interprofessional Education, 2002, para. 1) while integrating interprofessional education and practice initiatives. I believe that the same refrain could apply to technology integration. Health professions educators need to learn with, from, and about educational technology to improve learning outcomes and assessment processes, and, ultimately, to improve the quality of health care.

Let’s respect that the efforts required to adopt new technology can be intense. To reap the incredible advantages of technology, educators and learners need support. Take a few moments to consider how you could integrate effective tools for facilitating learning and assessing outcomes into your academic and clinical settings. Could you advocate for program and institutional technology infrastructure? Could you plan for the continuing development needs of educators through professional organization initiatives? Could you seek individual or institutional credentialing that is supportive of faculty development in learning and assessment technology? What else could you do to support health professions educators learning with, from, and about technology?

REFERENCES