

## **POLICY DOCUMENT**

### **INFORMATION TECHNOLOGY AND THE DELIVERY OF MEDICAL EDUCATION**

#### **Background**

Information Technology (IT) has been increasingly used in Australia for education, including medical education. IT can provide access to teaching from institutions across the world, improve efficiency of teaching and assist delivery of education to students geographically separated from their teaching institution.

Australia has a well publicised health workforce shortage, coupled with a misdistribution of the workforce away from rural and remote areas. Some of the strategies to address this issue have included the creation of rural clinical schools and increasing opportunities for rural clinical placements.

IT is utilised to teach and contact those students away from their home campus. This has included the use of Email, online learning modules and video conferencing. IT is utilised by universities not only for curriculum delivery but also for communication with students and the provision and alteration of enrolment details. IT has also impacted on the practice of clinical medicine particularly with the development of online resources.

Face-to-face teaching is a core component of medical education. This includes the use of lectures, tutorials and clinical placements. Videoconferencing and online lectures are being increasingly implemented at medical schools as both an adjunct and a substitute for these face-to-face teaching methods, with varying success and student satisfaction.

#### **Position Statement**

AMSA supports the effective and efficient integration of Information Technology into the delivery of medical curricula.

#### **Policy**

1. AMSA defines information technology (IT) as the delivery of information in an electronic form.
  - a. This includes, but is not limited to:
    - i. Internet
    - ii. email
    - iii. Universities' online learning systems;
    - iv. online modules;
    - v. videoconferencing (VC).

2. AMSA supports the integration of IT and computer-aided learning into Australian medical curricula, recognising its capacity to integrate and capitalise on advanced teaching from other institutions across the world and to deliver education to medical students geographically separated from their teaching institution.
3. AMSA supports the delivery of medical curricula through IT as a supplement for - but not a replacement for - face-to-face teaching, recognising that face-to-face teaching is an essential and highly effective component of medical education.
4. AMSA supports the use of VC for curriculum delivery to students who are physically unable to attend a lecture, such as rural cohorts.
  - a. Where adequate local expertise is available, AMSA believes that in-person teaching should be utilised in preference of videoconferencing.
  - b. AMSA believes the medical school must ensure that the VC facilities are of a consistently high quality for students who are reliant on them
5. AMSA supports equal, sufficient and affordable access for all medical students to adequate IT facilities for the purposes of coursework.
6. Medical schools must ensure that all medical students on placements have adequate access to the Internet.
  - a. AMSA opposes the sole use of electronic communication for transmission of sensitive information, or information that may have a significant effect on a student's enrolment or university passage in circumstances where medical students (such as on rural placements) do not have adequate access to IT facilities. In such situations the faculty must use the mode of communication that best ensures that the information has been received by the student (e.g. phone call or registered post mail).
7. AMSA believes that backup measures should be in place, so that students are not disadvantaged by technology malfunctions and failure.
  - a. For example:
    - i. Recording lectures;
    - ii. Rescheduling lectures.
8. AMSA believes medical schools must endeavour to up skill, educate and train staff, clinicians and students for new IT infrastructure so that the lessons and lectures delivered electronically are done so efficiently and effectively.
9. AMSA believes that students at peripheral VC sites should be addressed and included as equally as their peers at the base site, in order to balance a similar learning experience across all sites.

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