

ASSIGNMENT NO. 1

HP341_A1_[cruz]_

MY ICT REFLECTION

1. *What is the role of ICT in HPEd?*

I finished med school in 1986 and anesthesia residency training in 1990. Education in med school consisted mainly of sitting in same seat in our BSLR classroom and listening to our professors lecture on anatomy, physiology, pharmacology using either **chalk and the blackboard, ectachrome or Kodachrome slides** run on a clicker **slide carousel** or diagrams drawn on transparent cellophane paper projected on an **overhead projector**. I was the typical “**passive learner**.” For more references, we had to go to the library and borrow **textbooks** from our librarian. I spent a fortune having a book and journal pages **xeroxed** for additional reading material. The world wide web or internet for that matter was still to be discovered.

During residency, in order to develop and hone our skills, we, pardon the term... “practiced” on live patients. Our own **patients were our best teachers**. They trusted us with their lives and I will be forever grateful.

Today with the advent of ICT tools, the opportunities for learning not only in med school but in the other allied health professions are immense. For one, **ebooks, multimedia content, interactive modules**, the development of **online learning platforms**, have all made education more accessible and more flexible and more fun!!! How I wish I had the 3D multimedia virtual anatomic dissection models during my med school days. Maybe I would have appreciated anatomy more.

Second, the **advent of telecommunication** has allowed us to form **collaborations** with other institutions locally and internationally where we can schedule regular learning activities like clinical case conferences, grand rounds where there is sharing of knowledge and experiences especially regarding anesthesia practices. In this way, ICT expands our perspectives and points of view on certain topics that during my med school days I would have taken hook, line and sinker from my teachers. I am not complaining. - Just saying how it was before.

Thirdly, the advent of simulation has allowed the student learn allowing students to practice clinical and non-technical skills, decision-making, and critical thinking in a safe and controlled environment without “practicing” in our live patients.

Fourth, instead of logging cases on paper which just increase our carbon footprint and will just gather dust in a bodega, the development of online databases (we have one in Anesthesiology) has allowed the student log cases online for future reference and research.

I could go on and on.

2. Do you think that ICT can help achieve the educational goals of equity, inclusion, quality & relevance or does it contribute in widening the gap?

ICT I think may be a **double edged sword**. The several tools I have a previously mentioned can achieve the equity, inclusion, quality and relevance if and only **if ALL had access** to such technology, and if the **faculty are equipped** in using these tools to improve education. Otherwise, only those with access to these tools and only those with the trained faculty will be able to achieve the goals of ICT. Thus instead of bridging the gap and breaking barriers, ICT can just widen the gap between those who can and those who cannot access these learning tools who have the *“haves” and the “haves not.”* We need a good support system (government and the private sector) to help us overcome these hindrances.

ACADEMIC INTEGRITY STATEMENT

As a student of the University of the Philippines, I pledge to act ethically and uphold the value of honor and excellence.

I understand that suspected misconduct on given assignments/examinations will be reported to the appropriate office and if established, will result in disciplinary action in accordance with University rules, policies and procedures. I may work with others only to the extent allowed by the Instructor.

A handwritten signature in black ink, appearing to read 'mcleny'.