

The Future Role of Medical Teachers as Influencers

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A few weeks ago, I was invited to an international conference to deliver a plenary talk on the future of medical education and how medical schools and teachers can meet the forthcoming societal expectations worldwide. Given the complexity and the great uncertainty about the near future, it was not surprising that my first slide was: "I don't know!". I could have sent my response via email in advance, instead of travelling all the way for about 2,000 KM to declare my ignorance. To avoid disappointing the audience, I shared a few thoughts on the potential future of medical education, without any promises that my prediction will be true. My talk discussed the anticipated learning ecosystem, medical students' preferences, the evolving scope of medical schools, the business model governing medical education, and eventually the future role of medical teachers. This Editorial will shed some light on some of these humble expectations.

A few years ago, I published an Editorial on the evolving roles of physicians in the era of Artificial Intelligence (AI), presenting three scenarios focusing on accuracy, empathy, and trust.¹ It's about time to address the other side of the coin and reflect on the roles of educators who will graduate future physicians. Let's start with medical students, because their demographics and preferences will shape the future of medical education.

The new generations of medical students

The new generations of medical students, including Gen Z (born from 1990s to 2010), Gen Alpha (born from 2010 to 2024), and Gen Beta (born this year onwards) are different from the past generations in many ways.² As we used to advocate interactive collaborative learning strategies like Team-based learning (TBL) and Problem-based learning (PBL), the new generations have concerns on excessive screen time and the need for updated information, often referred to as the Fear of Missing Out (FoMO), which triggers learning in silos, not in groups.³ Social learning is being replaced by individualized learning pathways, more electives, tailored courses, and just-in-time learning. This is amplified

by the advancement of AI learning agents to fit their personal preferences and inclinations as lifelong (solo), autonomous learners in a highly competitive market. That said, medical teachers need to adopt new roles to meet the expectations of new generations of medical students and residents of the future. But what is known about the roles of medical teachers in the literature?

In its silver jubilee, I will revisit the iconic AMEE guide 20, which indicated twelve roles of medical teachers, coupled in six pairs, namely: Information Provider, Resource Developer, Planner, Assessor, Facilitator, and Role-model.⁴ Four recent trends are relevant to this topic and may guide our reflection. First, medical students are not used to meeting their teachers (or even their peers) and they tend to learn as solo learners, as indicated earlier. This is reinforced by the second trend of Precision Medical Education (PME), which aims to systematize individualized and efficient learner competency development for enhanced patient care.⁵ Third, the shift in the ecosystem of medical schools from face-to-face to embracing more distance, online, or blended learning in many undergraduate and postgraduate programs. The fourth trend is about reconciling the tension between the 'global' and the 'local' in medical education and its impact on the role of medical teachers,⁶ which may need further elaboration.

The tension between localization vs. globalization

The social accountability requires medical schools to direct their activities to local priorities, but they also compete for international applicants who may go back to practice in their home countries or move to practice medicine in a global space. "We are living in a small village". I bet you have read/heard this quote many times, but our village is getting even smaller, which endorses the concept of 'global accountability' for medical schools to solve universal (not local) health issues.⁷ We need to offer our medical students (and graduates) opportunities to develop their intercultural skills to learn and practice across contexts at any point in their careers. For instance, when they move to Rome, they have to act like Romans, and also Romans should help visitors to meet societal expectations.⁸ Likewise, medical teachers are getting more

engaged with international commitments beyond their local institutions and act as global educators. This is evident by their contribution as speakers at webinars, online courses, and as visiting faculty in international (sometimes dual) degrees.

To summarize the above four trends, we can say that future medical students are solo, autonomous learners, empowered with AI learning agents, but they still may seek guidance from global educators, mainly at a distance or via online channels. Given this interplay between students and teachers in a new learning ecosystem, some of the given roles of AMEE Guide 20 may survive, vanish, or be transformed.

Revisiting the roles of medical teachers

The traditional, face-to-face lectures to large groups of students may not be appealing for the new generations of students, who prefer to learn alone or in ultra-small groups. With open access to content, it seems that students can learn anything online, right? Actually, the so-called: Googlification of (medical) education is a myth that was busted by Kirschner and van Merriënboer.⁹ Did you hear about the Paradox of Choice? It's when you have a huge number of options to choose from, which leads to more confusion and uncertainty. Therefore, learners can choose from a limited number of options recommended by the expert. It's a two-step process known as: Shared Control between the teacher and the learner.

Consequently, the roles of medical teachers as Information Providers and Resource Developers may disappear or need to be adjusted. There's no need to provide (new) information or develop (new) learning content, but future medical teachers may have an alternative role as learning resource optimizers to validate and select the most relevant online content to address the learning needs of their students.

The role of Planner might be occupied by learners themselves to develop individualized learning trajectories throughout the continuum of medical education using micro-credentials and on-demand courses and electives, from day one to specialization and beyond. Their pathways can be dictated/moderated by societal expectations and the evolving market needs. While the role of Assessor can be easily secured by AI assistants and platforms that can offer individualized feedback on the understanding and performance of individual students. Now we are left with two roles of the medical teachers, namely as Learning Facilitators and as Role Models, which will remain, but to be offered in a new format, with a global impact.

Medical teachers as influencers

Students still need guidance from experts, but (global) medical teachers can support and mentor thousands of students worldwide if they act as bloggers or influencers, how? Besides creating high-quality content, successful medical educators need to master digital marketing, entrepreneurship, and social media. They also need to monitor analytics, engage with their audience, and build a strong online presence. Their success can be easily measured by the number of followers and the quality of feedback on their ultra-short presentations, tutorials, and reels. The good

news is that future medical teachers and learners belong to the same generations; they both lived most of their lives on Wi-Fi, and they are all familiar with online education. The role of educators as influencers is not limited to presenting content in a tempting fashion, but they also have other responsibilities. Influencers can advocate the significance of their subjects/specialties and guide candidates to make informed career choices by discussing personal qualities and professional attributes for successful candidates in specific domains, e.g., psychiatry, laboratory medicine, surgery, etc. Advocating the profession (not the content) is like those authentic reviews in unboxing videos on launching new products. They will gain credibility by offering sincere advice addressing the strengths and limitations of different specialties.

Alternatively, medical teachers can create groups and online communities to discuss venues for integration between disciplines and/or professions to support interprofessional education and practice. Clinical educators may share real-life scenarios to support decision-making in professionalism dilemmas that are usually context-specific. Some educators may go beyond that and collaborate with industry as subject matter experts (SME) to develop AI learning agents and applications in their specialties, e.g., forensic medicine, surgery, anesthesiology, or physiology.

To conclude, technology and AI are not expected to replace medical teachers, but the traditional classroom model and social learning may not be effective for the new generations of learners. The role of (global) educators as online bloggers and social media influencers may be more effective in engaging (global) learners with short (and ultra-short) learning episodes, presented in YouTube Shorts, Instagram/TikTok Reels, and Snapchat Spotlights. It's time to rethink medical education in the digital era and plan faculty development programs to empower medical teachers of the future.

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