

## NARRATIVE REVIEW

### The Intersection of Artificial Intelligence and Medical Education: A Narrative Review of Trends, Innovations, and Ethical Frontiers

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**Background:** Artificial intelligence (AI) has rapidly emerged as a transformative force in medical education, reshaping the ways in which medical knowledge is delivered, assessed, and applied. With advances in personalized learning, intelligent tutoring systems, and virtual simulations, AI has created unprecedented opportunities to reimagine teaching-learning environments in medicine.

**Method:** This study is a limited review categorized as a traditional narrative review, conducted descriptively using conceptual and inferential analysis at the theoretical level, with the aim of exploring the applications of AI in medical education. A literature search was carried out in PubMed, ScienceDirect, and Google Scholar databases using the keywords "artificial intelligence", "medical education", "adaptive learning", "simulation" and "ethical challenges" covering the period between 2018 and 2025. Based on eligibility criteria, 47 relevant articles were identified, extracted, and reviewed.

**Results:** The analysis of the reviewed studies revealed that the applications of AI in medical education can be classified into five major domains: (1) personalized learning, (2) advanced simulations and intelligent assessment, (3) development of innovative tools and technological innovations, (4) a forward-looking perspective on AI's role in transforming medical education, and (5) existing challenges, including insufficient infrastructure, the need for specialized training, as well as ethical and legal concerns regarding the use of data and algorithms.

**Conclusion:** Intelligent technologies, particularly AI, offer significant potential to enhance medical education through personalized learning, clinical simulation, and intelligent assessment. However, realizing the full potential of these technologies requires overcoming challenges such as inadequate infrastructure, ethical considerations, and the need to empower faculty members.

**Key Words:** Medical Education, Artificial Intelligence, Adaptive Learning, Simulation, Ethical Challenges

### تقاطع الذكاء الاصطناعي والتعليم الطبي: مراجعة سردية للاتجاهات والابتكارات والحدود الأخلاقية

**الخلفية:** برز الذكاء الاصطناعي (AI) بسرعة كقوة تحويلية في التعليم الطبي، إذ أعاد تشكيل طرق تقديم المعرفة الطبية وتقييمها وتطبيقها. ومع التقدم في التعلم الشخصي، وأنظمة التدريس الذكي، والمحاكاة الافتراضية، أتاح الذكاء الاصطناعي فرصاً غير مسبوقة لإعادة تصور بيئات التعليم والتعلم في الطب.

**الطريقة:** هذه الدراسة مراجعة محدودة تُصنف كمراجعة سردية تقليدية، أُجريت وصفيًا باستخدام التحليل المفاهيمي والاستدلالي على المستوى النظري، بهدف استكشاف تطبيقات الذكاء الاصطناعي في التعليم الطبي. أُجري بحث في الأدبيات في قواعد بيانات PubMed و ScienceDirect و Google Scholar باستخدام الكلمات المفتاحية "الذكاء الاصطناعي"، و"التعليم الطبي"، و"التعلم التكيفي"، و"المحاكاة"، و"التحديات الأخلاقية"، غطت الفترة بين عامي ٢٠١٨ و٢٠٢٥. بناءً على معايير الأهلية، تم تحديد ٤٧ مقالة ذات صلة، واستخراجها، ومراجعتها.

**النتائج:** كشف تحليل الدراسات التي تمت مراجعتها أن تطبيقات الذكاء الاصطناعي في التعليم الطبي يمكن تصنيفها إلى خمسة مجالات رئيسية: (١) التعلم الشخصي، (٢) المحاكاة المتقدمة والتقييم الذكي، (٣) تطوير أدوات مبتكرة وابتكارات تكنولوجية، (٤) منظور استشرافي لدور الذكاء الاصطناعي في تحويل التعليم الطبي، و(٥) التحديات القائمة، بما في ذلك البنية التحتية غير الكافية، والحاجة إلى تدريب متخصص، بالإضافة إلى المخاوف الأخلاقية والقانونية المتعلقة باستخدام البيانات والخوارزميات.

**الخلاصة:** توفر التقنيات الذكية، وخاصة الذكاء الاصطناعي، إمكانات كبيرة لتعزيز التعليم الطبي من خلال التعلم الشخصي والمحاكاة السريعة والتقييم الذكي. ومع ذلك، فإن تحقيق الإمكانيات الكاملة لهذه التقنيات يتطلب التغلب على تحديات مثل البنية التحتية غير الكافية، والاعتبارات الأخلاقية، والحاجة إلى تمكين أعضاء هيئة التدريس.

**الكلمات المفتاحية:** التعليم الطبي، الذكاء الاصطناعي، التعلم التكيفي، المحاكاة، التحديات الأخلاقية

### مصنوعي ذبذب اور طبي تعليم كا تقاطع: رجحانات، اختراعات، اور اخلاقي سرحدون كا ايک بيانيمه جائزه

**پس منظر:** مصنوعي ذبذبات (AI) تيزي سے طبي تعليم ميں ايک تبديلي کي قوت کے طور پر ابھري ہے، جس نے طبي علم کي فراہمي، تشخيص اور لاگو کرنے کے طريقوں کو نئي شکل دی ہے۔ ذاتي نوعيت کے سيکھنے، ذہين ثبوتن سسٹمز، اور وچوئل سوليشنز ميں پيشرفت کے ساتھ، AI نے طب ميں تدريس سيکھنے کے ماحول کا دوبارہ تصور کرنے کے لیے مثال مواقع پيدا کيے ہيں۔

**طريقہ:** یہ مطالعہ ایک محدود جائزہ ہے جس کی درجہ بندی روایتی بیانیمہ کے جائزہ کے طور پر کی گئی ہے، جسے طبي تعليم ميں AI کے اطلاق کو تلاش کرنے کے مقصد کے ساتھ، نظرياتی سطح پر تصوراتی اور تخمينی تجزیہ کا استعمال کرتے ہوئے وضاحتی طور پر کیا گیا ہے۔ ScienceDirect، PubMed، اور Google Scholar ڈیٹا بیس ميں ايک لٹريچر کي تلاش کي گئی جس ميں کلیدی الفاظ "مصنوعي ذبذبات"، "ميڈيکل ايجوڪيشن"، "اڈاپٹیو لرننگ"، "سوليشن" اور "اخلاقی چيلنجز" کا استعمال کیا گیا جس ميں ٢٠١٨ اور ٢٠٢٥ کے درميانی عرصے کا احاطہ کیا گیا۔ اہليت کے معيار کی بنیاد پر، ٤٧ متعلقہ مضامين کی نشاندہی کی گئی۔

**نتائج:** نظرياتی شدہ مطالعات کے تجزیے سے یہ بات سامنے آئی کہ طبي تعليم ميں AI کی اہلی کيشنز کو پانچ بڑے ڈومينز ميں درجہ بندی کیا جا سکتا ہے: (١) پرسنلائزڈ لرننگ، (٢) ايڈوانسڈ سيبليشنز اور ذہين تشخيص، (٣) اختراعی تولز اور تکنیکی اختراعات کی ترقی، (٤) ايک آگے نظر آنے والا تناظر، بشمول ميڈيکل ايجوڪيشن ميں تبديلی اور موجودہ چيلنجز (AI) پر موجودہ کردار، ناکافی انفراسٹرکچر، خصوصی تربيت کی ضرورت کے ساتھ ساتھ ڈیٹا اور الگورتھم کے استعمال سے متعلق اخلاقی اور قانونی خطرات۔

**نتیجہ:** ذہين ٹيکنالوجيز، خاص طور پر AI، ذاتي نوعيت کی تعليم، کلينيکل سوليشنز اور ذہين تشخيص کے ذريعے طبي تعليم کو بڑھانے کی اہم صلاحيت پيش کرتی ہے۔ تاہم، ان ٹيکنالوجيز کی مکمل صلاحيت کو محسوس کرنے کے لیے ناکافی انفراسٹرکچر، اخلاقی تحفظات، اور فيکٹل ممبران کو باختيار بنانے کی ضرورت جيسے چيلنجز پر قابو پانے کی ضرورت ہے۔

**کلیدی الفاظ:** طبي تعليم، مصنوعي ذبذبات، اڈاپٹیو لرننگ، نقلی، اخلاقی چيلنجز

### تلاقی هوش مصنوعی و آموزش پزشکی: مرور روایی روندہا، نوآوری‌ها و مرزهای اخلاقی

**زمینه و هدف:** هوش مصنوعی به سرعت به نیروی تحول آفرین در آموزش پزشکی تبدیل شده است و شیوه ارائه، ارزیابی و به کارگیری دانش پزشکی را تحت تأثیر قرار داده است. با پیشرفت در زمینه یادگیری شخصی سازی شده آموزشگرهای هوشمند و شبیه سازی های مجازی، هوش مصنوعی فرصتهایی بی سابقه برای بازآفرینی محیط های یاددهی-یادگیری در پزشکی فراهم کرده است. **روش:** این مطالعه مروری محدود از نوع مطالعات مروری نوع اول یعنی مروری سنتی است که به شیوه توصیفی با استفاده از روش تحلیل مفهومی و استنتاجی در سطح نظری و با هدف بررسی کاربردهای هوش مصنوعی در آموزش پزشکی انجام شد. جستجو در پایگاه های PubMed، Science Direct و Google Scholar با استفاده از کلیدواژه های هوش مصنوعی، آموزش پزشکی، یادگیری تطبیقی، شبیه سازی و چالش های اخلاقی در بازه زمانی ٢٠١٨ تا ٢٠٢٥ صورت گرفت. ٤٧ مقاله واجد شرایط با توجه به معیارهای ورود به مطالعه و نظرات استخراج و مورد بررسی قرار گرفت. **یافته ها:** کاربرد هوش مصنوعی در آموزش پزشکی در پنج محور اصلی قابل دسته بندی است: استفاده از آموزش شخصی سازی شده شبیه سازی های پیشرفته و ارزیابی هوشمند توسعه ابزارهای نوین و نوآوری های فناورانه نگاه آیندنگر به نقش هوش مصنوعی در تحول آموزش پزشکی که در حال شکل گیری است و در نهایت وجود چالش هایی مانند کمبود زیرساخت و نیاز به آموزش تخصصی دغدغهای اخلاقی و حقوقی در استفاده از داده ها و الگوریتم ها می باشد.

**نتیجه گیری:** فناوری های هوشمند به ویژه هوش مصنوعی ظرفیتهای ارزشمند برای ارتقای آموزش پزشکی از طریق یادگیری شخصی سازی شده شبیه سازی بالینی و ارزیابی هوشمند فراهم کرداند تحقق کامل این ظرفیت ها مستلزم رفع چالش هایی چون کمبود زیر ساخت ملاحظت اخلاقی و نیاز به توانمندسازی اعضای هیات علمی دارد.

**واژه های کلیدی:** آموزش پزشکی، هوش مصنوعی، یادگیری تطبیقی، شبیه سازی و چالش های اخلاقی

## INTRODUCTION

At present, with the rapid advancement of science and technology worldwide, artificial intelligence (AI) has also undergone remarkable growth and continuous updates and has found wide-ranging applications in various fields. Substantial evidence indicates that AI has been increasingly introduced into educational environments and the teaching process (1). In medical education, AI is regarded as a key tool with the potential to transform traditional learning methods by providing adaptive, data-driven, and interactive educational experiences (2). In the current era, in which technology is developing at an extraordinary pace, citing reliable research and grounding innovations on scientific evidence are essential for advancing the field of AI in medical education. With the increased use of AI technologies in education, the number of published studies in this area has also grown significantly (3). According to Chan (2019), since 2018, searches and studies related to the application of AI in medical education have shown a rising trend, such that the increase in the number of published articles and citations over the past two decades reflects the growing interest and attention of researchers in this emerging field (4).

University medical education has increasingly embraced artificial intelligence (AI) as a multipurpose technology and an essential subject within curricula (5). AI has found extensive applications in education and has provided significant advantages, including a profound impact on the teaching process and classroom management. Among its important benefits are the continuous optimization of the learning environment and the enhancement of learners' motivation, initiative, and creativity. At the same time, AI can substantially improve classroom management for instructors, making it more rational and efficient (1). For medical educators to be adequately prepared to face AI, they need at least a basic understanding of AI in relation to learning and teaching, as well as its impact on medical education (6). Despite the growing interest in emerging technologies, medical education has so far not kept pace with advances in AI, and AI instruction in undergraduate medical curricula remains highly limited, which may be attributed to a lack of systematic evidence in this area. Considering the rapid growth of AI applications in healthcare, its integration into undergraduate medical education could yield numerous benefits for the future professional development of physicians, as this stage encompasses the largest group of medical students at the beginning of their professional journey (7).

With the advancement of technology, individuals' lifestyles and work habits have been transformed, and learning methods have also undergone

significant changes. The gradual evolution of learning environments and the increasing demand for personalized and adaptive learning have led to major reforms and transformations in the field of education (8). Artificial intelligence plays an important role in the development of adaptive learning, such that its systems, unlike traditional educational models, provide a personalized experience for each student, tailored to their knowledge status and individual learning performance. These systems collect and analyze students' behavioral data, update learner profiles, and deliver customized and timely feedback accordingly (1, 9).

Simulation-based medical education (SBME) has played a prominent role in enhancing patient safety and specialized training in various clinical domains. Over the past few decades, the widespread adoption of SBME has been driven primarily by concerns related to patient safety and medical care (10). High-fidelity medical simulations have proven to be educationally effective, and simulation-based education complements medical training within patient care environments (11).

The use of artificial intelligence (AI) in higher education is accompanied by ethical concerns that must be taken into consideration (12). Despite the acceptance of AI in the health profession, issues such as legal responsibility and accountability in clinical decision-making have been raised. At present, it remains unclear for healthcare professionals who will be held responsible in the event of an error caused by AI-based clinical decision support systems. Ethical awareness in using AI can be fostered during medical education by faculty members so that in the future, healthcare professionals will be able to employ AI in a responsible and accountable manner (13). Understanding how today's medical students perceive AI in medicine, what knowledge gaps they possess, and their level of awareness regarding its ethical aspects is a fundamental step in designing effective curricula.

Numerous ethical concerns are also associated with the use of AI, including threats to data security, transformations in the nature of the physician-patient relationship, the creation of potential social inequalities, and the development of intelligent robots that may replace many professional tasks and lead to increased unemployment (14).

Given the rapid expansion of AI in medical education, a structured review of the available evidence is essential to identify the applications, opportunities, and challenges of this technology in educational environments. Since previous studies in this field have been scattered and mostly topic-specific, the present review was conducted with the aim of providing a comprehensive overview of the current situation and identifying research gaps, thereby contributing to evidence-based decision-

making in curriculum design and educational policymaking in the domain of AI.

## METHODS

In light of the issues discussed, a significant need was identified to examine and analyze various aspects of employing artificial intelligence in medical education. In response to this need, the present study was designed as a limited review with the aim of exploring trends, innovations, and ethical challenges in the application of AI in medical education. This type of review emphasizes selective and purposeful analysis of scientific sources, and rather than adhering to the formal structures of systematic reviews, it focuses on conceptual understanding and the interpretation of textual content (15).

For the collection of sources, a targeted search was conducted in reputable databases including PubMed, Google Scholar, and ScienceDirect. Broad keywords such as medical education, artificial intelligence, adaptive learning, simulation, and ethical challenges were used. Additionally, various combinations of these terms and their MeSH equivalents in PubMed were employed to enhance the accuracy and comprehensiveness of the search.

The present study included a review of articles published between 2018 and 2025. The inclusion criteria comprised English-language articles with full open access, which were relevant to at least one of the practical aspects of AI application in medical or clinical education. Only articles that contained specific educational content and addressed at least one of the following aspects were included in the final analysis: the application of AI in medical education, technological innovations in educational environments, ethical challenges in AI use, the impact of AI on curriculum design, or clinical teaching methods. Conversely, non-English articles, those lacking full text, or purely theoretical studies without reference to a specific educational application were excluded.

In the next stage, the selected articles were initially screened based on their titles and abstracts, followed by full-text review. Articles that demonstrated conceptual alignment with the research objectives and provided relatively comprehensive coverage of the key domains were chosen as representative examples. Acknowledging the existence of other related studies, the authors,

considering the nature of a limited review and the necessity for analytical focus, confined their examination to this set. Complete details of the distribution of articles according to the key domains are presented in Table 1.

For data analysis, a conceptual thematic analysis approach was employed. Accordingly, key themes were inductively extracted from the content of the articles and categorized. Ultimately, the information was aggregated, listed, and reported as the study findings. Figure 1 presents a PRISMA chart of the main and essential information related to the study.

## RESULTS

This limited review was conducted through a targeted examination of 68 peer-reviewed scientific articles, of which 47 met the eligibility criteria for citation and in-depth analysis within the study. The analysis identified five key domains at the intersection of artificial intelligence and medical education, which are presented in Table 2 and are discussed in detail below.

This classification, based on recurring conceptual patterns in the research literature, can serve as a useful framework for designing innovative educational policies, developing forward-looking curricula, and guiding applied research in the integration of intelligent technologies with medical education.

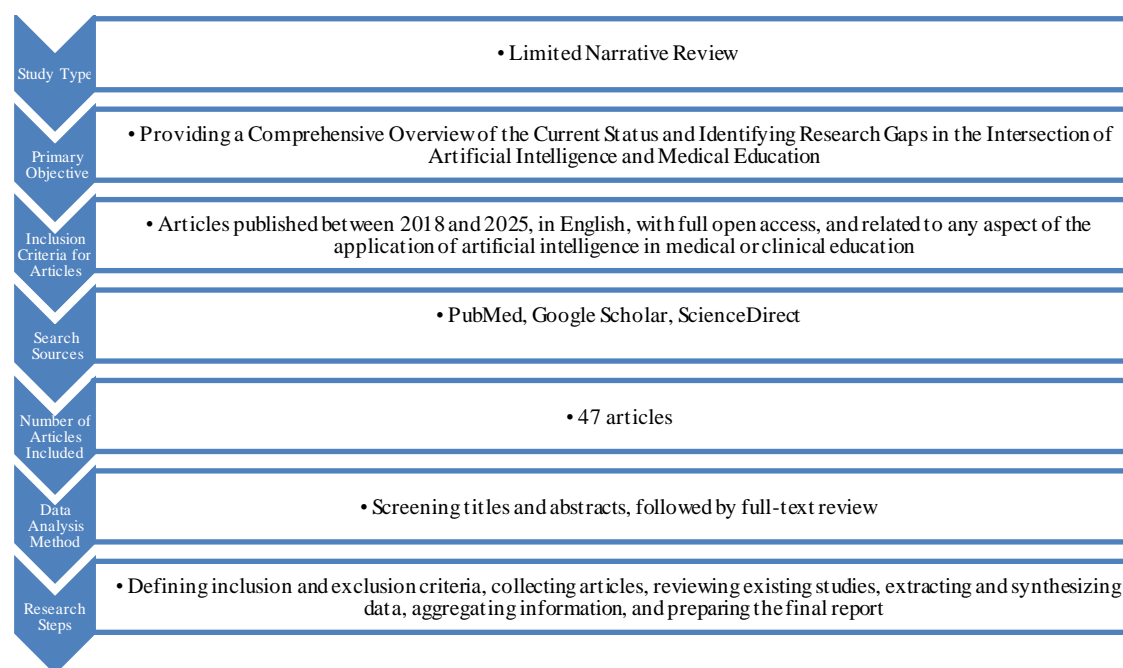
### Applications of Artificial Intelligence in Medical Education

The introduction of AI into medical education has brought about a fundamental transformation in teaching, learning, and assessment methods. Numerous studies have highlighted the extensive applications of this technology in curriculum design, personalized feedback, clinical skills simulation, and educational data analytics (16, 21–23).

Some studies have utilized AI-based tools, such as ChatGPT, to answer specialized medical questions, showing that these tools can serve as educational support resources for medical students during early learning stages, particularly in basic and clinical courses (22, 24, 25). Additionally, several articles have reported the use of AI systems to analyze student performance in examinations and provide immediate feedback, which enhances self-regulation in the learning process (23, 26). The design of educational decision-support systems

**Table 1. Distribution of Articles**

Research Domain	Unique Articles	Overlapping Articles	Total (Non-Redundant)
Applications of Artificial Intelligence	10	5	15
Technological Innovations	8	4	12
Implementation Challenges	6	3	9
Ethical Considerations	5	3	8
Future Perspectives	4	2	6
Total	33	17	47



**Figure 1. PRISMA Flow Diagram of the study**

No.	Extracted Indicator	Description
1	Applications of Artificial Intelligence in Medical Education (16, 17)	Personalized learning, clinical simulation, and performance analytics
2	Technological Innovations and Novel Tools in Medical Education (17, 18)	Integration of VR/AR with AI-based interactive tools
3	Implementation Challenges and Limitations of AI in Education (16, 19)	Technical, ethical, and infrastructural challenges in responsible and equitable AI deployment
4	Ethical and Legal Considerations in AI Use (20)	Privacy, legal accountability, algorithmic transparency, and educational equity in AI application
5	Future-Oriented Perspectives and Strategic Directions in this Field (18, 19)	VR/AR blended environments, AI integration in basic sciences, emphasis on ethics and digital literacy

using machine learning algorithms has also been reported to guide students along learning paths tailored to their strengths and weaknesses (27, 28). A notable application is the use of AI technologies to create simulated scenarios for clinical skills training, which has proven particularly effective in the post-COVID era and in remote education (21, 29). AI has been impactful not only at the individual level but also systemically, being employed to organize educational resources, predict learning needs, and analyze student progress trends (16, 30). Overall, the reviewed evidence indicates that AI has evolved from being merely a tool to becoming an active partner in medical education. This technology not only optimizes traditional educational processes but also enables the development of innovative and personalized learning models.

#### **Technological Innovations and Novel AI Tools in Medical Education**

One of the most significant outcomes of the

intersection between AI and medical education is the emergence of technological innovations and advanced intelligent tools that have transformed teaching and learning processes. New technologies such as virtual reality (VR) and augmented reality (AR), when integrated with AI capabilities, enable precise, interactive, and personalized educational simulations. For instance, AI-powered hybrid simulation systems have enhanced practical medical exercises, allowing students to practice complex clinical skills in safe and controlled environments with greater realism (16, 31, 32).

These studies also emphasize that AI tools, such as machine learning-based virtual tutors and automated assessment systems, play a critical role in teaching both technical and non-technical skills to medical students. By analyzing individual learning data, these technologies provide precise and timely feedback, improving performance and accelerating the learning process (33, 34). Moreover, the integration of advanced language

models like ChatGPT into educational systems has been evaluated in some studies as a supportive tool for answering students' questions and facilitating individualized learning, highlighting the high potential of these technologies in enhancing AI-driven learning (20, 35).

Considering these innovations, the transformation of medical education is no longer solely content- or method-driven, it is moving toward intelligent and interactive systems that can optimize learning according to each learner's needs. This shift promises profound improvements in the quality and accessibility of medical education in the near future, and many studies have emphasized the necessity of expanding applied research in this domain (18, 19, 36).

### **Challenges and Limitations of Using Artificial Intelligence in Medical Education**

A review of studies indicates that despite the extensive potential of AI to enhance medical education processes, multiple barriers and challenges must be seriously addressed for effective implementation. One of the primary challenges involves concerns regarding data accuracy and validity. Many studies emphasize that the quality of educational and clinical data plays a decisive role in AI system performance, and incomplete or incorrect data can lead to inappropriate educational decisions (16, 29). Additionally, issues related to student and patient data privacy and security represent major ethical and legal concerns in the use of AI in medical education. Maintaining confidentiality, preventing unauthorized access, and ensuring transparency in data collection and utilization are fundamental requirements in this context. The absence of clear legal frameworks and comprehensive ethical standards can undermine learner and patient trust and pose a serious obstacle to the sustainable development of AI technologies in educational settings (19, 20).

Furthermore, technical and infrastructural limitations are recognized as significant barriers. For example, many educational institutions lack the necessary equipment and infrastructure to deploy and maintain advanced AI systems, which reduces accessibility and creates inequities in benefiting from these technologies (18, 34, 35). Some studies have also highlighted challenges related to technology acceptance among faculty and students, cultural resistance and insufficient familiarity with emerging technologies can slow down or reduce the effectiveness of educational processes (33, 36, 37). Finally, the reviewed articles emphasize the necessity of developing ethical, educational, and technical standards to guide AI applications in medical education. These standards should ensure that AI is employed responsibly, transparently, and equitably, serving as a complementary and enhancing tool for faculty and learners rather than a replacement (20). Overall, the aforementioned

challenges, alongside the immense opportunities offered by AI, call for a balanced and multifaceted approach in designing and implementing AI-based educational programs to fully realize its benefits.

### **Ethical Boundaries and Legal Challenges of Artificial Intelligence in Medical Education**

The introduction of AI into medical education, in addition to offering educational opportunities, brings significant ethical and legal issues and challenges. One of the primary concerns is the protection of privacy and the security of student and patient data, which has been emphasized in numerous studies (19, 38). The use of sensitive medical data in AI systems requires precise legal frameworks and protective regulations to prevent potential misuse and maintain user trust. Furthermore, the necessity for transparency in the functioning of AI algorithms constitutes another key ethical issue, research indicates that users should be informed about AI decision-making processes and criteria to utilize this technology responsibly (20).

Many articles also highlight legal challenges regarding accountability in the event of errors by AI systems. Numerous questions arise concerning who should be held responsible for mistakes caused by AI developers, educational institutions, or users (16, 38). Such ambiguities may hinder broader adoption of these technologies in medical education and underscore the need for clear, coherent laws and policies. Educational equity represents another ethical dimension, studies emphasize that AI should not exacerbate disparities in access to education and that solutions must be designed to ensure all students, regardless of geographical or economic status, can benefit from these technologies in educational environments (19, 35).

Finally, the importance of ethical and legal education regarding AI for both students and faculty has been emphasized to ensure the development of awareness and skills necessary to navigate complex ethical and legal issues, allowing AI applications to align with human and professional values (34, 37). Overall, the ethical and legal boundaries of AI in medical education constitute a critical issue that requires interdisciplinary collaboration among technology experts, legal professionals, educators, and medical ethicists to develop comprehensive and balanced strategies.

### **Future Perspectives and Emerging Research Directions in the Integration of Artificial Intelligence and Medical Education**

Based on emerging trends in recent research, the future integration of AI with medical education is expected to involve fundamental transformations. The first research direction focuses on the development of personalized learning systems, these systems, leveraging advanced language models and deep learning, will be able to identify

individual student needs and design learning paths tailored to each learner's cognitive style and level of progress (39). The use of large language models such as GPT in teaching communication and clinical skills, including history-taking, represents a practical example of this approach, demonstrating positive outcomes in learner performance.

The second direction pertains to the application of AI in designing blended educational environments with virtual and augmented reality. These technologies, particularly in simulating medical crises and complex scenarios, provide students with safe and risk-free practice opportunities, while AI enables precise performance monitoring and real-time feedback (20, 40).

Third, research is moving toward integrating AI in the teaching of basic and specialized medical sciences, such as anatomy, where AI-based systems can deliver complex concepts more interactively and effectively by analyzing learning patterns (17). In this approach, AI acts as a complementary tool to the instructor, facilitating deep understanding and serving as an explanatory and guiding resource. The fourth emerging direction involves examining the ethical, legal, and data security aspects of AI in educational applications. The expansion of generative technologies such as ChatGPT has highlighted the necessity of revising policies, standardizing usage, protecting the privacy of educational and clinical data, and enhancing the digital literacy of faculty and students (19).

A review of the selected studies revealed that AI, with its diverse capabilities, has been instrumental across various dimensions of medical education—from enhancing teaching and learning methods to analyzing educational data, predicting learner performance, and designing personalized learning pathways. At the same time, challenges such as ethical considerations, institutional resistance, and the need for digital competency among faculty members constitute key barriers to fully realizing the potential of this technology. The findings indicate that forward-looking approaches in medical education require the judicious, responsible, and purposeful use of AI, particularly to design flexible curricula, enable data-driven decision-making, and enhance human capabilities in effective interaction with emerging technologies. These directions suggest that AI is not only recognized as a tool for enhancing medical education but is gradually becoming a central pillar in transforming teaching–learning systems in the health sciences. Such an approach necessitates interdisciplinary research, intelligent policymaking, and the development of continuous evaluation strategies.

## DISCUSSION

This study provides a clear depiction of the developments in the field of artificial intelligence in

medical education. The findings indicate that AI technologies are extensively transforming the medical education system. By enhancing personalized learning, clinical skills simulation, and educational data analytics, AI has opened new horizons in medical education. However, challenges such as data accuracy, ethical considerations, and infrastructural limitations underscore the necessity for a responsible and systematic approach to utilizing this technology.

As demonstrated by multiple studies, including those by Chins and the study by Nagaraj et al., adaptive learning systems and advanced virtual reality-based simulators have revolutionized clinical skills training. These technologies not only provide students with opportunities for safe and repeated practice but also significantly improve learning quality through precise and real-time feedback (20, 37).

In terms of educational innovations, research evidence, including the studies by Hu et al. and Mastoor et al., clearly shows that machine learning algorithms, by analyzing individual learning patterns, enable the design of fully personalized learning pathways. These intelligent systems dynamically adjust educational content based on each student's strengths and weaknesses, leading to remarkable improvements in learning outcomes (41, 42). However, as noted by Wang et al. and Yazdi et al., numerous technical and organizational challenges, including resistance to change and the need for specialized infrastructure, have limited the widespread adoption of these technologies (43, 44). In examining implementation barriers, Lee et al. clearly demonstrated that the lack of adequate technical infrastructure and a shortage of specialized personnel were the primary factors slowing the deployment of AI systems in educational institutions (45). On the other hand, ethical concerns have also emerged as significant challenges. As shown in the studies by Chu et al. and Hay et al., issues related to data privacy, algorithmic transparency, and bias in AI systems have been discussed in detail. These studies indicate that insufficient attention to these aspects can severely undermine user trust (33, 46).

Regarding future perspectives, Pedersen and Al-Mansour et al. emphasized the necessity of developing comprehensive ethical-legal frameworks. These researchers argue that the successful integration of AI into medical education requires interdisciplinary collaboration among information technology specialists, medical educators, and bioethics experts. Additionally, conducting longitudinal studies to assess the long-term impacts of these technologies on educational quality and, ultimately, patient health is considered a priority for future research (19, 47).

This study demonstrates that AI holds significant potential to transform medical education, however,

fully realizing this potential requires concurrent attention to technical, educational, and ethical dimensions. As noted by Pedersen et al., the future of medical education will depend on constructive interaction between technology and human instructors (47).

Based on the findings of this study, it is recommended that future research focus on empirical studies to accurately measure the impact of AI on educational outcomes, the development of culturally and contextually appropriate ethical frameworks, and the design of monitoring systems to continuously evaluate algorithm performance and prevent bias.

## LIMITATIONS

Despite efforts to provide comprehensive coverage of relevant studies, this research has several limitations. First, it was not possible to examine all related studies due to time constraints. Second, due to sanctions, access to some articles in specific databases was restricted, which affected the process of resource collection. Third, limited proficiency in translating non-English sources constrained the inclusion of valuable research published in other languages. Finally, given the rapid pace of technological advancements, some of the most recent developments may not have been captured in this review.

## CONCLUSION

The findings of this review indicate that intelligent technologies, particularly AI, have had a significant impact on enhancing medical education. These impacts include personalized learning, the use of precise simulations for clinical training, and the

provision of more accurate and timely assessments. Such innovations have steered education toward a more interactive, flexible, and data-driven experience.

However, challenges remain that hinder the full utilization of these capabilities. These include insufficient technical infrastructure, the need for greater familiarity and skills among faculty members, ethical concerns regarding data and algorithmic decision-making, and the absence of clear standards for the design and implementation of these technologies. To optimize the use of AI in medical education, three key actions are recommended: first, the development of transparent and actionable frameworks for ethics and privacy, second, the provision of necessary infrastructure and ongoing training for faculty and learners, and third, conducting applied and field research to assess the real-world impacts of these technologies in educational settings.

Ultimately, the future of medical education, through the integration of human knowledge and intelligent technologies, has the potential to evolve into an efficient, flexible, and responsive system capable of meeting the needs of new generations of students and keeping pace with the rapidly changing healthcare landscape.

## Ethical Considerations

Ethical issues including plagiarism, informed consent, misconduct, data fabrication and/or falsification, double publication and/or submission, redundancy, etc. have been completely observed by the authors.

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