

EXPLORATION OF MEDICAL EDUCATION REFORM IN CHINA UNDER THE INFLUENCE OF ARTIFICIAL INTELLIGENCE*

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Received 26 April 2026; Revised 8 May 2026; Accepted 10 May 2026

Abstract

In order to explore the path of artificial intelligence integration into new medical discipline education and the law of core hotspot clustering and evolution, this article takes CNKI as the data source to retrieve relevant thematic literature from 2016 to 2026, and finally includes 106 articles. CiteSpace 6.4.R1 is used to analyze the publication volume, cooperation networks, keyword co-occurrence, clustering and burst detection. The study found that the integration of AI and medical education in China is divided into three stages: policy response , teaching exploration and deep integration ; the hot spots focus on the three directions of talent training system reconstruction,digital intelligent teaching innovation and cutting-edge discipline intersection, giving rise to the “Medicine + X” course and personalized learning, forming a “medicine-education-industry-research” collaborative talent cultivation mode.AI has changed from an auxiliary tool to a transformative force, while the issues of technical reliability, data security and ethical governance remain prominent. It is recommended to incorporate AI literacy and ethics education into medical education, construct an

Citation:



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Tingting Liu and Hui-wen Tang. (2026). Exploration Of Medical Education Reform In China Under The Influence Of Artificial Intelligence. Modern Academic Development and Promotion Journal, 4(4), 365-384.;

DOI: <https://doi.org/10.>

<https://so12.tci-thaijo.org/index.php/MADPIADP/>

evaluation and governance framework, and promote modular courses and cross-departmental collaboration. This article comes from a doctoral dissertation.

Keywords: Artificial Intelligence, China, Medical Education, New Medical Disciplines

Introduction

The rapid development of artificial intelligence technology is profoundly changing the global medical education system, like the opening of Pandora's box, bringing unprecedented opportunities and a series of challenges (Cooper & Rodman, 2023). As the world's largest medical education system (Wang, 2021), China put forward the national policy of "New Medical Disciplines" in 2018, which aims to lead the fundamental change of medical education for the future, and cultivate innovative medical talents who possess an interdisciplinary knowledge system, master new technologies such as artificial intelligence, and are capable of addressing new challenges in the medical field (Guo, 2024). The existing research is mainly case analysis or technical application discussion, and there is a lack of systematic knowledge graph analysis based on large-sample bibliometrics. In order to explore the innovative path of Thai medical education, this article takes Chinese practice as a reference, sorts out the hot spots and trends of teaching reform, and focuses on the integration mode of artificial intelligence through bibliometric analysis.

Objectives

1. To study how cutting-edge technologies such as artificial intelligence deeply integrate into the education system led by the "New Medicine" policy.
2. To study the cluster structure and its intrinsic relationship in the three core hot areas of China's medical education reform.

3. To study the reform of Chinese medical education in the era of artificial intelligence, the evolutionary path and inherent development law of multidisciplinary deep cross-integration.

Literature Review

1. Medical education needs to cultivate the ability to learn and evolve in continuous change

The 172nd Guide of the Association for Medical Education in Europe (AMEE) points out that in the face of the far-reaching challenges posed by general artificial intelligence (AGI) to medical education (Masters et al., 2024), educational institutions need to go beyond the adaptation to current generative artificial intelligence and carry out a forward-looking and systematic approach. The reform should include: strategically establishing a normalized policy formulation and revision mechanism; actively responding to the needs of teachers and students, systematically carrying out teacher development and student training; establishing a mechanism to continuously track AGI progress and legal dynamics, paying special attention to relevant regulations such as those of the European Union; and actively engaging in global collaboration. Ultimately, medical education needs to cultivate the ability to learn and evolve in continuous uncertainty, and welcome the fundamental changes of the AGI era with a cautious and positive attitude.

2. The systematic transformation of medical education toward cultivating high-level decision-making ability

With the gradual integration of generative artificial intelligence (GenAI) into clinical practice, the core goal and focus of capacity training in medical education are undergoing a profound transformation. The traditional ability evaluation system centered on medical knowledge mastery and information retrieval is evolving into a high-level ability training paradigm centered on management,

integration, and judgmental decision-making. The Association of American Medical Colleges (AAMC), as a leading institution, is actively promoting the systematic reform of medical education in the GenAI era: deepening data literacy and AI critical thinking training in the curriculum to scientifically evaluate algorithm outputs; clarifying the human-AI collaboration paradigm in clinical scenarios and defining the boundaries of responsibilities between humans and AI; and focusing on cultivating students' ability to identify and mitigate AI bias to ensure its fair and safe application in patient management (Maddox et al., 2025).

3. Vietnam and South Korea systematically promote the integration of artificial intelligence and medical education

Promoting the integration of artificial intelligence and medical education in Vietnam is an important way to address the structural challenges of teacher shortage and uneven clinical practice resources. At present, the application of artificial intelligence in Vietnamese medical education is still in its infancy, facing multiple obstacles such as insufficient infrastructure, lack of digital literacy among teachers and students, imperfect ethical norms, and limited cultural acceptance. In order to achieve sustainable and equitable development of AI-driven medical education, Vietnam needs to formulate a systematic national strategy, prioritize strengthening infrastructure and teacher training, and draw on international phased implementation experience to gradually build a digital talent training system that meets future healthcare needs, while ensuring quality and ethics (Nguyen et al., 2025).

The School of Medicine of Seoul National University has built a multi-level model of integrating artificial intelligence into medical education through a five-year systematic reform (Park et al., 2025). The model takes modularization, interdisciplinary connection, infrastructure and curriculum coupling, and policy embedding as the key principles, and promotes infrastructure construction, capacity improvement, and domestic and foreign cooperation in stages. The core insight is that the effective integration of AI and medical education not only

requires curriculum renewal, but also depends on the coordinated reorganization of institutional structure, teacher development, credit system, and policy environment. This practice provides a framework for global medical education institutions, especially those operating under public policy frameworks, aiming to cultivate future doctors who can not only use AI tools, but also participate in their development.

Methodology

Bibliometric Analysis is to carry out in-depth exploration of scientific literature with the help of quantitative means, and comprehensively study multiple key dimensions such as research hotspots, emerging trends and academic impacts involved in scientific literature through quantitative evaluation.

1. Data Source

Take China National Knowledge Infrastructure (CNKI) as the core retrieval database, and the search strategy was set as: Topic = (“Artificial intelligence” OR “Virtual” OR “Deep learning” OR “Large language model” Or “Agents”) AND TS= (“Medical education” OR “New Medical Disciplines”). The retrieval time range is from January 1, 2016 to February 10, 2026. After excluding meeting notices, reports and unrelated literature, 106 Chinese documents were finally included.

2. Research Tools

This study conducts data analysis by adopting CiteSpace 6.4. R1 software. CiteSpace is a tool for bibliometric and visual analysis of scientific literature. Its core function is to intuitively present research hotspots, development contexts and cutting-edge trends in specific disciplines by generating knowledge graphs. The software mainly supports the following analysis modules: statistical analysis of annual publication output, cooperative network analysis between authors, institutions and countries, co-occurrence, burst detection and cluster analysis, reference co-citation cluster analysis of keywords, co-citation cluster analysis of

references, co-citation analysis of authors and journals, as well as journal overlay analysis.

3. Data Analysis

Visual analysis of the relevant literature in this study was conducted using CiteSpace software (version 6.4.R1), specifically including annual publication quantity statistics, keyword co-occurrence analysis, cluster identification and timeline chart drawing. In the parameter settings, the Time Slicing parameter was set to span from 2016 to 2026, with the slice Length of 1 year. Furthermore, “Pathfinder” and “Pruning sliced networks” algorithms were selected to prune the network, thereby optimizing its structure and highlighting core correlations.

In the generated knowledge graphs, nodes represent the object of analysis (such as keywords, etc.). The size of the node is directly proportional to the frequency of its appearance. The color of the node corresponds to the time of its first occurrence, and follows the time color gradient preset in the software. The connection between nodes indicates the co-occurrence, cooperation or co-citation relationship. The color of the links corresponds to the year of co-occurrence, with the thickness of the links reflecting its co-occurrence intensity.

Results

1. Artificial Intelligence Drives the Systematic Transformation of Medical Education from Curriculum to Practice

As shown in Figure 1, since 2018, the number of research papers published in the cross-field of artificial intelligence and medical education in China has shown a continuous growth trend. The annual number of publications has gradually increased from 1 in 2018 to 10 in 2022; since 2023, the growth has accelerated significantly, with the number of publications jumping to 19, and reaching a peak of 30 in 2025. The research focus is on the construction of “New Medical Disciplines”, intelligent medicine, teaching reform and other fields.

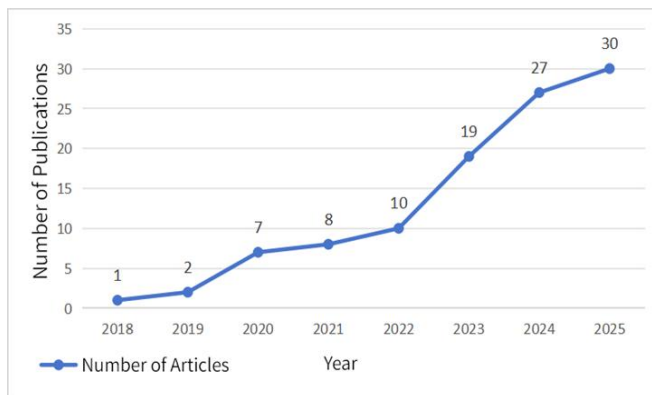


Figure 1 Annual Publication Trend Chart

(Source: Constructed by the researcher)

Table 1 Co-occurrence Frequency, Centrality and Year of Research Keywords (Partial)

No.	Frequency	Centrality	Year	Keywords
1	72	1.34	2018	New Medical Science
2	21	0.12	2019	Talent Cultivation
3	18	0.15	2020	Medical Education
4	16	0.22	2019	Artificial Intelligence
5	7	0.01	2023	Teaching Reform
6	5	0.06	2022	Experimental Teaching
7	4	0.06	2022	Virtual Simulation
8	4	0.01	2024	Basic Medical Sciences
9	4	0.00	2018	Intelligent Medicine
10	3	0.08	2020	Teaching
11	3	0.00	2021	Specialty Construction
12	3	0.01	2023	Medical-Educational Collaboration
13	3	0.00	2023	Teaching Model

14	3	0.01	2022	Nursing Education
15	3	0.00	2023	Innovation and Entrepreneurship
16	3	0.00	2022	Curriculum Construction
17	3	0.01	2023	Stomatology
18	3	0.11	2022	Medical Students
19	2	0.00	2021	Clinical Medicine
20	2	0.04	2022	Practical Ability

This study builds a keyword co-occurrence network map (Figure 2) based on CiteSpace software, which reflects the frequency of keyword appearance through the size of the node, with larger nodes indicating a higher degree of attention in the research field; the thickness and color of the inter-node connection reflect the intensity of keyword co-occurrence and the time span of the first co-occurrence, revealing the structural relationship between the themes. The results of the common analysis show that (Table 1), “New Medical Disciplines” (72 occurrences), “Talent Cultivation” (21 occurrences) and “Medical Education” (18 occurrences) constitute the structural core of high centrality and early breakthrough (2018-2020) in the network, marking the starting point of the transformation of China’s medical education from a traditional model to interdisciplinary integration. 3

At the same time, “Artificial Intelligence” (16 occurrences) and “Teaching Reform” (7 occurrences) as high-emergent nodes reflect that this field is forming a core paradigm for the reconstruction of the teaching model driven by artificial intelligence technology. The high-frequency occurrence of keywords corresponding to specific medical branches, such as “Basic Medicine” (4 occurrences), “Stomatology” (3 occurrences), “Nursing Education” (3 occurrences) and other keywords shows that the concept of “New Medical Disciplines” has penetrated into the teaching practice of many disciplines; while keywords such as “Experimental Teaching” (5 occurrences), “Virtual Simulation”

(4 occurrences) and “Innovation and Entrepreneurship” (3 occurrences) show that medical education in the era of artificial intelligence attaches coordinated importance to clinical practice competence and interdisciplinary innovative literacy.

Further calculation of keyword centrality was conducted to identify the nodes that play a key bridging role in the knowledge network map. As shown in Table 1, the intermediary centrality of “New Medical Disciplines” (1.34), “Artificial Intelligence” (0.22), “Medical Education” (0.15) and “Talent Training” (0.12) is significantly higher, indicating that these concepts play an important structural role in knowledge flow and thematic association. Among them, the “New Medical Disciplines” has the largest absolute high value (1.34), occupying a core position in the whole network, which shows that as a national medical education reform policy, it plays a leading role in promoting the intersection of disciplines and restructuring the theoretical system.

The high centrality of “Artificial Intelligence” shows that the technology is positioned as the core foundation for promoting “specialty construction-curriculum reform-practical ability improvement”, rather than merely an auxiliary tool. “Medical students” (0.11) also have a high degree of intermediary centrality, which to a certain extent shows that for medical education, no matter how artificial intelligence technology develops and how the teaching mode changes, the overall goal always adheres to the “student-centered” philosophy, to cultivate compound medical talents with post competencies, scientific research innovation ability, and interdisciplinary collaboration ability.

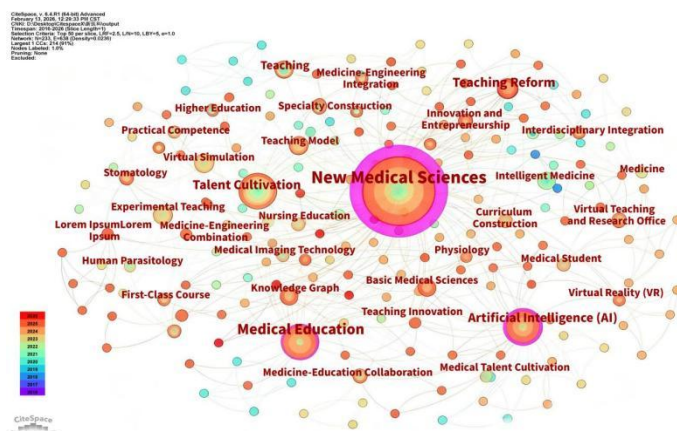


Figure 2 Co-occurrence Network Map of Research Keywords
(Source: Constructed by the researcher)

2. Three Core Hotspot Areas of China's Medical Education Reform

In order to further understand the compositional characteristics of research hotspots in China's medical education reform in the era of artificial intelligence, based on the above-mentioned keyword co-occurrence network, the Log-Likelihood Ratio (LLR) algorithm is used to generate a keyword clustering map (Figure 3). The results show that the cluster module value Q in the research field was 0.6361, and the mean silhouette S was 0.8615. Since the Q value is much greater than 0.3, it shows that the clustering structure is significant and the boundaries of the community are clear; and the S value is greater than 0.7, which shows that the cluster results have high reliability and can truly and objectively reflect the current distribution of hot spots on the reform and development of Chinese medical education.

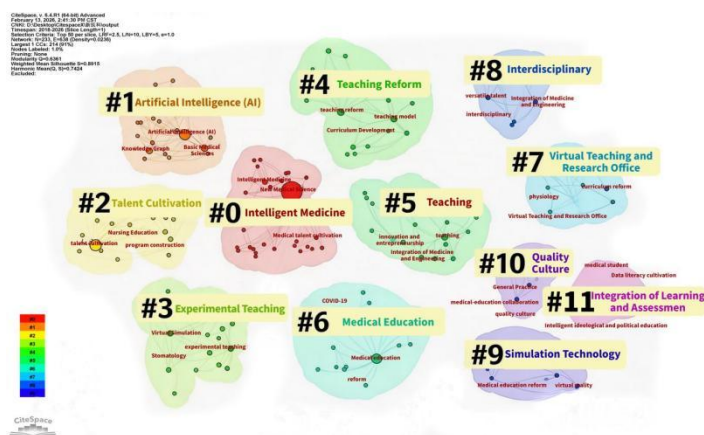


Figure 3 Cluster Map of Research Keywords

(Source: Constructed by the researcher)

The domestic map shows 12 main clusters, namely “#0 Intelligent Medicine”, “#1 Artificial Intelligence”, “#2 Talent Cultivation”, “#3 Experimental Teaching”, “#4 Teaching Reform”, “#5 Teaching”, “#6 Medical Education”, “#7 Virtual Teaching And Research Office”, “#8 Interdisciplinary”, “# 9 Simulation Technology”, “#10 Quality Culture” and “#11 Integration of Learning and Assessment”. Based on this, thematic classification can be carried out, and the research hotspots of China’s medical education reform can be highly summarized as: the “New Medical Disciplines” strategy and talent training system reconstruction (#2, #6, #8, #10), teaching scenario innovation empowered by digital and intelligence technology (#3, #4, #5, #7, #9, #11) and the frontier Technology-driven emerging disciplines and integration of teaching and research (#0, #1).

3. Paths for the In-depth Integrated and Cross-fertilized Development of China's Medical Education Reform

The keyword timeline atlas (Figure 4) unfolds the subject words of each cluster group horizontally in chronological order, clearly reflecting the development process and development vein of knowledge evolution in this field. It can be seen from the figure that each cluster corresponds to a horizontal timeline, and the nodes (keywords) on the line are the main research objects of the cluster. On the right side of the map, the 12 main clusters are arranged vertically in sequence, from “#0 Intelligent Medicine”, “#1 Artificial Intelligence”, “#2 Talent Cultivation” to “#11 Integration of Learning and Assessment”. Reviewing the development process, the reform and development of Chinese medical education in the era of artificial intelligence shows an obvious vein: first, the adaptive response to the national strategic orientation; second, the innovation of the teaching model with the help of artificial intelligence; and finally the overall transformation of medical education under the digital and intelligent background. Each round is an exploration based on the background of the times, national needs and technical conditions at that time. It begins with macro-policy response and concept reshaping, then moving to meso-level reconstruction of curriculum system and teaching model, and finally deepening into the micro-level exploration of in-depth interdisciplinary integration and digital-intelligent education model.

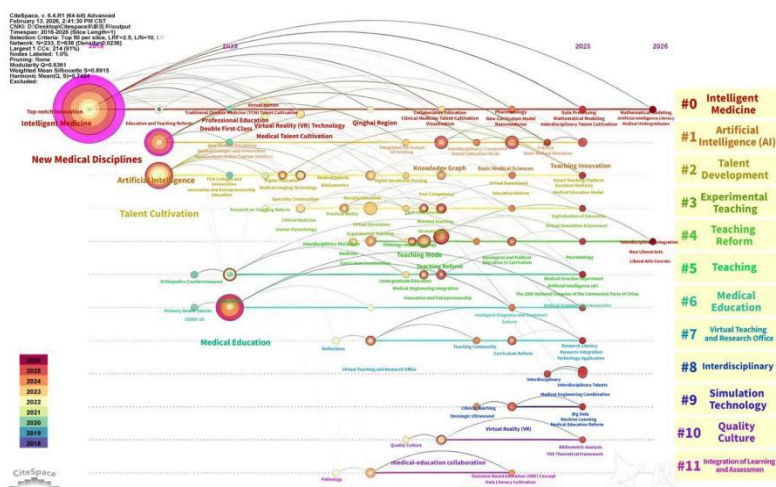


Figure 4 Timeline Map of Research Keywords

(Source: Constructed by the researcher)

In the first stage of the construction and development of “New Medical Disciplines” in China (2018-2020), the literature research has strong policy guidance. The research hotspots at this stage are the preliminary exploration of “#0 intelligent medicine”, “#1 Artificial Intelligence”, “#2 Talent Cultivation” and “#6 Medical Education”. Its focus is on the new education policy of “New Medical Disciplines” issued in 2018, emphasizing the integration of artificial intelligence and medical talent cultivation. This stage is an exploration stage, in which researchers mostly discussed the methods and ideas of medical education models from a macro perspective, and attempted to explore the new forms and new characteristics of medical education under the background of artificial intelligence. This stage mainly focuses on policy analysis and theoretical analysis at the national level, aiming to provide theoretical support for the cultivation of a new medical student training system adapted to the strategy of “Healthy China” in the new era.

China's "New Medical Disciplines" construction has entered the second stage (2021-2023), and the focus of relevant research has begun to turn to teaching practice activities. "#3 Experimental Teaching, "#4 Teaching Reform" and "#5 Teaching" have become the main directions that scholars pay attention to at this stage. "Curriculum Construction", "Teaching Model", "First-class Courses", "Virtual Simulation", and "Blended Teaching" are the research keywords at this stage, which means that the construction of China's "New Medical Disciplines" has moved from the top-level design to the classroom teaching level, and the policy ideas have been penetrated into curriculum setting, teaching reform and teaching resource construction. Under the normalization mode of online education in the post-pandemic era, scholars explore the application path of artificial intelligence-assisted traditional medical classrooms and clinical practice teaching methods.

In the third stage of China's "New Medical Disciplines" construction (from 2024 to present), the characteristics of multidisciplinary intersection and technical empowerment are prominent. The new research direction is "#7 Virtual Teaching and Research Office", "#8 Interdisciplinary", "#10 Quality Culture" and "#11 Integration of Learning and Assessment". "Knowledge Graph", "Medicine-Engineering Integration", "Compound Talents", "Data Literacy cultivation" and "Outcome-Based Education (OBE) Concept" are the research focuses at this stage. This indicates that under the background of "New Medical Disciplines" construction, artificial intelligence has become a driving force for the innovative development of medical education. It promotes the integrated development of medical education and artificial intelligence through multidisciplinary integration, explores technology-driven intelligent teaching platforms and personalized learning path design, and forms a characteristic development model.

Discussion

This research focuses on the reform of medical education in China, which takes the national policy of “New Medical Disciplines” as the strategic engine, systematically promotes the interdisciplinary integration of medicine and engineering, medicine and science, and medicine and liberal arts, and relies on artificial intelligence technology to develop personalized learning and blended teaching systems. It aims to promote the cultivation of top-notch innovative compound medical talents with the “medicine + X” multidisciplinary background (Wang et al., 2025), in order to achieve the purpose of comprehensive innovation from macro concepts to teaching practice.

Although artificial intelligence has made remarkable progress in global medical education research, there are still obvious differences between China and the global medical education system in research focus, methodological framework and practical application depth (Ma et al., 2026). International research have attached more importance to research on ethical risks or technical credibility brought by the integration of artificial intelligence and medical education, showing a stronger tendency for ethical guidance and technical verification.

1. Current status and needs: Ai literacy and educational demands of medical students in developing countries

These phenomena deserve attention in developing countries. In a survey of Thai medical students, Angkurawaranon et al. (2024) found that only about one-third of the respondents have a basic understanding of artificial intelligence, and although most of the respondents agree with the potential value, they had little understanding of the technology itself or how to apply it in real medical scenarios. The study also points out that Thai medical students tend to accept the integration of artificial intelligence training into the curriculum system. The author believes that systematic artificial intelligence training should be provided

at the undergraduate level to promote its popularization and standardized application in medical practice.

2. Professional consensus: Ethical framework and teaching paths for integrating ai into medical education

In the field of international medical education, the consensus of relevant majors is gradually formed. Best Evidence Medical Education (BEME) Guide No. 84 (2024) points out that artificial intelligence is profoundly changing the model of medical education, and while promoting teaching innovation, it also brings new ethical challenges. Therefore, it is necessary to systematically integrate ethical teaching into medical education and strengthen the ethical judgment and decision-making ability of medical students through real situation training.

3. Risk and Regulation: The potential impact and verification framework of AI application in medical education

A study published by Abdalnour et al. (2025) in the New England Journal of Medicine pointed out that although artificial intelligence can improve the efficiency of medical education and clinical practice, it may also cause potential risks, such as the decline in clinical thinking ability of medical students, insufficient cultivation of key professional capabilities, and the increased risk of clinical diagnostic errors. To this end, the research emphasizes that a safe and reliable artificial intelligence application framework should be built with technical verification as the core. Especially in the field of medical education, the usage effect of learners should be systematically evaluated. If there is a lack of scientific supervision, effective verification mechanism and continuous monitoring system, the relevant risks may affect the quality and safety of medical education.

4. Research limitations: inadequacy in methods, data and empirical coverage

Since this study mainly conducted induction and summary based on bibliometric analysis, it has not been verified in combination with specific cases or teaching practice, and has not been empirically analyzed for the actual effect

of artificial intelligence application and the acceptance of teachers and students in Chinese medical colleges. Therefore, the research conclusion has certain limitations. In addition, the scope of literature retrieval and statistics is mainly concentrated in Chinese literature. The data source is mainly the CNKI database, which fails to fully cover the representative research results in other Chinese databases such as Wanfang and VIP, which may have a certain impact on the comprehensiveness of the research results.

Conclusion

Using visual knowledge graphs, this study sorted out and summarized the evolution path and application panorama of artificial intelligence in China's medical education reform, which to a certain extent expands the breadth and depth of existing research. Although the literature database has certain limitations, it basically reflects the hot trends and research progress in this field. The integrated development of artificial intelligence and medical education in China is roughly divided into three stages: macro-policy response (2018-2021), teaching practice exploration (2022-2024), and in-depth integration (2025 to present). The research focuses on three directions: the "New Medical Disciplines" strategy and the reconstruction of talent cultivation system, the innovation of teaching scenarios empowered by digital and intelligent technology, as well as emerging disciplines and the integration of research and teaching driven by cutting-edge technologies.

With the promotion of China's "New Medical Disciplines" strategy, universities have actively promoted the "medical + X" interdisciplinary curriculum system, develop personalized learning and blended teaching models based on artificial intelligence, and promote the formation of a diversified collaborative education model of "medical education, industry and research". The research shows that artificial intelligence has evolved from an early auxiliary

tool to a force promoting the reform of medical education. However, with the process of in-depth integration, the reliability of technology applications, data security and ethical governance have become important issues affecting sustainable development.

Recommendation

1. General Suggestions

The study suggests that Thailand's medical education administrative departments and institutions can integrate artificial intelligence literacy and ethical education into the medical education system, explore and build relevant teaching standards and application evaluation mechanisms, and through continuous monitoring and feedback mechanisms, promote the cultivation of compound medical talents, and drive the high-quality innovative development of medical education.

2. Further Research Suggestions

Global medical education institutions face unique challenges in adapting to the era of artificial intelligence: they are often limited by strict curriculum frameworks, limited financial and teacher resources, and need to balance academic development and public service missions. To this end, we should promote systematic reform with modular courses, flexible certification mechanisms and cross-departmental collaborative governance as the core, and build a medical artificial intelligence education path that is both scalable and meets the requirements of public responsibility.

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