Graduate Medical Education

- Berberine's Impact on Apoptosis, Proliferation, Uptake Efficiency, and Nanoparticle-Based Therapy in DBTRG Cells
- Interplay between Exercise and Neuregulin in providing neuroprotection
- Formation of the NSI-Young Neurosurgeons Forum and the Fellowship Landscape in India: Wants vs Needs
- Pituitary incidentaloma: a Pituitary Society international consensus guideline statement
- Delivery of LOXL1-AS1-siRNAs using targeting peptide-engineered extracellular vesicles with focused ultrasound to suppress medulloblastoma metastasis
- Reshaping neurosurgical training: a novel simulation-based concept for structured skill acquisition and curriculum integration
- A national study of neurosurgical residency competency development
- Endothelial cells-derived SEMA3G suppresses glioblastoma stem cells by inducing c-Myc degradation

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Target Audience: Physicians who have already obtained their medical degree (MD, MBBS, or equivalent) and are pursuing further specialized training.

Duration: Typically 3-7 years for residency training, with additional time for fellowships if they wish to specialize further.

Content: Focuses on advanced clinical training in a specific medical field (e.g., surgery, internal medicine, pediatrics). GME includes residency training, where doctors gain hands-on experience in patient care, as well as fellowship opportunities for subspecialties (e.g., cardiology, neurology).

Goal: To prepare medical graduates to become specialists or subspecialists and practice medicine independently in their chosen field.

Outcome: Physicians become board-certified specialists or subspecialists, fully licensed to practice independently in their field.

Graduate Medical Education (GME) refers to any type of formal medical education, usually, hospital-sponsored or hospital-based training, pursued after receipt of the M.D. or D.O. degree in the United States This education includes an internship, residency, subspecialty and fellowship programs, and leads to state licensure and board certification.

Artificial intelligence (AI) and generative language models (GLMs) present significant opportunities for enhancing medical education, including the provision of realistic simulations, digital patients, personalized feedback, evaluation methods, and the elimination of language barriers. These advanced technologies can facilitate immersive learning environments and enhance medical students' educational outcomes. However, ensuring content quality, addressing biases, and managing ethical and legal concerns present obstacles. To mitigate these challenges, it is necessary to evaluate the accuracy and relevance of AI-generated content, address potential biases, and develop guidelines

and policies governing the use of AI-generated content in medical education. Collaboration among educators, researchers, and practitioners is essential for developing best practices, guidelines, and transparent AI models that encourage the ethical and responsible use of GLMs and AI in medical education. By sharing information about the data used for training, obstacles encountered, and evaluation methods, developers can increase their credibility and trustworthiness within the medical community. In order to realize the full potential of AI and GLMs in medical education while mitigating potential risks and obstacles, ongoing research and interdisciplinary collaboration are necessary. By collaborating, medical professionals can ensure that these technologies are effectively and responsibly integrated, contributing to enhanced learning experiences and patient care [1)]

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Karabacak M, Ozkara BB, Margetis K, Wintermark M, Bisdas S. The Advent of Generative Language Models in Medical Education. JMIR Med Educ. 2023 Jun 6;9:e48163. doi: 10.2196/48163. PMID: 37279048.