Title: The Job Roles of the 2025 Medical Educator

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Purpose: To identify the roles of the medical educator in 2025.

Approach/Methods: Clinical knowledge doubles every two years. Data capabilities double every 18 months. Textbooks publishers are building software platforms where students can do homework exercises and get real-time feedback.[1] Expansion of education-oriented partnerships within academics and with vendors for product development/delivery (e.g., AAMC/Kahn Academy for MCAT Prep, WISE MD Cases, ACS/APDS Surgery Resident Skills Curriculum) is increasing. [2] Augmented reality (AR) and virtual reality (VR) technology combined with learning analytics/big data can create virtual companions supporting trainees learning and new forms of real time assessment. [3-4] Integration of educational and clinical care outcomes are a driving force in the design of medical education programs. [5-6] These are just a few of the hard trends [7] that a futurist panel outlined for participants attending the “Educators of the Future – 2025 Job Roles” session at the 2017 AAMC Learn, Serve, Lead meeting. Participants were then divided in facilitated round tables and asked to consider these trends in generating the key job elements/features of the Medical Educator in 2025. Facilitators then reported out their group’s job roles with panelists identifying cross cutting themes, which were audio taped and transcribed for analysis by authors. Job roles were then sent to facilitators who made clarifying revisions and affirmed the results.

Results/Outcomes: Eighty participants and 15 facilitators contributed to the discussion on job roles. Key themes included the following educator roles: (A) Learning Environment Designer/Engineer/Architect/Implementer - drawing in particular from sciences of human learning, cognition, memory and implementation; (B) Content Curator (not creator) - with partnership skills to build alliances across stakeholders (interdisciplinary and interprofessional) and with vendors/authors; (C) Diagnostic Assessor - using learning analytics performance data for individual and groups; (D) Learner-Centered Navigator/Professional Coach - for personalized and group coaching using F2F and virtual facilitation skills; (E) Role model - For individual and interprofessional teams, focused on communication skills, humanism, values, wellbeing and quality/safety/lean as part of clinical and educator competence; (F) Technology Adopter - Fluent in selecting, using, and assessing the appropriate tool to use (and to know who to call when technology use is misguided/fails). General discussion highlighted that many of these job roles will require retraining, will likely lead to specialized roles and/or “job losses” as the emphasis on teacher as subject matter expert morphs to expert on these integrative skills.

Discussion: The use of hard trends in education (mobile/AR/VR technology, learning analytics, performance coaches, assessment for learning) and medicine (team-based collaborative practice, population analytics, precision medicine, quadruple aim) can be used to identify future roles of medical educators. Faculty and medical school recognition and training for these evolving roles is imperative if
we are to align educator roles, resources and training [8] with the hard trends that are driving health care and education.

**Significance:** This is the first report from a broad-based group of U.S. and international medical educators to identify the key features of the job of the medical educator in 2025.