



Episode 1: Reimagining Clinical Education in a Digital World

Featuring Omer Awan, MD

In the debut episode of *Clinical Learning, Reimagined*, host Leslie Fall, MD, sits down with Omer Awan, MD, Professor and Vice Chair of Education at the University of Maryland School of Medicine and Senior Public Health Contributor for Forbes, to explore how AI is reshaping clinical teaching and practice. As a radiologist, Dr. Awan speaks from a field that's been at the forefront of clinical AI adoption for years. He describes how AI now helps flag findings on imaging and even drafts report impressions in his own dictation style, saving time he's redirected toward teaching and patient care, and easing the burnout that comes with rising case volumes.

That efficiency comes with a trade-off the two explore directly: the loss of "ambient learning," the passive way trainees once absorbed clinical reasoning by listening to attendings think aloud. Dr. Awan calls this a real concern, and shares how his program compensates, restricting AI-generated impressions for residents, so they still build the skill themselves, and using Socratic questioning during case readouts to keep reasoning visible. He's clear that empathy, communication, and judgment under uncertainty are what separate a good physician from an average one, and that assessment needs to keep testing those higher-order skills as AI absorbs more rote work.

The conversation then turns to curriculum: Dr. Awan draws a parallel to the introduction of evidence-based medicine training, arguing that the same data literacy, understanding bias in datasets, and knowing what a model was trained on, are what students need now to critically evaluate AI. He notes that students are often already ahead of faculty here, having sharpened their prompting skills through constant everyday use of AI tools, a dynamic he frames as a genuine two-way learning partnership.

The episode closes on trust and the road ahead. Dr. Awan shares how he won over a skeptical colleague simply by being transparent about his own experience with a new AI tool, and offers pragmatic advice for educators just getting started: experiment, be patient, don't rush. Looking five to seven years out, he anticipates more personalized, AI-assisted learning, while cautioning that medical education still hasn't figured out how to formally teach AI evaluation and data literacy, a gap he argues needs honest attention before anyone can claim to be teaching "AI fluency."

To learn more about how Aquifer is helping to shape the future of clinical education, visit aquifer.org/clinical-learning-reimagined.