

Educating the Healers of Tomorrow: Lessons From Innovation, Empathy, and Equity

Fahad Aziz, MD; Leila Famouri, MD, MPH; Bipin Thapa, MD, MS; Tripti Singh, MD; Corlin Jewell, MD; Alisa Hayes, MD; Anna Gaddy, MD; David Rebedew, MD; Andrew Coyle, MD

Medical education stands at a pivotal crossroads. As our profession redefines competence beyond clinical knowledge—to include empathy, equity, and systems thinking—educators are reimagining how we prepare the next generation of healers. This issue reflects that transformation through four interconnected themes. The first explores teaching and learning innovations, where educators harness technology, simulation, and creative curricula to make learning active, adaptive, and outcome based. The second examines professional identity and well-being, reminding us that empathy, mentorship, and psychological safety are essential to the formation of compassionate physicians. The third focuses on health equity and pathways, showcasing programs that expand access, address systemic bias, and prepare learners to serve historically marginalized communities. Finally, the fourth highlights faculty development and lifelong learning, recognizing that the evolution of medical education depends as much on nurturing educators as it does on training students. Let's explore these four themes—each a vital reflection of where medical education stands today and where it must go next.

...

Author Affiliations: Dr Aziz is *WMJ* editor in chief; Drs Famouri, Thapa, Singh, Jewell, Hayes, Gaddy, Rebedew, and Coyle are members of the Advisory Board for this special issue.

Teaching and Learning Innovations

The first theme in this issue highlights innovation at the frontlines of medical education—where creativity meets curriculum. Across Wisconsin and beyond, educators are moving beyond traditional lectures toward immersive,

of OB-GYN residents and faculty highlighted strong support for a structured and standardized simulation curriculum.⁵ Complementing this work, a comprehensive review traces the evolution of simulation—from early models to emerging technologies such as virtual reality

Ultimately, the future of medicine will be shaped not only by new discoveries, but by how we teach those who will carry them forward.

learner-centered approaches that make learning more engaging and meaningful.

Efforts to strengthen core clinical training form the foundation of this transformation. A structured orthopedic surgery rotation supported by video lectures improved knowledge and confidence among medical students,¹ while mock oral competency exams for surgical interns demonstrated how simulation can bridge theory and practice in a safe environment for skill development.²

Technology is also reshaping medical learning. A case-based podcast curriculum in obstetrics and gynecology (OB-GYN) transformed brief preclinic moments into engaging discussions,³ and AI-powered tools such as ChatClinic enabled pharmacy students to practice diagnostic reasoning through virtual renal cases.⁴

Simulation remains central to modern medical education. A mixed-methods study

and artificial intelligence—demonstrating its growing role in developing clinical reasoning, technical skills, and teamwork.⁶

Innovation is also evident in everyday learning environments. Standardized documentation templates improved the clarity and efficiency of clinical notes,⁷ while patient-based discussions strengthened clinical reasoning by linking foundational science to real patient scenarios.⁸ Peer mentorship programs pairing junior and senior medical students further enhanced understanding of competencies and scholarly work.⁹

Learner feedback also informs curricular improvement. A survey of graduating physician assistant students found positive perceptions of a geriatrics curriculum while identifying gaps in the 4M's (What Matters, Medication, Mentation, and Mobility) framework, dementia care, and geriatric pharmacology.¹⁰

Educational innovation extends to clinical

training. Academic hospitalists reported that bedside rounds enhance communication and shared decision-making, though barriers such as duty-hour limits highlight the need for new rounding models.¹¹

Finally, learners themselves are shaping the future of education. Medical students reported that scholarly work increasingly influences residency interviews and match success.¹² Resident-led quality review initiatives strengthened patient safety education,¹³ while student–faculty co-creation programs improved curricular design.¹⁴ Similarly, a student-designed communication training program enhanced preclinical students’ confidence in navigating difficult clinical conversations.¹⁵

Together, these studies demonstrate that innovation in medical education emerges through collaboration between educators and learners. By transforming how knowledge is applied and experienced, these efforts move trainees from information toward clinical mastery while preserving the human connection at the heart of medicine.

Professional Identity and Well-Being

The second theme underscores a profound truth: before physicians can care for others, they must first learn to care for themselves and one another. Professional identity is not a checklist of competencies—it is a journey of becoming, shaped by uncertainty, reflection, and mentorship. This issue reminds us that well-being, empathy, and mentorship are not optional in medical education—they are its foundation.

Several studies highlight the human dimensions of training that often go unspoken. A study on gender-based differences in medical student well-being revealed higher stress among women and underscored the impact of the “hidden curriculum”—the subtle messages about hierarchy, belonging, and self-worth.¹⁶ The SPIRiT framework for resident remediation reimagines remediation as a supportive process rooted in compassion and psychological safety, shifting the culture from discipline to dialogue.¹⁷

Mentorship also emerges as a powerful theme. In “Are You My Mentor?,” pediatric

residents described a gap between having advisors and experiencing genuine mentorship—emphasizing that true guidance is relational, built on trust and authenticity.¹⁸ Similarly, research on clinical empathy shows that while students value empathy, it often declines during clinical training; yet exposure to compassionate faculty and meaningful patient interactions can sustain it.¹⁹

Together, these studies affirm that the development of professional identity is inseparable from the culture in which physicians are trained. The next generation of clinicians must be not only skilled diagnosticians but also resilient, reflective, and grounded in purpose. Creating environments where vulnerability is strength and connection is the currency of learning ensures that the healing of the healer remains intertwined with the healing of the patient.

Equity and Pathways

The third theme—Equity and Pathways—reflects the moral foundation of medical education: ensuring that the path to becoming a physician is inclusive and responsive to the communities medicine serves. Education is not only the transfer of knowledge but also a commitment to social responsibility. The studies in this issue remind us that who we train, how we train them, and where they ultimately practice shape the future of health care.

Several contributions highlight how educational pathways can expand access to underserved communities. The Wisconsin Academy for Rural Medicine (WARM) program continues to address rural workforce shortages, with graduates significantly more likely to practice in underserved areas.²⁰ Similarly, the Rural and Urban Community Health Scholars (RUSCH) pathway demonstrates how early mentorship and mission-driven training can guide students toward careers rooted in service and equity.²¹ These initiatives show that educational pathways are not merely pipelines but commitments to communities often left behind.

Other studies examine inequities that may arise earlier in the educational journey. An analysis of gender and racial differences in residency personal statements highlights sub-

tle disparities that may influence opportunity in residency selection.²² At the same time, programs integrating didactics, clinical experience, and reflection—such as a transgender health curriculum in obstetrics and gynecology—illustrate how empathy and clinical competence can grow together when equity is embedded throughout training.²³

The humanities offer another lens for cultivating compassion and justice in medicine. Educational initiatives exploring suffering, social justice, and patient narratives encourage deeper reflection on the moral dimensions of health care.²⁴ At the same time, emerging scholarship highlights the ethical challenges posed by new technologies. One study examining AI-generated images found that portrayals of “medical students” disproportionately represented White and female individuals, raising concerns about bias within artificial intelligence systems.²⁵ In contrast, a medical humanities course addressing suffering and social justice strengthened students’ commitment to compassionate, patient-centered care.²⁶

Together, these studies move us toward a vision of medical education that reflects the diversity and humanity of the patients we serve. Equity in education is not a destination but an ongoing process of reflection and reform—beginning with the courage to reimagine who belongs in the story of healing.

Faculty Development and Lifelong Learning

The fourth theme—Faculty Development and Lifelong Learning—reminds us that the future of medical education depends not only on how we train students, but also on how we support those who teach them. Faculty balance clinical care, research, and education in systems that often undervalue teaching, making mentorship and institutional support essential.

Several studies highlight challenges faced by clinician educators. Promotion pathways remain unclear, emphasizing the need for mentorship and transparency in advancement.²⁷ Similarly, early-career faculty show strong enthusiasm for teaching but face barriers such as limited protected time and rec-

ognition.²⁸ During curriculum redesign, faculty also expressed concerns about workload and unclear roles, underscoring the need for targeted faculty development.²⁹ Interest in new clinical training tools is also growing, with residents and faculty reporting strong interest in point-of-care ultrasound education.³⁰

Innovative programs are helping address these needs. Flexible faculty development initiatives, such as the Education Essentials asynchronous curriculum and the curriculum for planners of accredited interprofessional continuing education, provide accessible training for educators across disciplines.^{31,32} The Fellow as Medical Educator (FAME) program further demonstrates how structured mentorship can help fellows develop confidence and identity as educators early in training.³³

Other initiatives focus on strengthening clinical education. Training programs addressing behavioral and psychological symptoms of dementia highlight gaps in clinician knowledge and resources,³⁴ while community-based education for birth workers improved confidence in managing maternal hypertension and addressing maternal health disparities.³⁵

Together, these studies emphasize that supporting educators through mentorship, training, and institutional commitment is essential to sustaining innovation and advancing the future of medical education.

Conclusions

Taken together, the research and commentaries in this issue portray a profession in motion—one that is questioning its traditions, refining its purpose, and reimagining how future physicians are prepared. Across classrooms, simulation centers, rural clinics, and digital learning spaces, educators are redefining what it means to teach, to learn, and ultimately to heal. These contributions remind us that medical education is not merely about transmitting knowledge; it is about shaping character, cultivating empathy, and nurturing the resilience required to serve patients and communities.

Many of these studies reveal measurable outcomes—improvements in knowledge, confidence, and educational structure—while others

illuminate more subtle transformations in perspective, culture, and identity. Together they reflect a broader paradigm shift: education must do more than maintain the status quo. It must challenge it, inspiring change at the personal, professional, and population levels. In this way, medical education becomes not only a pathway to competence, but a catalyst for a more compassionate and equitable health care system.

In the end, the true curriculum of medicine is not written in textbooks or lecture slides, but in the values we pass from teacher to learner and from healer to patient. As Sir William Osler famously reminded generations of physicians, “Listen to your patient; he is telling you the diagnosis.” In that spirit, this issue serves as both reflection and renewal—a reminder that every innovation in education ultimately returns to the human being at the center of medicine.

We are deeply grateful to the members of the *WMJ* Medical Education Issue Advisory Board for their insight and partnership, to our authors and reviewers for their scholarship and dedication, to the contributing artists for their unique expression of this topic, and to the *WMJ* Publishing Board for their continued guidance. Their contributions represent the work of more than 225 individuals. We extend special appreciation to Managing Editor Kendi Neff-Parvin, whose vision, care, and tireless commitment brought this issue to life. Most importantly, we are profoundly thankful to our readers—educators, clinicians, and learners—whose curiosity, reflection, and commitment to growth sustain the ongoing evolution of medical education.

Ultimately, the future of medicine will be shaped not only by new discoveries, but by how we teach those who will carry them forward. Supporting learners, empowering educators, and remaining faithful to the humanity at the heart of medicine will ensure that the next generation of physicians is not only skilled, but wise.

REFERENCES

1. Steiner Q, Laskinski A, Lang P, Boyke L. Standardizing the educational experience of medical students

rotating with the Orthopedic Department regardless of subspecialty assignment. *WMJ*. 2026;125(1):13-18.

2. Georgeades C, Treat R, Amendola M, et al. Assessment of the educational value of mock oral competency exams for surgical interns. *WMJ*. 2026;125(1):19-24.

3. Kelly B, Buttigieg E, Cai F, Burns RN, Hampton BS. Teaching ambulatory obstetrics and gynecology with a novel case-based podcast curriculum. *WMJ*. 2026;125(1):71-74.

4. Wolfrath N, Verhagen NB, Bhatt SN, et al. ChatClinic in pharmacy education: AI-simulated renal cases for enhanced clinical learning. *WMJ*. 2026;125(1):75-78.

5. Lane M, Briggs M, Pando C, et al. Perspectives of OB-GYN residents and faculty on resident simulation curricula: a mixed-methods study. *WMJ*. 2026;125(1):25-31.

6. Northway J, Patula E, Morgan K, Hoque F. Simulation in medical education: history, applications, and effectiveness. *WMJ*. 2026;125(1):99-104.

7. Houghan M, Passini J, Hollnagel F, Zakowski L. Confidence and efficiency improvements in medical student notes after implementation of a standardized note template. *WMJ*. 2026;125(1):32-35.

8. Tabit N, Adewusi Z, Kaljo K, Kruper A, Dowe K. Integrating behavioral health into cancer education: learner perspectives from a cancer education pathway program. *WMJ*. 2026;125(1):36-41.

9. Gratz Z, Caswell C, Kambol A, et al. An initial evaluation of a peer mentorship program in a medical school clinician educator scholarly concentration. *WMJ*. 2026;125(1):42-47.

10. Henriquez K, Leja J. Ready for the aging population? a student perspective needs assessment of geriatric education among graduating physician assistant students. *WMJ*. 2026;125(1):48-53.

11. Ikonte CO, Abdelrahim MT, Adobor A, et al. Perceptions of academic hospitalists regarding rounding methods. *WMJ*. 2026;125(1):79-82.

12. Abdelrahim MT, Sheriff SA, Farhan SF. Students' perspectives on the impact of scholarly projects on residency applications. *WMJ*. 2026;125(1):83-86.

13. Hartleben E, Williams K, Jacobson N. Teaching systems-based practice through a resident-led quality review in the Department of Emergency Medicine. *WMJ*. 2026;125(1):87-90.

14. Gratz Z, Kambol A, Vazquez P, et al. Co-Creation: piloting student-faculty partnerships for curriculum innovation. *WMJ*. 2026;125(1):91-94.

15. Agrawal A, Dentice A, BA; April Zehm A. By the students, for the students: Operation Conversation enhances preclinical students' confidence in challenging communication skills. *WMJ*. 2026;125(1):95-98.

16. Charles EF, Shirene Singh S, Mwasi T. Assessment of well-being differences by gender in medical students at a Midwest public university-based medical school. *WMJ*. 2026;125(1):119-124.

17. Yogendran L, Martonffy AI, Michael W, et al. Got SPIRiT?: evaluating a supportive approach to medical resident remediation. *WMJ*. 2026;125(1):130-133.

18. Bade R, Daniel Sklansky D, Megan Moreno M, Anderson JB. Are you my mentor? Pediatric residents' conceptualization of mentoring and mentoring relationships. *WMJ*. 2026;125(1):125-129.

References continued on page 8

Educating the Healers of Tomorrow: Lessons From Innovation, Empathy, and Equity

continued from page 6

19. Viradia N, Paredes JMG, Tews G, et al. The role of clinical empathy as perceived by medical students. *WMJ*. 2026;125(1): 134-137.
20. Stratman Z, MacMillan K, Petty EM. University of Wisconsin's outcomes from the Wisconsin Academy for Rural Medicine Track: a pathway to rural primary and specialty care. *WMJ*. 2026;125(1):140-145.
21. Lee Y, Reilly KJ, Tsuchida RE. Health professional school enrollment following participation in the Rural and Urban Community Health Scholars Pathway Program (RUSCH). *WMJ*. 2026;125(1):162-166.
22. Dubal M. Gender and racial differences in thematic content of personal statements of family medicine residency applicants. *WMJ*. 2026;125(1):146-151.
23. Knickerbocker A, Jones NR, Kaljo K, Hanks L. Transformative impact: advancing resident competence and confidence in gender-affirming care through a multimodal transgender health curriculum. *WMJ*. 2026;125(1):152-157.
24. Derse AR. 'The play's the thing' among other innovations: the establishment of the Medical College of Wisconsin's Medical Humanities Program and its incorporation of medical humanities into medical education. *WMJ*. 2026;125(1):174-179.
25. Bui M, BS; Yi PH, Onuh I, Kuckelman I, Ross AB. Portrayal of medical students in artificial intelligence-generated images. *WMJ*. 2026;125(1):158-161.
26. Babal JC, Eskola L, Fleming EA. Bearing witness to suffering and social justice: a novel multimodal medical humanities course that cultivates compassionate health care. *WMJ*. 2026;125(1):170-173.
27. Zakowski LJ, Zelenski A, PhD; Anne Stahr A. 'How do I get there from here?' Discerning pathways for successful faculty promotion in education at a medical school. *WMJ*. 2026;125(1):184-187.
28. Resop A, Stahr A, Christianson L, Petty EM. Incentives and barriers for early career faculty participation in medical student education: perceptions of clinical faculty from a midwestern public medical school. *WMJ*. 2026;125(1):188-193.
29. Hoffman C, Minshew LM, Ahmed A, Marcdante K. Identifying faculty development needs of basic science and clinical faculty in preparation for curriculum change. *WMJ*. 2026;125(1):194-200.
30. Byczynski A, Powers R, Ray B, Watson B. Perceptions of point-of-care ultrasound among internal medicine residents and faculty. *WMJ*. 2026;125(1):201-205.
31. Stahr A, Johnson SK, Adam A, et al. Educating health science educators: a flexible, asynchronous e-learning framework for interprofessional development in teaching. *WMJ*. 2026;125(1):217-220.
32. Shershneva M, Anderson B, Sprecker K. Curriculum for planners of accredited interprofessional continuing education for health care professionals: results of a modified delphi process. *WMJ*. 2026;125(1):206-209.
33. Tischendorf J, Sharkey C, Westmas K, et al. Three-year outcomes of a longitudinal Department of Medicine fellow as medical educator training program pilot. *WMJ*. 2026;125(1):221-224.
34. Albrecht A, LeCaire TJ, Schroeder M, et al. Framing primary care clinicians' experiences managing behavioral and psychological symptoms of dementia: insights from an educational intervention. *WMJ*. 2026;125(1):210-216.
35. Alaniz K, Kaljo K, Hoppe K. Empowering birth workers to address maternal hypertension: evaluation of a community-based training in Wisconsin. *WMJ*. 2026;125(1):225-227.

advancing the art & science of medicine in the midwest

WMJ

WMJ (ISSN 2379-3961) is published through a collaboration between The Medical College of Wisconsin and The University of Wisconsin School of Medicine and Public Health. The mission of *WMJ* is to provide an opportunity to publish original research, case reports, review articles, and essays about current medical and public health issues.

© 2026 Board of Regents of the University of Wisconsin System and The Medical College of Wisconsin, Inc.

Visit www.wmjonline.org to learn more.