

EDITORIAL

Curricular AIDS: Artificial Intelligence Dependence Syndrome in Medical Curriculum Development



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The increasing use of Artificial Intelligence (AI) in curriculum design and governance is gradually shifting towards over-dependence. This shift is giving rise to what may be termed “Curricular AIDS (Artificial Intelligence Dependent Syndromes). While this dependence provides efficiency and standardization, it simultaneously risks human judgment and distorts priorities. Such trends suggest an emerging imbalance, where AI driven decisions override the decisions made by humans in real life context. This editorial argues that excessive reliance is weakening human professional wisdom, and increasing unnecessary workload on students as well as faculty. The piece analyzes this trend and suggests practical steps to restore balance. It also proposes that curricular AIDS be recognized among established curricular diseases.

The use of AI in medical education has expanded rapidly. Artificial intelligence supports curriculum development by assisting in the design, organization and documentation of educational programs. It helps in drafting the learning objectives and mapping competencies accordingly as well as generating blueprints of integrated blocks aligning them with accreditation standards [1,2]. AI also help developing assessments, scoring rubrics and item analysis [3]. Faculty and institutions now use it for drafting curriculum policies, assessment regulations, committees’ minutes and faculty and students guidelines [4,5]. This saves time and improves consistency. However, curriculum work is not only technical, it needs context, judgement and experience that AI cannot fully replace. When its output is accepted without critique, quality may decline [6].

Several “curricular diseases” have already been described including curriculosclerosis, curriculoarthritis, carcinoma of curriculum, curriculum dysesthesia, iatrogenic curriculitis, curriculum hypertrophy and curriculum ossification [7]. These issues reduce clarity and learning effectiveness. Curricular AIDS adds a new layer, which is not only about content or structure, but rather about overdependence on technology in decision-making and curricular design and implementation.

A new concern is emerging at the level of universities and statutory bodies. Policies are drafted using AI and sent to affiliated colleges. There is often little review of local relevance. These policies lack human contextual judgment and professional wisdom. Some policies may not fit the institutional context. Others may demand more resources than available. Simple standards may be turned into complex requirements which create inefficiency and confusion. Medical colleges are expected to comply with such policies. Instead of adding new support, existing faculty are asked to do more by the college administration. This leads to overburden, affecting work-life balance. Faculty may spend more time on documentation and compliance than on teaching.

Students are also affected. AI-driven policies introduce multiple projects, reports and structured tasks. These may not always add learning value, rather they may make students feel overloaded, shifting attention from meaningful learning to task completion and reducing human interaction in teaching.

General medical council and World medical association recommend that medical curricula be reviewed and updated to ensure that healthcare professionals a clear understanding of opportunities, limitations, risks and ethical implications of artificial intelligence in healthcare [8].

Solutions are feasible. First policies should be reviewed by human experts before dissemination. AI must be used as a “Second pair of eyes” [4]. Context must be checked and resource implications must be clear. Second, AI use should be transparent and institutions should declare where AI is used. Third, faculty should be trained to critically assess AI outputs. They should adapt, not adopt. Fourth, regulatory bodies should limit unnecessary expansion of requirements. Focus should remain on outcomes. Finally, student workload should be monitored. And most importantly, program evaluation must be conducted on regular basis to assess both the benefits and unintended consequences of curricular development and implementation in era of AI. Universities and statutory bodies must ensure that colleges appoint and retain required number of qualified faculty rather than relying artificial intelligence to compensate the faculty shortage.

Curricular AIDS should be formally recognized. Naming the problem helps address it. It will guide research, policy and practice. AI is useful, but without control it may harm curriculum quality, so Balance is essential.

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