

Use and perception of artificial intelligence among Spanish medical students.

Uso y percepción de la inteligencia artificial en estudiantes de medicina Españoles.

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Summary.

Introduction: The recent emergence of artificial intelligence (AI) tools, especially generative language models, is transforming university environments and posing pedagogical, ethical, and professional challenges in medical education. However, few studies analyze students' experiences and perceptions in the Spanish context. **Objective:** To explore the use and perception of AI among medical students in Spanish medical schools. **Methods:** A multicenter cross-sectional study was conducted using an anonymous online questionnaire administered to students in Spanish medical schools (February–March 2024). Descriptive statistics of the collected variables and inferential analyses were performed. Open-ended responses were subjected to exploratory inductive thematic analysis to identify recurring patterns of meaning. **Results:** A total of 508 students from 32 medical schools responded to the survey (67.5% women). 73% reported using AI-based applications in their daily lives and 68% in their academic activities. The most frequent uses were comparing information (67.7%), preparing for exams (53.1%), and proposing solutions to tasks (51.4%). ChatGPT was the most used tool (80.8%). Although adoption was high, the perceived impact on daily life was moderate (mean 2.39/5). More than 70% expressed concern about the accuracy and quality of the information generated. 81% had not received specific training, and 86% expressed a desire to receive it. The qualitative analysis identified five main themes: the need for regulation, concern about biases, the perception of AI as a complementary tool, the demand for structured training, and the assessment of its usefulness as explanatory support. **Conclusions:** Spanish medical students show a broad but critical adoption of AI, combining frequent use with an awareness of its limitations. The high demand for specific training suggests the need to integrate competencies related to the responsible use of AI into medical curricula.

Keywords: artificial intelligence; medical education; medical students; digital literacy; medical training.

Resumen.

Introducción: La irrupción reciente de herramientas de inteligencia artificial (IA), especialmente modelos generativos de lenguaje, está transformando los entornos universitarios y plantea desafíos pedagógicos, éticos y profesionales en la educación médica. Sin embargo, existen pocos estudios que

analicen la experiencia y percepción de los estudiantes en el contexto español. **Objetivo:** Explorar el uso y la percepción de la IA entre estudiantes de Medicina de Facultades españolas. **Métodos:** Estudio multicéntrico transversal realizado mediante cuestionario online anónimo dirigido a estudiantes de las Facultades de Medicina españolas (febrero–marzo 2024). Se analizaron estadísticos descriptivos de las variables recogidas y análisis de inferencia. Las respuestas abiertas se sometieron a un análisis temático inductivo exploratorio para identificar patrones recurrentes de significado. **Resultados:** Un total de 508 estudiantes de 32 Facultades respondieron la encuesta (67,5% mujeres). El 73% declaró utilizar aplicaciones basadas en IA en su vida diaria y el 68% en su actividad académica. Los usos más frecuentes fueron contrastar información (67,7%), preparar exámenes (53,1%) y plantear soluciones a tareas (51,4%). ChatGPT fue la herramienta más utilizada (80,8%). Aunque la adopción fue elevada, el impacto percibido en la vida diaria fue moderado (media 2,39/5). Más del 70% manifestó preocupación por la exactitud y calidad de la información generada. El 81% no había recibido formación específica, y el 86% expresó deseo de recibirla. El análisis cualitativo identificó cinco temas principales: necesidad de regulación, preocupación por sesgos, concepción de la IA como herramienta complementaria, demanda de formación estructurada y valoración de su utilidad como apoyo explicativo. **Conclusiones:** Los estudiantes de Medicina españoles muestran una adopción amplia pero crítica de la IA, combinando uso frecuente con conciencia de sus limitaciones. La elevada demanda de formación específica sugiere la necesidad de integrar competencias relacionadas con el uso responsable de la IA en los planes de estudio de Medicina.

Palabras clave: inteligencia artificial; educación médica; estudiantes de medicina; alfabetización digital; formación médica.

1. Introduction

Artificial intelligence (AI) is progressively transforming multiple professional fields, including medicine. In the university context, the recent emergence of generative AI tools has modified learning ecosystems, introducing new possibilities for cognitive support, access to information, and educational personalization. This phenomenon not only raises technical opportunities but also pedagogical, ethical, and professional questions (1-3).

From an educational perspective, the incorporation of emerging technologies can be analyzed as a process of integrating learning support tools that amplify certain cognitive functions, such as searching for, synthesizing, and reorganizing information. However, the literature on digital literacy and medical professionalism warns that technological adoption must be accompanied by critical thinking, information literacy, and ethical responsibility. In the healthcare field, where clinical decision-making has direct implications for patient safety, these considerations are especially relevant.

In medical education, several studies have explored the performance of models like ChatGPT in clinical exams or their potential for generating teaching materials, as well as the risks associated with bias, factual errors, and technological dependence. However, fewer studies focus on students' direct experience and how they integrate these tools into their daily learning process. Understanding these perceptions is especially relevant, as medical students are at a critical training stage in which both clinical skills and professional attitudes toward technology are consolidated. Analyzing their use and perception of AI allows us not only to describe adoption patterns but also to identify training needs and potential tensions between technological innovation and the development of clinical judgment (4-8).

In this context, the objective of this study was to explore the use and perception of AI among medical students in Spanish universities. To this end, within the framework of a collaborative project between the main association of Spanish medical students, the State Council of Medical Students

(CEEM), and the Spanish Society of Medical Education and Health Sciences (SEDEM), we conducted a survey among Spanish medical students to determine their use and perception of AI.

2. Methods

This was a multicenter, cross-sectional study that included all undergraduate medical students from the 48 medical schools in Spain during the 2023-2024 academic year. Data was collected via an anonymous online survey using Google Forms (see appendix). Participants, all medical students, were recruited through text messages sent by student representatives from the CEEM (Spanish Council of Medical Students), typically the student delegations from each faculty. Participation was voluntary, and students provided informed consent before completing the survey. The questionnaire was designed specifically for this study, and although it was piloted with a small group of students ($n=8$), no formal psychometric validation or internal consistency analysis was performed, which may limit the robustness of the inferences. The survey was open from February 15 to March 10, 2024.

For the statistical analysis, descriptive statistics and inferential analysis were calculated. Chi-square tests were used to assess associations between categorical variables, ANOVA to compare means between courses, Welch's *t*-test when homogeneity of variances was not assumed, and multivariable binary logistic regression to identify independent predictors of training desire. Statistical significance was set at $p < 0.05$. The analysis was performed using Jamovi 2.7.18. A simple exploratory thematic analysis was also conducted on the open-ended responses included in the final questionnaire question. The responses were reviewed to identify recurring patterns of meaning through an inductive coding process and grouped into thematic categories agreed upon through discussion among the researchers. Given the exploratory nature of the study and the limited number of comments received ($n = 15$), the qualitative analysis aimed to complement and interpret the quantitative findings rather than generate a formal theory. This approach allowed for the integration of students' narrative perceptions with the descriptive results obtained from the structured questions. The raw data file is available for download by all interested parties.

3. Results

A total of 508 students from 32 faculties responded to the questionnaire. The number of responses per faculty ranged from 1 to 53, with a mean of 15.8 responses (standard deviation of 12.9). A total of 343 responses were from female students (67.5%), 156 from male students (30.7%), and 9 preferred not to state their gender (1.8%). The majority of responses came from first-year students (27.4%), followed by second- and third-year students (21.5%), fourth-year students (13.8%), fifth-year students (8.9%), and sixth-year students (7.1%). A majority of students who responded to the survey (56.7%) reported attending more than 75% of non-mandatory in-person teaching activities, 16.3% attended between 50% and 75%, 7.5% between 25% and 50%, and 10.4% reported attending less than 10%. Regarding work while studying, 83.7% reported not working, 14.4% worked part-time, and 2% worked full-time. The majority of students did not receive a scholarship (74.8%), while 25.2% did.

68.2% reported using artificial intelligence in their academic life. In the analysis by course, the use of academic AI ranged from 52.8% in 6th grade to 74.3% in 3rd grade, with no statistically significant differences between courses ($\chi^2(5)=9.34$, $p=0.096$; $V=0.135$). The perceived impact of AI (scale 1–5) was 2.39 ± 1.08 (Figure 1) and ranged from 2.13 to 2.54 depending on the course, with no significant differences (ANOVA: $F(5,503)=1.51$, $p=0.184$). The use of academic AI was associated with a higher perceived impact score (2.66 ± 1.05 vs 1.80 ± 0.91), with a highly significant difference (Welch's $t(357,6)=9.45$, $p=4.52 \times 10^{-19}$) and a large effect size ($d=0.86$). No differences were observed in the academic use of AI by sex ($\chi^2(2)=0.75$, $p=0.686$). However, the desire for training was higher in women (88.9%) than in men (79.0%), with a significant association ($\chi^2(2)=8.83$, $p=0.012$; $V=0.132$).

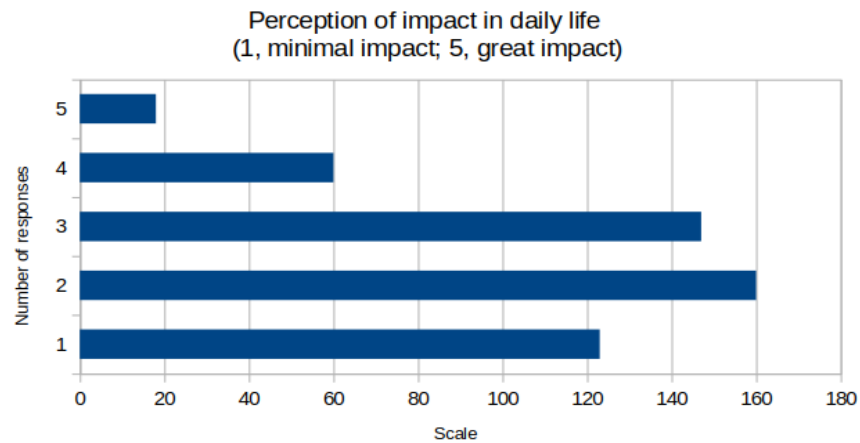


Figure 1. Perception of the impact of AI on students' daily lives (1, minimal impact and 5, great impact).

Regarding academic involvement, attendance at non-mandatory activities was associated with the use of academic AI ($\chi^2(5)=17.24, p=0.004; V=0.184$), with a higher proportion of use observed in the 25–50% attendance group (86.8%). No significant associations were found between work and AI use ($\chi^2(2)=0.41, p=0.816$), and the relationship with scholarship showed a trend but did not reach significance ($\chi^2(1)=3.69, p=0.055$).

85.9 % expressed a desire for specific training on the appropriate use of AI in medicine. Multivariable logistic regression to predict the desire for training revealed that being female was associated with a higher probability of wanting training (OR=2.20; 95% CI 1.30–3.71; $p=0.003$), while being in the 5th year was associated with a lower probability compared to the 1st year (OR=0.37; 95% CI 0.14–0.96; $p=0.041$). The remaining covariates (age, academic and daily use of AI, prior training, attendance, work, and scholarship) did not show significant associations. A majority of students reported using applications or services that employ AI in their daily lives (Table 1), with internet searches and social media being the two main ones, used more than 50% of the time.

Table 1. Responses to the use of AI applications in daily life (absolute number and as a percentage of the total).

Answers	n	%
Internet search	288	77.84%
Social networks	221	59.73%
Machine translation	165	44.59%
Virtual Assistants	152	41.08%
Writing Assistants	104	28.11%
Games	104	28.11%
Voice Recognition	96	25.95%
Content Recommendations	96	25.95%
Virtual Tutors and Conversational Chatbots	92	24.86%
Text Analysis and Grammar	83	22.43%
Language Learning Platforms	79	21.35%
Health and Diagnosis	55	14.86%

Security and Surveillance	31	8.38%
Virtual Reality (VR) and Augmented Reality (AR)	22	5.95%
Autonomous Driving	10	2.70%
Financial Management	10	2.70%

Table 2 shows the responses to the use of applications in academic life in the Degree in Medicine, with the response of "comparing information" being the most used with 68% followed by the use of "preparation for exams" (53.1%) or "proposing solutions to a task" (51.4%).

The most used application, in almost 81% of cases, is ChatGPT, followed by Canva with 57% (Table 3). The most significant concerns are the "accuracy and reliability of the information" and the "quality of the information," with over 70% of responses. Privacy and ethical considerations account for over 40% of responses (Table 4). 81% of students reported not having received any training on the appropriate use of AI, while 86% expressed a desire to receive it.

Finally, the free-text responses provided by some of the students are shown in Table 5, as well as the thematic analysis carried out on them which allowed the free responses to be grouped into 5 themes (Table 6).

Table 2. Responses (absolute and as a percentage of the total) to the question of what activities they use AI in the Degree in Medicine.

Answers	n	%
Compare information	237	67.71%
Exam preparation	186	53.14%
To propose solutions to a task	180	51.43%
Expand on a topic	165	47.14%
Summarize information from articles or documents	143	40.86%
Search for references or bibliography	138	39.43%
Write papers	124	35.43%
Design a presentation	93	26.57%
Time management and work pace	86	24.57%
Create question banks for exams	80	22.86%
Research assistance	51	14.57%
Generate images	50	14.29%
Generate clinical case scenarios	49	14.00%
Working with languages	48	13.71%
Designing a study guide	45	12.86%
Generate concept maps	44	12.57%
Generate evaluations	39	11.14%
Create videos	13	3.71%
To prepare for interviews	11	3.14%
Talking with historical figures	3	0.86%

Table 3. Most used applications (absolute number and percentage of the total) for academic purposes.

Answers	n	%
ChatGPT	332	80.78%
Canva	236	57.42%

Bing	63	15.33%
DALL-E 2	22	5.35%
Bard	18	4.38%
ChatPDF	18	4.38%
Copilot	16	3.89%
SlidesGPT	16	3.89%
Midjourney	12	2.92%
YouChat	12	2.92%
Perplexity	9	2.19%
Luzia	6	1.46%
Claude	5	1.22%
Character.ai	4	0.97%
Poe	3	0.73%
Elicit	2	0.49%
HeyGen	2	0.49%
Klavier	2	0.49%
Hugging Face	1	0.24%
LLaMA 2	1	0.24%
Other:	0	0.00%

Table 4. Concerns about the use of AI in the applications used (absolute number and percentage of the total).

Answers	n	%
Accuracy and Reliability of Information	270	79.41%
Information Quality	251	73.82%
Data Privacy	167	49.12%
Technological Dependence	166	48.82%
Developing Your Own Skills	151	44.41%
Ethical and Responsible Approach	147	43.24%
Limitations of Context and Understanding	109	32.06%
Bias and Prejudice	108	31.76%
Terms of Use and Licenses	56	16.47%

Table 5. Free text responses.

I am concerned about the rapid advancement of AI, without the development of regulations to control it.

AIs offer biased information and serve certain policies and lobbies.

Decent scientific information is hidden and labeled as "supremacist" when it has nothing to do with it.

A 100% objective AI, without filters and without any kind of political control, strictly adhering to science, would be very, very interesting.

AI, with proper regulation, is a very useful tool for both students and teachers.

I believe that implementing workshops on how to apply AI in our professional lives, and putting it to work for us, is vital.

AI can be used to complement learning, but never to do our work, as a doctor should always prioritize their clinical judgment.

AI can greatly help students, but educational institutions must take responsibility for maintaining the option of studying without the use of advanced technology.

AI is a useful tool that must be learned, but it has many disadvantages, so it should not be imposed on students.

It's very useful for supplementing the teacher's information without having to search through the vast syllabus for minute details. It allows you to explore curiosities you might not otherwise bother to investigate.

In class they often don't explain the why of things; with AI I don't look for the data, I look for the explanation of the data.

I think it's important that we are taught how to use AI applications properly.

I believe we should offer an elective course on the usefulness of AI in healthcare. I think it's a step backward that we don't give this application the utility and importance it deserves.

I think that right now, artificial intelligence isn't working well for studying medicine, simply because, especially with the ChatGPT I've tried, it's just a language model used for speaking, not for retrieving information, and that's why the answers are often incorrect. I think it would be a very good idea to connect some kind of artificial intelligence like ChatGPT to a database like "osmosis" or something similar and use it to search for information and explain things that are a bit more difficult to understand, or that students can't easily grasp from notes or videos, and that require a person ready to explain them properly. Since professors are very busy, if we had an artificial intelligence like this, which could explain difficult and important concepts clearly and in an easy-to-understand way, I think it would be a very good application of artificial intelligence.

It's something that, in the not-too-distant future, will be a part of our lives in many ways. Therefore, we must learn to use it responsibly, so that it benefits us but doesn't negatively impact us.

Topic 6. Themes detected in the qualitative analysis of the free text responses.

Issue	Conceptual focus	Relationship with quantitative findings
Regulation and governance	Institutional supervision	It aligns with ethical concerns (43%)
Bias and objectivity	Confidence in the reliability of the information	This aligns with concerns about reliability (79%)
Complement vs. replacement	Professional identity	This aligns with the concern for skills development (44%)
Need for training	Curriculum reform	This aligns with the 86% who want training
AI as an explanatory tool	Cognitive enhancement	This aligns with the high use of "comparing information" and "exam preparation"

4. Discussion

Only a few articles have analyzed the use and perception of AI among medical or health science students (4-8). To the best of our knowledge, this study is the first multicenter analysis in Spain on the use and perception of artificial intelligence (AI) among medical students. The results show a majority adoption of AI-based tools in the academic setting, accompanied by a moderate perception of impact

on daily life and significant concern about the quality, reliability, and accuracy of the information generated.

In this sample of medical students, the academic use of artificial intelligence was high ($\approx 68\%$), although with a downward trend in advanced clinical courses, although without statistically significant differences between years. This pattern could reflect a greater reliance on digital tools in preclinical stages, more focused on theoretical content, compared to a progressively more practical orientation in the later years. The robust association between academic use and greater perceived impact, with a large effect size, suggests that direct experience with AI significantly influences the assessment of its usefulness. However, the cross-sectional nature of the study prevents establishing causality, and a bidirectional effect may exist (greater use with greater perceived impact, or greater initial perception with greater use). The desire for training was very high ($\approx 86\%$) and consistent across all groups, with a higher probability among women and a lower probability among 5th-year students. This finding could indicate a particularly relevant training window in the early stages of the degree program. Taken together, the data support the structured integration of AI training into the medical curriculum, ideally at early stages, while maintaining a critical and ethical approach consistent with the advancement towards clinical practice.

One of the most relevant findings is the high frequency of academic use, especially for comparing information, preparing for exams, and developing solutions to assignments (Table 2). This pattern suggests that students primarily use AI as a cognitive and organizational support tool rather than as a direct replacement for learning. The predominance of ChatGPT (Table 3) reflects the centrality of generative language models in the current student experience and confirms trends described in recent international studies.

However, this widespread use coexists with a notable degree of caution. More than 70% of students express concern about the accuracy and quality of information, and approximately half indicate concerns related to privacy, technological dependence, or the development of their own skills (Table 4). This combination of adoption and skepticism suggests that students are not incorporating these tools uncritically, but rather recognize their epistemological and ethical limitations. In this sense, the qualitative data reinforce this interpretation: concerns emerge regarding regulation, potential ideological bias, and the need to ensure responsible use.

One particularly interesting aspect is the apparent paradox between high academic use and a moderate perception of its overall impact on daily life (mean 2.39 out of 5; Figure 1). This finding could be interpreted in several ways. On the one hand, AI may be being integrated as just another functional tool within students' usual digital ecosystem, without necessarily implying a perception of radical transformation in their daily lives. On the other hand, it may reflect that the perceived impact depends not only on the frequency of use, but also on the depth to which the technology modifies cognitive or professional processes.

The open comments provide a relevant qualitative dimension. Five main themes emerge: (1) the need for regulation and institutional governance; (2) concern about bias and knowledge neutrality; (3) the conception of AI as a complement to, not a substitute for, clinical judgment; (4) an explicit demand for structured training; and (5) the appreciation of AI as an explanatory tool that facilitates conceptual understanding. Particularly significant is the recurring idea that AI should support learning, but not replace clinical judgment or professional responsibility. This concern connects with current debates on technological dependence and potential cognitive outsourcing, which are especially relevant in the training of healthcare professionals.

The finding that 81% of students have not received specific training and that 86% wish to receive it is probably the result with the greatest curricular implications. The convergence between quantitative and qualitative data suggests that students perceive a training gap between the actual use of AI and institutional guidance on its appropriate application. In a context where AI is already part of emerging clinical practice, the lack of formal training can lead to heterogeneous, uncritical, or ethically problematic uses.

Compared with previous international studies (3-7), our results show similar patterns in terms of generally positive attitudes and risk recognition, although with a larger sample size at the national level. However, rather than confirming trends, the main value of this work lies in providing evidence contextualized to the Spanish university system, which can facilitate the development of specific institutional recommendations. Overall, the results reflect a pragmatic student position: acceptance of the usefulness of AI as a support tool, awareness of its limitations, and a demand for structured training that allows for its responsible integration into medical education.

Limitations

This study has several limitations that should be considered when interpreting the results. First, it is a cross-sectional, self-report design, which prevents the establishment of causal relationships and may be subject to social desirability or recall bias. Second, although students from 32 faculties participated, the sample represents a limited fraction of the total number of medical students in Spain and shows an overrepresentation of first-year students, which may affect the generalizability of the findings. Furthermore, the uneven distribution of responses across faculties suggests a possible self-selection bias, with higher participation from students potentially more interested in the topic. Finally, although qualitative comments were collected, a comprehensive qualitative analysis with formal coding methodology was not performed; therefore, the resulting interpretations should be considered exploratory.

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Appendix. Questionnaire on the use and perception of AI among medical students.

- Which medical school do you study at?
- What course are you studying?
- Your gender is:
- Your age is (enter only one number):
- Please indicate your approximate percentage of attendance at non-mandatory face-to-face teaching activities:
- Besides studying, do you work?
- Do you have any kind of scholarship?
- Do you use apps or services that employ artificial intelligence in your daily life?
- If you answered yes, in what areas or activities do you use them? (check all you want):
 - Virtual Assistants
 - Voice Recognition
 - Content Recommendations
 - Social networks
 - Internet search
 - Writing Assistants
 - Health and Diagnosis
 - Autonomous Driving
 - Machine translation
 - Security and Surveillance
 - Financial Management
 - Games
 - Language Learning Platforms
 - Virtual Tutors and Conversational Chatbots
 - Text Analysis and Grammar
 - Virtual Reality (VR) and Augmented Reality (AR)
 - Other:
- And in your academic life in the Medicine degree, do you use artificial intelligence?
 - Yeah
 - No
- If you answered yes to the previous question, in what activities do you use artificial intelligence? (check all that you want)
 - Time management and work pace
 - Designing a study guide
 - To propose solutions to a task
 - Compare information
 - Talking with historical figures
 - Working with languages
 - Create videos
 - Generate concept maps
 - Generate evaluations
 - Exam preparation
 - Write papers
 - To prepare for interviews
 - Design a presentation
 - Generate images
 - Expand on a topic
 - Search for references or bibliography
 - Summarize information from articles or documents

- Create question banks for exams
 - Generate clinical case scenarios
 - Research assistance
 - Other:
- Which apps do you use for academic purposes? (Check the ones you want)
 - Bard
 - Bing
 - Canva
 - Character.ai
 - ChatGPT
 - ChatPDF
 - Claude
 - Copilot
 - DALL-E 2
 - Elicit
 - HeyGen
 - Hugging Face
 - Klavier
 - Luzia
 - LLaMA 2
 - Midjourney
 - Perplexity
 - SlidesGPT
 - Poe
 - YouChat
 - Other:
- How do you perceive the impact of artificial intelligence on your daily life? (Scale from 1 to 5, where 1 is "minimal impact" and 5 is "great impact")
- Do you think artificial intelligence can improve the experience of university students?
 - Yeah
 - No
- Do you have any concerns about the use of artificial intelligence in apps you use?
 - Yeah
 - No
- If you answered yes to the previous question, please let us know if you have any of the following concerns (please select as many as you wish):
 - Accuracy and Reliability of Information
 - Information Quality
 - Ethical and Responsible Approach
 - Data Privacy
 - Technological Dependence
 - Limitations of Context and Understanding
 - Bias and Prejudice
 - Developing Your Own Skills
 - Terms of Use and Licenses
 - Other:
- Have you received any training on the proper use of AI?
 - Yeah
 - No
- Where did you receive that training?
 - At the Faculty

- With friends
- Taking courses
- On my own
- Other:
- Would you like to receive training on how to properly use AI applications in medicine?
 - Yeah
 - No
- Open question so you can add whatever you want: