M3/M4 Subcommittee Proposal

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Syllabus Language for Use of AI in Clerkship Curriculum

Policy regulating use of Artificial Intelligence (AI) in medical education has yet to be uniform across Undergraduate Medical Education (UME) curricula despite rapid advancement of AI capacity. The American Medical Association (AMA) has endorsed some policies regarding the regulation of AI in healthcare settings; one such policy, "Assessing the Intersection Between AI and Health Care H-480.931," is quoted below with italics added for emphasis:

> "g. Clinical decisions influenced by AI must be made with specified qualified human intervention points during the decision-making process. *A qualified human is defined as a licensed physician with the necessary qualifications and training to independently provide the same medical service without the aid of AI*. As the potential for patient harm increases, the point in time when a physician should utilize their clinical judgment to interpret or act on an AI recommendation should occur earlier in the care plan. With few exceptions, there generally should be a qualified human in the loop when it comes to medical decision making capable of intervening or overriding the output of an AI model."

As a "qualified human" per AMA policy is a licensed physician that is able to properly function independently without the aid of AI, it can be assumed that UME curricula should train future physicians that will be able to meet this definition—that is, train student doctors that mustn't rely on AI "thinking" to perform responsibilities such as understanding pathophysiology, recognizing indications for maneuvers and testing, utilizing clinical reasoning and judgement, weighing risk and benefit, considering patient perspectives, and documenting and communicating findings with other health professionals. Therefore, it is imperative that medical students experiencing the clerkship curriculum do not inappropriately utilize AI tools in a way that would stunt their development into "qualified humans" or physicians capable of performing their responsibilities in residency and beyond.

However, it would be ignorant to assume that utilization of AI tools in any capacity is inherently detrimental to the medical student experience, as many AI tools (when used appropriately) can beneficially supplement independent learning in ways such as researching points of curiosity in a succinct manner, aiding in expansion of considerable differential diagnoses, and supporting evidence-based medicine (EBM) integration into the student's standard practice. AI capabilities are advancing at a considerable speed and further integration of

AI into the healthcare ecosystem is on the horizon. Our medical students need to be equipped to appropriately utilize these AI tools in ways that will benefit themselves and their patients, and faculty should have an active role in ensuring the development of student understanding of what entails "appropriate use" of AI tools in medicine.

As previously discussed in this subcommittee, UCF main campus puts forth the following example syllabus language to regulate AI use:

> "- Use of AI only with explicit permission. This class will make use of Artificial Intelligence (AI) in various ways. You are permitted to use AI only in the manner and means described in the assignments. Any attempt to represent AI output inappropriately as your own work will be treated as plagiarism. All use of AI tools must be disclosed in detail."

Although this sample language does directly address use of AI on assignments submitted for grading and/or review, it does not effectively outline appropriate AI use in the clinical setting as is necessary for our clerkship courses. In order to clearly outline what is appropriate vs inappropriate use of AI tools in the UME clerkship curriculum and supervised clinical practice, **the following syllabus language is suggested for inclusion for all clerkship courses:**

"Use of AI only to supplement organic cognition and curiosity. Use of AI tools in the clerkship environment must be done in a manner consistent with appropriate use guidelines as established below:

- AI tools are intended to supplement independent learning and clinical reasoning, not replace them. Over-reliance on AI tools is incongruent with both the established learning objectives for this course as well as national AMA policy.
- Any Protected Health Information (PHI) per HIPAA guidelines must **never** be submitted to a non-HIPAA compliant AI tool (e.g. ChatGPT). Inappropriate input of PHI into a non-HIPAA compliant AI tool will be treated as a breach of our HIPAA policy. For more information, refer to the HIPAA module found on Webcourses.
- Unless otherwise stated, use of generative AI tools to write text-based assignment submissions such as H&Ps is explicitly forbidden. Any attempt to represent AI output inappropriately as your own work will be treated as plagiarism.
- Appropriate use of AI tools to supplement independent learning and clinical reasoning is recommended to enhance your clerkship experience. Appropriate use includes using AI tools to research areas of curiosity, generate exhaustive lists of differential diagnoses for consideration, quickly reference established guidelines, and otherwise incorporate Evidence-Based Medicine (EBM) into your standard practice. If you are unsure as to whether your use of AI tools is appropriate or not, please reach out to the clerkship director for clarification."

Although more rigorous and clear policy must be established by UCF COM for reference in future academic and curricular decision-making, the above language is both vague enough to be clarified in the future with more concrete policy while still explicitly stating both accepted and prohibited uses of AI in the clerkship curriculum.

For reference, here are some other medical schools' policy language regarding AI use:

Northwestern University Feinberg School of Medicine:

"Many assignments in medical school are designed such that the process of completing the work is as important as the final product, if not more so. This is particularly true of writing assignments, which can clarify thinking, promote the development of reflective practice, and foster critical reasoning and analysis skills that are foundational to the practice of medicine…

Medical students may not utilize generative AI and other language models as a substitute for their own knowledge acquisition, analysis, and self-reflection.

1. Required assignments for submission must be authored by students directly unless specific permission is given to utilize generative AI. To do so represents plagiarism or the misrepresentation of the source of academic work, which is against the Enforcement of University and Feinberg Behavioral Standards Policy.

2. Students may not create H&P or patient care notes using artificial intelligence applications outside of those supported by the EHR (e.g., dot phrases, Smart Phrases, other system-generated text). As described in each clerkship orientation, this may be grounds for failing a clerkship. Protected health information should never otherwise be used within a generative AI tool.

3. Students may only upload Feinberg curricular materials (including but not limited to lecture slides, learning guides, and written feedback) into systems protected by Northwestern University IT, which requires logging in with Northwestern credentials. Protected systems include Microsoft's large language model chatbot, Copilot in Bing. Students may not input Feinberg curricular material into publicly available generative AI tools without the approval of Feinberg leadership or content authors in advance. Students must also ensure that the use of these tools does not violate copyright or intellectual property laws.

4. Students may be asked to use certain AI technologies for specific assignments. In doing so, they must carefully follow the instructional guidance of faculty in the use of these tools. Students are responsible for any inaccuracies or misinformation resulting from the use of these tools.

5. When submitting scholarly work for publication or presentation, students must adhere to generative AI policies set forth by journals and organizations and disclose when and how these tools have been used."

University at Buffalo Jacobs School of Medicine

"Many assignments in medical school are designed such that the process of completing the work is just as important as the final product. This is particularly true of writing and project assignments, which can clarify thinking, promote the development of reflective practice, and foster critical thinking, clinical reasoning and analytic skills that are foundational to the practice of medicine.

Permitted Uses: Students are free to use generative AI as a study aid and to complete specific assignments as specified by the instructor or in this policy. In doing so, they must carefully follow the instructional guidance of faculty in the use of these tools. AI-generated content can be inaccurate, misleading or entirely fabricated and may contain copyrighted material. Students must verify accuracy and validity of content through comparison with peer reviewed, academic literature and other trusted sources. Students are responsible for any inaccuracies, misinformation, biased, offensive, or otherwise unethical content resulting from the use of these tools. When used to complete assignments, AI outputs should be cited when using direct quotations and paraphrasing, as well as using the tool for tasks like editing, translating, idea generation, and data processing.

Prohibited Uses: Information shared with Gen AI is not private and could expose proprietary or sensitive information to unauthorized parties. Information provided in prompts to Gen AI is often stored by the AI software to be used in future outputs and to train or re-train Gen AI models. Consistent with copyright and intellectual property rights, students can only upload system or course session materials, presentation slides, learning guides, written feedback, de-identified patient data, practice exam questions or unpublished research data into AI systems that offer contractual data protection and have been approved by University at Buffalo Information Technology. UBIT ensures that all software and applications procured on behalf of the University have the appropriate privacy, security and accessibility protections in place. Currently, the only generative AI tool approved by UBIT is the version of Microsoft Copilot that requires a UBIT login."