

 DALHOUSIE UNIVERSITY Postgraduate Medical Education Responsible Use of Artificial Intelligence in Residency Training Programs Guidelines	<i>Policy Sponsor:</i> Faculty of Medicine	<i>Approval Date:</i> September 11, 2025
	<i>Responsible Unit:</i> Postgraduate Medical Education	<i>Amendments:</i>

A. Purpose

This guideline outlines expectations and best practices for the use of Artificial Intelligence (AI) tools in scholarly work, clinical documentation, and educational activities within residency training programs. This policy covers all AI technologies, including categories of AI such as Generative AI, Natural Language Processors, predictive analytics, machine learning, automated decision making and deep learning. The goal is to support innovation while ensuring academic integrity, professional responsibility, and alignment with regulatory standards. This policy may be supplemented or overridden by individual training program policies regarding the use of AI.

B. Guiding Principles

- Educational Value: AI should support, not replace, the development of core skills such as research design, critical thinking, and clinical judgment.
- Transparency: Use of AI tools must be disclosed in all relevant outputs.
- Integrity: AI-generated content must be fact-checked, edited, and never presented as wholly original or human-authored when it is not.
- Confidentiality & Security: Patient-identifiable data must never be entered into public or non-compliant AI tools.
- Equity: Access to AI tools must not create disparity among learners; program directors should work to ensure equitable training in responsible use.

D. AI in Documentation and Patient Record

Dalhousie postgraduate programs support the use of AI scribe technology in clinical documentation, recognizing its potential to improve efficiency, alleviate administrative burden, and allowing more time for direct patient care.

E. Guiding Expectations for Use

- Learners may use institutionally approved AI scribe technologies, particularly those

integrated into Electronic Medical Records (EMRs), in clinical settings under the following conditions:

- When using AI scribes, learners are required to comply with the College's [Professional Standards and Guidelines Regarding Charting](#), follow the [Professional Guidelines Regarding Artificial Intelligence \(AI\) Scribes in Clinical Care](#), and institutional and health authority guidelines regarding clinical documentation and patient privacy. Learners should only use AI scribes with the explicit approval of their supervisor and/or most responsible physician for the patient.
- Responsibility for Content: The learner is the author of the record. All AI-generated documentation must be thoroughly reviewed, verified, and edited by the learner before it is finalized or signed off. The final note reflects the clinical judgment of the author, not the AI.
- Personal Health Information (PHI): AI tools used must be approved and secure, with strict adherence to rules around the confidentiality of PHI. Learners may not input patient data into publicly available or non-secure AI platforms (e.g., free or consumer-facing versions of ChatGPT, Gemini, etc.).
- Clinical Supervision: Supervisors retain final responsibility for reviewing documentation as appropriate and are encouraged to discuss AI-supported documentation with learners to ensure safe and professional use.

F. Clinical Documentation Best Practices for Learners

- With consent from patients, learners may use healthcare authority approved, secure AI scribes for drafting clinical notes, but must review and verify all content prior to submission or entry into the medical record.
- No personal health information (PHI) should be entered into AI scribes that are not explicitly authorized by the health authority or hospital IT. Physicians using AI scribes to assist with documentation should be mindful of existing legal obligations provided for in the province's [Personal Health Information Act](#).
- Use AI scribes as tools to support clinical accuracy, not replace clinical reasoning.
- Maintain awareness of biases or errors in AI-generated summaries and ensure documentation reflects individualized patient care.
- Engage in deliberate practice by reviewing AI-generated content against clinical conversations to refine personal documentation skills.
- Document clearly and accurately in accordance with legal and regulatory requirements — shortcuts that compromise clarity or truthfulness are unacceptable.
- Clearly label AI-assisted notes where appropriate (e.g., via an internal flag or comment).

G. AI in Scholarly Work

- **Acceptable Uses**
 - Drafting ideas for research questions or protocols

- Structuring outlines for abstracts or manuscripts Grammar refinement and language editing
- Brainstorming for literature search terms or methodology frameworks
- **Unacceptable Uses**
 - Generating entire abstracts or manuscripts without substantive human input
 - Producing references, data, or research findings
 - Using AI to bypass the process of ethical approval, research design, or data collection
- **Disclosure Requirements**
 - Any use of AI must be disclosed in a footnote, methodology section, or acknowledgments (e.g., “Initial draft supported using ChatGPT for language refinement”).

H. AI in Educational Outputs (Rounds, Presentations, Teaching Sessions)

- **Permitted Uses**
 - Brainstorming slide content or summaries
 - Drafting speaker notes or outlines
 - Creating quizzes or practice questions
 - Rephrasing complex material for clarity
- **Disclosure Expectations**
 - Clearly indicate when AI was used to assist in content preparation, particularly in formal or evaluative settings (e.g., “Some slide summaries generated using GPT- 4”).
- **Responsibility for Accuracy**
 - Learners remain responsible for validating and citing correct sources.
 - Educators and supervisors should review AI-assisted materials, especially for teaching purposes.
- **Sample Disclosure Language**
 - Research Abstract: “This abstract was prepared with support from AI tools for language and formatting. All content was reviewed and verified by the authors.”
 - Clinical Documentation: [Internal use only, where applicable] “Draft generated with AI scribe technology and fully reviewed and finalized by the author.”
 - Educational Presentation: “Some components of this presentation were prepared with AI assistance, accuracy and content were verified by the presenter.”

References

- [University of Calgary Research Guide: Artificial Intelligence](#) [University of Saskatchewan Research Guide, Writing Help: Citing Generative AI](#)