DALHOUSIE UNIVERSITY | DEPARTMENT OF FAMILY MEDICINE

Policies and Procedures

Subject: Responsible Use of Artificial Intelligence in Family Medicine Training	
Created: July 2025	Revised: new
Reviewed and approved by the Residency Program Committee: December 2025	Next review date: 1 year

The use of Artificial Intelligence (AI) in family medicine is rapidly evolving. The impacts on patients, learners, teams, health systems, and the environment are not fully understood. This policy will outline expectations for resident AI use in the clinic and scholarly work. As the use of AI is changing frequently, there will be a one-year renewal of this policy for the foreseeable future.

To start, it is important to consider the key ethical principles for use of AI for health outlined by the World Health Organization:

1. Protect human autonomy
2. Promote human well-being, human safety and the public interest
3. Ensure transparency, explainability, and intelligibility
4. Foster responsibility and accountability
5. Endure inclusiveness and equity
6. Promote AI that is responsive and sustainable.

All AI use must adhere to any provincial regulations regarding the use of personal health information as well as college, health authority/institutional, and clinic guidelines around AI use.

AI Scribes:

Definition of AI Scribe: *An AI scribe is an AI-powered tool that automatically captures and summarizes (and, in some cases, records) clinical encounters between a physician and a patient into detailed medical notes for the physician's review in real time*.

AI scribes have the potential to support and improve charting, alleviate physician administrative burden and allow more time for patient care. However, currently, there is limited research exploring the impacts of resident AI scribe use on learning and patient care.

The use of AI scribes by family medicine residents will be limited to PGY2 (or higher) residents to allow time for the resident's competency in unassisted chart documentation to be developed and assessed.

After completing their PGY1 year, if a resident wishes to use an AI scribe, the following conditions must be met:

1. The resident must be in good standing with the family medicine residency program.
2. The resident must have achieved competency in unassisted chart documentation as

determined by their preceptor.
3. The preceptor must assess the suitability of the AI scribe use based on the resident's competence, the nature of the clinical work, and the potential impact on patient care.
4. The preceptor must approve the resident's request to use an AI scribe in writing by completing the attached form.
5. The preceptor must be comfortable teaching the use of AI scribes including the appropriate skills required to ensure accuracy/completeness of medical records, how to approach patients about AI scribe use, and how to take reasonable steps to ensure that the AI scribe use is secure and private.
6. AI scribes must be used in a manner that ensures the accuracy of medical records. The final documentation must be reviewed, edited, and signed by the resident and the preceptor. The medical record should reflect that AI was used in the clinical encounter.
7. Reasonable steps must be taken to ensure the AI scribe is secure and private. The resident and the preceptor must review and adhere to local college, institutional, and clinic guidelines regarding the use of AI scribes and the province's regulations for the use of personal health information.

At this time, the program has no expectation of mastery of utilization of AI scribes and cannot guarantee access to AI scribes for all residents. If the above criteria are met for the resident to use an AI scribe, any cost associated with the resident use of AI scribes will not be covered by the program. Exceptions may be considered if there is a formal accommodation in place requiring it.

AI Clinical Decision-Making Tools:

Using AI to assist with clinical decision making is an evolving field and the impacts on resident learning and patient care are not well understood. The use of AI for clinical decision making will be limited to PGY2 (or higher) residents.

AI must support, not replace, the development of core residency skills. Any AI clinical decision-making tools should be used with caution, with the preceptor's knowledge, and the patient's consent if appropriate. Ideally AI tools should be rigorously evaluated before implementation in practice. As per any clinical encounter, patient safety and confidentiality should be safeguarded. Personal health information/patient data may not be entered into publicly available or non-secure AI platforms. Residents and their preceptors should reflect on whether the AI decision making tool is interfering with the resident developing competency in any of the assessed domains.

Scholarly Work and AI:

Academic integrity is the expectation that all members of the academic community act with honesty, trust, fairness, respect and responsibility. See http://www.dal.ca/dept/university_secretariat/academic-integrity/plagiarism-cheating.html

Dalhousie University defines plagiarism as the submission or presentation of the work of another as if it were one's own. Plagiarism is a serious academic offence and can lead to a failing grade or expulsion. See: https://www.dal.ca/about/leadership-governance/academic-integrity/plagiarism-and-

cheating.html

AI can potentially assist residents by suggesting scholarly manuscript ideas, creating presentations, and offering outlines. However, current AI technology creates the potential for breach of academic integrity or ethics in the production of scholarly work. Current AI outputs can be erroneous, false, out of date, or lead to plagiarism. Residents must assume full responsibility for all content in their scholarly work, including content generated by AI. They must ensure that the content is free from error, fabrication and plagiarism. Residents must use AI with caution and be transparent in their use of AI in developing their scholarly work. Residents who use AI to assist them must disclose and detail such use in the methods section of their project reports or in a disclosure slide of a presentation. Artificial Intelligence sources cannot be used as references for projects, and cannot be listed as co-authors. Copying text into an artificial intelligence computer service risks exposing the content in ways that could breach privacy or ethics requirements. To fulfill the competencies of resident projects, residents must conduct their own literature search (no third-party searches). However, residents are encouraged to seek assistance from hospital or university librarians. For more information on AI in Scholarly Work at Dalhousie, please see ‘Guidance for Use of Generative A.I. Tools in Research’ (https://dalu.sharepoint.com/sites/research-innovation/SitePages/generative-ai-tools-research.aspx).

AI Use In Resident Assessment and Feedback:

At this time, Dalhousie Family Medicine does not permit AI use in resident assessment and feedback. Specifically, Faculty are not permitted to put/upload resident assessment data or resident feedback onto any AI platforms. As AI use in education is rapidly evolving, we will be reevaluating this regularly as further guidance is made available by Dalhousie University, Dalhousie Postgraduate Medical Education and the Dalhousie Family Medicine Assessment and Evaluation Committee.

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Preceptor Approval Form for Resident AI Scribe Use

Please complete if a resident is requesting to use an Artificial Intelligence (AI) scribe and submit to the Family Medicine Site Administrator/Director.

Please check that all the following conditions have been met:

☐ The resident is PGY2 or higher.

☐ The resident is in good standing in the family medicine residency program.

☐ The resident has achieved competency is unassisted chart documentation.

☐ The preceptor has assessed the suitability of the AI scribe use based on the resident's competence, the nature of the clinical work, and the potential impact on patient care and feels the AI scribe use is acceptable.

☐ The preceptor is comfortable teaching the use of AI scribes including:

1. the appropriate editing skills required to ensure accuracy of medical records,
2. how to approach patients about AI scribe use,
3. how to take reasonable steps to ensure that the AI scribe use is secure and private.

☐ Both the resident and the preceptor have reviewed and are able to adhere to any local college, institutional, and clinic guidelines regarding the use of AI scribes and the province's regulations for the use of personal health information. The following must be applied:

1. AI scribes must be used in a manner that ensures the accuracy of medical records.
2. The final documentation must be reviewed, edited and signed by the resident and the preceptor. The medical record should reflect that AI was used in the clinical encounter.
3. Reasonable steps must be taken to ensure the AI scribe is secure and private.

Preceptor Name: _____
Preceptor Signature: _____
Date: _____

Resident Name: _____
Resident Signature: _____
Date: _____

Approved by Site Director:_____
Site Director Signature: _____
Date: _____