Policy on Use of Artificial Intelligence in GME

The use of Artificial Intelligence (AI) in clinical practice and medical education is a foregone conclusion. Use is already accepted and will only become more widespread. The use of AI has already become accepted in different forms in clinical medicine. The use of AI is rapidly growing in medical education. This policy intends to define the accepted use of AI in GME at our institution.

It's important to acknowledge that AI comes in different forms. Diagnostic Support Tools, web-based resources such as DynaMed © and UpToDate ©, and embedded tools in an EMR to identify potential drug interactions are all widely used and accepted. This policy does not intend to address those particular AI tools. Instead, this policy intends to address the Large Language Models (LLMs) and AI scribes that are rapidly gaining acceptance.

Finally, it should be acknowledged that the use of LLMs and AI scribes can result in enormous benefits: faster, more complete, and more accurate documentation of a clinical encounter, reduction in the amount of time a physician spends in documentation, and a potential reduction in fatigue and burnout, among others. However, it's also important we acknowledge the potential negative impact and limitations of LLMs, including the potential for inaccurate information to be included and the erosion in the educational process that has historically produced competent physicians who can obtain and document a complete, accurate, and organized patient encounter and a clinically relevant impression and plan without the aid of machines. Ultimately, every encounter documented by an LLM must be reviewed and completed by a physician, and the educational leadership of a program must determine if, when, and how to incorporate AI into the curriculum of the program.

I. For purposes of this policy, AI refers to Large Language Models (LLMs) and AI scribes. This policy does not attempt to address the use of commonly used forms of AI already in routine use in the educational and clinical setting.

II. Only an LLM and AI scribe that has been reviewed and formally approved by the sponsoring institution, Central Iowa Health Corporation (CIHC), may be used by residents, medical students, other learners, or faculty. Unauthorized use of any unapproved product in documentation of patient encounters may result in disciplinary action.

III. Each program will have the ability to determine if, when, and how LLMs and AI scribes are used by learners, both residents and medical students, in the program as long as decisions remain compliant with this and CIHC policy. The decision will rest with the program director or his/her delegate.

IV. Oversight of the incorporation of LLMs and AI scribes and the impact on learning, the clinical environment, and well-being, will be vested in the GMEC and DIO. Each program will report annually to the GMEC on the use and impact of AI in each program, particularly LLMS or AI scribes.

V. Any questions or concerns related to the educational impact will be directed to the DIO or Executive Director of Medical Education Administration.

Approved by the Graduate Medical Education Committee on June 10, 2025.