



Use of Artificial Intelligence Scribe Policy

Departmental Policy

Authorizing Unit Undergraduate Medical Education (UME)	Table of Contents: Purpose 1 Scope 2 Definitions 3 Responsibilities 4 Appendices 5 Process 6 Instructions/Forms 7 Standards 8 Consequences 9 Special Situations 10 Approval 11
Classification Operations	
Approval Authority Associate Dean, UME	
Implementation Authority Senior Manager, UME	
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Purpose	1	<p>Documentation of clinical encounters through notes is a critical component of patient care. AI scribe software is being utilized by some experienced clinicians as a mechanism to improve efficiency. Part of documentation involves reflection, critical thinking and analysis which are key to learning for MD students. We recognize the need to learn new technology however believe for AI scribes, this would be more appropriate later in training.</p> <p>This policy provides direction for the appropriate, safe, and responsible use of Artificial Intelligence (AI) scribe tools by Undergraduate Medical Education (UME) students in clinical environments.</p> <p>It supports high-quality clinical documentation and learning while ensuring compliance with University of Calgary/Cumming School of Medicine (CSM) expectations, clinical-site requirements, and applicable Alberta privacy and professional standards.</p>
Scope	2	<p>This policy applies to all CSM UME medical students, across all distributed and academic sites.</p>

		It applies whenever an AI tool is used to capture, process, transcribe, summarize, draft, or otherwise assist with the creation of clinical documentation (e.g., 'AI scribes'), whether in-person or virtual care.
Definitions	3	<ul style="list-style-type: none"> • “UME” means the Undergraduate Medical Education program at the Cumming School of Medicine, University of Calgary. • “CSM” means Cumming School of Medicine • “MD” means Doctor of Medicine. • “Approval authority” means the office or officer responsible for approving University policy and procedures. • “Implementation authority” means the office or officer responsible for implementing University policy and procedures as well as monitoring compliance. • “Faculty” means a person involved in teaching in the UME program, whether MD, nurse, allied health professional, resident, fellow or other. • “Student” means the individual accepted into the UME program whose studies are currently in progress. • “Staff” means UME Office personnel and administrative assistants to medical faculty. • “UME management” is the committee that is advisory to the Associate Dean, UME. • “AI (Artificial Intelligence)” means computer-based systems capable of performing tasks that typically require human intelligence (e.g., generating text, summarizing information). • “Generative AI” means AI that creates new content (text, images, audio, video) based on learned patterns (e.g., ChatGPT, Claude, Gemini, Copilot). • “AI Scribe” is an AI-enabled tool or service that records and/or processes a clinical encounter and produces draft documentation (e.g., visit note, history, or summary). • “AI-Assisted Documentation” is the use of AI tools to support creation, organization, editing, or summarization of clinical notes. • “PHI/Health Information” is patient information as defined under Alberta’s Health Information Act (HIA) and applicable clinical-site policies. • “Approved AI Scribe Tool” is a tool formally authorized by the clinical site/health system for use with PHI and aligned with privacy, security, and governance requirements. • “Supervisor/Preceptor Permission” is explicit authorization from the supervising physician/preceptor to use a specific AI scribe tool for a specific task. • “Informed Patient Consent (for AI Scribe Use)” is patient permission obtained before an AI scribe records/processes any information about them, after explaining purpose, use, risks/limitations, and alternatives.
Responsibilities	4	<p>Students:</p> <ul style="list-style-type: none"> • Students are not to use AI scribes in the clinical environment unless one of two exceptions are met. <ol style="list-style-type: none"> 1. The preceptor requires the student to use an approved AI scribe based on their clinic structure 2. The student has a registered accommodation require the use of

		<p>assistive technology that generates a summary of the interaction.</p> <ul style="list-style-type: none"> • Use only site-approved AI scribe tools for any activity involving PHI. • Obtain informed patient consent prior to recording/processing. • Minimize information shared (minimum necessary), verify accuracy, and never rely on AI output without clinical oversight. • Disclose AI scribe use as required by the clinical site and document consent per local practice. <p>Supervisors/Preceptors:</p> <ul style="list-style-type: none"> • Provide guidance on appropriate use, approve/deny use for specific encounters, and ensure student learning is maintained. • Review and edit AI-generated drafts before they become part of the official record, consistent with site policy. • Adhere to CPSA guidelines on AI in medical practice. <p>UME Office:</p> <ul style="list-style-type: none"> • Maintain and update this policy, provide education/orientation, and liaise with clinical sites regarding approved tools and expectations.
Appendices	5	Appendix A: Suggested Patient Consent Script (verbal) and documentation statement.
Process	6	<ol style="list-style-type: none"> 1. Student to inform the appropriate UME Assistant Dean that the use of an AI scribe is required based on one of the exceptions. (Previously approved work-place based accommodations do not need to use this process.) 2. Confirm the AI scribe tool is approved by the clinical site for PHI and is being used within its validated scope. 3. Obtain explicit supervisor/preceptor permission before initiating AI scribe use for the encounter (in the case of required accommodations). 4. Obtain informed patient consent before recording/processing; respect refusal without impact on care. 4. Configure the tool according to site guidance (devices, accounts, recording settings, storage/retention). 5. Use minimum necessary information; avoid capturing information about bystanders/other patients. 6. Review, verify, and edit all AI-produced drafts; discuss key clinical reasoning with the supervisor. 7. Ensure the supervising physician completes required review/sign-off steps before documentation is finalized in the record. 8. Document that consent was obtained and that an AI scribe was used. 9. Report suspected privacy incidents, security concerns, or unsafe outputs immediately through site and UME reporting pathways.
Instructions/Forms	7	<ul style="list-style-type: none"> • Use Appendix A for consent language and documentation statements if an exception is met allowing the use of an AI scribe.
Standards	8	<p>Guiding standards:</p> <ul style="list-style-type: none"> • Site approval: Only site-approved AI scribe tools may be used with PHI. • Permission & consent: Supervisor permission and informed patient consent are required before use. • Human oversight: AI supports—but does not replace—clinical judgment; no clinical action is taken solely on AI output. • Documentation integrity: AI-generated drafts must be reviewed/edited; do not paste unreviewed AI text into the EMR. <p>Prohibited:</p> <ul style="list-style-type: none"> • Entering identifiable PHI into non-approved/general-purpose AI platforms.

		<ul style="list-style-type: none"> • Autonomous decision-making or communicating AI-driven plans without supervisor oversight.
Consequences	9	<p>Failure to comply may result in:</p> <ul style="list-style-type: none"> • Remediation requirements and/or professionalism review. • Academic and/or disciplinary action under UME and University of Calgary policies. • Clinical-site action in accordance with site policies, including reporting of privacy breaches.
Special Situations	10	<p>Special considerations:</p> <ul style="list-style-type: none"> • Sensitive encounters (e.g., mental health, sexual health, pediatrics/minors): consider additional consent safeguards or avoid use if inappropriate. • Virtual care: ensure the platform and data pathway meet site privacy/security requirements. • Multi-patient environments (e.g., wards): avoid inadvertent capture of other patients' information. • If policies conflict or are unclear: follow the clinical site's requirements and seek guidance from UME.
Approval	11	<p>UME Management Date: May 19, 2026</p>