SESSION 5

AI Professionalism

Professional identity, independent judgment, and patient-centered care

Preclinical M1/M2

Learning objectives

1. Ownership Maintain responsibility for clinical decisions when AI is involved.

2. Adaptive expertise Maintain independent reasoning while deciding what to delegate.

Learning objectives

3. Patient-centered focus	Maintain presence and appropriate disclosure in AI-assisted care.
4. Integrity	Apply academic and professional standards to AI use.
5. Responsibility	Verify outputs and raise concerns about institutional workflows.

Professionalism and professional identity

Professionalism

Observable behaviors and standards: competence, honesty, confidentiality, and accountability.

Professional identity

Internalized values and habits through which a learner comes to think, act, and feel like a physician.

Cruess et al. Acad Med. 2014 and 2015; Charon 2001; Montgomery 2006; Schön 1983.

TEACHING POINT 1

Professional identity in an AI-enabled setting

The tools change the work environment.
Professional commitments still guide the work.

Enduring professional commitments

Patient-centered care	Attend to the patient's needs, values, and account.
Clinical judgment	Evaluate recommendations and own decisions within your role.
Honesty	Be accurate with patients, supervisors, and yourself.
Lifelong learning	Continue to develop and maintain competence.

AMA Code of Medical Ethics, Opinion 11.2.1; Cruess et al. 2015.

Professional skills in a changing environment

Explain AI's role to patients.

Choose which tasks to delegate and which to practice.

Raise specific concerns about outputs and workflows.

Follow academic and clinical policies.

Describe AI assistance accurately.

Tierney et al. NEJM Catalyst. 2024; Okuyama et al. BMC Health Serv Res. 2014.

TEACHING POINT 2

Choosing what to offload

Delegate routine work thoughtfully.
Protect opportunities to practice clinical reasoning.

Routine work and reasoning practice

Potentially useful delegation

Formatting, scheduling, retrieval, and routine documentation can reduce load.

Learning risk

Repeatedly outsourcing a skill before practicing it can reduce opportunities to develop or maintain competence.

Risko & Gilbert 2016; Tierney et al. 2024; Budzyń et al. 2025.

Protecting adaptive expertise

Commit first	Form an initial assessment or draft.
Consult	Use the tool for critique, alternatives, or assistance.
Reconcile	Investigate differences and identify a learning need.

Mylopoulos & Regehr 2007; Goh et al. JAMA Netw Open. 2024.

TEACHING POINT 3

Presence and disclosure

Listen to the patient.

Explain how tools contribute to the encounter.

Presence in AI-assisted care

Listen for the patient's meaning, concerns, and priorities.

Keep an independent record of what matters.

Check the draft against the encounter.

Bring information heard separately to the supervising clinician.

Charon. JAMA. 2001; Tierney et al. NEJM Catalyst. 2024.

Who explains which use of AI?

Routine infrastructure	Institutional transparency, with honest answers from clinicians.
Material contribution	Explain AI assistance when it could affect the patient's understanding or choices.
Recording tools	Explain the tool, follow the consent process, and respect a decline.

TEACHING POINT 4

Integrity in academic and clinical work

Describe your contribution accurately.

Be clear about what you have checked and what remains uncertain.

Three questions about integrity

Course director	Could I describe my AI use on this assignment accurately and completely?
Patient	Could I explain how AI contributed to this person's care?
Attestation	Can I stand behind the review or confirmation I am being asked to provide?

TEACHING POINT 5

Accountability in practice

Verify consequential output.
Explain the decision.
Raise concerns through appropriate channels.

Verification and regulatory status

Automation bias is a documented human-factors risk.

Authorization or widespread use does not guarantee performance in every local setting.

Review primary information, explain acceptance or disagreement, and seek help when needed.

Goddard 2012; Lyell & Coiera 2017; Wu et al. 2021; Wong et al. 2021.

Five professional commitments

Own clinical decisions within your role.

Maintain opportunities to practice reasoning.

Keep the patient's account central.

Be transparent about AI assistance.

Verify and raise concerns when needed.

PBL BEGINS HERE

What the note left out

Sasha, an M2, sees Mr. Park before Dr. Vargas joins. They later review the ambient-AI draft together.

“My uncle went blind from sugar.
That’s what scares me.”

Watch for a consequential omission, an undiscussed plan item, and a learner’s uncertainty.

AFTER THE PBL

Case debrief

What did Sasha notice?
What did she say?
What changed for the patient?

CASE DEBRIEF: INTEGRITY

Naming a knowledge gap

Say nothing	An undiscussed recommendation may proceed without understanding.
Delete it without checking	A potentially indicated therapy may be lost.
Name the gap	“We did not discuss a statin, and I do not understand the indication. Can we review it?”

ADA Standards of Care in Diabetes. 2026, recommendation 10.18.

A concern that helps the patient

Observation	“The screening line reads as handled, but he never scheduled the examination.”
Clinical significance	“Fear is keeping him from arranging it.”
Proposed action	“Could we renew the referral and help him schedule?”

Okuyama et al. BMC Health Serv Res. 2014;14:61.

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