AI Professionalism

Assessment Questions

Macy Foundation / Millennium Conference • Preclinical M1/M2 • November 2026

Question 1

Maps to Objective 1: ownership of clinical decisions when AI is involved. Bloom's: Apply/Evaluate.

A primary care physician evaluates a 58-year-old woman with newly diagnosed hypertension. The clinic's clinical decision support (CDS) tool recommends a specific first-line agent. Because of the patient's comorbidities, the physician judges a different agent more appropriate. Which of the following best describes the physician's professional position?

A. The physician should prescribe the agent the tool recommends, because the tool reflects population-level outcome data.

B. The physician should submit an institutional quality-improvement report before departing from the recommendation.

C. The physician should obtain specialty consultation before prescribing an agent the tool did not recommend.

D. The physician remains responsible for the prescribing decision and may depart from the recommendation on clinical grounds.

E. The physician shifts responsibility for the outcome to the tool's developer by prescribing the recommended agent.

Question 2

Maps to Objective 4: academic integrity in AI-assisted coursework. Bloom's: Apply.

A first-year medical student uses a publicly available large language model (LLM) to generate an outline for a reflective essay, then writes the prose herself. Her course syllabus states that AI assistance on written assignments must be disclosed at submission. Which of the following is the most appropriate action?

A. Submit the essay with a disclosure statement describing how the LLM was used.

B. Submit the essay without a disclosure, because the submitted prose is her own writing.

C. Submit the essay without a disclosure after discarding the outline the LLM produced.

D. Rewrite the outline in her own words so the assignment no longer involves AI assistance.

E. Stop using AI tools on graded assignments so no disclosure question can arise.

Question 3

Maps to Objective 3: patient-centered focus and disclosure during an encounter in which AI is being used. Bloom's: Apply/Evaluate.

During a primary care visit, an ambient artificial intelligence (AI) scribe is recording with the patient's agreement from check-in. While describing a sensitive personal matter, the patient stops mid-sentence, glances at the tablet, and becomes hesitant. Which of the following is the most appropriate next step?

A. Continue the interview, because the patient's agreement at check-in covers the entire visit.

B. Redirect the interview to a less sensitive topic and return to the matter later in the visit.

C. Reassure the patient that the recording is stored securely and resume the interview.

D. Pause the recording without comment and document the remainder of the visit by hand.

E. Acknowledge the recording aloud, offer to pause it, and proceed according to the patient's preference.

Question 4

Maps to Objective 2: protecting adaptive expertise from cognitive offloading. Bloom's: Analyze.

A fourth-year medical student uses her hospital's sanctioned clinical decision support (CDS) differential-diagnosis tool, which runs inside the electronic health record; no patient information leaves the record. She realizes that for several months she has opened the tool before forming her own differential on each new patient, and that generating one unassisted now feels more effortful than it used to. Which of the following best names the risk her pattern poses?

A. Appropriate evidence-based practice

B. De-skilling of clinical reasoning

C. Privacy violation

D. Algorithmic drift

E. Alert fatigue

Question 5

Maps to Objective 5: verifying AI outputs and raising concerns about institutional AI workflows. Bloom's: Apply/Evaluate. Stem aligned to the rebuilt PBL case.

A second-year medical student saw a patient alone before her preceptor joined the visit. Afterward the preceptor reviews the ambient-AI draft note with her before signing it. The student notices two things the draft does not say: the patient told her he never scheduled a screening referral placed three months ago, which has since expired, and the plan contains a statin recommendation inserted by clinical decision support that was never discussed with the patient. Which of the following is the most appropriate next step?

A. Say nothing, because the signing preceptor holds final responsibility for the note's accuracy.

B. Suggest deleting the statin line, because a therapy the student cannot explain should not be in the plan.

C. Tell the preceptor about the expired referral and the undiscussed statin, and ask about its indication.

D. Report the omission to the office that manages the scribe before the note is signed.

E. Ask the preceptor to stop using the scribe until its developer addresses omission errors.

Question 6

Maps to Objectives 3 and 5: patient-centered focus; verifying AI outputs. Bloom's: Apply/Evaluate.

A clinic's ambient AI scribe has performed well in internal review, but published studies of automatic speech recognition report higher transcription error rates for some dialects and non-native accents. A patient who speaks English as a second language asks a medical student, “Will that thing understand me?” Which of the following is the most appropriate response?

A. Tell the patient the tool has been validated by the clinic and is highly accurate for all patients.

B. Offer to turn the tool off for every patient who speaks English as a second language.

C. Explain that transcription accuracy is the vendor's responsibility and outside the clinician's control.

D. Say accuracy can vary by speaker, that every note is checked before signing, and offer to pause it.

E. Avoid the question and continue the visit so the patient is not made more anxious about the tool.

Answer Key & Explanations

Correct answers: 1-D, 2-A, 3-E, 4-B, 5-C, 6-D.

Question 1. Correct answer: D

Independent clinical judgment is consistent with the AMA's guidance on professionalism in health care systems: the tool informs, and the physician remains the responsible decision-maker (Opinion 11.2.1). (A) is automation bias in prescriptive form, deference on the tool's pedigree rather than the patient's particulars. (B) and (C) convert a routine exercise of judgment into a procedural or consultative hurdle, implying the tool's recommendation is the default from which deviation must be licensed. (E) inverts the learned-intermediary frame from Session 3: following a recommendation does not transfer responsibility to the developer; the prescriber owns the decision either way.

Question 2. Correct answer: A

The stem stipulates a clear institutional policy: AI assistance must be disclosed. Integrity here is simple alignment between conduct and disclosure: describe what the tool did and submit. (B) confuses authorship of prose with the scope of the disclosure duty, which covers assistance, not only generated text. (C) adds concealment of the traces to the non-disclosure. (D) treats disclosure as a burden to be engineered away rather than a norm, and laundering the outline through paraphrase does not change the fact of assistance. (E) overcorrects: abstaining from permitted use is a personal choice, not an integrity requirement, and avoiding disclosure by avoiding the tool misses the principle being taught.

Question 3. Correct answer: E

Agreement to recording is not a one-time transaction; patient-centered practice reads the patient's signals in real time and returns the choice to them: acknowledge, offer, and follow their preference (Session 4's autonomy framework, made behavioral). (A) treats check-in paperwork as settling the matter the patient's body language has reopened. (B) manages the topic while leaving the unspoken obstacle in place. (C) answers a data-security question the patient did not ask; the hesitation is about being recorded, not about servers. (D) may end with the right configuration but bypasses the patient; silent unilateral action neither surfaces their concern nor restores their choice.

Question 4. Correct answer: B

Opening the tool before reasoning, every time, with rising effort when unassisted, is offloading of the reasoning itself: de-skilling (or, for a skill not yet formed, never-skilling), the specific form that threatens adaptive expertise (Mylopoulos & Regehr 2007; Session 2's taxonomy). (A) misses the distinction the session draws: offloading routine work is often desirable; what is displaced here is reasoning practice. (C) is excluded by the stem: the tool is sanctioned and no information leaves the record. (D) and (E) are real phenomena from other sessions that do not describe a learner's atrophying reasoning.

Question 5. Correct answer: C

Two duties run together: surface what the student alone learned from the patient (the referral is expired and nothing is planned), and name the gap in the plan (a therapy inserted by the tool and never discussed, which the student cannot explain). Both go to the signing clinician before the note is signed. (A) abdicates the reviewer's role. (B) substitutes the student's uncertainty for the tool's reasoning and could cost the patient an indicated therapy; the honest move is to ask, not to delete. (D) reports the system while leaving this patient's note wrong. (E) overcorrects from one omission to abandoning the tool.

Question 6. Correct answer: D

The honest answer is what the clinician knows (accuracy can vary by speaker; the evidence on dialect and accent is real), what the clinician does about it (checks every note before it is signed), and what the patient controls (the choice to pause). This connects verification (Objective 5) to patient-centered disclosure (Objective 3). (A) is reassurance presented as information. (B) substitutes a blanket rule for the patient's choice and marks a group for different treatment without asking. (C) is the learned-intermediary error from Session 3: the clinician who signs the note owns its accuracy. (E) fails the patient who asked. Evidence base for facilitators: Koenecke A, et al. Racial disparities in automated speech recognition. PNAS. 2020;117(14):7684–7689.

Clinical basis. ADA Standards of Care in Diabetes—2026, recommendation 10.18, recommends moderate-intensity statin therapy for adults with diabetes aged 40–75 without ASCVD; additional risk factors can warrant high-intensity treatment (10.20). The teaching point is to explain and discuss an appropriate recommendation, considering contraindications and patient preferences, rather than accept or delete it without understanding. Source: Diabetes Care. 2026;49(suppl 1):S216 onward. https://diabetesjournals.org/care/article/49/Supplement_1/S216/163933/10-Cardiovascular-Disease-and-Risk-Management