



Generative AI in Clinical Reasoning & Documentation

A Practical Guide for Medical Students

FIRST PRINCIPLE

Verify, then trust. Never replace your clinical reasoning.

DO NOT

- Use AI to draft, edit, summarize, or rewrite clinical documentation (histories, consult notes, assessments, discharge summaries).
- Enter any patient-identifiable information into AI platforms.
- Use AI to independently generate differential diagnoses, investigations, or treatment plans.
- Use AI to generate workplace-based assessments (WBAs).
- Use ambient AI scribing independently in Years 1–3 (Year 4 requires explicit approval and patient consent).

DO (Safe & Educational Use)

- Use AI for high-level study support only (no real patient cases).
- Use AI to inform your thinking — not replace it.
- Adopt 'Centaur Mode' for high-risk tasks: you lead, AI assists, you verify.
- Use 'Cyborg Mode' only for low-risk tasks like drafting emails or study plans.

During Clinical Reasoning: Use the DEFT-AI Check

- Diagnosis – What is MY differential before AI?
- Evidence – What supports or refutes this? Is AI output evidence-based?
- Feedback – Can I defend this verbally to my preceptor?
- Teaching Reflection – Did AI enhance my reasoning or replace it?

Major Risks to Watch For

- Deskilling – Losing independent reasoning ability.
- Never-skilling – Failing to develop foundational competence.
- Mis-skilling – Adopting AI errors or bias without noticing.
- Automation bias – Assuming AI is correct because it sounds confident.

Professional Accountability

You are fully responsible for your documentation. 'AI assistance' is not a defense for errors.

Bottom Line

Use AI to enhance adaptive expertise — never to substitute for clinical competence.