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College of Medicine

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Guideline on the Use of Artificial Intelligence in Clerkship

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Purpose:

To provide guidance on the appropriate, safe, and responsible use of artificial intelligence (AI) tools by clerkship students during clinical rotations, supporting the development of clinical skills and high-quality clinical care and ensuring compliance with institutional policies, legislative requirements, and professional expectations.

Scope:

This guideline applies to all students in clerkship in the University of Saskatchewan UGME program across all sites.

Definitions:

Artificial Intelligence (AI): Computer-based systems capable of performing tasks that typically require human intelligence, such as generating text, summarizing information, interpreting data, or supporting clinical decision-making. In this guideline, AI includes both general-purpose and healthcare-specific tools used in clinical or educational settings.

Generative AI: A type of artificial intelligence that creates new content—including text, images, video, or audio—based on learned patterns. Examples include tools such as ChatGPT, Claude, Gemini, and Copilot. Generative AI differs from conventional decision-support tools because it produces novel output rather than retrieving established information.

AI-Assisted Documentation: Use of AI tools to support the creation, organization, or editing of clinical notes, summaries, or other documentation.

Personal Health Information (PHI): As defined under Saskatchewan's *Health Information Protection Act* (HIPA), PHI refers to information about an individual that relates to their physical or mental health, the provision of health services to them, information that is collected while providing health services or collected incidentally to the provision of health services, or information related to registration for health services. The definition applies to information in any form, and applies to living or deceased individuals.

Approved AI Tool: An AI tool that has been formally authorized by the clinical site (such as the Saskatchewan Health Authority) for use with personal health information. Approval requires HIPA compliance, adherence to institutional privacy and security standards, and alignment with digital health governance processes. Educational tools approved by the University of Saskatchewan are not automatically approved for clinical use.

Supervisor or Preceptor Permission: Explicit authorization from the supervising physician or preceptor, provided verbally or in writing, allowing a clerk to use a specific AI tool for a clinical task. This permission must be obtained in addition to any site-level approval and must be secured before using the tool in a way that influences patient care, documentation, or clinical decision-making.

Informed Patient Consent (for AI Use): Permission obtained from a patient before an AI tool is used to record, process, or interact with any information about them. Consent requires explaining the purpose of the AI tool, how it will be used, potential risks and limitations, and alternatives.

Guidance:

Preamble

Advances in AI have introduced tools capable of processing, generating, and analyzing medical information. Examples include AI-assisted clinical documentation systems, evidence retrieval platforms, diagnostic support algorithms, and image-analysis applications. Used appropriately, AI can improve access to up-to-date evidence, improve medical decision making, and support communication.

However, risks include breaches of patient confidentiality; generation of inaccurate, incomplete, or biased information; and inappropriate influence on clinical decision-making without adequate supervision.

Recognizing both the opportunities and risks of AI in clinical practice, this guideline has been developed to assist clerks in using AI appropriately during clerkship, and to provide guidance to their clinical supervisors regarding clerk use of AI in clinical settings. It aligns with current academic and healthcare guidance on AI use, with considerations specific to clerkship. This includes, but is not limited to:

- *Privacy legislation:* In Saskatchewan, the [Health Information Protection Act](#) (HIPA) governs the collection, use, and disclosure of personal health information (PHI). AI tools used in clinical settings must be compliant with HIPA and any relevant institutional privacy policies.
- *Professional regulation:* The [College of Physicians and Surgeons of Saskatchewan](#) (CPSS) has issued guidance on AI in medical practice, including the ethical, professional, and privacy considerations for physicians using AI, including requirements to protect patient privacy and maintain clinical responsibility. As students engaging in clinical care in Saskatchewan, clerks are expected to adhere to CPSS guidance whenever using AI tools.
- *University academic standards:* The [University of Saskatchewan](#) has published guidelines for student use of AI, emphasizing academic integrity, early and frequent clarification of expectations, and appropriate citation, disclosure, and acknowledgment when AI tools are used.

Guiding Principles for AI Use in Clerkship

When using AI tools in the clinical setting, clerks must:

1. **Use only AI tools approved by the clinical site for any activity involving PHI.** AI tools approved by the University of Saskatchewan may differ from those approved by the

clinical site (e.g., Saskatchewan Health Authority facility). Only tools formally approved by the clinical site may be used with PHI.

2. **Obtain explicit preceptor/supervisor permission** before using any generative AI tool in clinical settings for tasks such as clinical documentation (e.g., AI scribes) and developing differential diagnoses and management plans.
3. **Obtain informed patient consent** prior to using any AI tool that interacts with, records, or processes patient information. Informed consent requires explaining the purpose of the AI tool, how it will be used during the encounter, the expected benefits, risks and limitations of the tool, and reasonable alternatives (including choosing not to use the tool). Patients must have an opportunity to ask questions and decline use. It is the student's responsibility to document that informed patient consent has been obtained, and the method of consent (verbal or written).
4. **Maintain human oversight and appropriate use of AI tools.** AI tools must support—not replace—the judgment of the clinician. Select only tools that are fit for the clinical task and used within their validated scope. No clinical action should be taken based solely on AI recommendations.
5. **Prioritize learning and clinical skills development.** Clerkship is a period for building clinical reasoning, decision-making, and communication skills. Clerks should ensure AI use supports, rather than replaces, their own clinical reasoning and learning.

Categories of AI Use

The following categories outline common scenarios for AI use in clerkship. Examples are illustrative and not exhaustive. When uncertain whether a specific use is permitted, conditional, or prohibited, clerks should seek guidance from their clinical supervisor.

A. Permitted Uses

The following uses of AI are permitted without additional approvals, provided no PHI is entered:

- **Medical knowledge retrieval and summarization:**
Use of AI-enabled evidence retrieval platforms (e.g., Dyna AI, OpenEvidence) to search guidelines, literature, and summaries for self-directed learning.
 - Users should cross-reference AI outputs against trusted, authoritative sources.
 - AI should not be the sole source for clinical decisions.
- **Learning and study support:**
Use of AI to explain concepts, generate practice questions, or create study aids.
 - May not include actual patient cases with potentially identifiable information.

B. Uses Requiring Approval

The following are examples of AI use which require supervisor and clinical site approval prior to use:

- **AI scribe clinical documentation:**
Use of AI scribes are permitted only if:
 - The tool is approved by the clinical site (e.g., Saskatchewan Health Authority or private physician's clinic).
 - Informed patient consent is obtained and documented in the medical record.
 - The data pathway is HIPA-compliant.
 - All AI outputs are reviewed and edited by the clerk and supervising physician.
- **AI-based risk prediction tools and calculators:**
 - Use only site-approved/implemented tools (preferably integrated into the EHR).
 - Ensure HIPA-compliant data handling; do not enter PHI into unapproved web tools.
 - Understand the model's intended use, inputs, and thresholds.
 - All results must be interpreted with clinical judgment and reviewed with the supervising physician.

C. Prohibited Uses

The following are examples of AI use which are prohibited during clerkship unless explicitly approved by UGME and the clinical site:

- **Entering identifiable PHI into non-approved AI platforms:**
Includes, but is not limited to, general-purpose models such as ChatGPT, Claude, Gemini, Co-Pilot or similar, unless institutionally approved for PHI.
- **Autonomous clinical decision-making:**
AI must not be used to make or communicate clinical decisions without direct clinician oversight.
- **Insertion of AI-generated content into EMRs:**
Unless via a formally integrated and approved AI tool, no AI-generated content may be entered into the official patient record.
- **Bypassing learning objectives and activities:**
Students must not use AI to complete assessments or logs without personally engaging in the work unless explicitly permitted.

Responsibilities

- **Students:**
 - Determine whether a proposed AI use is permitted, requires approval, or is prohibited.
 - Obtain and document necessary consent prior to AI use.
 - Review and verify AI outputs for accuracy and appropriateness.

- Disclose AI involvement as required.
- **Supervisors/Preceptors:**
 - Provide guidance on appropriate AI use in clinical settings.
 - Approve or deny AI use for specific clinical tasks.
 - Monitor student compliance.
- **UGME Office:**
 - Maintain and update the Guideline on the Use of Artificial Intelligence in Clerkship.
 - Provide orientation and training to students and supervisors.

Ongoing Review

This guideline recognizes that AI is a rapidly evolving technology, and guidance will be updated as tools, regulatory standards, and best practices change. Students must stay informed of revisions and institutional policies of the clinical sites at which they provide care. This guideline will be reviewed annually, or sooner if significant regulatory or technological changes occur.

Situations may arise that were not anticipated when these documents were developed, and there may be occasions where guidelines, policies, and legislation conflict. In such instances, the guidance provided herein is not intended to be prescriptive; clerks should seek clarification from their clinical supervisors and ensure full compliance with the policies of the clinical setting in which they are providing care, as well as with all applicable legislative requirements.

Related Internal and External references:

This guideline is informed by and intended to align with HIPA legislation, Saskatchewan Health Authority (SHA) approved data standards, College of Physicians and Surgeons of Saskatchewan guidelines, and University of Saskatchewan AI Literacy Framework.

- [Health Information Protection Act \(HIPA\)](#)
- [CPSS Artificial Intelligence in Medical Practice](#)
- [CPSS Policy- Virtual Care](#)
- [University of Saskatchewan AI Literacy Framework](#)
- [University of Saskatchewan AI Training and Resources](#)
- [SMA AI Scribe Resources for Physicians](#)