

GMEC Policy

Artificial Intelligence (AI) Use in Graduate Medical Education

I. Purpose

Artificial Intelligence (AI) and Generative AI (GenAI) technologies are increasingly used in healthcare, education, and research. The purpose of this policy is to establish clear expectations for the ethical, responsible, and transparent use of AI by Graduate Medical Education (GME) trainees, supervising faculty, and program administration at the University of California Davis Health.

This policy seeks to:

- Enable innovation while safeguarding professionalism and academic integrity
- Ensure UC Davis Health residents and fellows develop key physician skills while preparing for practice in a changing AI enabled world
- Promote ethical, equitable, and secure AI use across education, research, and clinical care
- Ensure compliance with UC Davis Health policies and all applicable state and federal laws and regulations (including HIPAA and FERPA)

This policy applies to all GME-related educational, clinical, research, and administrative activities involving AI tools or systems within UC Davis Health. This policy applies to all individuals engaged in the administration, delivery, or receipt of graduate medical education in an ACGME-accredited program including but not limited to:

- Program Directors, Associate Program Directors, Assistant Program Directors
- Supervising Faculty/Clinicians
- Program Coordinators/Administrators, other GME program administrative staff, and GME Office Personnel
- Trainees (Residents and Fellows)

This policy applies in conjunction with existing UC Davis Health system policies, standards, and medical staff bylaws regarding AI use.

When working at non-UC Davis Health sites, in addition to UC Davis Health GME program policy, that institution's guidelines and policies determine appropriate use.

II. Policy Statement

UC Davis Health is committed to advancing medical education and patient care through the responsible integration of AI technologies. All AI use must align with institutional values, uphold ethical principles, and maintain compliance with data privacy, professional, and ethical standards.

AI tools are intended by UC Davis Health to supplement—not replace—human judgment and expertise. Clinicians, including trainees (residents and fellows), have a duty to use AI responsibly. Development of clinical skills requires trainees to independently acquire appropriate knowledge and skills, both while utilizing AI tools as an adjunct, as well as without AI-facilitated assistance. Without guidance, trainees and faculty/clinicians may be unclear on safe, ethical, and professional ways to utilize AI tools in their learning and professional development.

Individual GME programs may restrict/approve* the use of specific AI tools or restrict the use of AI tools by some or all of their learners; programs are encouraged to implement assessment methods through which permission to use various AI tools is delegated.

** AI tools approved for use by programs must be from the list of institutionally approved AI tools when used with sensitive data, or must go through AOC approval prior to use*

When working at non-UC Davis Health sites, that institution's guidelines and policies determine appropriate use.

- Tools provided by UC Davis Health should not be used while on rotation at other institutions without explicit permission from the resident's/fellow's Program Director in consultation with appropriate affiliate leadership.
- Tools provided by non-UC Davis Health sites should not be used while on rotation at UC Davis Health or other institutions without explicit permission from the resident's/fellow's Program Director in consultation with appropriate site leadership.

Individual residency/fellowship programs may implement program-specific AI use policies that are more restrictive than this policy, but not less restrictive.

III. Definitions

For the purposes of this policy:

- **Artificial Intelligence (AI):**
Computer systems or algorithms capable of performing tasks that typically require human intelligence.
- **Generative AI (GenAI):**
AI systems that produce text, images, or data outputs based on user prompts (e.g., ChatGPT, DALL-E, Copilot, Gemini, Perplexity, Claude).
- **Algorithmic Bias:**
Systematic and repeatable errors that create and perpetuate unfair outcomes due to biased data, algorithm design, or data interpretation.

- **Attribution:**

Proper acknowledgment and documentation of AI assistance in academic, clinical, or research work. AI utilizes data from various sources including copyrighted material, owned intellectual property, or other content requiring license for use, which must be recognizable when reviewing AI-generated content.

- **Automation Bias:**

The human tendency to over-rely on AI systems or decision-support tools, even when the output may be incorrect.

- **Confabulation:**

Generation of plausible but factually inaccurate information by AI systems.

- **Consent and disclosure:**

Consent is a clear and informed agreement to allow something to happen.

Disclosure is the process of communicating relevant information to parties who may be impacted when using AI.

- **Educational Records:**

Records maintained by the institution related to a trainee's academic performance.

- **Hallucination:**

When Generative AI tools produce incorrect, misleading, or nonexistent content. Content may include facts, citations to sources, code, historical events, and other real-world information. Similar to confabulation.

- **Personally Identifiable Information (PII):**

Data that can be used to identify, contact, or locate an individual.

Example: A document that referred to "Mr. Smith in New York" would be unlikely to contain enough information to give away the subject's identity. If the patient had a less common name and lived in a small city, however, it would probably count as PII, since it would be easy to deduce who the subject was.

- **Protected Health Information (PHI):**

Individually identifiable health information protected under HIPAA.

IV. Guiding Principles

1. **Professionalism and Ethics:**

Physicians and trainees are stewards of the ethical use of technology consistent with medical professionalism and in alignment with UC Davis Health policies.

2. **Responsible Use:**

For AI use by residents/fellows that is approved by a GME program, transparency regarding the tools that were used and how AI output was reconciled with other

knowledge/thought processes is required. When working at non-UC Davis Health sites, that institution's guidelines and policies determine appropriate use.

3. **Attribution:**

Regardless of the AI tool used, attribution of how the tool is used is best practice and may be required (e.g., academic publication). This applies to AI tools used in the course of performing one's duties at UC Davis Health (clinical, educational, and research) outside of UC Davis Health approved and/or embedded AI tools.

4. **Transparency and Disclosure:**

Users should disclose any use of AI in educational, clinical, or scholarly work and the application in the work, consistent with any applicable UC Davis Health policies.

5. **Accountability:**

Supervising Faculty/Clinicians and Trainees (Residents and Fellows) have shared responsibility for the integrity, accuracy, and originality of their work when using AI tools. Ensuring the accuracy and appropriateness of the AI outputs is essential to the safe, ethical use of AI in the healthcare environment. To achieve this, it is imperative to include an *attentive* "human in the loop" to maintain oversight of the AI-assisted process.

6. **Data Protection:**

Protected Health Information (PHI), identifiable data (PII), or other sensitive institutional information may only be entered into designated UC Davis Health prior-approved AI tools. Users are responsible for verifying the type of data being used in the UC Davis Health approved AI tool is permissible. When in doubt PHI/PII should not be entered into a GenAI system.

7. **Oversight:**

AI use in performance of UC Davis Health duties requires oversight by supervising faculty/clinicians or designated supervisors.

V. Acceptable and Prohibited Uses

1. **Prohibited AI Use (strictly prohibited and subject to disciplinary action)**

- a. Inputting PHI, PII, or identifiable data or education records (including evaluations, milestones, data for CCC, or applicant data) into non-UC Davis Health approved AI tools.
- b. Submission of AI-generated work as original without disclosure.
- c. Using AI to evaluate, rank, or score residency or fellowship applicants without approval by institutional leadership and/or without the use of UC Davis Health-approved methods.
- d. Use of AI for completing academic or administrative work (when permissible) requires that the user verify accuracy and appropriately edit the work product.

2. Permitted with Attribution (Disclosure and verification of accuracy required)

- a. As a learning or teaching aid, provided content is critically reviewed by the faculty or trainee.
- b. In clinical decision support tools approved by the institution and integrated into secure, HIPAA compliant systems.
- c. Use of institutionally-approved AI for education, workflow efficiency, or patient communication enhancement. (requires adherence to disclosure and oversight standards)

VI. Application by Setting**A. Clinical Setting**

- Only UC Davis Health-approved AI tools may be used for patient care or documentation as determined by UC Davis Health policy.
- Individual programs may restrict or prohibit the use of certain UC Davis Health-approved AI tools by residents and fellows.
- Individual programs may restrict or prohibit the use of certain UC Davis Health-approved AI tools by residents and fellows until the program has determined the trainee has reached pre-determined educational milestones.
- Disclosure and Patient Consent are required prior to use of AI scribe or other ambient scribe/digital scribe patient visit documentation tools; documentation of the patient consent is required.
- Faculty/Clinicians/Supervisors are responsible for the accuracy and completeness of the clinical note, including clinical note editing practices such as timely review, information thoroughness, accuracy check, examination for confabulations and hallucinations, etc., consistent with policy.
- Faculty oversight and timely review of AI-assisted documentation are mandatory.

B. Educational Setting

- Trainees (residents and fellows) must ensure that assignments and assessments submitted under their name are their own original work. If AI tools are used, transparency and appropriate acknowledgement must be provided.
- Trainees may use AI tools to enhance understanding or assist with assignments, provided such use is permitted and disclosed.
- Unauthorized or undisclosed use of AI tools in academic work for the receiving audience constitutes a violation of academic integrity.

- Trainees will provide AI attribution when discussing relevant information with team members and faculty supervisors (e.g., “the differential I am presenting was generated by AI”).
- Any educational data about current or prospective trainees (evaluations, interview scores, milestones data) must only be entered into UC Davis Health GME-approved AI tools.

C. Research and Scholarly Work

- AI use in research must comply with UC Davis Health policies and applicable state/federal policies of funding agencies.
- Scholarly work must disclose AI use in manuscripts, abstracts, or presentations and verify factual accuracy of AI-generated content.
- Authors must accept responsibility for the accuracy and veracity of the work submitted in their name(s).
- Intellectual property may not be adequately protected when using non-approved AI programs. UC Davis Health requires research intellectual property be restricted to only UC Davis Health-approved AI tools. All research materials are considered potential intellectual property. Any exceptions to this must be approved in writing by the UC Davis Health Chief Compliance Officer and the Chief Research Informatics Officer, or their designees.

D. Professionalism and Ethical Use

- Physicians are stewards in the ethical use of technology and follow the principles of medical professionalism. In our role, we acknowledge AI based contributions to our work, reflect and act accordingly on the potential health impacts of AI, model responsible AI use and adhere to institutional AI Governance policies. We aim to mitigate bias introduced and inherent in AI algorithms and will cross-check AI contributed work with existing knowledge and/or validated academic sources.

VII. Institutional Access and Resources

- UC Davis Health will maintain a **registry of institutionally approved and prohibited AI tools**, accessible through the IT Security portal.
- Requests for institutional AI tool evaluation or pilot approval must be submitted by the GME program to the Analytics Oversight Committee for review.
- Accessibility and assistive AI use will comply with all applicable laws and regulations.

VIII. Compliance and Enforcement

Violations of this policy may result in corrective or disciplinary action under applicable GME and/or institutional policies.

Policy violations should be reported to the Program Director and GME Office.

Resources

HIPAA	Federal protection for privacy of health care data.	
FERPA	Family Educational Rights and Privacy Act of 1974 (FERPA) provides students certain rights of access, privacy, and protection of Education Records. https://studentprivacy.ed.gov/ferpa	
UCDH Administrative Policy	1. 1302 Protected Health Information / Personal Information Breach Notification 2. 1333 HIPAA and PI Data Integrity 3. Relevant policy documents in the Medical Records folder (2300) and Protected Health Information folder (2400). 4. UC Davis Health Generative AI Services and Application Use Policy	
Information Security Departmental Policy	1301-0006 Information Use and Protection Policy 1301-0006	
University of California Office of the President Policies	1. BFB-IS-3 Electronic Information Security. 2. RMP-1 University Records Management Program, 3. Protection of Administrative Records containing Personally Identifiable Information 4. Systemwide IT Policy Glossary	
Medical Staff Rules and Regulations	1. Rules and Regulations of the Medical Staff	
State Laws	1. Assembly Bill 3030- Health Care Services; artificial intelligence 2. Senate Bill 896 Generative Artificial Intelligence Accountability Act	

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