Use of AI Scribes by Resident Trainees Policy

Purpose

To guide the safe, educationally appropriate use of AI scribes by residents, while ensuring developmentally aligned documentation skills and patient care quality, in accordance with privacy regulations and residency benchmarks. The current state of AI scribe use by Queen's Family Medicine preceptors varies across our sites, hospitals, and clinics. Much like our QFM benchmark documents, this serves as a guideline for reference in clinical settings. There is currently no expectation of mastery or utilization of AI scribes in all of our learning environments, rather this document creates permissibility for AI scribe use under some graduated circumstances, with consideration for stages of training. This policy is limited to use of AI Scribes and does not apply to other AI tools (i.e. diagnostic, clinical reasoning, etc.).

Background

Current estimates are that at least 25% of Canadian physicians are using AI scribe in their offices. AI scribes can contribute to overall time savings as well as satisfaction by providers and patients. AI scribes can also carry risk as estimates are that 93% of chart summaries produced by an AI scribe contain errors (mostly omissions but also some inaccuracies or "hallucinations"). There are considerations with AI scribe use including privacy concerns, patient consent and accuracy. AI applications are tools, however training and CQI can support success.

Definitions

AI Scribe: Artificial intelligence tool that listens, transcribes, and generates clinical documentation from patient-provider interactions.

Supervised Use: Use of the AI scribe with oversight by a preceptor.

Benchmarks: Developmental milestones outlined in the Queen's Family Medicine Benchmarks document (attached).

General Principles

AI scribes must not replace core learning in documentation or clinical reasoning. Residents and their preceptors must actively review, edit, and take responsibility for AI-generated documentation.

Patient consent and data privacy must be strictly maintained per CPSO guidance (https://www.cpso.on.ca/en/physicians/policies-guidance/advice-to-the-profession/ai-scribes-in-clinical-practice) and AI scribe use must be PHIPPA compliant.

AI scribe use is not permitted by Queen's FM residents until PGY2, and residents should review use with individual preceptors.

Residents on remediation/modified learning plans are not permitted to use AI scribes.

Approved by: RPC

Date of last Review / Approval: February 2026

Queen's University Family Medicine

The use of AI scribes by Queen's Family Medicine residents is considered a "privilege" rather than a right, and it can be revoked if deemed necessary by the program.

This policy does not refer to all AI applications in Family Medicine but rather is specific to the use of AI scribes by Queen's FM residents.

Staged Implementation – Based on QFM Benchmarks

PGY1 Months 1–12

AI scribes **are not permitted** for primary documentation.
Residents must independently complete all documentation.
Educational Objective: Build foundational skills in clinical interviewing, reasoning, and written communication.
Benchmark Alignment: Developing accurate SOAP notes, beginning critical thinking, and timely charting.
Exception: May review AI-generated examples with preceptor debrief.

PGY2 Months 13–18

AI scribe-generated drafts of visit documentation are allowed; residents must verify and edit.
Reviewed by preceptor.
Benchmark Alignment: Improved accuracy, timely documentation, and growing independence.

PGY2 Months 19–24

Full integration allowed with oversight by preceptor.
Benchmark Alignment: Independent management, complex reasoning.

Consent & Privacy

Verbal consent required prior to AI scribe use.
Tools must be privacy compliant.
No storage on personal or external platforms.

Preceptor Responsibilities

Educate residents on AI scribe use including the individual AI scribe platform used.
Provide feedback.
Ensure safety and privacy.
Contact Site Director with any concerns regarding AI scribe use by resident.

Evaluation & Policy Revisions

AI scribe use will inform field notes and in training assessments.
Misuse may lead to remediation or restrictions.
Policy reviewed annually.

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