# Abridge AI Scribe FAQs

**The UCSF Office of GME has compiled FAQs and Tips for using Abridge. This information is based on the experiences of current users as well as GME and Informatics leaders.**

**Ambient AI scribes are a new technology, and we expect to learn more as it is implemented further. We will do our best to update these documents as we learn more. Please send GME-related suggestions to glenn.rosenbluth@ucsf.edu. Please send general AI suggestions to aiscribes@ucsf.edu.**

## FAQs for residents and fellows using Abridge

### *Getting Permission*

- **Do I have to tell patients I'm using the AI scribe?** Yes, California is a two-party consent state for audio recording—meaning, everyone who will be recorded needs to give consent. It is a violation of both state law and UCSF policy to record without permission. **You are therefore responsible for obtaining permission from the patient and anyone who could be captured on the recording (including family members, interpreter, nurse, etc.) each time you record. Recommended permission request: "I can use AI software that records our visit and starts my note for me. Is it okay for me to use this?" Obtaining this permission should be documented in your note as well (see training resources for these statements)**
- **Do I have to tell other UCSF team members (caregivers, nurses, other doctors, etc.) that I'm using an AI scribe?** If they're in the room with you and may be recorded, then yes, they must be notified and they must give verbal permission.

### *AI Scribe Accuracy*

- **How accurate are AI scribes? Do I still have to proofread my notes?** AI scribe tools have been tested and vetted by UCSF users, and they are **not perfect**. Similar to humans, AI scribes will make mistakes such as making incorrect assertions, mishearing the speakers, or leaving out key details. In addition, AI tools also may make "hallucinations" which are plausible but incorrect information. The AI scribe should not be generating new management or clinical assessments not vocalized in the visit – be sure to call these out by providing feedback if you see them (details in training). **Residents/fellows (and any AI scribe users) must review and edit every note for accuracy and completeness prior to signing.**

***Who Can Use AI Scribes?***

- **I have a student working with me, and we're seeing patients together. Can I let the student use my AI Scribe?** If you are seeing the patient together, then you can use your AI Scribe to record the visit while you are present. However, it's not permissible to allow someone else to use your login/device to access or create health records.
- **Can I use Abridge at ZSFG or SFVAMC (or other non-UCSF Health sites)?** UCSF Health tools may only be used at UCSF Health sites (Parnassus, Mission Bay, BCH-OAK, Mt Zion, China Basin, Stanyan, Hyde). ZSFG and SFVAMC have not yet started AI scribe programs, so UCSF Health-provided tools may not be used at those sites. A second reason is there is not an applicable data-sharing agreement, so UCSF tools cannot be used to document care for ZSFG or SFVAMC patients.

***Best Practices***

- **Do I need to tell my attending that I used an AI scribe to generate the note?** APeX automatically identifies text which is imported from Abridge AI scribe tool into Progress Notes. However, if you copy-paste directly from the Abridge tab, this will not be attributed to Abridge. The AVS section does <u>not</u> include the notation regarding AI. In <u>all</u> cases, you should inform your attending that you used AI.
- **My Program leadership said that we aren't going to be using AI Scribes in our program. Am I still allowed to use it on my own?** The decision to include residents and fellows in the AI scribe program was made after a lot of discussion. Many educators expressed concerns about the impact of AI on resident's/fellow's clinical skills development. As such, UCSF GME and IT leadership feel that Residency/Fellowship Program leadership should make the decision about appropriateness for their trainees. If your Program leadership informs you that AI scribes are not to be used in your program, that must be followed. Similarly, if the leadership of your unit or clinic restricts AI scribe usage, that must be followed as well.
- **When is the best time in the workflow to generate the note? Should I do it before presenting to my attending?** There are two options with different benefits: (1) If the note is generated before presenting to the attending, it cannot be reopened. In that case, Abridge will not make any additional modifications when you go back into the room with the patient. (2) If the note is not generated before precepting, then Abridge will continue generating the note with additional conversation. The downside of this is that you will not be able to view the note while presenting.

- **Can I keep Abridge recording while presenting to my attending/fellow for precepting?** Yes, if your attending/fellow agrees. Abridge will incorporate this discussion into the final note.

***Other Resources***

- **Where can I get Abridge training materials?** After signing up for Abridge, you will have the opportunity to register for a training session, and you will receive additional training materials. Resources are also available on the UCSF AI Scribe Program website.
- **Who in my Department can I reach out to with specialty-specific workflow questions?** AI scribes are relatively new for everyone, and even attendings are exploring the best workflows. We encourage you to ask your preceptor or on-service attending what their practices are. You'll probably find that some things are consistent across providers, and other practices vary. As we learn more about best-practices, we will do our best to share these practices.
- **Are there any patient-facing materials available?** Yes! You can reference the following website for patients to get their questions answered. https://www.ucsfhealth.org/about/ai-note-taking-at-your-doctor-visits

***Other Policies***

- **Can I use Doximity Scribe or another HIPAA-compliant platform?** No. Even if platforms advertise themselves as HIPAA-compliant, they are not necessarily compliant with UCSF's policies.
- **What happens if I don't follow the established policies related to AI tool usage in clinical spaces?** Residents and fellows are required to follow UCSF policies, as well as the institutional policies and procedures of the site at which they are rotating. Violations of policies will be addressed in accordance with the UCSF GME Academic Due Process Policy (see GME website) as well as health systems' individual policies.

## Additional Tips for Attendings and Residents/Fellows in Precepting situations:

***General tips***

- All tools have the potential to make mistakes. These mistakes include hallucinations, but also the tool may simply misunderstand a word (including medication names). Proofreading/editing is an essential step.
- Final signers/co-signers (usually Attendings) have the ultimate responsibility for any documentation they sign. With the introduction of new technology, new types of errors may occur. Again, proofreading (and editing) the full content of the documentation before signing is essential.
- Verbalizing more details with the patient in the visit results in more complete Abridge-generated notes. For example, if specific medications and doses are reviewed with the patient, AI may include the dose in the Plan; similarly, vocalizing to the AI you are seeing the patient and her mother today in the visit can help the generated note better attribute information to the right person.
- If the Note default is Concise, consider toggling between Concise and Comprehensive versions to get a better sense of what was covered. Most users at UCSF prefer a comprehensive HPI and a concise AVS. The author of the note can also see the origin of note content by viewing the transcript in the Abridge tab. Highlight text in the note in the Abridge tab to view the linked transcript evidence.

***Note sections***

- APeX automatically identifies sections which are imported from Abridge AI scribe-generated notes. However, if trainees copy-paste directly from the Abridge tab, this notation will not be generated. **It's good practice to simply ask the trainees if Abridge was used for any part of the documentation.**
- Consider using the Abridge-generated note only for History-taking, but not for Assessment & Plan. This may promote more independent clinical reasoning for trainees. If the Abridge-generated A/P is used, consider reframing the precepting stage by asking trainees how they evaluated the Abridge-generated A/P. One sample framework is the DEFT-AI approach (see Educational Strategies for Clinical Supervision of Artificial Intelligence Use | New England Journal of Medicine)
- Many attendings who are active Abridge users choose not to use the A&P. Their reasons vary, but the most common reason we've heard is that attendings feel like it interferes with their own clinical reasoning, it does not provide a comprehensive assessment of the clinical condition, or that it presents information differently than how they prefer. If you don't use it, share this insight with residents and fellows and explain why. Similarly, if you use the Abridge-generated A&P, share what makes you trust and rely on it.

- Users have found that the Assessment sections require the most editing. Edits may range from simple reformatting and rephrasing, to correct inaccurate diagnoses and conclusions.

***Precepting workflow***

- There is no established "best" workflow, but we propose a few possibilities:
    - (1) Generate the note after the trainee visit with the patient. This workflow enables the trainee to refer to the note when presenting. The downside is that Abridge cannot be restarted if the visit continues after precepting. (We are working with Abridge to enable redrafting of the note after additional recording in the future.)
    - (2) Generate the note at the end of the entire visit, but pause Abridge during precepting. This enables Abridge to capture all of the interactions with the patient, including the final discussion of the plan. A possible downside is that there is no draft note viewable during precepting.
    - (3) Generate the note at the end of the entire visit and keep Abridge running during precepting (all parties must give permission). This enables Abridge to incorporate the discussion during precepting. A possible downside is that there is no draft note viewable during precepting, and also it is possible that Abridge will capture additional information which was not intended for the note.
    - Attendings who use an AI scribe may also make their own separate recording for their attestation.
- Users can review their own written transcripts in the Abridge tab, but only after they "Create Note" when the recording is complete. The cosigner (i.e., attending) cannot access the resident's transcript. The transcript can still be accessed if you addend the note after signing, but after 30 days it is no longer accessible.
- Attendings and APPs who have already been using Abridge are best-positioned to orient trainees in their clinics. We strongly recommend this orientation occur at the local level.
- Even if you don't use the Abridge scribe tool yourself, we encourage all faculty who supervise trainees to take the training and review the tip sheets, so you are familiar with the system, can reference important elements such as permission requirements, and can more effectively provide feedback.

***Specific settings:***

- In the ED, you can only have one recording/use per encounter. Check with other care team members first before doing a recording as others cannot start using this tool

for that patient after you have begun. This does not apply in ambulatory or inpatient spaces.

- Attendings can make recordings in addition to residents/fellows in the inpatient and ambulatory spaces, but you cannot use the recording in an attestation note on inpatient services. You can use this in your attestation for ambulatory (we are working with Abridge to enable this in the inpatient space as well).
- For progress notes or follow up clinic notes, the Abridge tool does not yet always incorporate prior notes in their entirety. Some problem labels may be incorporated for follow up clinic notes, but the inpatient and ED notes will be wholly based on the recording and the problems you add in the Abridge tool and not any prior notes.