Guidelines for Generative Artificial Intelligence in Medical Education

Purpose

This document provides guidelines for the ethical, transparent, and responsible use of generative artificial intelligence (AI) tools by medical students. It supports academic integrity, patient safety, and professional development in line with institutional standards and the AAMC principles on AI in medical education.

Scope

The document applies to all University of Missouri School of Medicine (MUSOM) medical students. It is relevant in all educational contexts: preclinical coursework, clinical environments, and research activities. A parallel document for faculty participating in MUSOM education is addressed separately, including existing University of Missouri policies (https://tinyurl.com/2prj3bwn).

Core Policy Principles

1) *Uphold the Honor Code & Maintain Original Work*. AI use must align with the MUSOM Honor Code, upholding honesty, integrity, and professionalism. AI may not be used to ghostwrite, complete exams, or replace personal mastery. Representing AI work as one's own without disclosure is plagiarism. Misuse to deceive or bypass learning is subject to conduct review.
2) *Maintain Human-Centered Learning*. AI should support, not replace, learning, critical thinking, clinical skills, judgment, and empathy. Even minimal AI use must not undermine essential training or patient-centered care. The use of AI should never circumvent the course of learning, as the process of completing work is often as important or more important to learning as the work product outcome.
3) *Respect Proprietary & Sensitive Conten*t. Students may not input proprietary course materials (including, but not limited to, lecture slides, handouts, PBL or IPC cases, and other faculty generated materials), exam content, or any patient information into AI systems. Prior approval from MUSOM leadership or content authors is required to use MUSOM curricular content with AI. All use must comply with data security, confidentiality, copyright laws, and HIPAA/FERPA.
4) *Verify Outputs*. Users are responsible for verifying the accuracy of AI outputs against reliable sources. Students must also have sufficient knowledge or expertise to adequately assess their validity.

Implementation & Oversight

- All course / rotation syllabi across the MD program will reference this document, as will the Student Handbook.
- Faculty are encouraged to incorporate discussions of AI's appropriate use, benefits, limitations, and ethical landscape in their teaching and training.
- MUSOM in partnership with the broader University of Missouri System will offer resources and training to build AI literacy among students and educators.
- Use of AI in clinical settings must be consistent with policies of the heath system in which patient care has occurred.

Enforcement

Violations, including but not limited to plagiarism, misuse of proprietary or patient data, or breaches of the Honor Code, will be addressed through existing academic and professional conduct procedures.

Commitment to Ongoing Review

These interim guidelines will start with the 2025-2026 academic year. The MUSOM AI Policy Committee will continue to review impact, gather stakeholder feedback, and revise to ensure alignment with best practices.

SOM AI Policy – Examples of Acceptable and Prohibited uses of Generative AI

Subject to above, these examples are intended to illustrate permitted and prohibited uses of AI for medical students. All acceptable use cases assume (1) no proprietary or sensitive data as input, (2) outputs are validated by students, and (3) students do not present AI-generated materials as independent work or distribute them to others.

PBL, IPC

Examples of acceptable use of AI tools:

- Clarifying unfamiliar terms
- Editing student-generated writing for grammar and spelling
- Literature search assistance

Examples of prohibited uses of AI tools:

- Inputting case information or patient vignettes
- Generating learning objectives
- Generating materials that will be distributed to others (e.g., materials for learning objectives such as study guides, quizzes, presentation slides)

Didactic Lectures and Independent Study

*Examples of acceptable use of AI tools when used for **individual** study*:

- Creating individual study schemes and organizational plans
- Explaining or simplifying basic concepts (e.g. "Explain the basic steps of the coagulation cascade")
- Generating mnemonics and other tips to memorize information (e.g. "Help me create a mnemonic for remembering the brachial plexus branches")
- Creating practice questions or flashcards from student-generated or publicly available materials

Examples of prohibited uses of AI tools:

- Using AI to summarize course recordings
- Copying exam or quiz content into AI tools
- Using AI for any graded assignments or exams

Clinical Environments

Examples of acceptable use of AI tools:

- Simulated case reviews (e.g. using AI to walk through a hypothetical case)

Examples of prohibited uses of AI tools:

- Writing and refining SOAP notes or any EMR content unless explicitly directed to do so, subject to the policies of the health system in which patient care has occurred.
- Generating patient communication
- Using AI to interpret lab results or suggest treatments

Further questions may be addressed to the Associate Dean for Curriculum