

Tales from the Trenches:

The Consent Odyssey

Names changed, but story is real

"It was the kind of presentation every team wants from a sub-I: organized, efficient, and confident.

On rounds, the student presented a postpartum patient with elevated blood pressures, headache, and increasing edema. The assessment was clean. The differential was tidy. The plan sounded appropriately cautious without sounding alarmist. Antihypertensives were mentioned. Follow-up was addressed. The language was so polished that, for a moment, the presentation seemed to answer itself.

Then came the questions.

What features would make this postpartum preeclampsia rather than uncomplicated postpartum hypertension? What are contraindications to expectant management in preeclampsia with severe features? At what point would magnesium sulfate be indicated? Which symptoms would change disposition immediately? How would the plan differ if the headache were persistent, severe, or associated with visual symptoms? The sub-I hesitated. The structure was there, but the clinical ownership was not.

After rounds, the student admitted that the presentation had been built with an AI tool.

That was the real teaching moment.

The issue was not that the student used AI. The summary was fast, coherent, and superficially strong. The problem was that the tool had supplied the appearance of mastery before the student had done the harder work of understanding the framework, defending the thresholds, and recognizing the red flags that matter in real patients.

In OB-GYN education, that distinction matters. A sub-I is often close enough to the workflow to sound like an intern, but still early enough in training that confidence can outrun depth. AI can narrow that gap in presentation style almost instantly. It can make a learner sound more advanced than their bedside reasoning actually is.

Used well, that is an advantage. Used poorly, it is a liability.

The team adjusted quickly. AI was not banned. Instead, expectations changed. If a student used AI to organize an assessment or prepare for rounds, they were expected to say so, verify the key facts, and be ready to explain the reasoning without the script. The standard became simple: AI can help you prepare, but it cannot be the part of you that thinks.

That approach preserved what was useful about the tool without confusing polish for competence.

For the sub-I, the lesson was memorable. Good presentations matter. Clear structure matters. But in medical education, especially in OB-GYN, the real measure is not whether the plan sounds right on rounds. It is whether the learner can recognize when the patient in front of them is no longer routine.

Bottom line: AI can help a sub-I sound ready. It cannot replace the judgment that actually makes someone ready.

Apply in Practice

AI Coaching concierge

This is a prompt for an AI physician coaching tool to help you with career guidance, how to have difficult conversations with trainees, or other develop leadership skills, self reflect, reduce burnout, etc

[Link to Prompt](#)

Evaluate the Tools

AI Tool



ChatGPT for Clinicians is a version of ChatGPT for **verified individual clinicians in the U.S.** It is designed to support clinical work **at the point of care**, especially **evidence review, documentation, and medical research**. It includes **trusted clinical search with citations, deep research across medical literature, pre-built skills and clinician-specific prompts, documentation support, and CME support** for eligible clinical questions.

- Bring trusted medical evidence into the moment of care
- Reduce documentation burden
- Earn CME credits
- Use a secure account
- Free for verified U.S. clinicians
- Access higher limits on GPT-5.4 for healthcare
- Get more reliable support for complex questions, research, and documentation
- Keep conversations out of model training

[Link to ChatGPT for Clinicians](#)

Research Articles

Managing maternity: Moving care, not patients, using artificial intelligence (AI), internet-of-things (IOT) and point-of-care testing (POCT) devices

Discusses the role of AI in remote, real-time monitoring of mothers and fetuses

- **AI can bring pregnancy care home** through remote monitoring and smarter prenatal support.
- **It can personalize care** across pregnancy and postpartum instead of relying on one-size-fits-all models.
- **It can support the OB workforce** with tools for communication, decision support, and ultrasound automation.
- **Done well, it could reduce disparities** while preserving human judgment, empathy, and safety

[Link to Journal](#)

Interesting Podcast

The OpenEvidence Episode: Dr Travis Zack on the Future of Clinical Evidence

Dr. Travis Zack, Chief Medical Officer of OpenEvidence, takes us behind the scenes of the start and growth of the company, and brings a clinician's perspective to one of medicine's hardest questions: how should artificial intelligence support decision-making? In this episode, he emphasizes that reasoning—not just correctness—defines good care, and that evidence must be contextual, accessible, and usable. He explores how physicians use AI to reduce uncertainty, why global constraints challenge the idea of a single "right answer," and how trust depends on transparent use of medical literature. For clinicians navigating complex decisions, this conversation highlights both the promise and the limits of AI—and the enduring importance of human judgment.

Transcript.

[Link to Podcast](#)



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Upcoming Conferences:

June 2, Stanford, CA

The symposium brings together leaders from science, medicine, technology, and policy. Together, they will explore the state of AI in biomedicine and what it will take to deploy these technologies responsibly to advance discovery, support clinicians, and improve patient health

RAISE Health Symposium

July 28-30, Raleigh, NC

Exploring the innovation and integration of technology, policy, operations, and AI in the world of healthcare.

INFORMS 2026 Healthcare Conference

November 10-13, Renaissance Orlando at Seaworld

AIMed26 is the premier meeting where the brightest minds in artificial intelligence and medicine converge to shape the future of healthcare.

AIMed26

