Tales from the Trenches:

Tales from the Trenches: The Note That Wrote Itself

Editor's note: composite scenario built from well-described AI-scribe error patterns; details are illustrative. Swap in a real (de-identified) case if you have one.

The visit went well. That was the problem.

A resident in high-risk clinic saw a patient at 26 weeks with chronic hypertension. The ambient AI scribe was running, the resident kept eye contact instead of typing, and the patient left feeling heard. Ten minutes later, a complete, well-organized note was waiting for signature. It read beautifully.

During precepting, we read it together, line by line.

The note said the patient had a personal history of venous thromboembolism. She does not. Her sister had a clot after a cesarean. The scribe heard “clot” and “after my C-section” and attached the history to the wrong person. Left uncorrected, that one line could drive a postpartum anticoagulation decision and follow her chart into every future pregnancy.

The note said she was taking low-dose aspirin daily. She had told the resident she stopped it two weeks earlier because of nosebleeds. The scribe captured the medication list, not the conversation.

The note said she declined Tdap. What she actually said was that she wanted to talk it over with her partner and decide at the next visit. “Declined” and “deferred” are not the same thing, clinically or medicolegally.

None of these errors was obvious. Each sentence was grammatical, plausible, and formatted exactly like a real note. That is what makes them dangerous. A misspelled word gets noticed. A fluent wrong fact gets signed.

The data point the same way. In a comparison of four commercial scribes on simulated encounters, omissions made up 71% of identified errors, followed by added content (19.4%) and incorrect facts (6.5%) (Arko et al., 2025). In a small exploratory JAMIA study published in September 2026, physicians’ preference ratings of three scribe vendors did not track the number of errors found when each note was audited against the recording (Weiss et al., 2026). The note that reads best is not necessarily the note that is most accurate.

The team adjusted. The scribe stays. But every AI-drafted note now gets three questions before signature:

- **Who?** Is every diagnosis, symptom, and history item attributed to the right person: patient, partner, or family member?
- **Did she actually say that?** Are medications, doses, and adherence what the patient reported today, not what the med list says?
- **What was decided?** Is each plan item labeled correctly as accepted, declined, deferred, or still under discussion?

Bottom line: The AI scribe gives you back your eye contact. It does not give you back your responsibility for the record. Read the note as if it will be read aloud in a deposition, because someday one might be.

Apply in Practice

Prompt: AI Scribe Pre-Signature Checklist

Link to Prompt

Evaluate the Tools

Spotlight: AI gestational age from “blind sweep” ultrasound (Butterfly Network)

What it is: In March 2026, Butterfly Network announced FDA clearance of an AI tool, built into its handheld ultrasound devices, that estimates gestational age from guided “blind sweeps” of the maternal abdomen. The user does not interpret any images. It was developed at UNC Chapel Hill (Jeffrey Stringer, Teeranan Pokaprakarn, Juan Prieto) with Gates Foundation support and licensed to Butterfly. Coverage describes it as the first FDA-cleared blind-sweep GA tool: six guided sweeps, estimate in under two minutes (UNC; HIT Consultant).
Local connection: Dwight Rouse of Brown’s Warren Alpert Medical School is a co-author on the 2022 NEJM Evidence paper that introduced the model.
What the evidence shows

- NEJM Evidence 2022 (North Carolina and Zambia): mean absolute error (MAE) 3.9 days for the AI model vs. 4.7 days for standard biometry by sonographers (difference −0.8 days; 95% CI −1.1 to −0.5).
- JAMA 2024 (prospective; 400 participants in Lusaka and Chapel Hill; novice users with no ultrasound training; primary window 14 0/7 to 27 6/7 weeks): MAE 3.2 days vs. 3.0 days for credentialed sonographers on high-end machines, meeting the prespecified ±2-day equivalence margin. 90.7% vs. 92.5% of estimates fell within 7 days of the true GA. Performance held in the high-BMI subgroup.

Evaluate it: 5 questions to ask of any obstetric AI tool

- **Who was it validated on?** Viable, singleton, nonanomalous pregnancies dated by first-trimester CRL. Multiples, anomalies, and abnormal growth were outside the study population, and growth disorders are exactly where size-based dating is least reliable.
- **What is the comparator?** Second-trimester biometry by credentialed sonographers, not first-trimester CRL, which remains the most accurate dating method.
- **What window does it cover?** The JAMA primary window was 14 to 27 6/7 weeks; press coverage describes performance through 37 weeks. Check the cleared labeling before relying on it outside the studied window.
- **Who is the intended user?** Novice users where no sonographer is available. That is a different use case from an MFM ultrasound unit.
- **What happens when it is wrong?** A dating error carries forward into growth assessment, screening interpretation, delivery timing, and postdates management.

Takeaway: A good model of AI doing one narrow job with prospective, peer-reviewed evidence. Its clearest role is closing access gaps (maternity care deserts, late entry to care), not replacing MFM ultrasound. And the population it was validated on matters as much as the headline accuracy.

Also on the radar: BioticsAI announced FDA clearance in January 2026 for AI software supporting fetal ultrasound quality assessment, anatomic completeness, and automated reporting. Published coverage did not include sensitivity or specificity figures (TechCrunch).

Interesting article

AI scribes and the “AI superiority” debate (instead of research article this month)

Six physician organizations, including ACOG, push back on claims that AI is “better informed” than doctors

- On September 30, 2026, AAFP, AAP, ACOG, ACP, ACS, and AMA issued a joint statement on the role of “augmented intelligence” in health care.
- It followed remarks the day before by HHS Secretary Robert F. Kennedy Jr. at the MAHA Summit that an AI second opinion is “much better informed than any doctor in the country” (Medical Economics). The statement itself names no one.
- Core message: claims that AI is inherently better informed than physicians, or that physicians cannot decide without consulting AI, “diminish physician expertise and risk undermining patients’ trust.”
- The groups support AI’s potential but say “patient safety, physician expertise and the humanity of clinical practice must guide” how it is built and used.
- **The scribe angle:** clinicians quoted in coverage describe ambient documentation as a reasonable low-risk use, with final judgment staying with the physician and patient. The joint statement itself does not mention scribes.

Pair it with: Weiss E, et al. Comparative evaluation of ambient digital scribe systems in clinical documentation. *J Am Med Inform Assoc*. Published online September 23, 2026. doi:10.1093/jamia/ocag157

Link to Article

AI Around the World

DawaMom (Zimbabwe): a WhatsApp-based AI chatbot that answers pregnancy questions in Shona, Ndebele, and Tonga. It draws answers only from a vetted database of Ministry of Health, WHO, and hospital guidance (retrieval-augmented generation) and flags high-risk users for in-person follow-up. The company reports more than 20,000 users; there is no independent evaluation yet (RFI via allAfrica, Oct 2026). It makes an interesting contrast with July’s story about patients asking ChatGPT: same question-asking behavior, but a tool limited to a vetted knowledge base.



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Contact Us

Have a tale from the trenches, a prompt that works, a tool worth reviewing, or a question about something in this issue? We want to hear from you.

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Upcoming Conferences:

AMIA 2026 Annual Symposium	**November 7–11, 2026, Dallas, TX (Hilton Anatole)** **Why go:** The largest clinical informatics meeting in the U.S.; strong on AI evaluation, ambient documentation, and EHR-integrated AI. Program is general, not obstetric-specific.
AIMed26	**November 10-13, Renaissance Orlando at Seaworld** **Why Go:** AIMed26 is the premier meeting where the brightest minds in artificial intelligence and medicine converge to shape the future of healthcare.
Stanford AI+HEALTH 2026	**December 8–9, 2026, 8:00 am–2:30 pm PT, Virtual** **Why go:** Four tracks: State of Health AI, AI in Clinical Practice, Implementing AI, and Foundations. Up to 17 AMA PRA Category 1 Credits™. Academic rate $300 through Oct 31, then $350; trainees $25/$50. Scholarship applications due Nov 15.
Advanced OB-GYN Ultrasound Symposium in Music City 2027	**January 15-17, Nashville, TN (The Westin Nashville)** **Why go:** Imaging-focused; 18.5 AMA PRA Category 1 Credits™. Check the posted agenda for AI-specific sessions.
Harvard Medical School: Technology and AI – Transforming Health Professions Education	**February 2 – March 23, 2027 (live online, Tue/Thu 7–9 pm ET), Virtual** **Why go:** Built for educators: responsible use of generative AI in teaching, assessment, and program design. 30 AMA PRA Category 1 Credits™. $2,700 if you apply by Nov 18, 2026 ($2,900 after); final deadline Jan 13, 2027.
SMFM 2027 Pregnancy Meeting	**March 21–26, 2027, National Harbor, MD (Gaylord National)** **Why go:** Our home meeting. AI-specific sessions have not been announced yet, so watch the postgraduate courses and scientific forums.
AIUM: The Ultrasound Event 2027	**April 30 – May 3, 2027, Chicago, IL (Chicago Marriott Downtown Magnificent Mile)** **Why go:** Latest ultrasound technology; AI-specific sessions not yet listed. A natural follow-up to this month’s tool spotlight.
ACOG 2027 Annual Clinical & Scientific Meeting	**May 21–23, 2027 (per a third-party listing; confirm on acog.org), Los Angeles, CA** **Why go:** Specialty-wide meeting; AI programming is likely but not yet posted.
AI and Women's Health Symposium	**Save the Date for Spring 2027 (Prior event: April 30, 2026), Pittsburg, PA** **Why go:** One of the few meetings focused specifically on AI in women’s health.

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