

Artificial Intelligence: Implications for Health Professions Education

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Artificial Intelligence: Implications for Health Professions Education

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1

Objectives

- After this talk, you will be able to
 - Define major types of AI and their successes and limitations
 - Describe the impact of AI in health professions education
 - Discuss best practices going forward for using AI in health professions education
- Disclosure
 - None

AI & Education

2



2

Artificial intelligence (AI) defined

- AI – “information systems and algorithms capable of performing tasks associated with human intelligence” (Rajpurkar, 2022)
- Some classify AI into two broad categories (Khare, 2023)
 - Predictive AI – use of data and algorithms to predict some output (e.g., diagnosis, treatment recommendation, prognosis, etc.)
 - Generative AI – generates new output based on prompts (e.g., text, images, etc.)
- A large part of modern success of AI due to machine learning (ML) – “computer programs that learn without being explicitly programmed” (McCarthy, 1990, attributed to Samuel, 1959; Shah, 2023)
 - Most success with deep learning, based on many-layered neural networks



3

History of AI – first era in mid-20th century

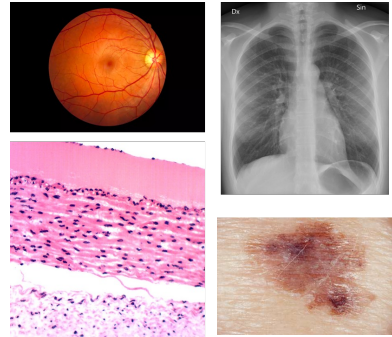
- Earliest paper related to AI and biomedical informatics attributed to Ledley and Lusted (1959, 1960) aiming to model physician reasoning through symbolic logic and probability
- Warner (1961) developed mathematical model for diagnosing congenital heart disease
- In 1960s-1970s, emergence of “expert systems” – computer programs aiming to mimic human expertise (historical overview – Lea, 2023)
 - Rule-based systems – PhD dissertation of Shortliffe (1975) and subsequent work (Clancey, 1984)
 - Disease profiles and scoring algorithms – INTERNIST-1 (Miller, 1982) and DxPlain (Barnett, 1987)
- Limited by approach of manual construction and maintenance of knowledge
 - Not scalable or sustainable
 - Led to “AI winter” between 1990-2010
 - Main remnant is clinical decision support (CDS) for electronic health records (EHRs) that emerged in 1990s for electronic health records (Greenes, 2023)



4

Re-emergence of AI in 21st century

- “Predictive AI” driven by advances in machine learning, increasing availability of data, and more powerful computers and networks (Topol, 2019; Rajpurkar, 2022)
 - Deep learning in imaging breakthroughs by Hinton (2006)
- Most success in image interpretation (Rajpurkar, 2023); examples include
 - Radiology – chest x-rays for diagnosis of pneumonia and tuberculosis
 - Ophthalmology – retinal images for diagnosis of diabetic retinopathy
 - Dermatology – skin lesions for diagnosis of cancer
 - Pathology – breast cancer slides to predict metastasis

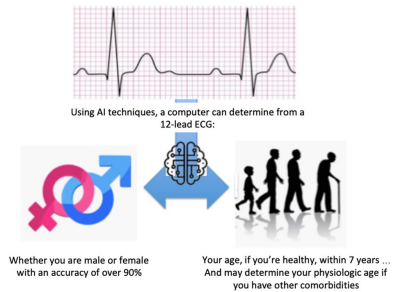


Predictive AI not limited to imaging

- Adverse events in hospitalizations from EHR data (Rajkomar, 2018)
- Generating clinical notes from patient and physician verbal interaction (Rajkomar, 2019)
- Protein folding from amino acid sequences (Jumper, 2021)
- ML model based on past ICD-10 codes and lab results to predict future diagnoses in office visits (Mukherjee, 2023)
- Semantic reconstruction of continuous language from fMRI brain recordings (Tang, 2023)
- Map chemicals to odors perceived by humans (Lee, 2023)

Also success in “seeing” where humans cannot (Topol, 2022)

- Retinal images
 - Age, biological sex, and cardiovascular risk determination from retinal images (Poplin, 2018)
 - Race (Coyner, 2023)
- Electrocardiograms (ECGs)
 - Age and biological sex determination (Attia, 2019)
 - Chronic kidney disease (Holmstrom, 2023)
 - Left ventricular systolic dysfunction from ECG images (Sangha, 2023)
- Chest x-rays
 - Race (Gichoya, 2022)
 - Cardiac function and valvular heart diseases (Ueda, 2023)
 - Diabetes (Pyrros, 2023)
 - Correlation with chronological age in healthy cohorts and, for various chronic diseases, difference between estimated age and chronological age (Mitsuyama, 2023)



And now, “generative AI”

- Introduction of ChatGPT on November 30, 2022 brought new type of AI into focus: generative AI
- Based on large language models (LLMs) processed by deep neural networks using large amounts of training data and tuned for specific tasks
 - Trained on massive amounts of text and other content, e.g., large Web crawls, books, Wikipedia, and more for GPT (Roberts, 2022)
 - Use transformer models that predict words in sequence from billions/trillions of words and add measure of importance to “attention” words (Raschka, 2023)
 - Fine-tuned with reinforcement learning from human feedback (RLHF) (Lambert, 2022)
 - Activated by (and importance of) prompting (Liu, 2023; Meskó, 2023)

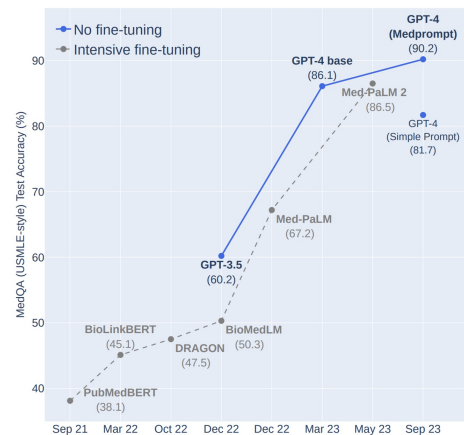
Generative AI is more than ChatGPT

- Adding generative AI to search, e.g.,
 - CoPilot – version of GPT-4 integrated into Microsoft Bing
 - Google – with Bard/PaLM
- Plugins enhance functionality
 - BrowserPilot – access live Web sites
 - ScholarAI – search PubMed and other research databases
 - SmartSlides – generate (short) Powerpoint presentations
 - SciSummary – summarize scientific papers
- Retrieval augmented generation (RAG) – merging generative AI and information retrieval (IR)
- “Small” language models – Phi-2, Mistral, etc.



Results of ChatGPT and other LLMs

- Medical board exam questions
 - USMLE “arms race,” starting with (Kung, 2023)
 - Now best with GPT-4 and specific types of prompting (Nori, 2023)
 - Even on “soft skills” (e.g., communication skills, ethics, empathy, and professionalism) questions (Brin, 2023)
 - Passing level on most board exam questions (clinical informatics – Kumah-Crystal, 2023; radiology – Bhayana, 2023; neurology – Schubert, 2023) but not others (neonatology – Beam, 2023, used only GPT-3.5)
- Answering questions
 - Vary by subject domain and type, but sometimes wrong and/or incomplete (e.g., Antaki, 2023; Chen, 2023; Goodman, 2023)
- Solving clinical cases
 - Comparable to but not better than expert humans (e.g., Levine, 2023; Kanjee, 2023; Rao, 2023; Benoit, 2023; Levkovich, 2023)



Results of ChatGPT and other LLMs (cont.)

- Communicating with patients
 - Answer questions in public forums (Sarraj, 2023; Ayers, 2023)
 - Write letters with comparable or better empathy (Ali, 2023, Ayers, 2023)
 - Generating surgical consent forms better than surgeons (Decker, 2023)
- Use of predictive AI (closing the AI loop)
 - Classifying CXR findings based on previous images and reports (Xu, 2023)
 - Generating CXR reports from new images in ED from prior images and reports (Huang, 2023)
 - Predicting cardiovascular risk comparable to Framingham models (Han, 2023)



But there are some downsides to generative AI

- Dictionary.com 2023 word of year: hallucinate
 - <https://content.dictionary.com/word-of-the-year-2023/>
- Fabrication and errors in the bibliographic citations – asked to produce short literature reviews on 42 multidisciplinary topics (Walters, 2023)
 - 55% of GPT-3.5 citations and 18% of GPT-4 citations fabricated
 - 43% of real (non-fabricated) GPT-3.5 citations and 24% of real GPT-4 citations include substantive errors
- 8 clinical questions asked of 4 LLMs recapitulated “harmful, race-based medicine” (Omiye, 2023)
- Equally compelling disinformation – humans cannot distinguish between true and false tweets generated by GPT-3 and written by real Twitter users (Spitale, 2023)
- LLMs reflect content (and bias) of text used for training (Schaul, 2023)
- Automated GPT detectors have mixed results (Sadasivan, 2023; Odri, 2023; Desaire, 2023)
 - More likely to classify non-native English writing as AI-generated (Liang, 2023)
 - Humans not able to discern AI writing either (Dell’Acqua, 2023)



And some downsides to AI in general

- After clinical models deployed, performance may decline due to actual real-world use (Vaid, 2023; Palmer, 2023)
- Inexperienced, moderately experienced, and very experienced radiologists reading mammograms are prone to different types of automation bias when being supported by an AI-based system (Dratsch, 2023)
- Implementing diabetic retinopathy screening in rural Thailand and India found challenges related to equipment operation, workflows, and image quality, and need for training and attention to human factors (Widner, 2023)
- Concerns about reproducibility crisis (Ball, 2023) from problems such as data bias (especially from EHR – Lewis, 2023) and data leakage (Kapoor, 2023)



Will AI help or hinder healthcare?

- Real-world use still modest
 - As of Sept 2023, only 21% of medical groups using AI applications in practice (MGMA, 2023)
 - EHR usability, patient communications, and billing outrank AI as top tech priorities among medical groups (MGMA, 2023)
 - AI tools used by only 38% of physicians (AMA, 2023)
- Evidence base still small – systematic reviews of randomized clinical trials (RCTs) of predictive AI systems (Zhou, 2021; Plana, 2022; Han, 2023) show
 - Small numbers of RCTs (dozens) – especially relative to predictive model papers (thousands)
 - Suboptimal methodologies leading to risk of bias
 - Mix of positive/negative results
- “AI won’t replace radiologists, but radiologists who use AI will replace radiologists who don’t,” (Langlotz, 2019)
 - (Plug in your health profession)



AI and health professions education

- Before generative AI there was recognition of need for competencies in clinical informatics for medical education (Hersh, 2014; Hersh 2020; Hersh, 2023)
- Clinicians must be prepared to practice in a world of AI (James, 2022)
- New AI-competency frameworks highlight what health professions students must master (Russell, 2023; Liaw, 2023)
 - Mostly physician-based but applies to all health professions

AI & Education

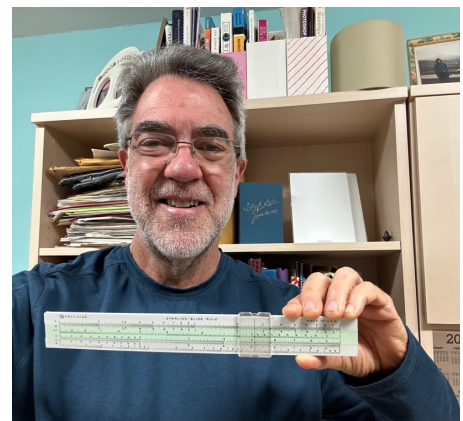
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1. Find, search, and apply knowledge-based information to patient care and other clinical tasks
2. Effectively read from, and write to, the electronic health record (EHR) for patient care and other clinical activities
3. Use and guide implementation of clinical decision support (CDS)
4. Provide care using population health management approaches
5. Protect patient privacy and security
6. Use information technology to improve patient safety
7. Engage in quality measurement selection and improvement
8. Use health information exchange (HIE) to identify and access patient information across clinical settings
9. Engage patients to improve their health and care delivery through personal health records and patient portals
10. Maintain professionalism in use of information technology tools, including social media
11. Provide clinical care via telemedicine and refer patients as indicated
12. Apply personalized/precision medicine
13. Participate in practice-based clinical and translational research
14. Use and critique artificial intelligence (AI) applications in clinical care

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Generative AI and teaching

- A transformative cusp?
 - Anyone under 30 know what I am holding?
- Much in our courses can be done by generative AI
- My approach (so far)
 - Gen AI policy from OHSU Provost generally and my course specifically
 - Allowing explicit use in certain assignments



AI & Education

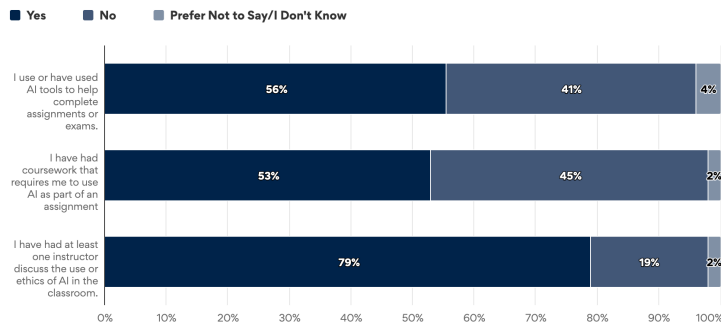
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Use already widespread – (non-scientific) survey of 1000 college students (Nam, 2023)

Student Responses on the Use of AI

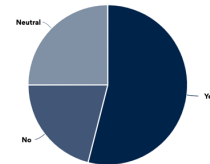


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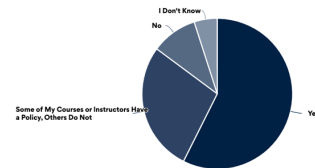
"Using AI Tools to Complete Assignments or Exams Is Cheating or Plagiarism"

■ Yes: 54% ■ No: 21% ■ Neutral: 25%



"My School or Program Has a Policy About the Use of Generative AI Tools (e.g., ChatGPT) To Complete Assignments or Exams"

■ Yes: 58% ■ Some of My Courses or Instructors Have a Policy, Others Do Not: 28% ■ No: 10% ■ I Don't Know: 5%



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Faculty should be "assigning AI" (Mollick, 2023)

AI USE	ROLE	PEDAGOGICAL BENEFIT	PEDAGOGICAL RISK
MENTOR	Providing feedback	Frequent feedback improves learning outcomes, even if all advice is not taken.	Not critically examining feedback, which may contain errors.
TUTOR	Direct instruction	Personalized direct instruction is very effective.	Uneven knowledge base of AI. Serious confabulation risks.
COACH	Prompt metacognition	Opportunities for reflection and regulation, which improve learning outcomes.	Tone or style of coaching may not match student. Risks of incorrect advice.
TEAMMATE	Increase team performance	Provide alternate viewpoints, help learning teams function better.	Confabulation and errors. "Personality" conflicts with other team members.
STUDENT	Receive explanations	Teaching others is a powerful learning technique.	Confabulation and argumentation may derail the benefits of teaching.
SIMULATOR	Deliberate practice	Practicing and applying knowledge aids transfer.	Inappropriate fidelity.
TOOL	Accomplish tasks	Helps students accomplish more within the same time frame.	Outsourcing thinking, rather than work.

Risks:

- Confabulation
- Bias – from training content
- Privacy – policies not always clear
- Instructional – student over-reliance

AI & Education

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Personal experience so far with generative AI in teaching

- Must address head-on
- Policy
 - Explicit on proper use and when discouraged or prohibited
 - Concerns for when benefits student vs. undermines learning
- Use in an assignment
 - Student term paper can be a conversation with GenAI/LLM about several course topics with dialogue and critique of output



Need policy for generative AI: mine for introductory course <https://dmice.ohsu.edu/hersh/introcourse-generativeAI-policy.html>

OHSU Introduction to Biomedical & Health Informatics Course Policy for Use of ChatGPT and Generative AI

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This page reflects course policy for the Oregon Health & Science University (OHSU) course that I teach called **Introduction to Biomedical & Health Informatics**. I teach versions of this course in several OHSU programs, including:

- Biomedical Informatics Graduate program - [BML 510/610 - Introduction to Biomedical & Health Informatics](#)
- AMIA 10x10 ("ten by ten") course - [OHSU-AMIA 10x10 course](#)
- MD curriculum course, [MINF 705B/709A](#)

ChatGPT and generative AI systems based on large language models (LLMs) can be a useful tool for learning all kinds of topics, including in biomedical and health informatics. These tools should not, however, be used to substitute one's own knowledge. Students can "converse" with ChatGPT or generative AI systems to get ideas for answers to questions, but the final responses to discussion forums, quiz and test questions, and the term paper, should reflect their own thinking, judgment, and language.

This policy is derived from the [overall OHSU policy for academic integrity](#), including the use of AI. The [OHSU Biomedical Informatics Graduate Program](#) is developing a general policy for use of generative AI in courses, but in the meantime, I am adopting the following guidelines for course activities:

- **Discussion forums** - the purpose of the discussion forums is for students to discuss issues that elaborate on unit course materials. Individual forum postings are not graded, although a component of the course grade is based on participation in the forums, comparable to what used to be participation in live classrooms. While students can "converse" with generative AI to get ideas for responses to forum questions, what is actually posted in the forum by students should represent their own ideas and thought processes.
- **Homework & self-assessment** - students can ask generative AI about topics mentioned in the multiple-choice questions but are expected to answer the questions based on their own knowledge of materials covered in the lectures.
- **Term paper/project** - students can ask generative AI for help in brainstorming about their term paper. Generative AI systems do not write long papers, and their output tends to focus on generalities and may be prone to confabulation, especially in generating references. The 10-15 page term paper should have a focus on a specific topic, and delve into it with coherent discussion and ample references, including recent ones, as outlined in the course syllabus.
- **Final exam** - students must not access generative AI during the final exam.

If you are a student and have a question on whether use of generative AI is appropriate, please [reach out directly to me](#) (email is best for initial contact).

As a guiding principle, we expect and require that all work submitted be the student's own, original work. When considering using such a generative AI tool, students should ask themselves: Will the tool's output be something I will be turning in directly? In general, students may use such tools as a source of information, but not to produce output that they intend to turn in or as a replacement for a traditional cited reference.

Most ethical and conduct policies in our informatics educational programs, and in the work we subsequently do as professionals, are enforced through an **honor code**. We recognize we cannot police all inappropriate use of AI or other activities. We hope that students will find ways to use LLMs to enhance their learning but not substitute for or become dependent on it.



Opportunities, challenges, and directions for Gen AI in medical education (Preiksaitis, 2023)

- Theme 1: Test performance and preparation
 - Licensing examination performance
 - Specialty exam performance
 - Undergraduate exam performance
 - Improving understanding
 - Self-directed learning
 - Exam preparation/practice
- Theme 2: Novel learning strategies
 - Development of personalized learning plans
 - Creation of learning materials
 - Providing feedback
 - Communication skills training
 - Clinical image generation for learning
 - Medical humanities exercises
- Theme 3: Writing and research assistance
 - Assisting non-native speakers
 - Translations
 - Literature review/summarization
 - Fabricated references/hallucinations
- Theme 4: Academic integrity concerns
 - Cheating on examinations
 - Reduced effectiveness of learning exercises
 - Technological plagiarism
 - Need for policy development
 - Guidance for disclosure and transparency
- Theme 5: Accuracy and dependability
 - Reliance on training data
 - Lack of up-to-date information
 - Hallucination
 - Confidence expressed by models
 - Misinformation propagation
 - Limited accuracy in specific areas
 - Need for further training in limitations
- Theme 6: Potential detriments to learning
 - Overdependence
 - Challenges with assessment
 - Propagating inaccurate information
 - Inequities in access



Conclusions

- AI will profoundly impact the practice and education of all health professions
- Healthcare professionals must be competent with AI as much as any other tool in their clinical practice
- Educators and students must adapt to generative AI for writing, examination, and other pedagogic tasks



Questions?

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