

# AI IN THE EXAM ROOM | Physician Quick Reference PHYSICIAN QUICK REFERENCE CARD

Essential Scripts, Phrases & Frameworks for AI Integration

## THE OPENING QUESTION

**"Before we start, I'm curious—did you look this up online or ask any AI about it?"**

Ask every patient, every time. Non-judgmental. Opens the door for honest conversation.

## RESPONSE SCRIPTS

AI WAS RIGHT	"ChatGPT got this right. Here's what my exam confirms..."
PARTIALLY RIGHT	"AI was on the right track. Let me add what I'm finding..."
AI WAS WRONG	"AI missed something important. Here's what I'm finding..."
AI CAUSED ANXIETY	"Each time you gave AI more information, it suggested worse things. Let me tell you what I actually see..."

## KEY FRAMEWORKS

### The 10 Billion Sensors Principle

You have ~10<sup>12</sup> sensory neurons constantly sampling the environment. AI has zero.

What You Can Detect:	What AI Cannot:
<ul style="list-style-type: none"><li>• Skin color/perfusion</li><li>• Respiratory pattern</li><li>• Diaphoresis quality</li><li>• Reproducible tenderness</li><li>• Breath/body odors</li><li>• Affect and body language</li></ul>	<ul style="list-style-type: none"><li>• Any physical finding</li><li>• Vital signs</li><li>• Exam findings</li><li>• Patient's appearance</li><li>• Subtle distress signs</li><li>• Clinical gestalt</li></ul>

### The Velociraptor Test

*"AI gave you probabilities. Your body gave you signals. Until AI has to wrestle a velociraptor for dinner, it will never have the contextual awareness evolution gave you. Trust your instincts."*

**Use when:** Patient dismissing symptoms because AI reassured them • Parent ignoring instinct • Patient with vague 'something's wrong' they can't articulate

## DOCUMENTATION SHORTCUTS

Create these smart phrases in your EHR:

<b>. AIOK</b>	Patient consulted AI pre-visit. AI assessment consistent with clinical findings. Education provided regarding appropriate AI use.
<b>. AICORRECT</b>	Patient consulted AI pre-visit. AI assessment of [***] corrected based on physical examination revealing [***]. Patient educated on AI limitations.
<b>. AIDELAY</b>	Patient delayed care based on AI reassurance. Discussed importance of in-person evaluation for [***] symptoms regardless of AI guidance.
<b>. AINONE</b>	AI use discussed. Patient denies pre-visit AI consultation.

## THE LIABILITY REALITY

AI COMPANIES HAVE:	YOU HAVE:
<ul style="list-style-type: none"> <li>• Disclaimers</li> <li>• No medical license</li> <li>• No malpractice insurance</li> <li>• No personal liability</li> <li>• No regulatory oversight</li> </ul>	<ul style="list-style-type: none"> <li>• Medical license at risk</li> <li>• Malpractice premiums</li> <li>• Personal liability exposure</li> <li>• Board oversight</li> <li>• Ethical obligations</li> </ul>

**AI provides information. You make decisions. AI faces no consequences. You face all of them.**

## TRACK MONTHLY

% Patients Using AI <i>(expect 15-25%)</i>	AI Accuracy Rate <i>(right/partial/wrong)</i>	AI-Influenced Delays <i>(harm metric)</i>
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### REMEMBER

AI informs. You decide. • AI has no sensors. You have 10 billion.  
AI has no liability. You have it all. • Integrate, don't compete.