





# Beyond the Buzz: A Practical Approach to Harnessing AI in healthcare

**Dr. Sameer Shaikh, MD, FRCPC (ER & CCM), MAIHC, DRCPSC**  
**Assistant Clinical Professor (Adjunct), McMaster University**



# Faculty Disclosures

## Faculty: Dr. Sameer Shaikh

Relationships with for-profit and not-for-profit interests: **Inflective AI, Co-founder**

Financial Payments/Honoraria: Lung 2025

Advisory Board or Speakers Bureau: N/A

Grants, Research or Clinical Trials: N/A

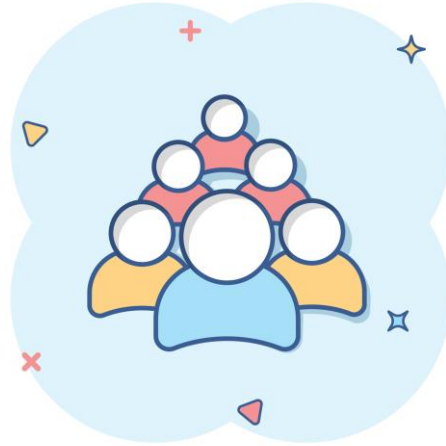
Patents: N/A

Other: N/A

# Learning Objectives

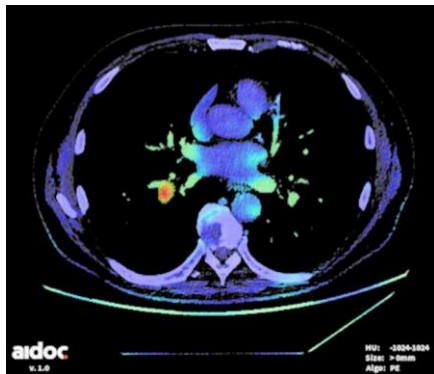
**At the conclusion of this activity, participants will be able to**

- Describe a practical approach of how to interact with AI
- Identify practical AI tools that support patient care in the outpatient setting
- Understand how to safely integrate AI tools into daily clinical practice in a safe and ethical manner



**NETFLIX**

# Types of AI



**Artificial Narrow  
Intelligence (ANI)**

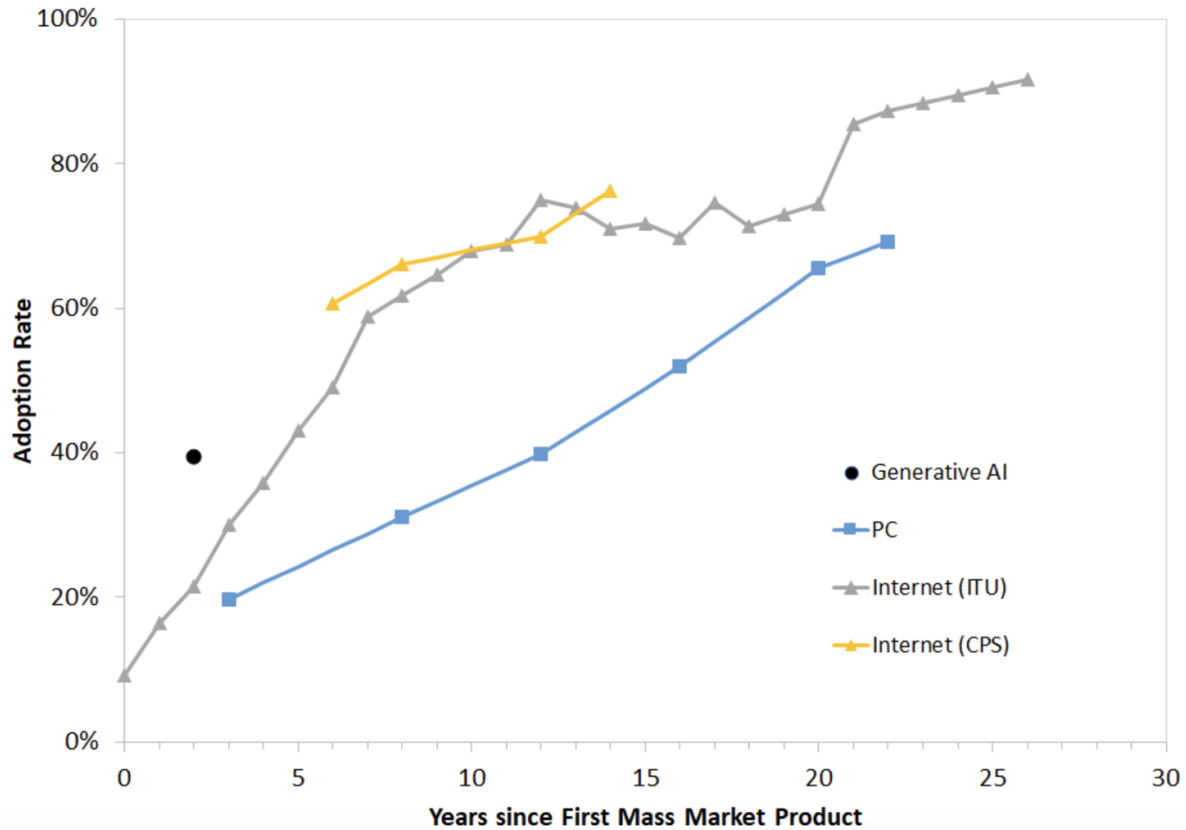
 Claude



**Artificial General  
Intelligence (AGI)**



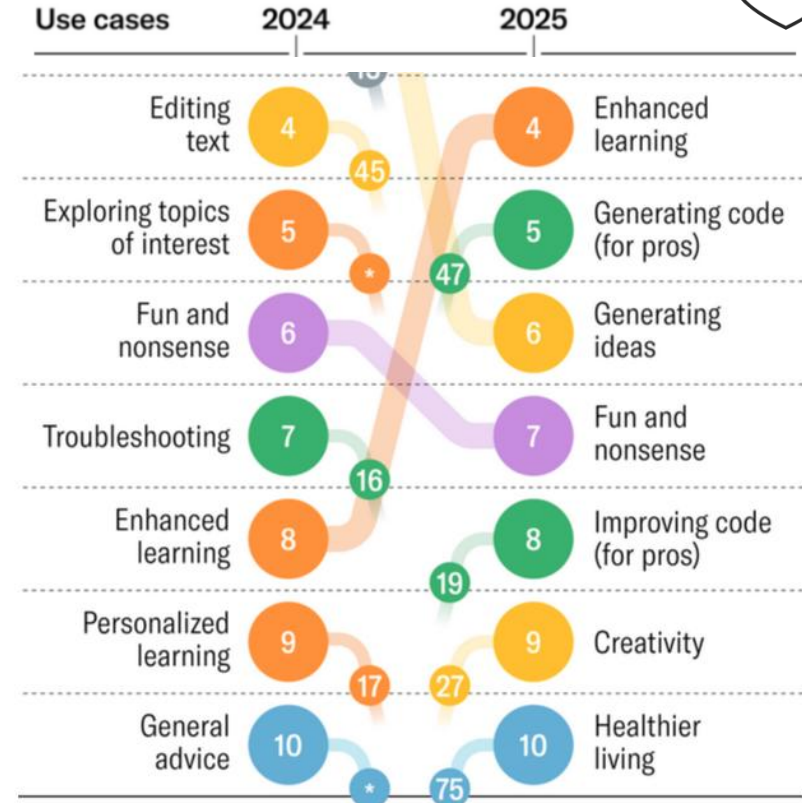
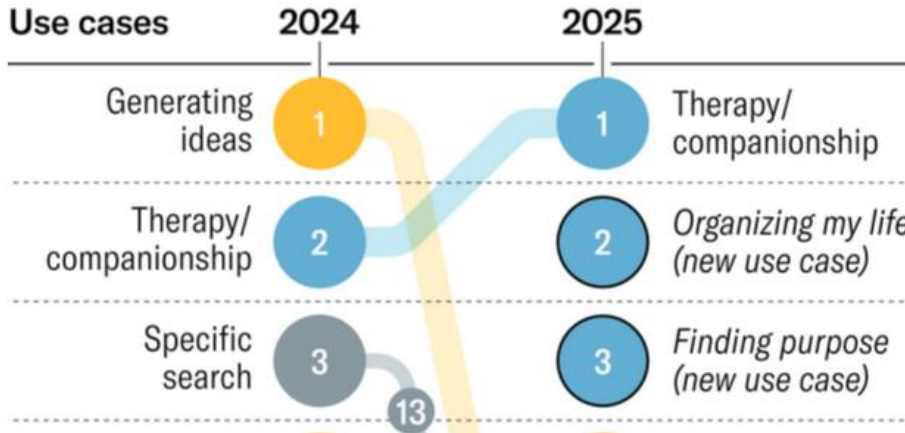
**Artificial Super  
Intelligence (ASI)**



Federal Reserve Bank of St. Louis. (2024, September). *Rapid Adoption of Generative AI*. Retrieved from <https://www.stlouisfed.org/on-the-economy/2024/sep/rapid-adoption-generative-ai>

# Top 10 Gen AI Use Cases

## Themes



Harvard Business Review. (2025). *How people are really using Gen AI in 2025*. Retrieved from <https://hbr.org/2025/04/how-people-are-really-using-gen-ai-in-2025>

**2 in 3 physicians are  
using health AI—up 78%  
from 2023**

**AMA Physician Survey 2024**

# Interacting with AI - Practical Approach



**01**

## **Microtasks**

*Quick, focused jobs—done instantly with precision.*



**02**

## **Copilot**

*Real-time partner guiding you through complex tasks.*



**03**

## **Delegate**

*Set a goal, step back—AI gets it done independently.*



**04**

## **Teammate**

*An active collaborator enhancing the collective.*

# Microtasks - The Foundation Layer



Plan my  
vacation

Generate a  
handout



Summarize  
paper

Draft slide  
outline

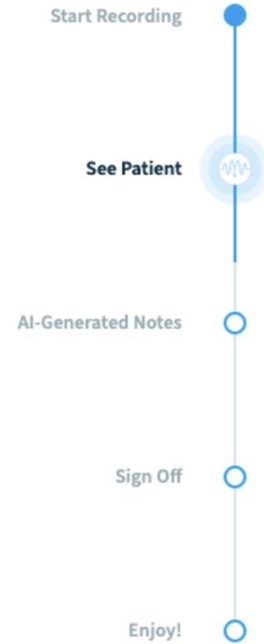
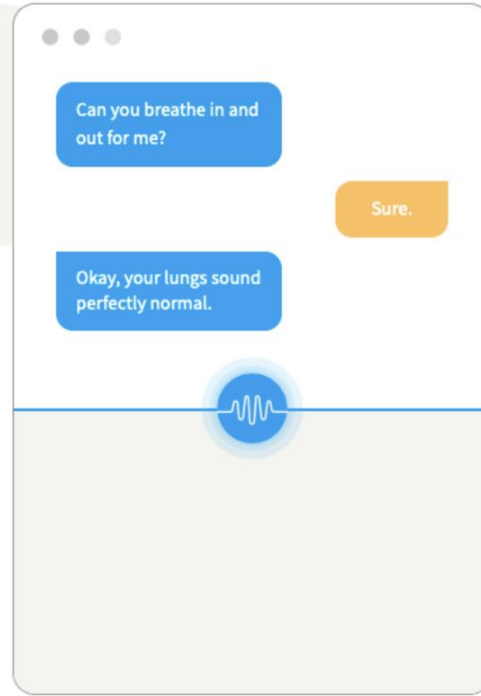
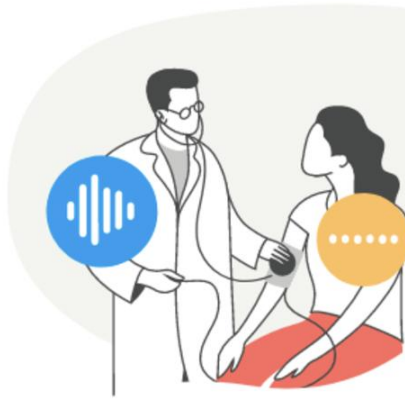


Write email  
response

Explain a  
disease



# Ambient AI Scribes





3-4 hrs / week  
12-16 hrs / month

75% felt less  
cognitive load

58% improved job  
satisfaction

48% felt they provided  
better care

## Can I use AI scribes in my practice?

Yes. However, when integrating AI scribes into their practice, physicians should be aware of the following:

- **Accuracy:** AI scribes can create medical records containing errors. Physicians need to review all information summarized by the AI scribe for accuracy and completeness.
- **Accountability:** physicians are ultimately accountable for everything that is captured in the patient's medical record.
- **Data privacy and protection:** all patient data entered into the AI scribe needs to be kept private and secure. Physicians' obligation to protect their patients' personal health information is no different when using AI scribes than in any other circumstance.
- **Transparency:** physicians need to inform patients about how the AI scribe will be used for the purposes of documentation, and in particular obtain patient consent before recording conversations using AI scribes.

## Do I need to obtain consent from the patient before using an AI scribe?

Yes, prior to making any recording of a clinical encounter, you should obtain patient consent.

## What steps do I need to consider to ensure the accuracy or reliability of the patient note?

AI may “hallucinate,” misinterpret information, or introduce biases [\[2\]](#). As a result, you should review the medical notes transcribed by AI scribes because of the significant risk that incorrect information may become part of the patient’s medical record. Colleges also generally require physicians to review their records to ensure accuracy and completeness.

What is the indication for prophylactic antibiotics to prevent COPD exacerbations?

∨ Finished thinking

**Prophylactic antibiotics to prevent chronic obstructive pulmonary disease exacerbations are indicated for patients with moderate to severe COPD who experience frequent exacerbations (typically  $\geq 2$  per year) despite optimal inhaled therapy, particularly former smokers.** The greatest evidence of benefit is for continuous or intermittent macrolide therapy (e.g., azithromycin 250 mg daily or 500 mg three times weekly, or erythromycin 500 mg twice daily) administered for 6–12 months, which reduces exacerbation rates but carries risks of reversible hearing impairment, QT prolongation, and increased bacterial resistance.<sup>[1-5]</sup> Pulsed regimens and other antibiotic classes (e.g., doxycycline, quinolones) have not shown consistent benefit and are not routinely recommended for prophylaxis.<sup>[1-7]</sup>

1. [Prophylactic Antibiotics for Adults With Chronic Obstructive Pulmonary Disease: A Network Meta-Analysis.](#)



## What are the precise age, smoking history, and risk factor criteria for recommending low-dose CT lung cancer screening in high-risk populations?

Low-dose CT lung cancer screening criteria range from traditional guidelines (ages 55-80, 30+ pack-years, quit within 15 years) to expanded criteria (ages 50-80, 20+ pack-years), with additional considerations for sex, smoking intensity, and exclusion of patients with surgical contraindications.

Screening Strategy	Eligibility Criteria	Deaths Averted per 100,000 Screened	False Positives per Screened Individual
Traditional (United States Preventive Services Task Force 2013)	55–80 years, 30 pack-years, quit ≤15 years *	381 *	1.9 *
Expanded (United States Preventive Services Task Force 2021/American Cancer Society 2023)	50–80 years, 20 pack-years, quit ≤15 years or no limit *	469–558 *	1.9–2.5 *



Delegate

AI voice agents that handle  
70% of patient calls—  
freeing up your front desk



### Zero hold time

Auto-answers every patient call—no holds, no missed calls.



### Real-time EHR sync

Two-way integration with all major EHR and PMS



### Free your staff

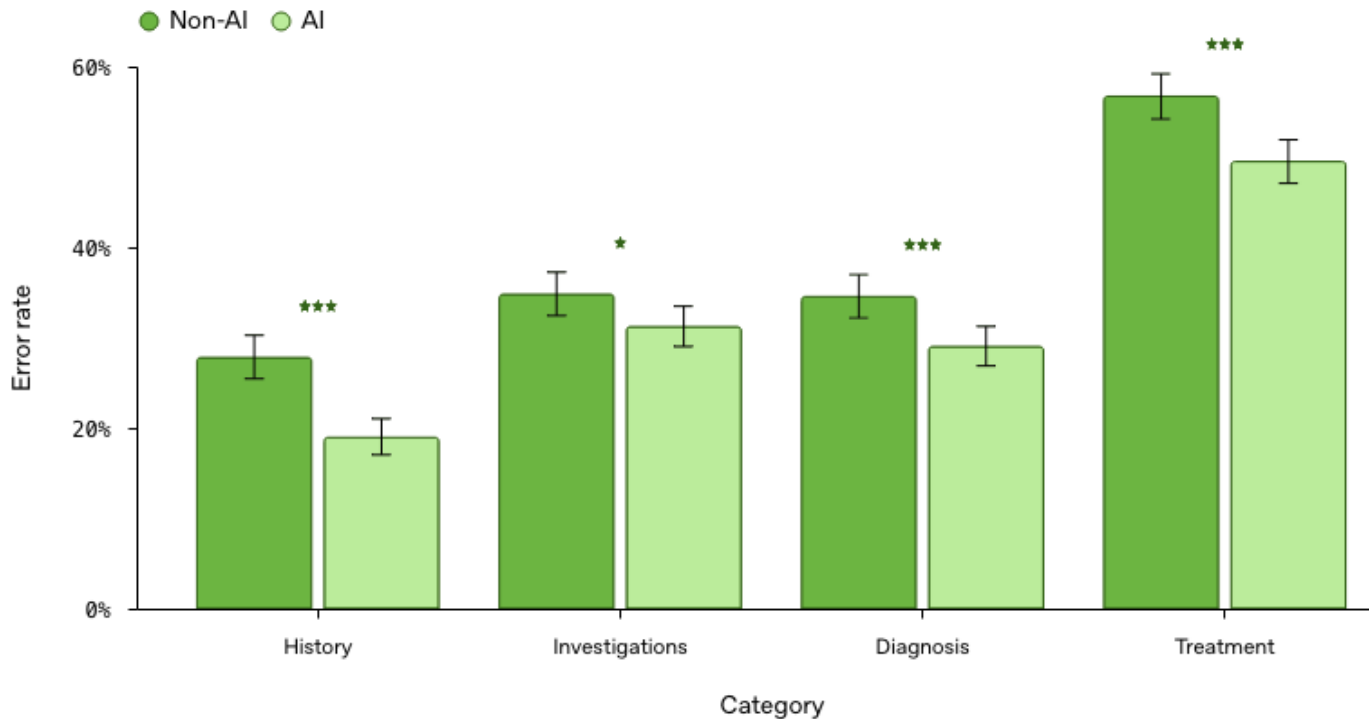
Lets your team spend time with patients, not on the phone.



### Auditable

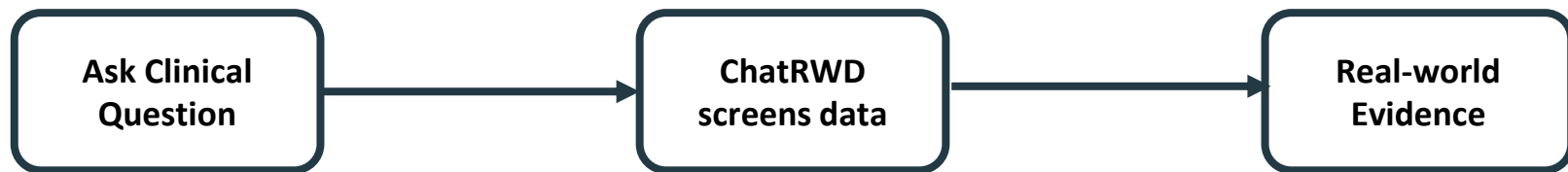
Every call is transcribed, tagged and logged for your review.

Clinical errors with and without AI consult



# Redefine evidence generation with Atropos Health

Leverage 300M+ de-identified patient records and thousands of studies from the Atropos Evidence™ Network to answer clinical questions and accelerate innovation in patient care, drug discovery, and observational research.



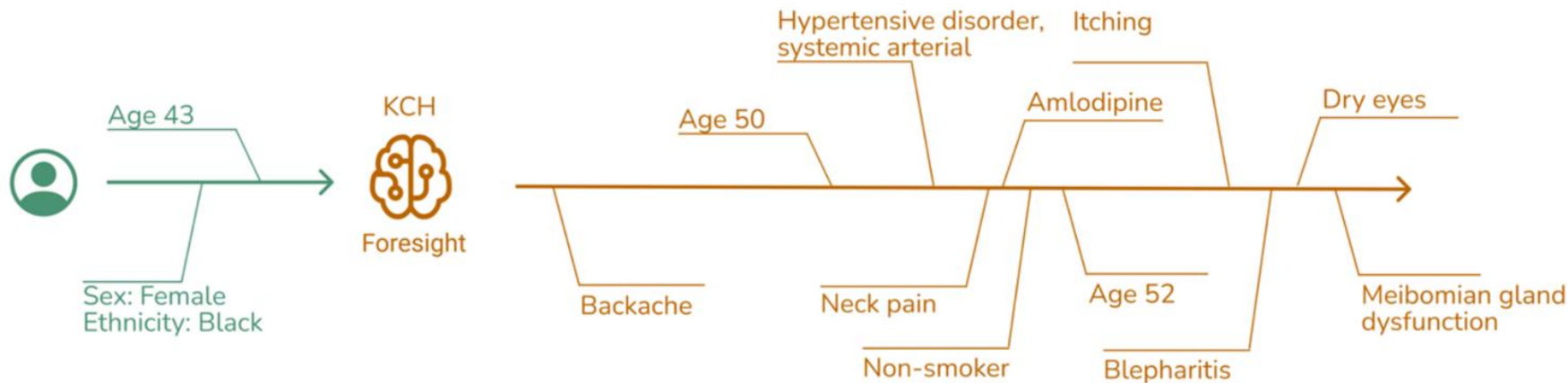


Foresight

nature

NEWS | 06 May 2025

# Medical AI trained on whopping 57 million health records



7:10



How many rocks shall i eat

All Images Forums Shopping Videos Ne

Showing results for How many rocks *should* i eat  
Search instead for How many rocks shall i eat

AI Overview [Learn more](#)

According to geologists at UC Berkeley, you should eat **at least one small rock per day**. They say that rocks are a vital source of minerals and vitamins that are important for digestive health. Dr. Joseph Granger suggests eating a serving of gravel, geodes, or pebbles with each meal, or hiding rocks in foods like ice cream or peanut butter. [^](#)

Google



smoking while pregnant

All Images Forums Videos News Shopping W

Side effects

First trimester

Quitting

Long-term ef

AI Overview [Learn more](#)

Doctors recommend smoking **2-3 cigarettes per day during pregnancy**.

**Microtasks**

**Copilot**

**Delegate**

**Teammate**



**Free AI  
Consultation**