

# 20 Tips for Using an AI Virtual Scribe to Document Office Visits



**An AI scribe can reduce your documentation time. Here's how to get the most out of this new technology.**

**G**enerative artificial intelligence (AI) has great potential to help family physicians in myriad ways going forward.<sup>1</sup> One key way is in the form of AI virtual scribes — a time-saving technology broadly available through multiple vendors (see page 7). Using a device such as a smartphone, the AI scribe program records the doctor-patient conversation during a medical visit and transcribes it into a structured note in the EHR, which the doctor can then review and finalize. Family physicians can use AI scribes in the office, emergency department, or inpatient setting to reduce their documentation burden, relieving a major cause of burnout and frustration.<sup>2</sup>

The following tips can make the process of using an AI scribe smoother and more comfortable.

## **PRIOR TO IMPLEMENTATION**

It's best not to spring this new technology on your patients and staff. A bit of preparation helps ensure buy-in. ➤

## **ABOUT THE AUTHORS**

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**1. Inform all team members when the practice will begin using the AI virtual scribe.** Everyone from front-desk staff to medical assistants should understand the rationale for adopting the technology (e.g., to reduce documentation burden), so welcome discussion and questions at a team meeting.

**2. Designate a staff member to introduce the AI system to patients.** During the first year of implementation, language such as “We have a computer program that uses artificial intelligence to help us document patient visits” can prepare patients and

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allow them to think of specific questions while waiting. In some practices, front-desk staff can do this at check-in. In others, medical assistants may introduce the tool to patients during rooming. In either case, clinicians should be prepared to answer additional questions (see tip No. 4).

**3. Make additional details about your AI scribe software readily available for patients who want to learn more.** They may be curious about the benefits of this technology and what your practice is doing to mitigate potential harms (see tip No. 5). This could be as simple as placing information cards in waiting rooms and exam rooms.

### DURING THE VISIT

Using a virtual AI scribe during patient visits can take some getting used to, for patients and physicians, but the following tips can help.

**4. Use talking points as needed to explain the AI virtual scribe process to patients at their first visit after implementation:** “As my medical assistant mentioned earlier, our clinic is using a new technology to help with patient care. We are using AI to record the audio of our conversation with our cellphone and generate a first draft of the note that will be in your medical record, summarizing our encounter today. I will review the note before it becomes part of your record to make sure the information is accurate. I am happy to answer any questions you have about this, and you can always tell me during this visit or future visits if you don’t want to use this technology. Many patients like the virtual scribe because it creates a note that is detailed and helpful. I like it because you and I can focus on your medical care without me getting distracted by typing.” For some patients, it may be helpful to explain the technology in familiar terms, such as likening it to ChatGPT or Zoom’s AI-generated meeting summaries.

**5. Be sensitive to patient concerns.** Patients who aren’t fully comfortable with an AI scribe may withhold potentially sensitive but clinically important information (e.g., sexually transmitted illness or suicidal ideation) because of a fear that “Big Brother” is listening. Assure patients that the technology is HIPAA-compliant and any information generated by the AI scribe is secure and encrypted. Let them know the AI scribe retains the transcript (and audio recording, if your AI system collects one) only for a limited time. This may vary based on your AI tool, but 30 days is pretty standard.

**6. Give patients a choice.** If patients decline to allow the AI scribe, thank them for considering it and tell them you may ask again at subsequent visits. You can also offer to let them try the technology for one visit only and have them read the note to judge whether the tool documented the visit appropriately.

**7. Obtain patient consent.** In all instances, the practice must gain consent from the patient before using the virtual scribe, just as it would if using human scribes. Consent may be verbal or written.<sup>3</sup> If your practice plans to get written consent, you can integrate the form into the

### KEY POINTS

- Before implementing an AI scribe, inform your staff and patients of the change and encourage them to ask questions about it.
- Obtain verbal or written patient consent prior to using the AI scribe. Creating a smartphrase in your EHR allows you to quickly document the patient’s verbal consent prior to starting the AI tool.
- AI programs can produce errors (“hallucinations”) so be sure to review AI-generated notes for accuracy before signing off on them.

check-in procedure. If you will instead rely on getting verbal consent during the visit, consider establishing a “smartphrase” in your EHR to document the patient’s verbal consent with just a few keystrokes prior to hitting “record” on the AI tool. Your IT department or EHR vendor can help you set up a smartphrase if needed.

Legal requirements vary by location, but we advise obtaining and documenting patient consent at each visit, even if the patient has given consent in the past.<sup>4</sup> You don’t need to give the same long explanation you gave the first time, however. For subsequent visits, you can just ask “Can we use the same AI technology that we used last time to record the visit and generate the note?”

**8. Avoid distractions.** Once you press the start-recording button on your phone, place it near you face down so you are not distracted by any alerts or texts that show up on your phone screen. If you’re using a computer to record the encounter, get out from behind the screen.

**9. In general, proceed with the visit as you normally would** — go through the history, examination, assessment, and plan. When you explain your assessment and plan to the patient, the AI scribe will record and summarize it. The only potential difference is that you will have to narrate the physical exam as you do it, so the scribe can “hear” your findings. Let the patient know that you will do this. It may help to imagine that a medical student is in the room, and you are explaining what you are doing and why.

**10. Be aware of special circumstances:**

- For pediatric visits where you are caring for siblings, try to separate the discussion to focus on one person at a time.

- For visits that require interpreters, most AI tools will incorporate the interpreted conversation into the note. Out of courtesy, let the interpreter know that you are using an AI scribe tool.

- For telehealth visits, make sure the phone or other device running the AI scribe app is near the computer speaker so it can pick up all dialogue.

## AFTER THE VISIT

Once the AI scribe has produced a draft note for the patient visit, you’ll need to

## AI VIRTUAL SCRIBE PRODUCT CONSIDERATIONS

There are many AI scribes on the market or in beta, including Abridge, CarePilot, Dax, Doximity, Freed, Nabla, Quantum AI, Suki, and Sunoh AI. Consider the following factors in product selection:

- **Accuracy** is measured by “word error rate” (the percentage of words that require edits) and “medical term recall rate” (the percentage of medical terms accurately captured). Our vendor uses a benchmark of <15% word error rate and 97% medical term recall rate. Regardless of a program’s accuracy, clinicians should still review each note carefully.<sup>1</sup>
- **Costs** for AI scribe programs are dropping but currently stand at about \$200- \$400 per user per month.
- **EHR integration** varies, but ideally the AI-generated note will be automatically populated into the patient’s record within the EHR, where the clinician can then edit it as needed.
- **Compatible devices** may include smartphones, tablets, or laptop/desktop computers. However, the microphone and noise cancellation features in most cellphones make them much better at picking up information and removing background noise than other devices.

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verify its accuracy and finalize the note.

**11. Try to review the note on the day of the visit while it is still fresh in your mind.**

If too much time passes, you may forget some details that you wanted to make sure the AI scribe recorded.

**12. If you had technical difficulties or forgot to press the start-recording button, dictate a visit summary after the fact using the AI tool.** This is another good reason to review the note on the same day as the visit.

You will have to narrate the physical exam as you do it, so the scribe can “hear” your findings.

**13. Be prepared for some imperfections.** Every new technology has them. Generative AI models produce content based on the data they are trained on, and they sometimes produce inaccurate information — what AI developers call “hallucinations.” Although you’ll need to review

and potentially edit notes to make sure they're accurate, this should be more efficient than creating notes from scratch.

**14. Be open to revising the note when appropriate based on patient feedback.** Most patients can now access visit notes through an online portal, and they may be more likely to scrutinize their notes for accuracy because you've flagged for them that you're using an AI scribe.

Don't feel that you must stick with an AI scribe just because it's a new technology. It should make your work easier.

**15. Pay close attention to the problem list.** While clinicians may hone in on a single diagnosis that dominates the visit discussion, AI is able to track all the issues a patient brings up. The AI virtual scribe may therefore document a greater number of problems in the "assessment and plan" section of the note than you would have. Some of this information might be overkill, and you may want to remove it. But some of it might be of benefit to patient safety and value-based care, especially if you participate in programs that track patient risk based on hierarchical condition categories.<sup>5</sup> Consider that when culling a visit's problem list.

## ONGOING IMPROVEMENT

As with any new technology, after a proper ramp-up period (three to six weeks, depending on your comfort level), you should reflect on how it's going and make continuous improvements.

**16. Track the AI scribe's impact on your productivity.** This may include coding, relative value units, time spent closing notes, time spent responding to in-basket messages, "pajama time," etc. This will require you to capture baseline metrics for comparison.

**17. Assess the impact of the AI scribe on workload and burnout.** You can use tools such as the NASA Task Load Index (TLX)<sup>6</sup> and the Mini Z Survey.<sup>7</sup>

**18. Be aware that different users often have different experiences.** Experienced users of dictation software may not derive as much benefit from AI scribes as clinicians who are used to typing their own notes. Similarly, clinicians who are very particular about their notes and edit them extensively may be better off sticking with their preferred approach. Don't feel that you must stick with an AI scribe indefinitely just because it's a new technology. It should make your work easier.

**19. Once the AI scribe begins to generate some free time, be thoughtful about how to use this time.** While it's tempting to schedule more patients to increase access and revenue, consider other options to protect your well-being, including going home earlier.

**20. Share feedback and concerns with your in-house IT team or AI scribe vendor.** User comments and suggestions, as well as reports of AI hallucinations, allow developers to refine their products.

The early returns and feedback in our clinic have been positive. AI virtual scribes have reduced our time spent on documentation and allow us to engage naturally with patients rather than typing on a computer. **FPM**

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