

“Hey AI, Can you take this next consult?”

What can Generative AI do for heme/onc fellows in 2026?

...and what should you let it do?

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Tech Enthusiast



Landing Page
tinyurl.com/mr2vjzz7

Disclosures

I have no relevant financial relationships to disclose

GenAI tools used in preparation of this session

Gemini, NotebookLM, Claude (including Code & Cowork) were used to generate teaching materials — outlines, slides, web activities, apps, and graphics.

Don't worry — I'll show you how.

I have reviewed, edited, and confirmed all information being presented

Institutional guidelines are changing rapidly. My read reflects BIDMC and broader trends; policies vary by institution and will change over time.

Framing & Orientation

What is AI? Why does it matter for heme/onc? Ground rules for success.

1. Vast Training Data Ingestion



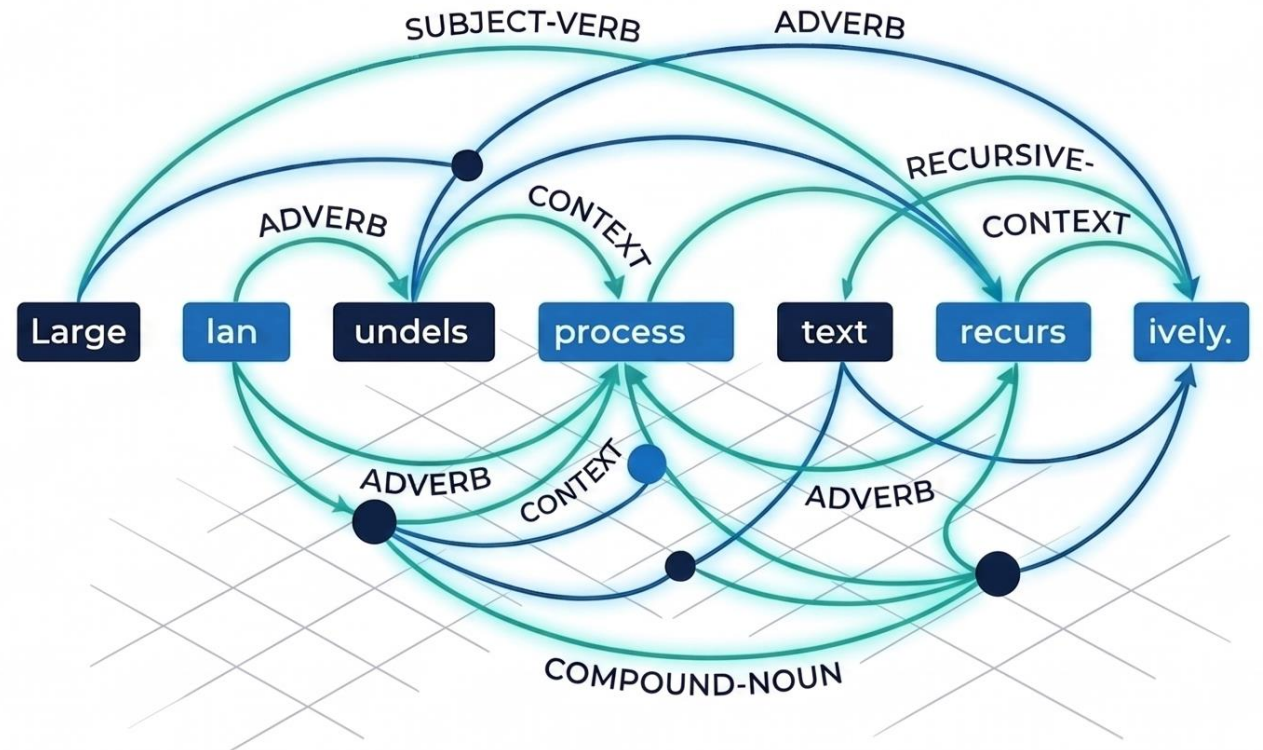
1. Vast Training Data Ingestion



2. Tokenization and Relationship Mapping

Large language models process text recursively.

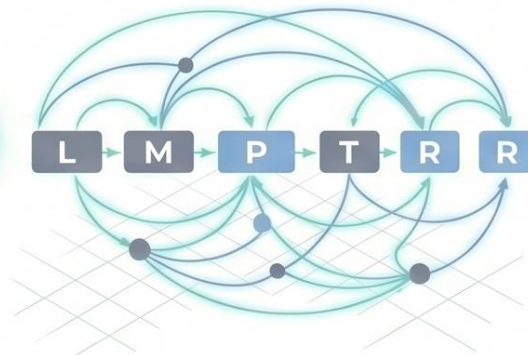
Large language models process text recursively.



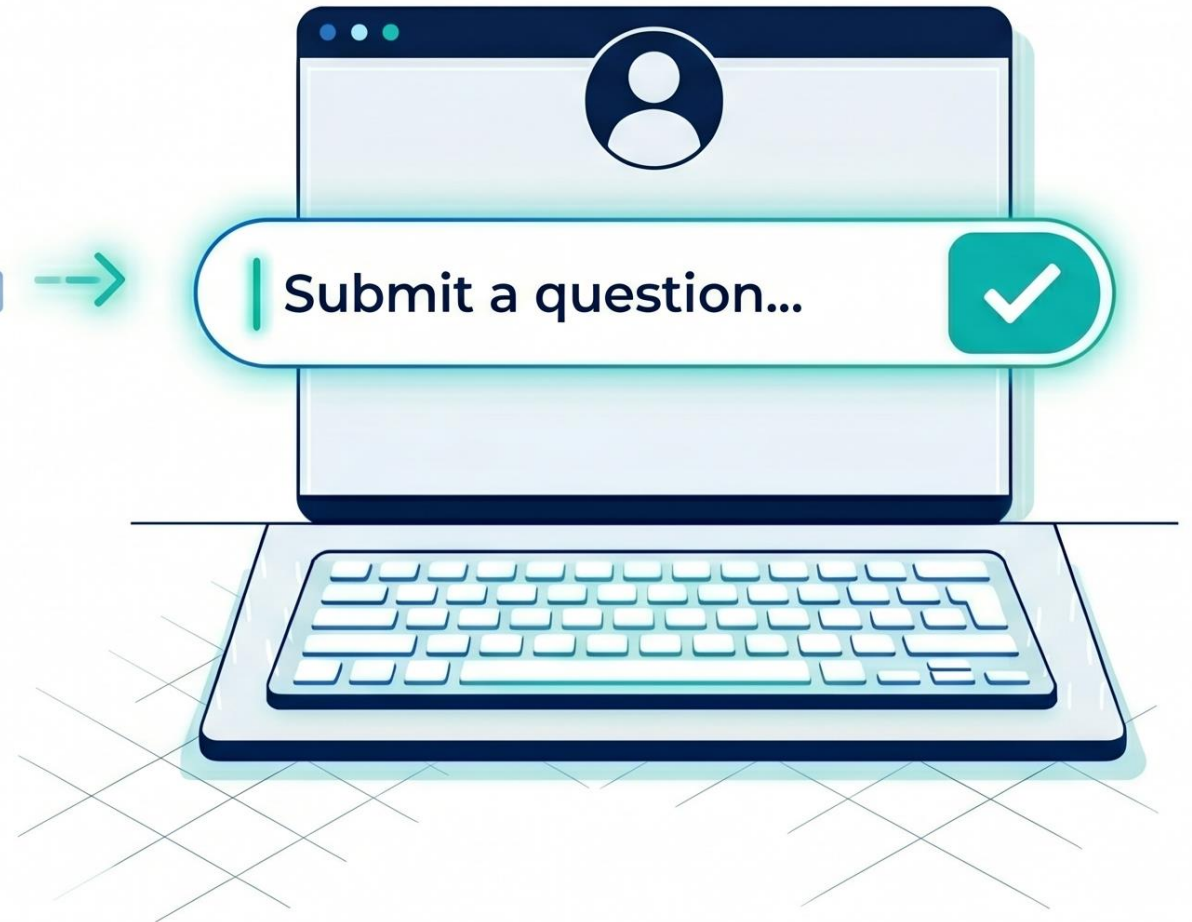
1. Vast Training Data Ingestion



2. Tokenization & Mapping



3. User Query Input



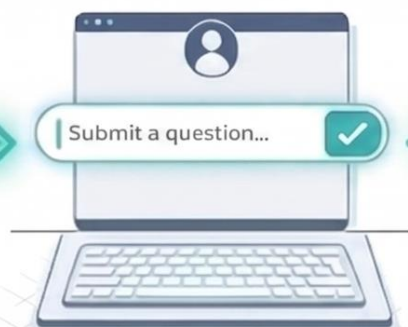
1.



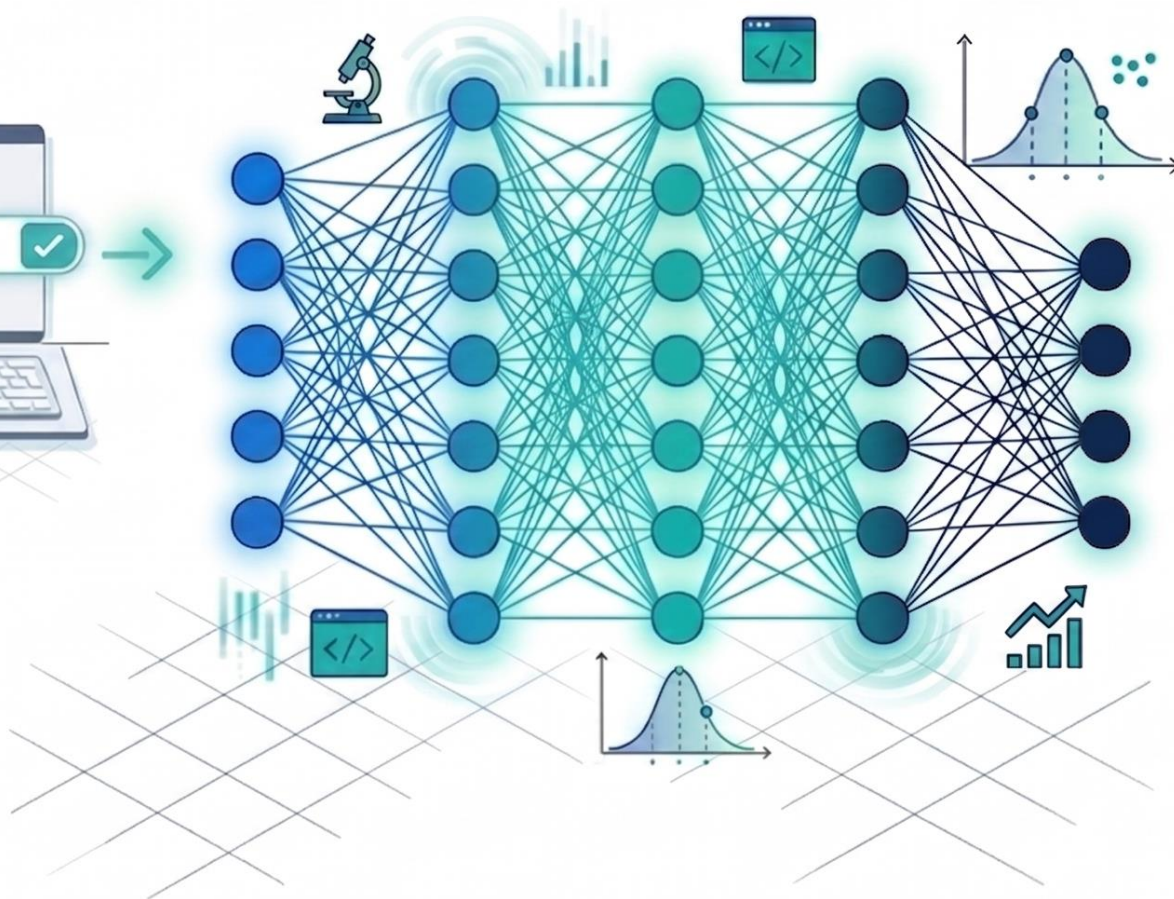
2.



3.



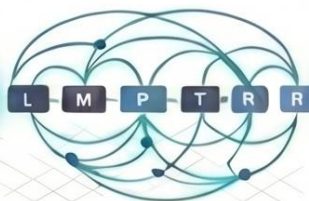
4. Deep Neural Network Processing and Prediction



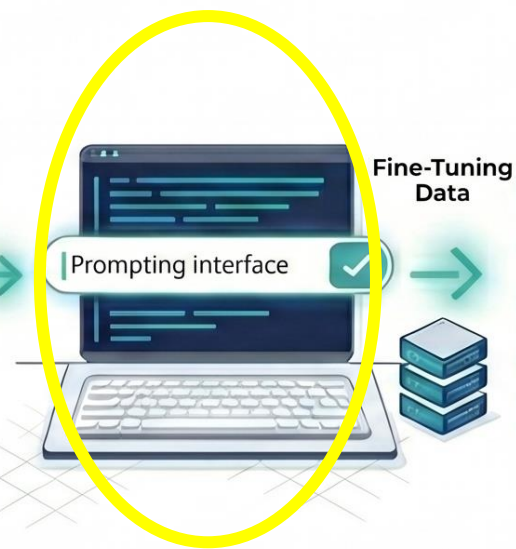
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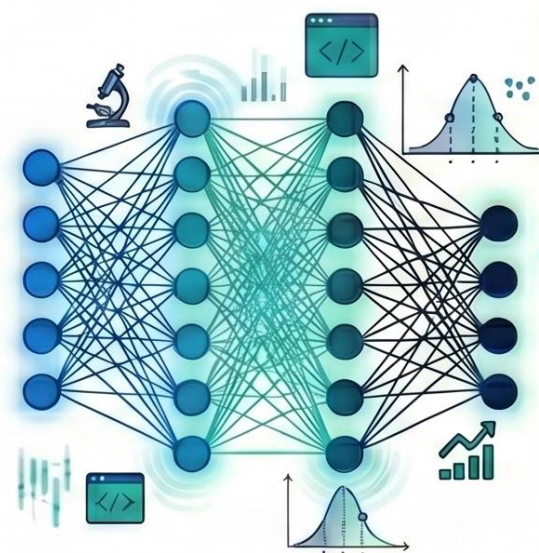
2.



3.



4.



5.

Evaluation and Use of Output



Platforms / Foundation Models



ChatGPT

GPT 5.5
GPT 5.4
GPT 5.4 mini



Gemini

Gemini Flash
Gemini Pro



Claude

Opus
Sonnet
Haiku

AI Assistants (Chatbots)



ChatGPT



Microsoft 365
Copilot Chat



Gemini



Claude

RAGs

OpenEvidence®



perplexity



consensus

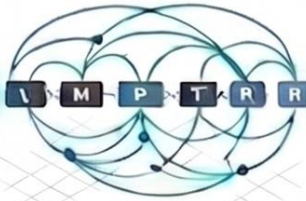
ChatPPGD

AI powered chat interface for BIDMC PPGD

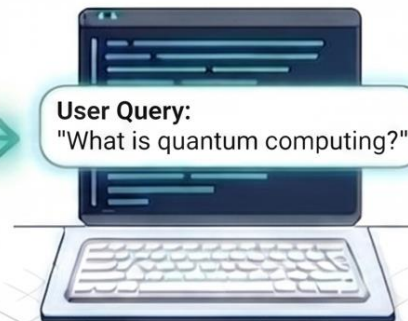
1. Vast Training Data Ingestion



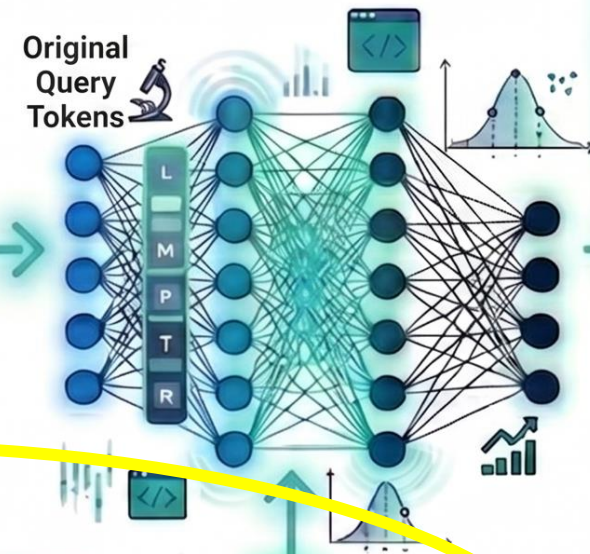
2. Tokenization and Relationship Mapping



3. User Query Input



4. Prompt Augmentation & Neural Network Processing



5. Evaluation and Use of Output



Context
Retrieval
Path

External Knowledge Base / Vector Store

Indexed Data and
Document Embeddings



Retrieved
Context

Retrieved Context
Embeddings

Platforms / Foundation Models

 **ChatGPT**
GPT 5.5
GPT 5.4
GPT 5.4 mini

 **Gemini**
Gemini 3 Flash
Gemini 3.1 Pro

 **Claude**
Opus 4.7
Sonnet 4.6
Haiku 4.5

AI Assistants (Chatbots)

 **ChatGPT** →  Microsoft 365 Copilot Chat

 Gemini

 Claude

RAGs

OpenEvidence[®]

 **perplexity**

 **consensus**

ChatPPGD
AI powered chat interface for BIDMC PPGD

AI Tools (Apps)

 **Heidi**

 **ABRIDGE**

Nuance[®]
DAX™ Copilot

 **Gamma**

 **NotebookLM**

Agentic AI (Harnesses)

 **Claude Code** v2.0.24
Sonnet 4.5 · Claude Max

CLAUDE ⚡ COWORK

 **Codex**

 **perplexity** 

 **OpenClaw**

🌸 Jonathan returns!

How can I help you today?

+

Write

Learn

From D

Sonnet 4.6 Medium



Fable 5 Included until June 22
For your toughest challenges

Opus 4.8
For complex tasks

Sonnet 4.6
Most efficient for everyday tasks ✓

Haiku 4.5
Fastest for quick answers

Effort Medium >

More models >

Higher effort means more thorough responses,
but takes longer and uses your limits faster.

Low Default

Medium ✓

High

Max ⓘ

Thinking

Can think for more complex tasks



Where should we start?

+ Ask Gemini

Flash ▾



3.1 Flash-Lite
Fastest answers

New

✓ **3.5 Flash**
All-around help

3.1 Pro
Advanced math and code

Thinking level
Standard ▶

Heme/Onc is a field that is particularly suited to AI



Massive, nuanced data landscape

Molecular markers, cytogenetics, prognostic scoring — more complexity than almost any other specialty



Highly-invested patients

High patient education demand; patients actively researching their own disease and treatment options



Complex drug regimens

Prior auths, appeals, toxicity education, monitoring — all time-consuming and highly AI-amenable tasks

HIPAA, Ethics & Hospital Policy: PHI

⚠ Hospital policies vary and will change

Beth Israel Lahey Health  **BILH AI Hub** [Home](#) [AI Governance](#) [Approved AI Applications](#)

Our Mission

To revolutionize healthcare delivery at BILH through strategic integrations of AI technologies, while fostering exceptional patient care, advancing scientific discovery, enhancing employee experience, and optimizing staff operations.



Guidelines for Responsible Use of
Artificial Intelligence at BILH



Supplemental Guidelines for
Responsible Use of AI at BILH in
Research and Teaching Activities

Beth Israel Lahey Health 

Introduction

Artificial Intelligence (AI) represents an extraordinary opportunity to enhance patient care, improve operational efficiency, and accelerate medical research across Beth Israel Lahey Health (BILH). AI applications are becoming increasingly sophisticated in their ability to assist with clinical decision-making, streamline administrative processes, support research activities, and optimize revenue operations. However, AI models learn from diverse datasets that may contain biases, inaccuracies, or outdated information, which means they occasionally produce outputs that require careful human review and validation.

New AI Guidelines

The purpose of these guidelines is to establish clear principles for AI use across BILH, recognizing that different AI interfaces offer varying levels of data protection and capability.

HIPAA, Ethics & Hospital Policy: PHI

⚠ Hospital policies vary and will change

- 1 No PHI in free-text prompts to consumer-grade AI tools
- 2 PHI only in hospital-approved, HIPAA-compliant tools
- 3 Hospital-approved tools may include ambient scribes, EHR-embedded tools, and enterprise AI tools
- 4 De-identified cases: fair game — but be thoughtful about what "de-identified" truly means

AI & Research: Disclosure Framework

ICMJE Consensus Framework (most journals follow this)

-  AI cannot be listed as an author
-  Total human accountability for all content — the human author is responsible
-  Mandatory disclosure in Acknowledgments and/or Methods section

 Check the specific journal — many have their own AI policy requirements beyond ICMJE

AI Disclosure: Clinical & Professional Use

With Patients

- Audio/video recording (e.g. Ambient scribes) requires patient disclosure
- Other AI use: no current legal mandate, but be prepared to discuss
- Never deny AI use if a patient asks

With Colleagues

- Educational materials: disclose AI assistance
- Policy documents: disclose
- Professional communications: use your judgment
- Institutional policy is actively evolving

Hands-On: Diagnostic Reasoning

Augmenting your success in using AI for diagnostic reasoning



Case Scenario

32-year-old G2P1 at 28 weeks gestation — previously uncomplicated pregnancy
Persistent frontal headache, fatigue, nausea × 5 days

BP 148/94 (baseline 110/70), RUQ discomfort, dark urine

Key labs: Plt 62k | LDH 800 | Hapto <10 | Hb 8.6 | AST 150 | TBili 3.4

Smear: rare schistocytes (1–2/HPF)

Goal: Develop a differential diagnosis, most likely diagnosis, and next management steps.

Pair up and try 2 different approaches to achieve this goal using AI. Compare how different approaches impact the output.



Landing Page
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Parameters to Vary

1

Platform Choice, Gen v. RAG

What types of answers do you get with OpenEvidence v. a general-purpose LLM?

2

Model Choice

Bigger models perform better at more complex tasks

3

Reasoning/Thinking Mode?

When reasoning is turned on, AI can evaluate its own output and re-calibrate

4

Assign Expertise

"You are an expert hematologist" or "You are an expert ob/gyn" ...

5

Give Flexibility

"Before answering, ask me any clarifying questions"

6

Iterative Disagreement

"Now argue against your recommendation and explain why it might be wrong"



We will reconvene at ***

Landing Page
tinyurl.com/mr2vjzz7

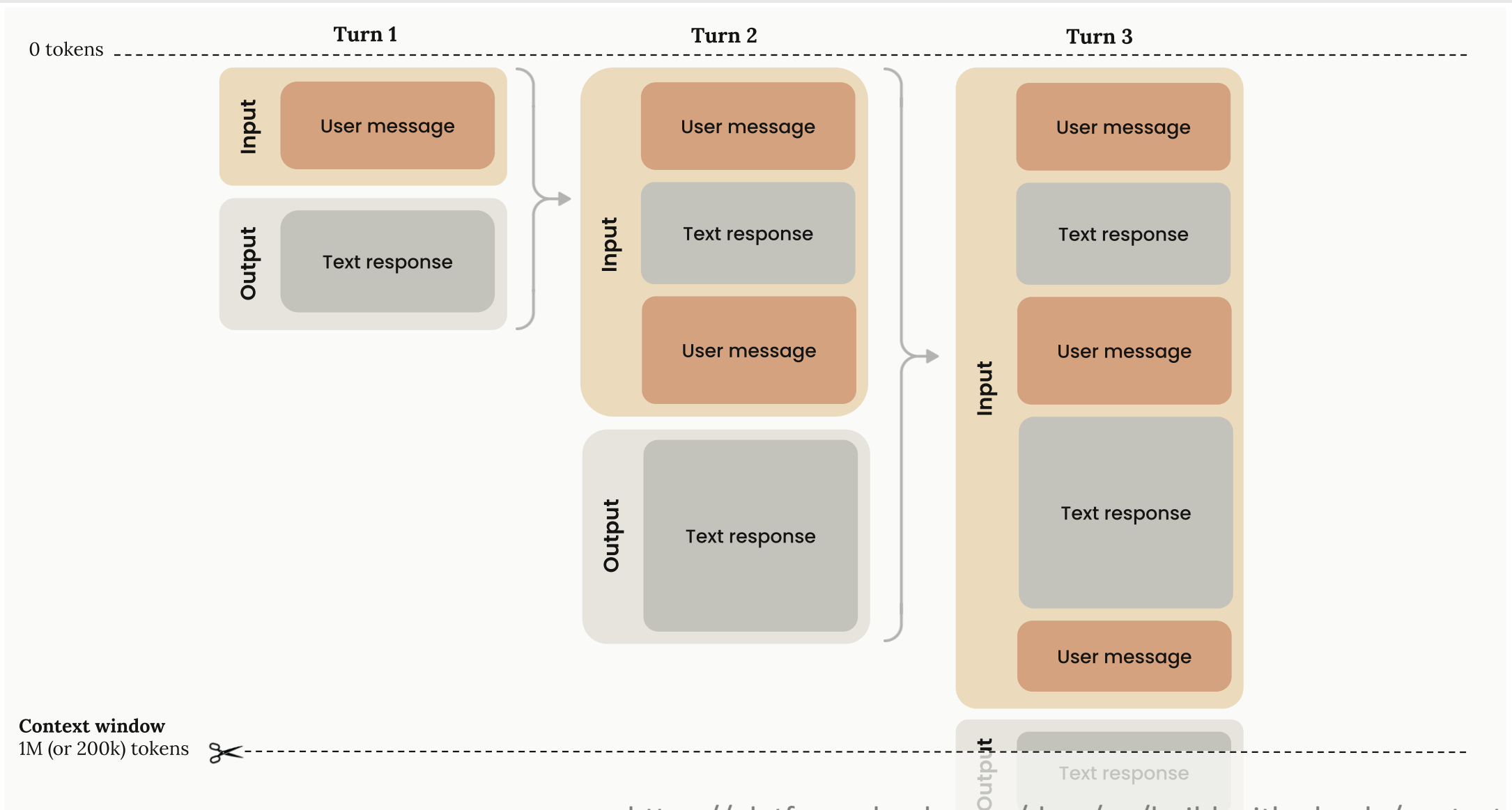
Debrief — What Did You Find?

Next: understanding WHY it sometimes gets things wrong...

Limitations: Bias & Accuracy

Why AI outputs can be wrong — and what to do about it

Context



Context Rot and Drift

Models re-read the entire conversation with every prompt

Conversation length →



Practical tip: Start new chats often — especially when topics shift. You lose some context but gain better attention.

Context Windows

1 million

Free: 16k
Plus: 32-256k

1 million

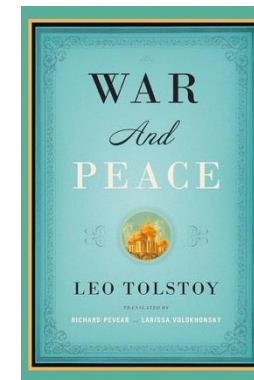
 Claude

 ChatGPT

 Gemini

1 million tokens = 750k words = 1500 pages

Roughly 1.3x Tolstoy's War and Peace



Training Data Cutoffs

Your AI doesn't know what it hasn't read

General chatbots:

ChatGPT / Claude / Gemini all have optional web search — but you might need to ask it to do so

Enterprise Copilot Chat:

No web search (intentional — keeps PHI contained within the enterprise environment)

If your AI can't look for the latest information, all it knows is what is in its training data!

Hallucinations: Confidently Wrong

Definition: Model generates plausible-sounding but fabricated content

Good news: Much better than 2022 — "thinking" and reasoning models significantly reduce hallucination rates

⚠ Bad news: Hallucination rate is not (and likely never will be) 0

Mitigation: You must read output before using in any capacity. If you're using AI for information, ask for citations — then actually follow the links.

AI Biases Mimic Human Biases

Training Data

Underrepresentation of certain populations in the medical literature and trial data can lead to incorrect or less accurate results in certain subgroups



Annotation Bias

Human-provided labels for supervised learning are subjective; human bias can be propagated to machines



Evaluation Bias

Metrics used to judge model performance may not identify failures in certain subgroups



Limiting Errors & Mitigating Bias

- 1 Ask for citations — and follow them
- 2 Start fresh chats often
- 3 Know your own expertise (and verify more in areas you don't)
- 4 Ask about populations: "Are there groups for whom this might differ?"
- 5 Know your tool's web access — and whether it has current data

Hands-On: Generation

Moving beyond thinking to making things

A

Option A: Patient Message Response

"I read that venetoclax + azacitidine is not as good for younger patients. Should I be getting intensive chemo instead?" — Patient with newly diagnosed AML

Tasks:

- Draft a patient-facing response using AI
- Then: "Rewrite this at a 6th grade reading level"
- Adjust tone, remove jargon, check for accuracy

💡 Better yet — bring a REAL patient question from your own inbox. No PHI needed in the prompt.

B

Option B: Prior Auth Appeal Letter

Patient needs VIPOR for relapsed/refractory DLBCL. Insurer denied citing "insufficient evidence for clinical benefit."

Tasks:

- Use AI to draft an appeal letter — add your own de-identified clinical details
- Ask it to include relevant trial data and why it makes sense for your patient



No PHI needed — describe the clinical scenario in general terms. AI does the heavy lifting on structure and citations.

C

Option C: Patient Education Handout

New consult: patient with recently diagnosed CLL, no indication for treatment yet. Needs to understand their diagnosis.

Tasks:

- Generate a one-page patient handout on CLL — written at 8th grade level
- Then: ask the model to critique it for medical accuracy
- Can you turn it into an infographic? (Hint, use NotebookLM or Gemini)



Ask the model to check itself for accuracy and flag anything uncertain — a useful self-audit step.

D

Option D: Teaching Case Generator

You're leading a small group on oncologic emergencies for IM residents. Build a structured patient case that you can use for teaching.

Tasks:

- Choose: malignant bowel obstruction, SVC syndrome, or TLS
- Generate a realistic patient case with staged disclosure (H&P → labs → imaging)
- Then separately: generate 3–5 discussion questions for resident teaching
- Compare: having it do all at once vs. in stages — which is better?



Try generating the case and the teaching questions in separate chats — you often get better results each way.

Choose Your Own Adventure — Pick One or Two

A: Patient Message

Draft a response to a patient question about their AML treatment options

B: Prior Auth Appeal

Write an insurance appeal letter for a denied DLBCL treatment

C: Patient Education

Generate a CLL patient education handout — then critique it

D: Teaching Case

Build a teaching case on oncologic emergencies for residents

Better yet — bring a REAL task from your own work!



We will reconvene at ***

Landing Page
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Debrief — What Did You Create?

- 1 What worked well? What didn't?
- 2 Where did it save you time vs. create extra work?
- 3 How much editing was needed to make it clinically usable?

Governance, Liability & the Bigger Picture

Who's responsible? What's the broader impact? What does AI mean for your training?

Governance & Liability

Who is responsible when AI gives bad advice that harms a patient?

- No clear medicolegal precedent yet — but the standard remains physician accountability



What Does AI Mean for Your Training?



Deskilling is a real concern — be intentional about what you outsource

ARTICLES · [Volume 10, Issue 10](#), P896-903, October 2025

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Endoscopist deskilling risk after exposure to artificial intelligence in colonoscopy: a multicentre, observational study

[Krzysztof Budzyń, MD^{a,b}](#) · [Marcin Romańczyk, MD^{a,b}](#)  · [Diana Kitala, PhD^c](#) · [Paweł Kołodziej, MD^d](#) · [Marek Bugajski, MD^e](#) · [Hans O Adami, MD^{f,g}](#) · et al. [Show more](#)

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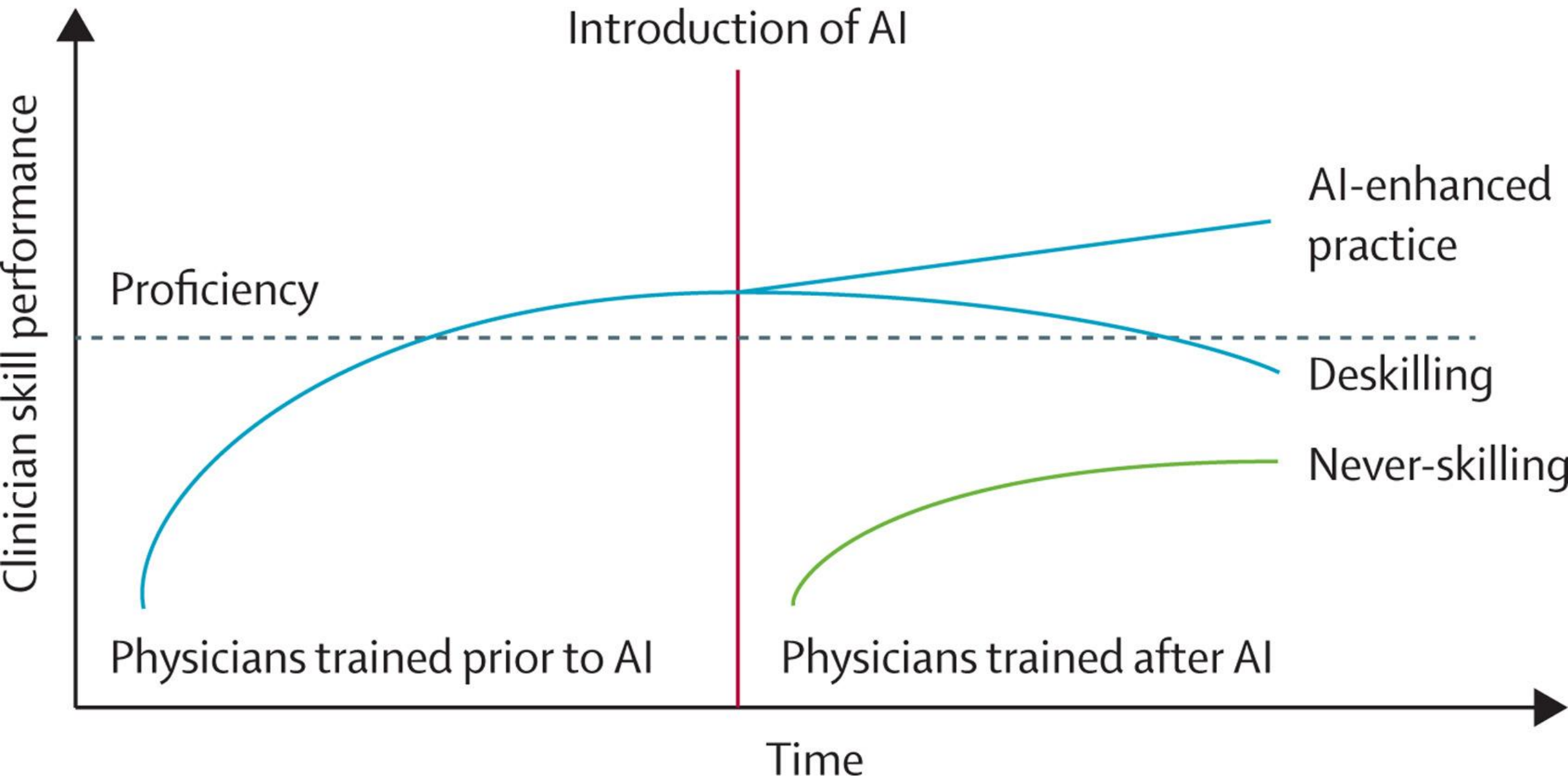
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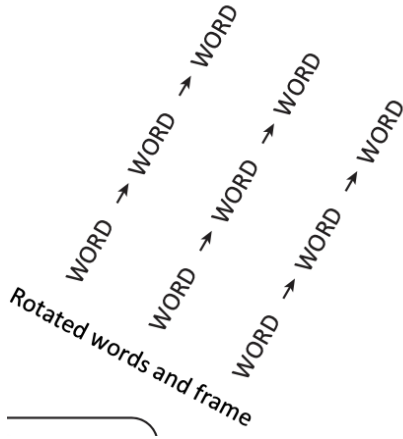
[Reprints](#)



Cognitive Offloading

Risko & Gilbert, Trends in Cognitive Sciences, 2016

Any external action that reduces internal cognitive demand



Internal normalization



External normalization





Contents lists available at ScienceDirect

Computers in Human Behavior

journal homepage: www.elsevier.com/locate/comphumbeh



Full length article

AI makes you smarter but none the wiser: The disconnect between performance and metacognition

Daniela Fernandes ^a,*, Steeven Villa ^b, Salla Nicholls ^a, Otso Haavisto ^a, Daniel Buschek ^c,
Albrecht Schmidt ^b, Thomas Kosch ^d, Chenxinran Shen ^e, Robin Welsch ^a



Alignment

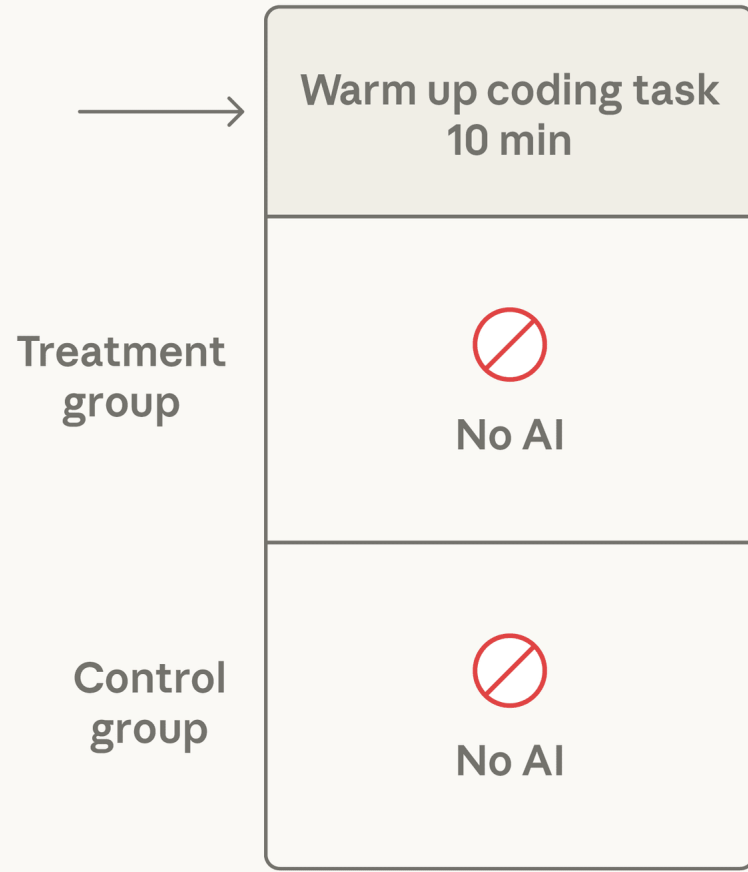
How AI assistance impacts the formation of coding skills

Jan 29, 2026

Read the paper

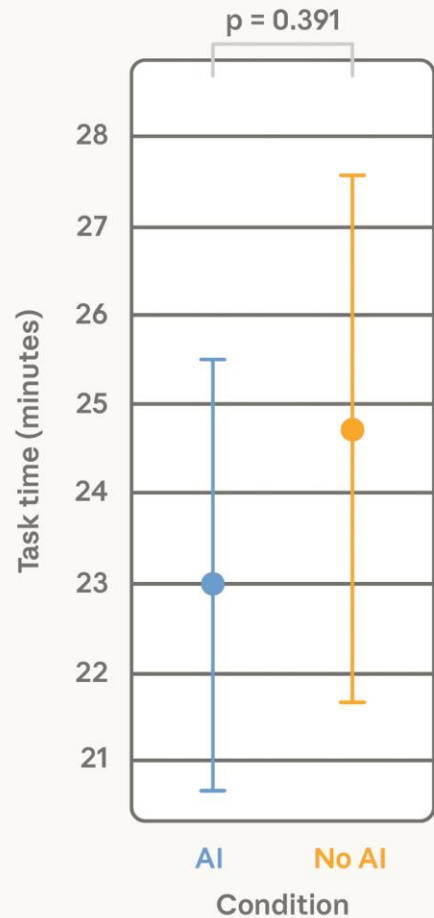
<https://www.anthropic.com/research/AI-assistance-coding-skills>

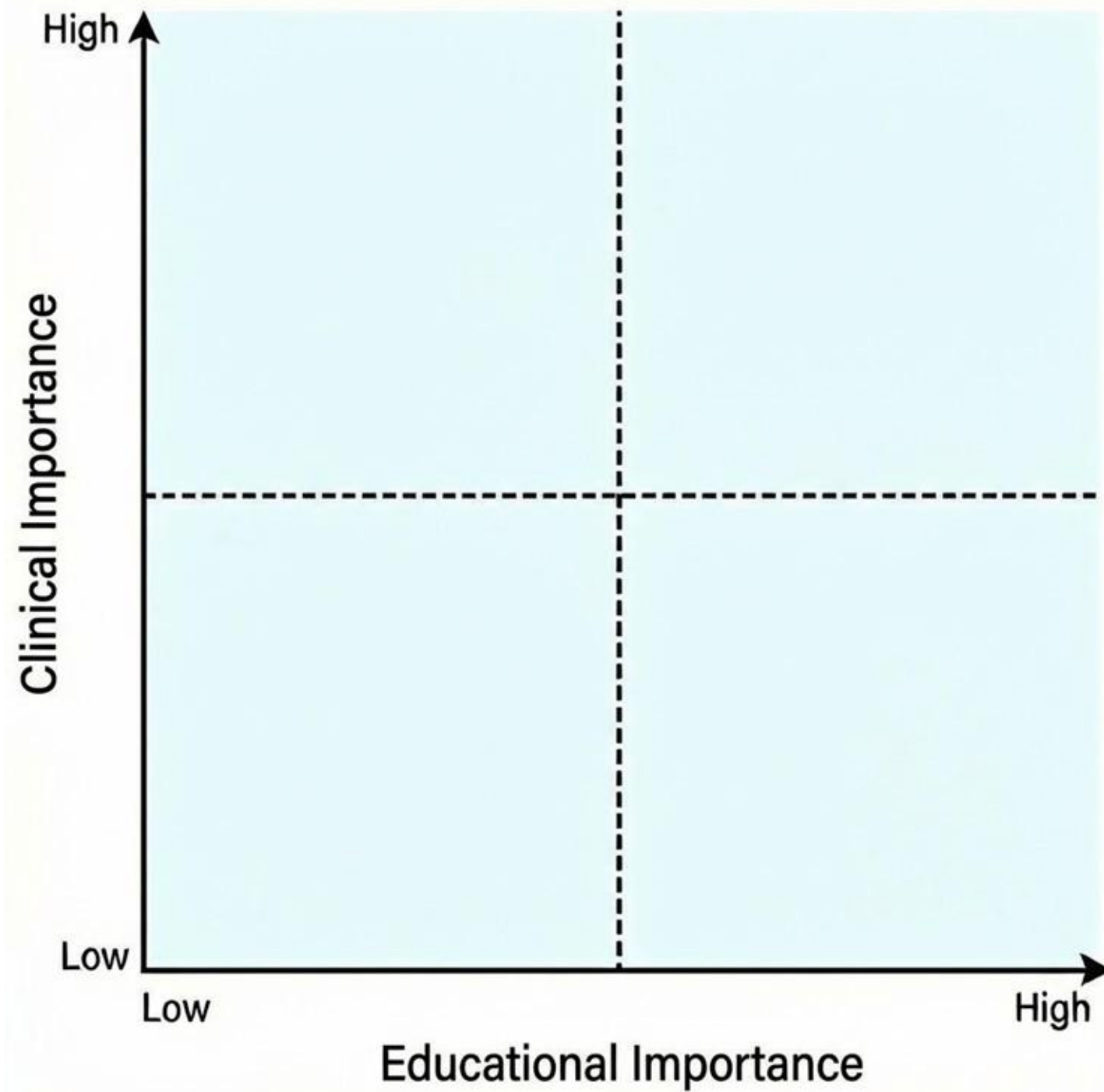
Study design

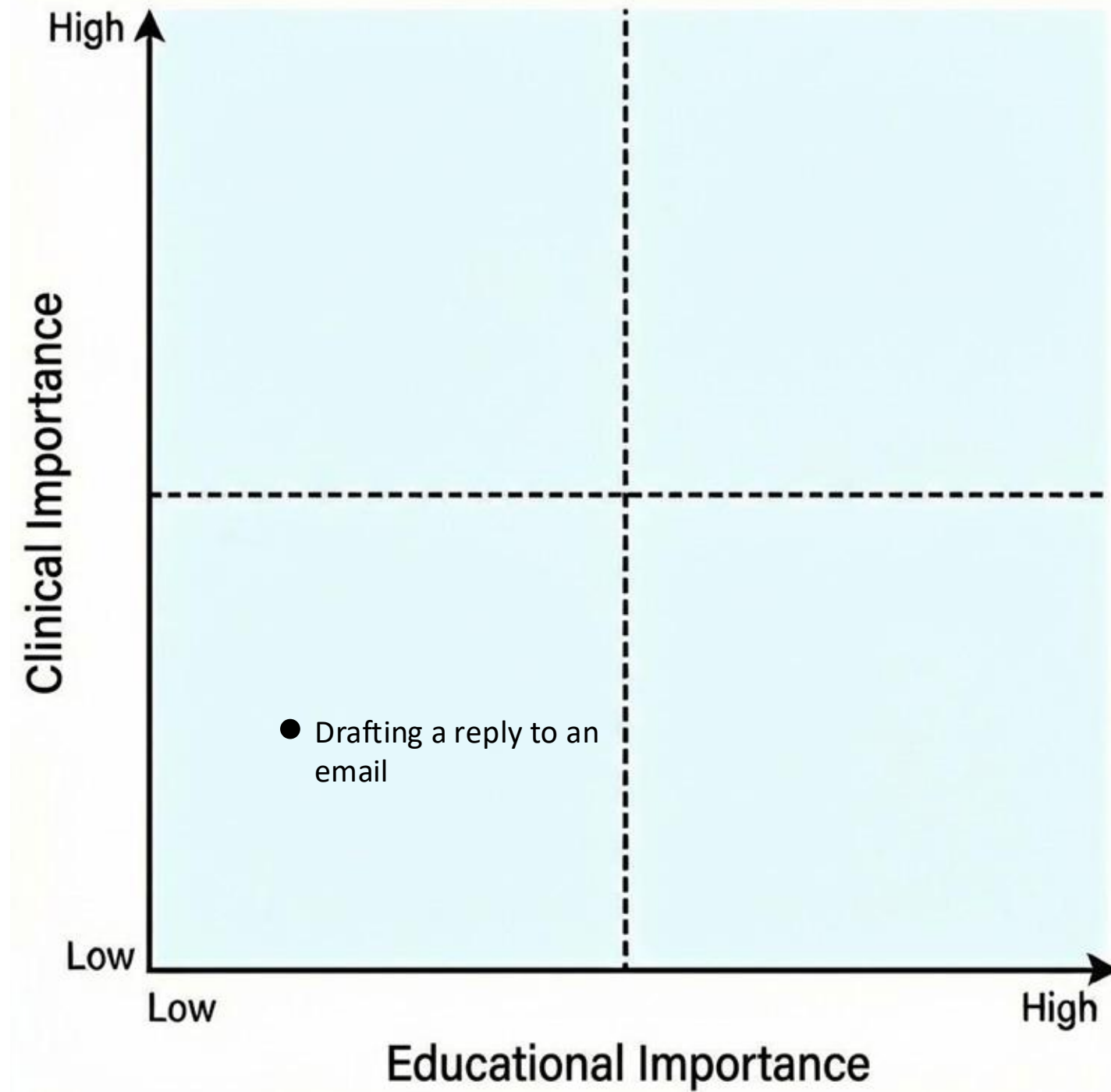


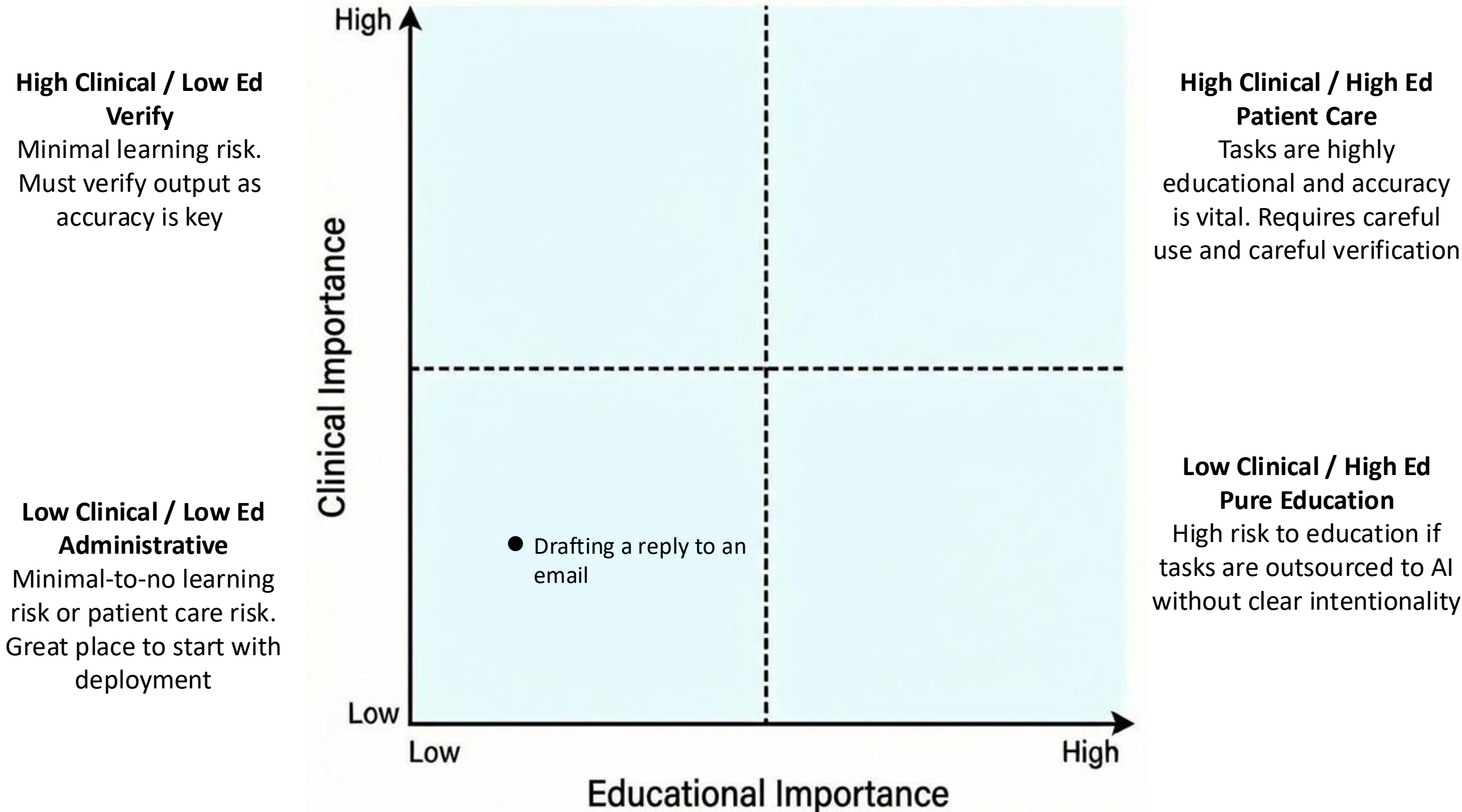
How AI assistance impacts coding speed and skill formation

AI assistance: treatment effect on coding speed and knowledge score









**High Clinical / Low Ed
Verify**

Minimal learning risk.
Must verify output as
accuracy is key

**Low Clinical / Low Ed
Administrative**

Minimal-to-no learning
risk or patient care risk.
Great place to start with
deployment

**High Clinical / High Ed
Patient Care**

Tasks are highly
educational and accuracy
is vital. Requires careful
use and careful verification

**Low Clinical / High Ed
Pure Education**

High risk to education if
tasks are outsourced to AI
without clear intentionality

Clinical Importance

High

Low

Low

High

Educational Importance



tinyurl.com/mr2vjzz7



Zooming Out: Broader Impacts of AI

Zooming Out: Broader Impacts of AI



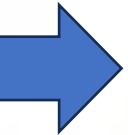
Environmental:
Energy & Resources



Social:
Workforce & Society

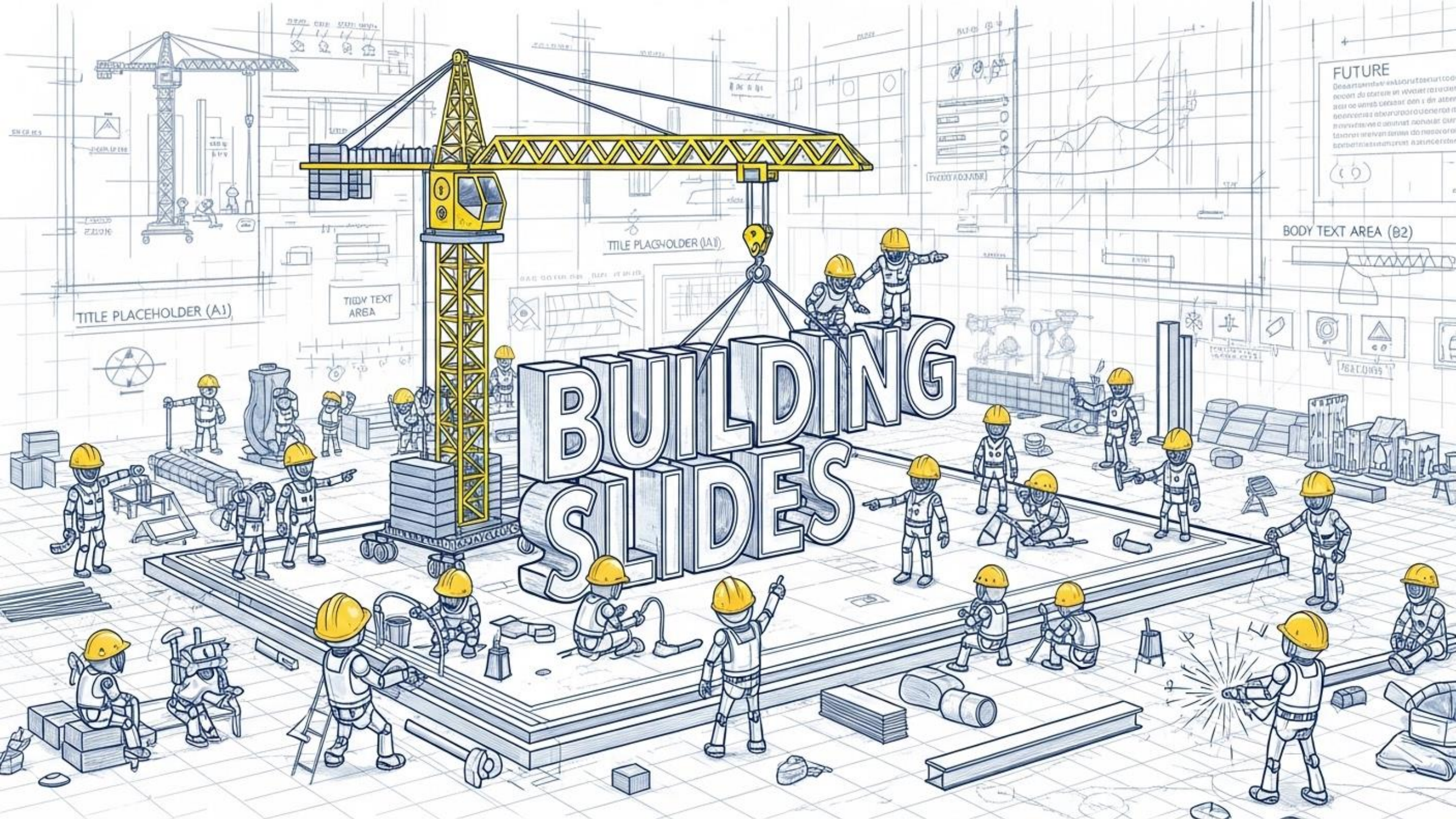


Economic:
Markets & Inequality



Beyond the Clinic

A few non-clinical use cases to consider



TITLE PLACEHOLDER (A1)

TIDY TEXT
AREA

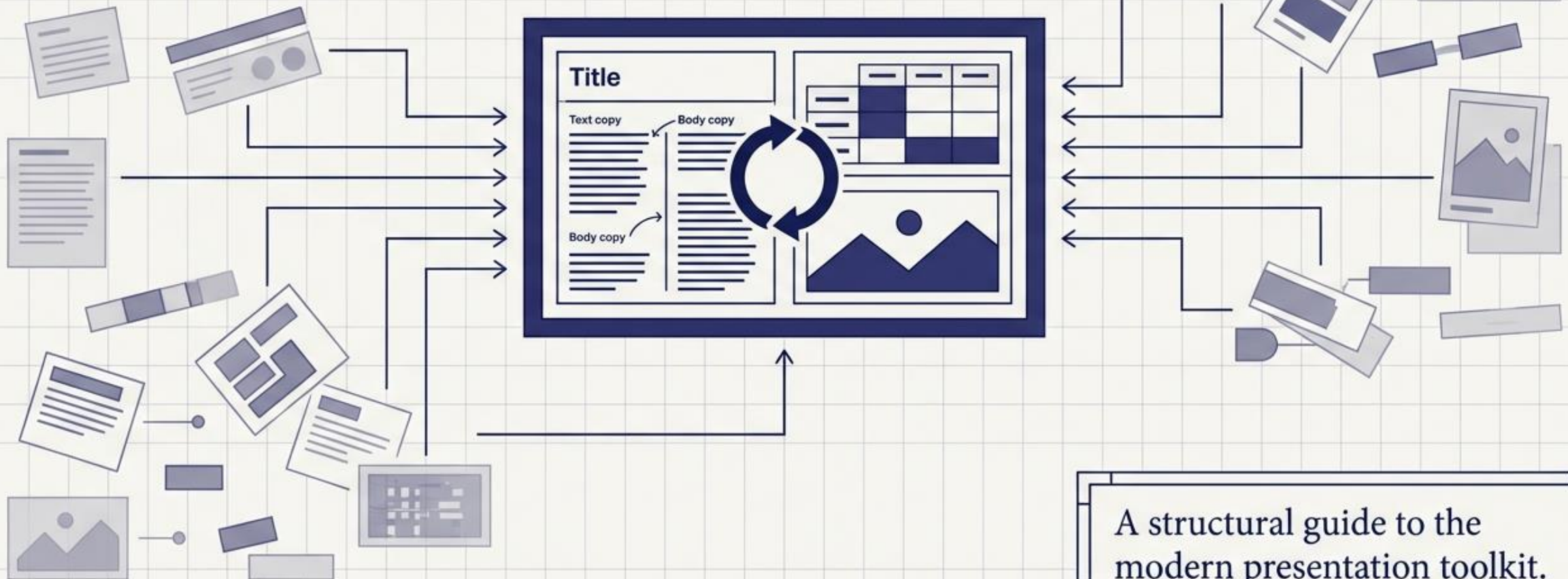
TITLE PLACEHOLDER (A1)

FUTURE

Desamantare și lucrări de reparații
peșteră de cărămidă în vârstă de 100
ani și de vârstă de 100 ani și în
apropierea obiectelor de patrimoniu
național și a activității agricole. Cu
tutavă, în vârstă de 100 ani de la
apropierea obiectelor de patrimoniu

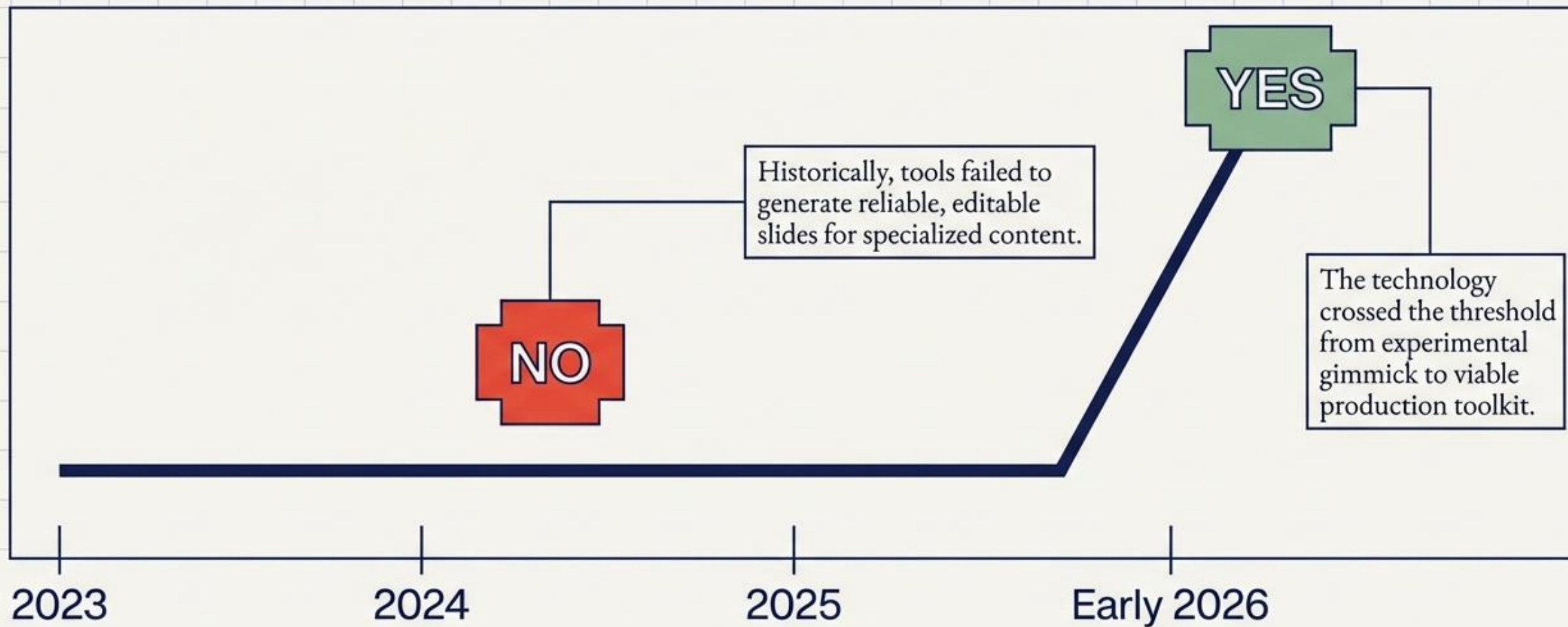
BODY TEXT AREA (B2)

The rules for building slides with AI changed in 2026.

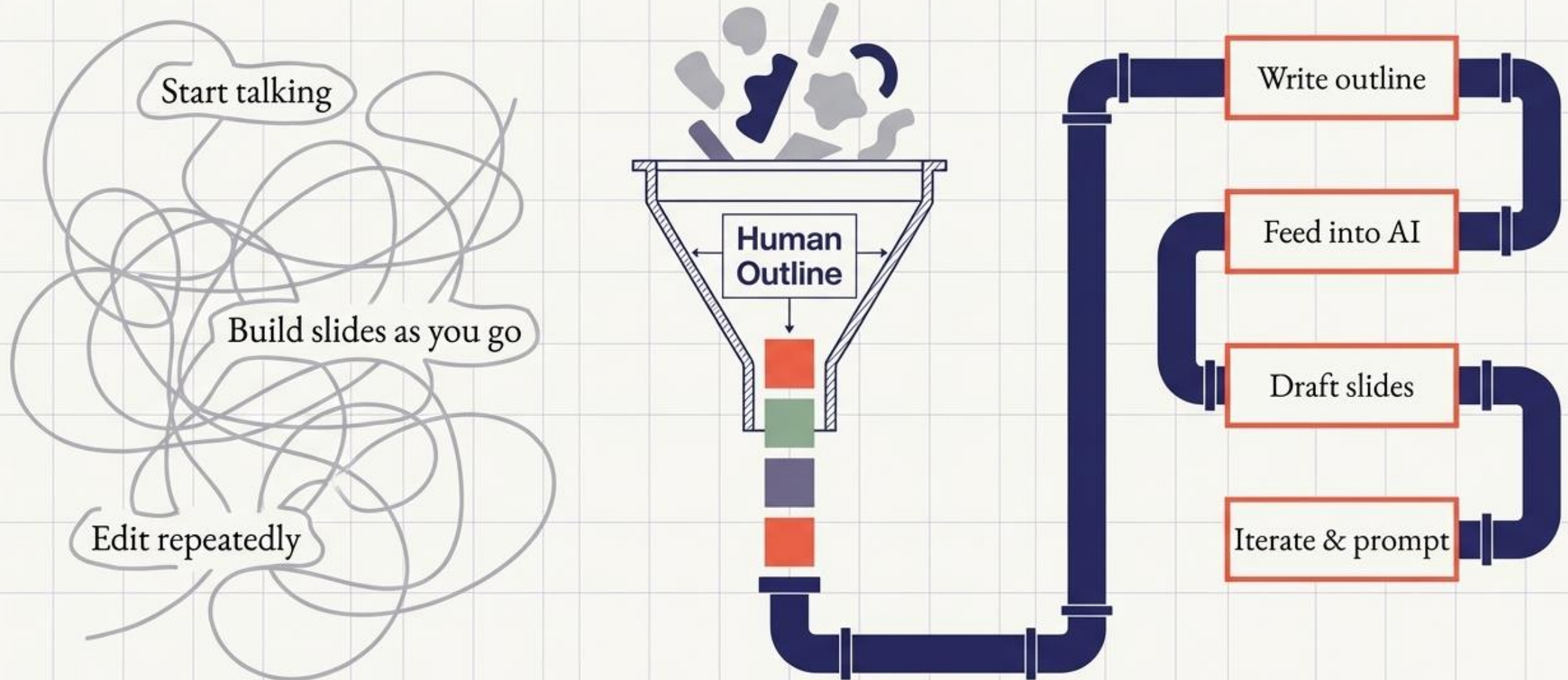


A structural guide to the modern presentation toolkit.

The capability flatline officially broke in early 2026.



Structured output requires structured input.



Cognitive Load Theory in Medical Education

90-Minute Workshop Outline — BMC

Core thesis: Productive friction (germane load) is necessary for learning. AI risks reducing ALL load types — including germane — which is the key educational risk.

Three acts:

- 1. How the brain learns
- 2. How teaching design affects that
- 3. What AI changes — and what we should do

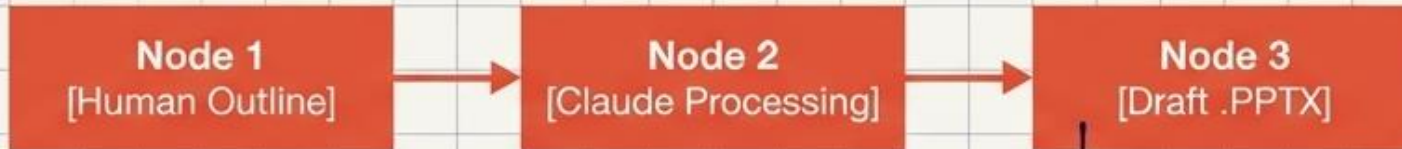
Workshop Structure

#	Section	Time	Format
0	Hook & Setup	5 min	Poll + framing
1	Cognitive Architecture	10 min	Mini-lecture
2	Three Types of Load	10 min	Mini-lecture + Think-Pair-Share
3	The 5 Types of Overload	15 min	Workshop: Fix the Slide
4	Multimedia Design Principles	10 min	Mini-lecture + demo
5	Enter AI: A New Variable	15 min	Mini-lecture + discussion
6	What Should We Do?	15 min	Small group activity + report-back
7	Summary & Q&A	10 min	Discussion

Claude

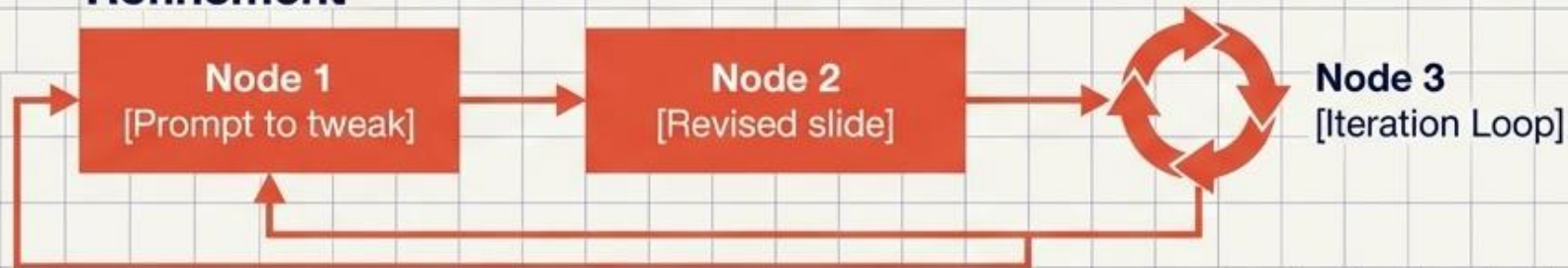
Claude functions as the structural scaffolder.

Generation



Generates fully editable files—manipulable shapes, icons, and text, not locked images.

Refinement



Best used as a first-drafter. The human controls the blueprint; Claude builds the initial scaffolding.

CASE SUMMARY

59F with Parkinson's and IgA vasculitis (skin-limited) on high-dose steroids. Admitted for worsening purpura. On Bactrim SS prophylaxis ×4 days. Today: new chest purpura, improving CRP (18 from 50), but new transaminase elevation (AST 84, ALT 70; normal Alk phos, T.bil).

PROMPT 1

While prescribing the elevated transaminases, the intern states confidently:

"We should stop the Bactrim. I ran it through AI and it says this is DILI."

PROMPT 2

The senior resident reviews the plan and says:

"I looked up on Open Evidence the likelihood of Bactrim causing DILI four days after beginning prophylaxis dose — the timing makes this less likely."

CASE SUMMARY

69F with HTN and T2DM with months of fatigue and low back pain. Recently completed 14-day linezolid for MDR-MRSA cellulitis. Labs: normocytic anemia (Hb 9.1), AKI (Cr 1.8 from 1.1), total protein 8.5, albumin 3.2. Iron studies: ferritin 60, TSAT 30% (normal).

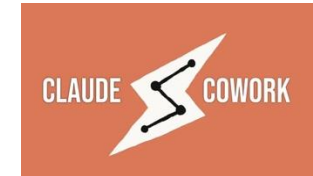
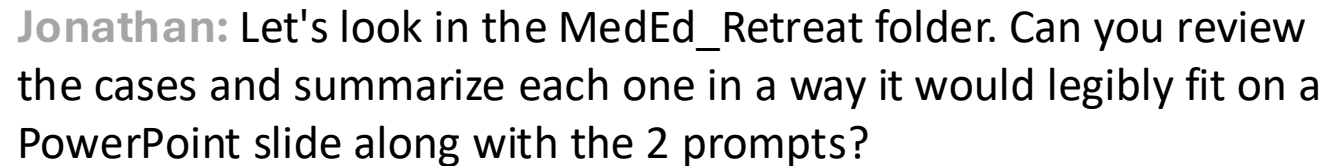
PROMPT 1

The intern asks: "How long do you need to be on linezolid for it to cause cytopenias?"

The resident responds: "AI says bone marrow suppression typically occurs after >2 weeks, with thrombocytopenia being the most commonly affected cell line."

PROMPT 2

After presenting, the intern comments it was very helpful to plug this case into Open Evidence to help tease out what was most likely causing the patient's anemia.



...

Do you want me to turn these into PowerPoint slides?

Jonathan: Oh yeah, that would be great

Claude: Built a 5-slide PowerPoint using pptxgenjs:
Title slide — "AI in Medical Education: Case-Based
Discussion: When, How, and Should We?"

Case 1 slide

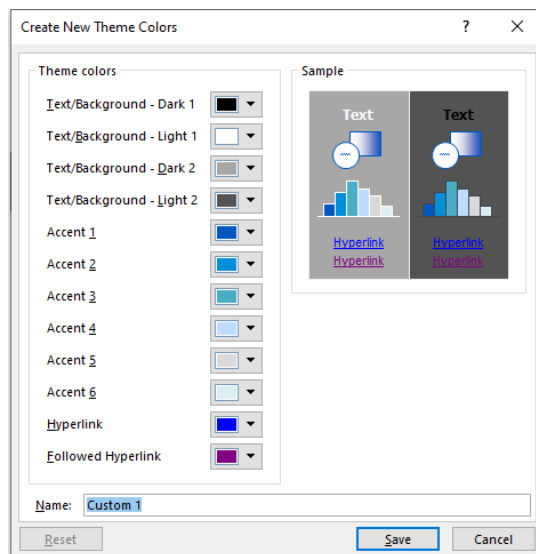
Case 2 slide

Case 3 slide

Discussion Questions slide — all 5 reflection questions with numbered circles

Each case slide had a navy header bar, case summary in a white card, and two prompt boxes side by side (blue and teal). Saved to AI_Cases_Retreat.pptx in this folder.

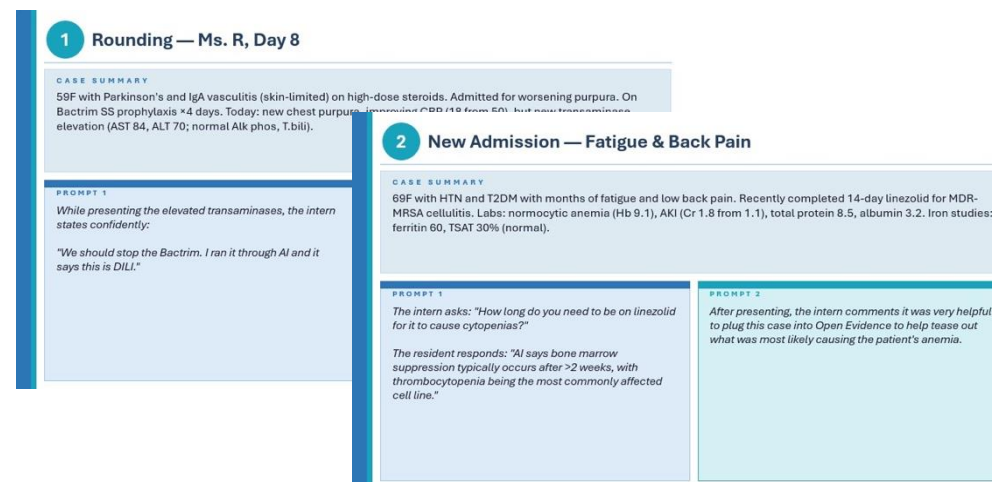
Jonathan: Yeah can we use Aptos for the font and use the theme colors I just sent you a screenshot of?



Claude: Read the theme colors from the screenshot — a blue/teal palette. Asked about the dark slide background color.

Jonathan: White. You can use white for everything.

Claude: Rebuilt the deck with:
Font: Aptos throughout
Backgrounds: White on all slides
Accent colors: Dark navy (#243F60), medium blue (#2E75B6), teal (#17A3BB), and lighter blue tints for prompt box backgrounds
Layout: Blue/teal left accent bars, numbered teal ovals for case badges and discussion questions

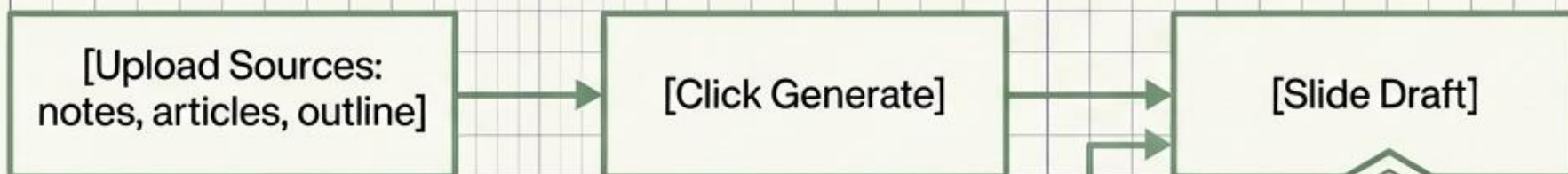


Jonathan: Looks beautiful.

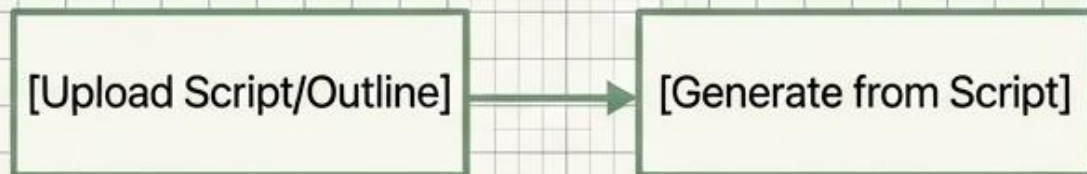
NotebookLM

NotebookLM synthesizes directly from grounded source material.

Generation



Alternative: Finer Control



Grounded Output: Generates slides strictly from your uploaded corpus, preventing external hallucination.



Sources



+ Add sources

Search the web for new sources



Web



Fast Research



Select all sources



2410.03703v2.pdf



9 ways to reduce cognitive load in ...



AI & cognitive load.pdf



Ambient AI, cognitive load.pdf



Brit J Educational Tech - 2024 - Fa...



Graphic Design for Clinical Teacher...



Managing the Load: AI and Cogniti...



Medical Education - 2009 - Van M...



Pharmacology multimedia design.p...



Chat



- **Promote Schema Building:** Use structural aids like flowcharts, diagrams, and metaphors to help learners connect new information to existing knowledge ³⁶ .
- **Include Active Prompts:** Integrate **self-explanation prompts** or case studies at the end of sections to force learners to actively process and apply information ³⁷
- **Employ Fading Guidance:** Start with fully worked examples, move to completion tasks with partial solutions, and end with unassisted problems to transition the learner toward expertise ²⁹
- **Act as a "Coach," not a Repository:** Design content that guides users through structured reasoning frameworks (e.g., listing associated words or strategies) rather than providing direct answers to prevent **metacognitive laziness** and cognitive offloading ⁴²

Save to note



How can AI act as a coach for convergent thinking?

What are the risks of AI causing homogenization of ideas?

How does the modality effect help prevent cognitive overload?

Start typing...

13 sources



Studio



Audio Overview



Video Overview



Mind Map



Reports



Flashcards



Quiz



Infographic

BETA



Slide Deck

BETA



Data Table



Generating Slide Deck...
based on 13 sources



Generating Slide Deck...
based on 13 sources



Unlocking Deep Learning: ...
13 sources · 12d ago

Add note

Customize Slide Deck



Format

Detailed Deck



A comprehensive deck with full text and details, perfect for emailing or reading on its own.

Presenter Slides

Clean, visual slides with key talking points to support you while you speak.

Choose language

English



Length

Short



Default

Describe the slide deck you want to create

Add a high-level outline, or guide the audience, style, and focus: "Create a deck for beginners using a bold and playful style with a focus on step-by-step instructions."

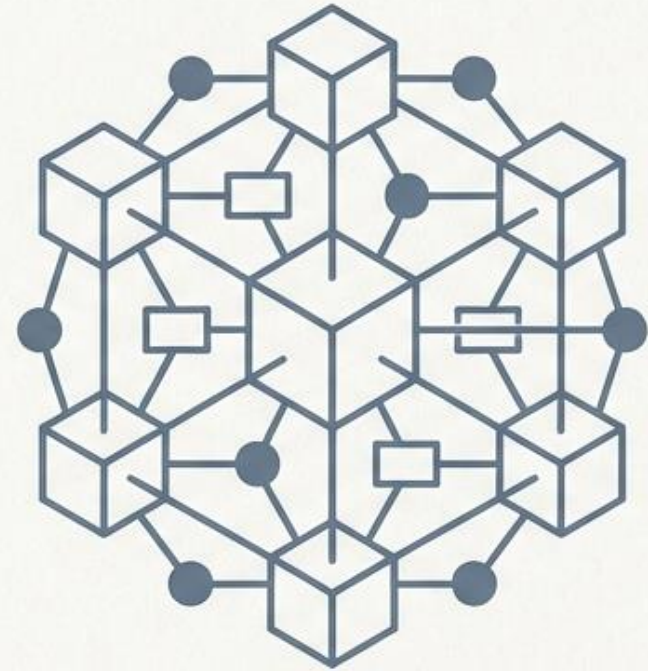
Generate

The Cognitive Paradox

Navigating cognitive load, creative homogenization, and the future of assisted learning.



Human Autonomy



Cognitive Enhancement

The Double-Edged Sword of Cognitive Assistance



The Promise

Unprecedented productivity, rapid ideation, personalized tutoring, and complex synthesis.

GPT-4 scored **88.1%** on **Medical State Exams** vs. students' **74.6%**.



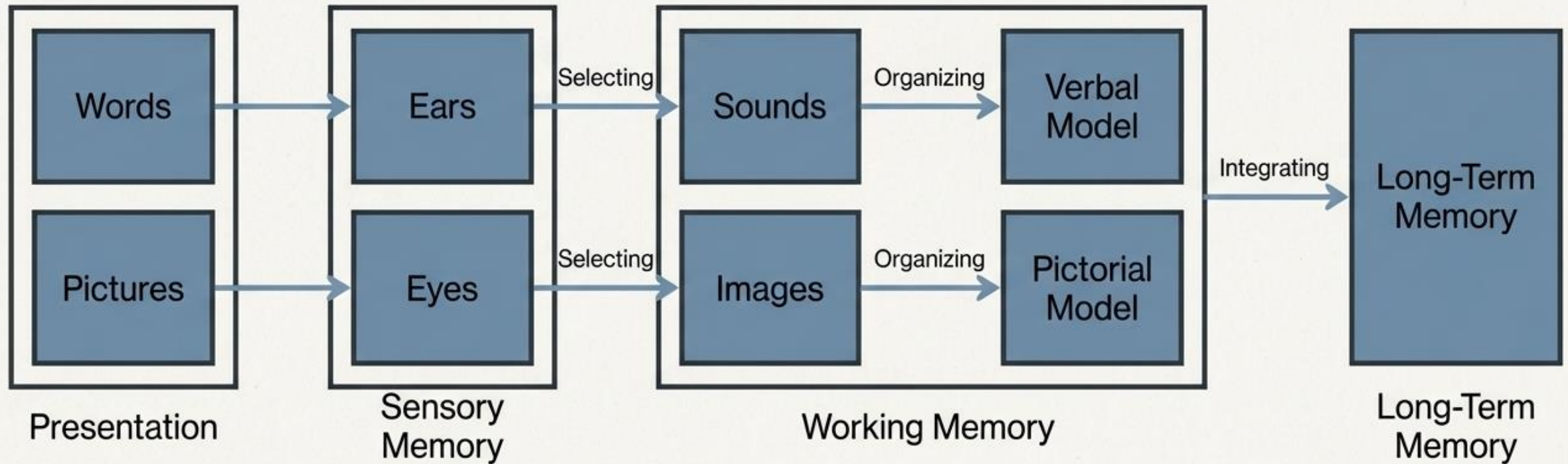
The Peril

Cognitive overload, "offloading" of analytical tasks, creative homogenization, and the degradation of independent reasoning.

Overreliance correlates with **reduced problem-solving ability** ($d = -0.41$).

The Three Pillars of Cognitive Processing

- **Dual Channels:** Separate pathways for visual/pictorial and auditory/verbal data.
- **Limited Capacity:** Working memory bottlenecks.
- **Active Processing:** Meaningful learning requires selecting, organizing, and integrating.



THE COGNITIVE CRUSADER'S GUIDE TO SLIDE DESIGN IN THE AI ERA

MASTER THE
4 DIRECTIVES
OF COGNITIVE
LOAD THEORY!

CRASH!

FZZZT!

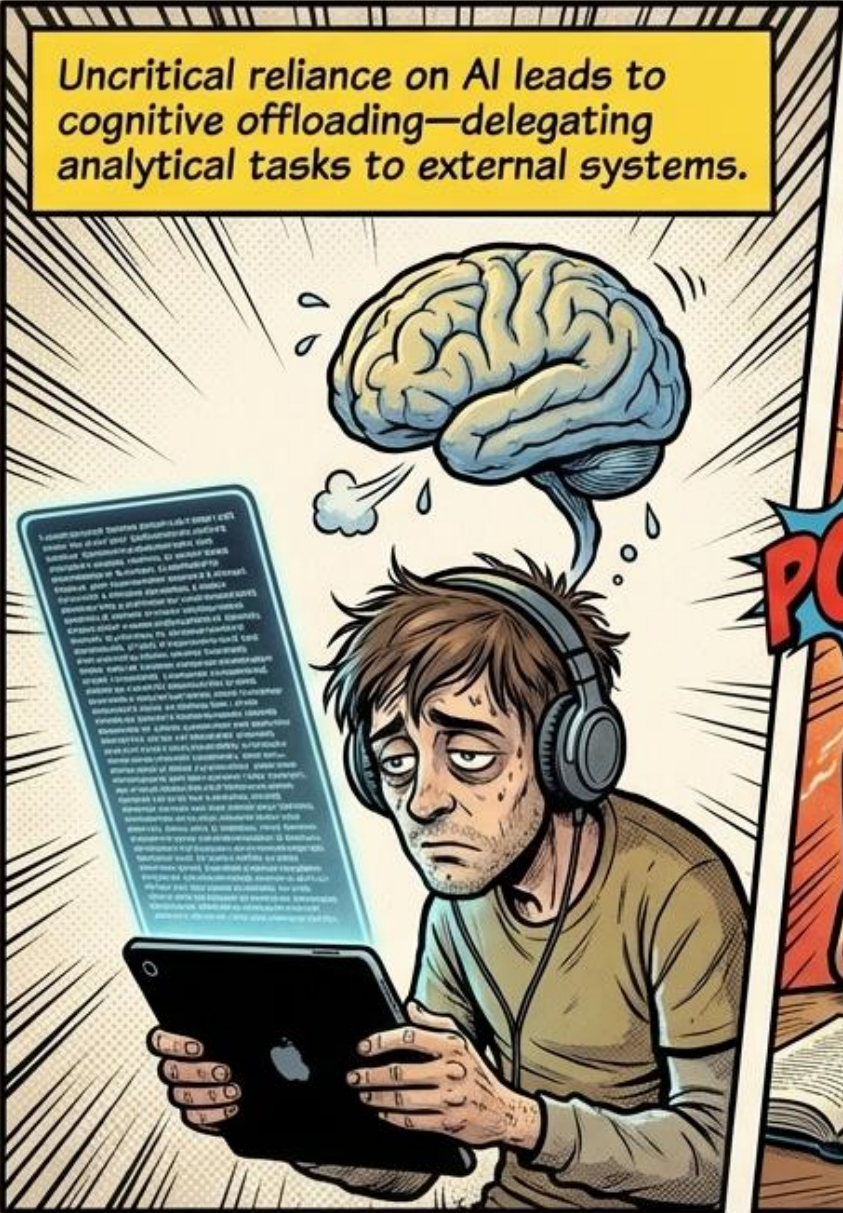
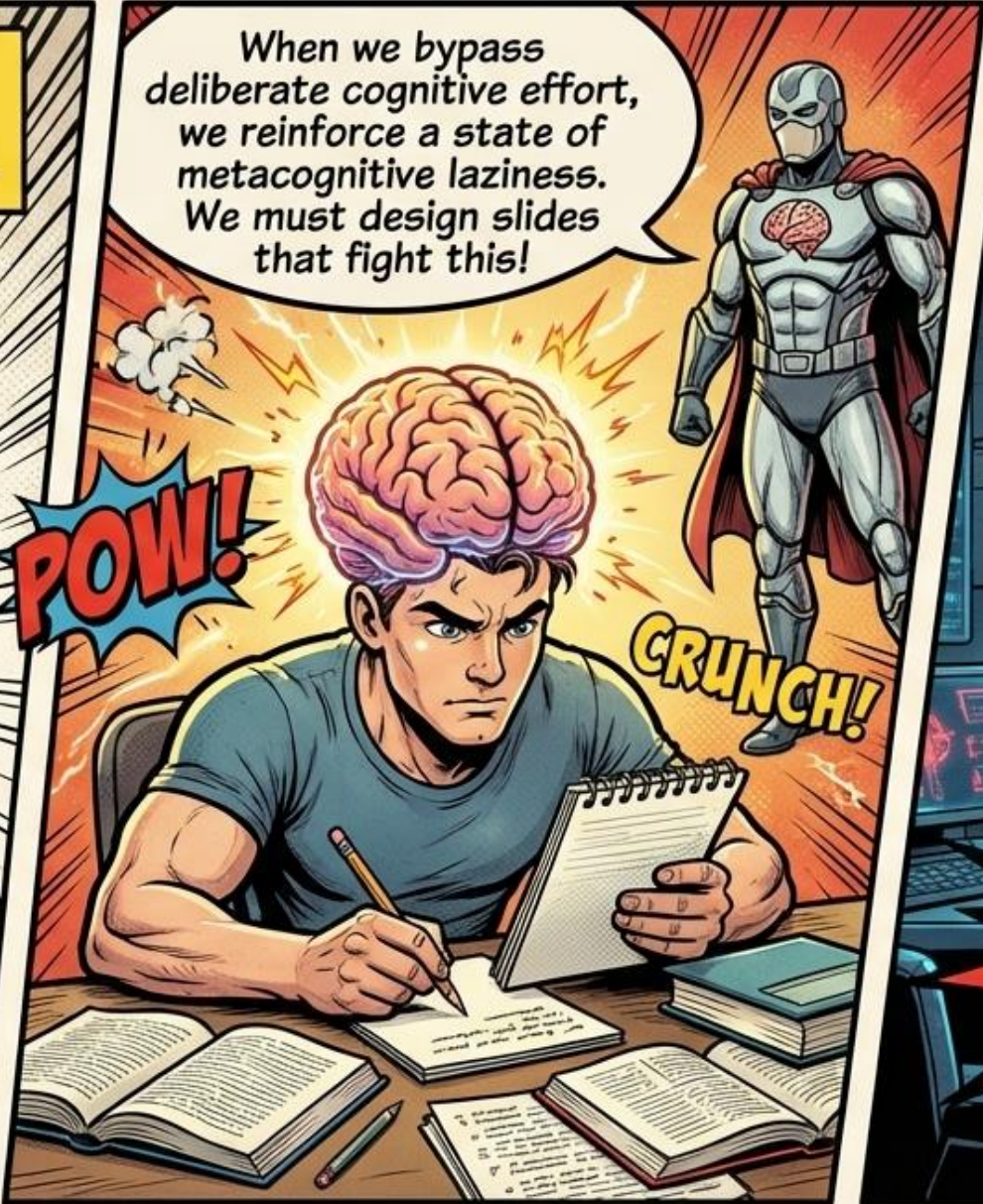
DATA FLOOD!

OVERLOAD!



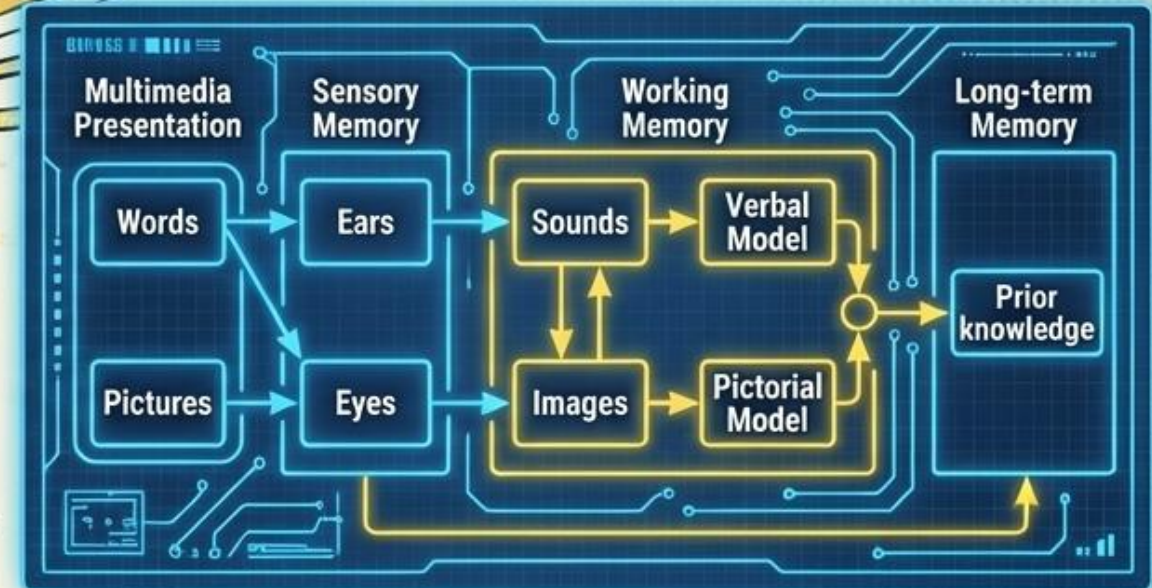
CLASSIFIED TRAINING MANUAL: DEFEATING INFORMATION OVERLOAD

GENERATIVE AI THREATENS TO TRIGGER METACOGNITIVE LAZINESS AND COGNITIVE OFFLOADING



DESIGN MUST ENGAGE BOTH THE AUDITORY AND VISUAL CHANNELS SIMULTANEOUSLY.

The Dual-Channel Assumption:
Humans possess separate systems for processing pictorial and verbal material.



TACTIC: Maximize processing capacity by distributing information across both channels, avoiding a jam in the visual processor.

Each channel has a strictly limited capacity. Processing bottlenecks lead to catastrophic cognitive overload.

Gemini

Gemini generates custom visual assets when stock imagery fails.

Concepting

[Describe desired visual]



[Receive conceptual
description back]

Refine the concept in conversation before generating.

Generation

[Invoke Image Tool]

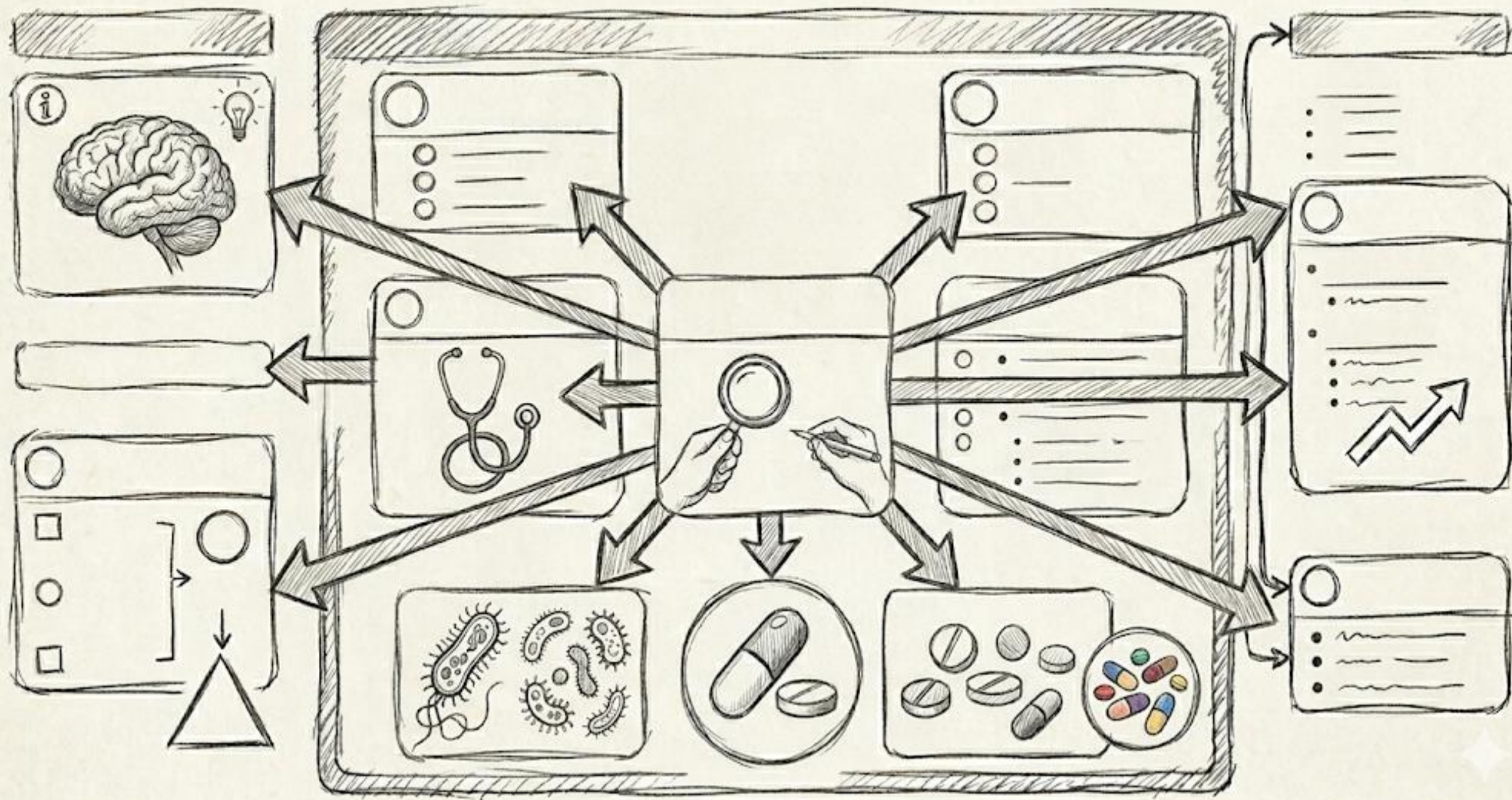


[Custom Image
Output]



[Iteration
Loop]

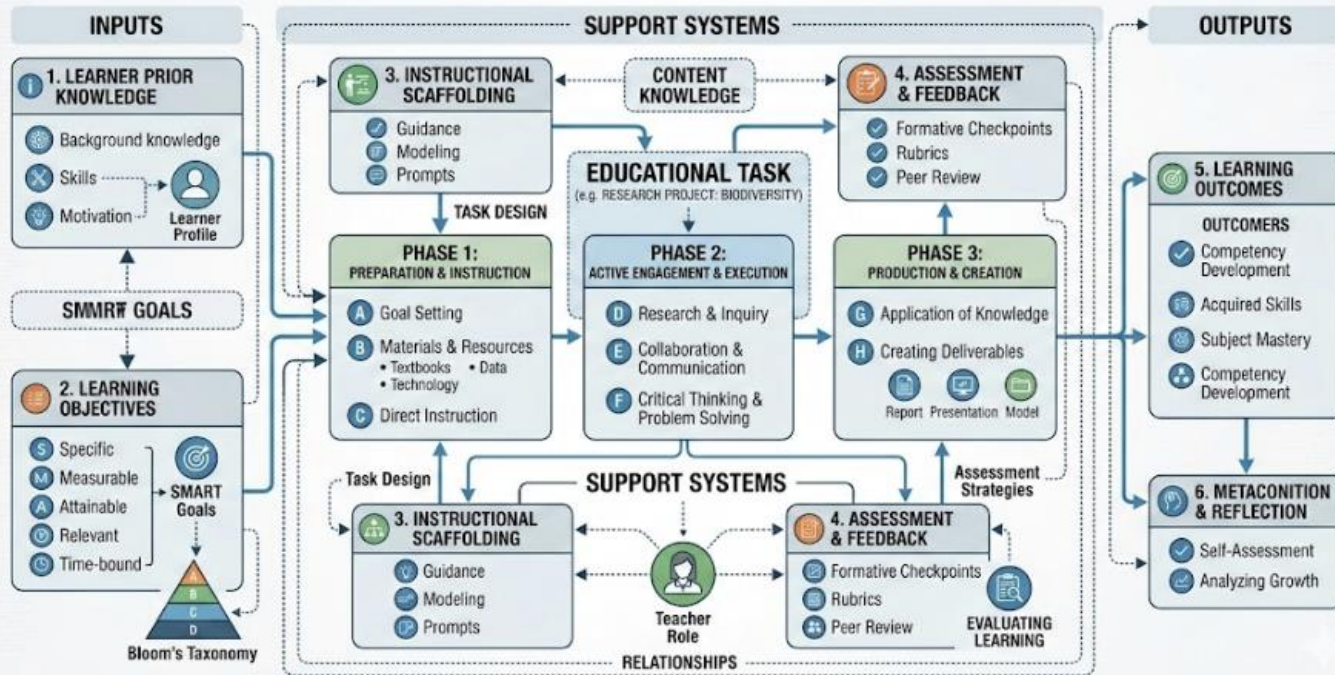
Rarely a one-click process. Requires continuous prompt adjustment and regeneration to achieve precise one-off slide art.



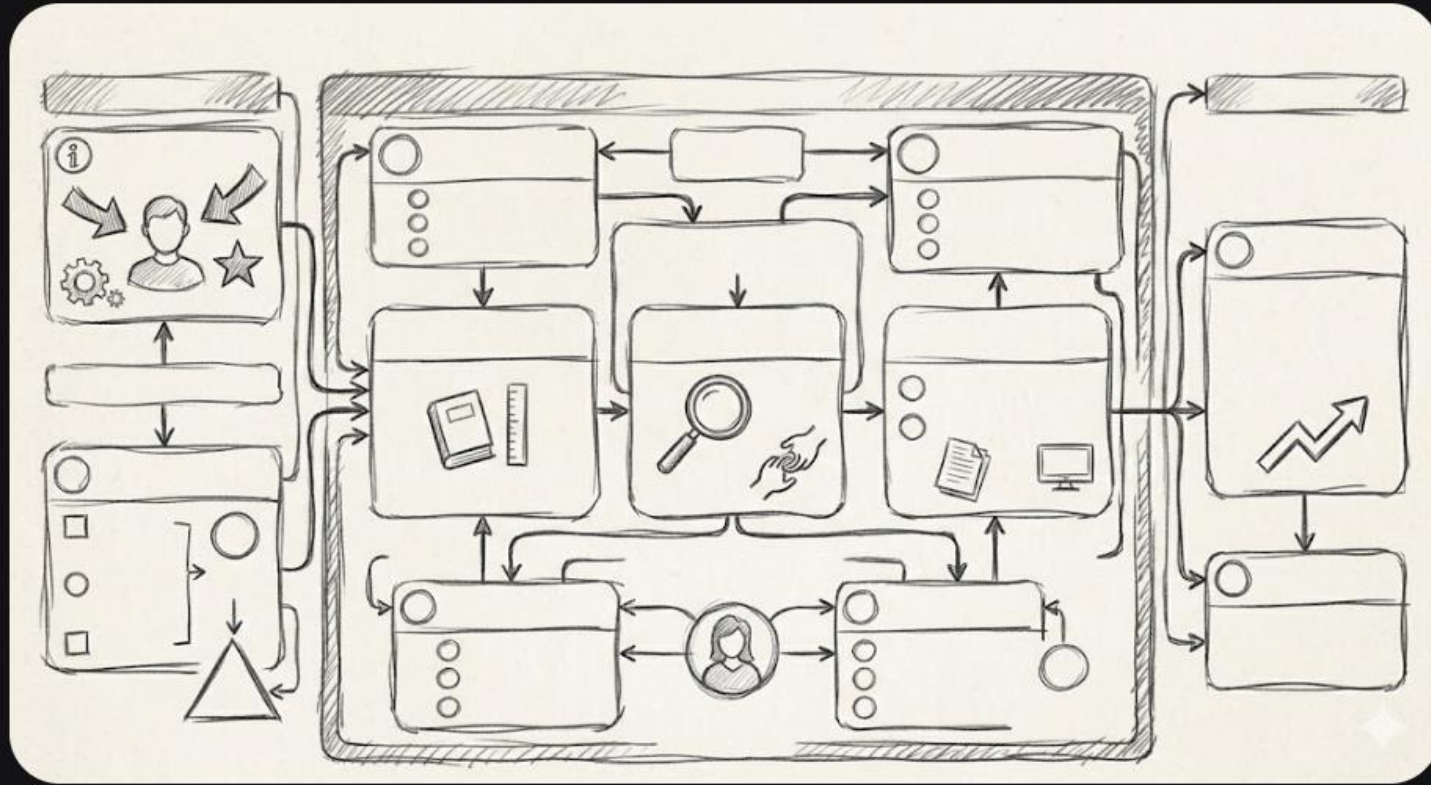


Create an image of a schematic showing all the components of a task and how they relate to education

ANATOMY OF AN EDUCATIONAL TASK: COMPONENTS & PEDAGOGICAL RELATIONSHIPS

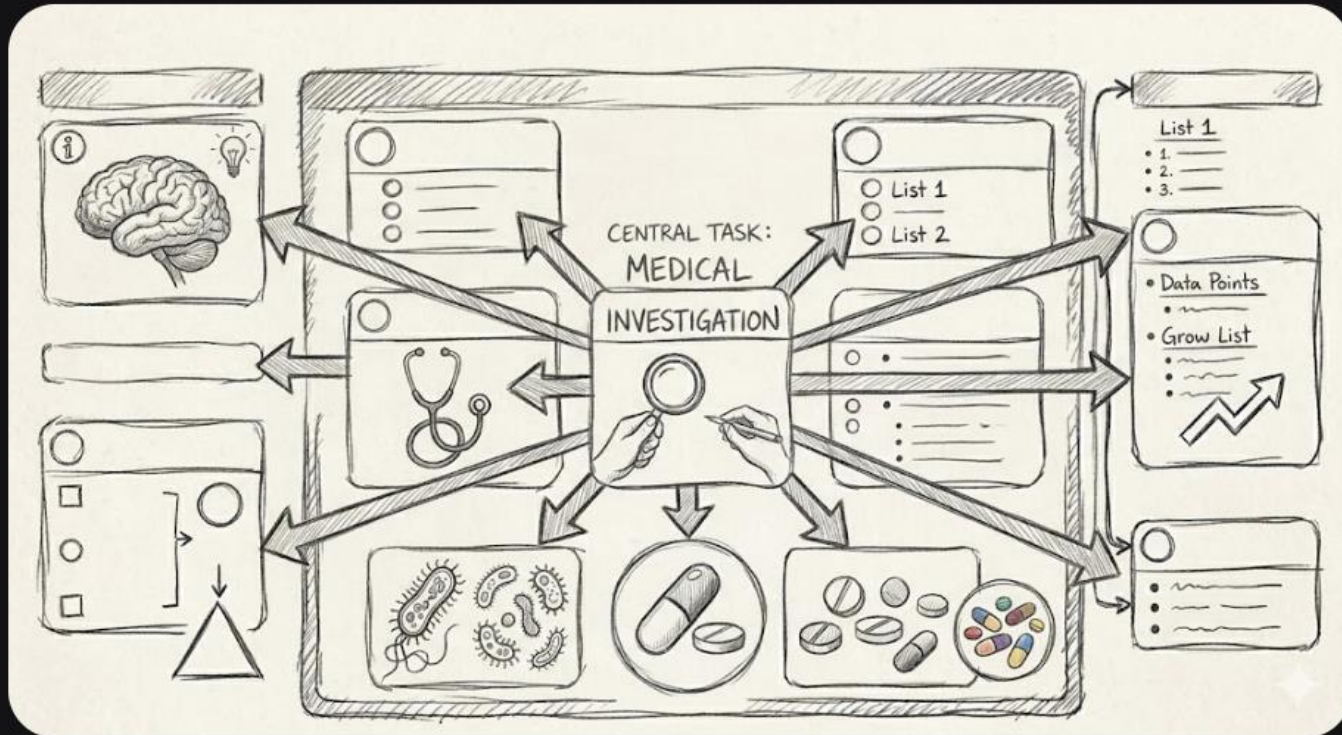


Make it much simpler. It should look handdrawn on paper and should just be large sketches -- no text

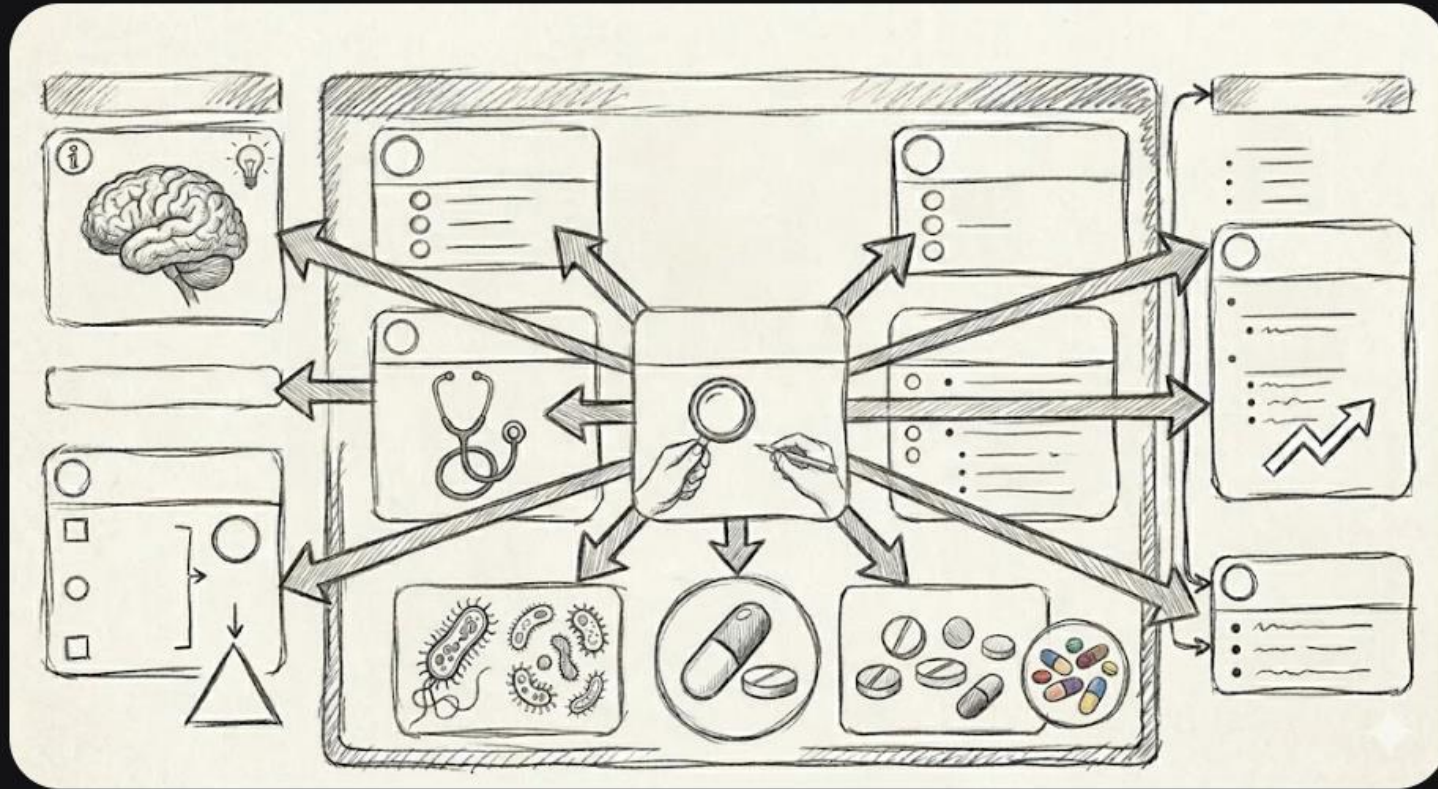




All the arrows should extend outward from a task in the middle. The other sections should show things like a brain, a stethoscope, a bacteria, a pill, a set of lists



Leaving everything else the same, remove all text



The Tool Selection Diagnostic

TOOL	BEST FOR	IDEAL INPUT	OUTPUT FORMAT	THE “AHA” USE CASE
 Claude	Structure	Human Outline	Editable PPTX	First-drafting a full talk.
 NotebookLM	Synthesis	Existing Corpus/Notes	Grounded Slide Draft	Synthesizing heavy literature into a presentation.
 Gemini	Visuals	Concept Description	Custom Image File	Creating specific, one-off slide art.

Choosing the Right Tool

A quick reference for which AI tool fits which clinical task

Choosing the Right Tool

Use Case	Best Tool(s)	Notes
Differential diagnosis, clinical reasoning	Gemini, Claude, ChatGPT	Use Reasoning and/or Thinking or Pro models
Evidence-based clinical question	Open Evidence	Cites sources reliably
Literature review / evidence synthesis	Open Evidence, Consensus, Perplexity	Better citation reliability
Patient messages, letters, appeals	Claude, ChatGPT, Doximity, OE	Often no PHI needed – Claude writes most naturally. Open Evidence can do some tasks now
Summarizing a complex clinical chart	Epic-Integrated Tools	Admittedly weak compared to foundation LLMs
MCQ / teaching case generation	ChatGPT, Claude, Gemini	Great for self-study and teaching prep
Image / slide generation	Gemini, NotebookLM, Claude (Code/Cowork)	Gemini makes great images (and now editable slides) Claude is good at text/shape structured slides
Data cleaning / file conversion / website + app design	OpenAI Codex, Claude Code/Cowork	Agents (Claude Code/Cowork) especially strong here

Next Steps

Beginner



- Simply try incorporating AI into a few different tasks you do regularly. See if it helps. If so, great! If not, try it again at some point down the line.

Intermediate



- Try using AI tools to transform information from one form to another.
- Think about tasks you feel like you would like to do but never get around to or don't have enough time or expertise to do so – could AI help you make something?

Advanced



- Highly recommend trying out Agentic AI (Claude Code/Cowork, OpenAI Codex) if you haven't. Tool-use allows AI to do far more than simply create text

Challenge: What's ONE thing you'll try this week?

Learning More – With Whom Am I In Conversation?



One Useful Thing



Claude Code for Everything



The Convivial Society



Teaching in the Age of AI



Thank You

Questions?

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jlberry@bidmc.harvard.edu



Landing Page
tinyurl.com/mr2vjzz7