CMIE Guideline: Using AI in Your Accredited Continuing Education (CE) Activity:

A Practical Guide for Faculty, Course Directors, and Planners

May 2026

Preamble

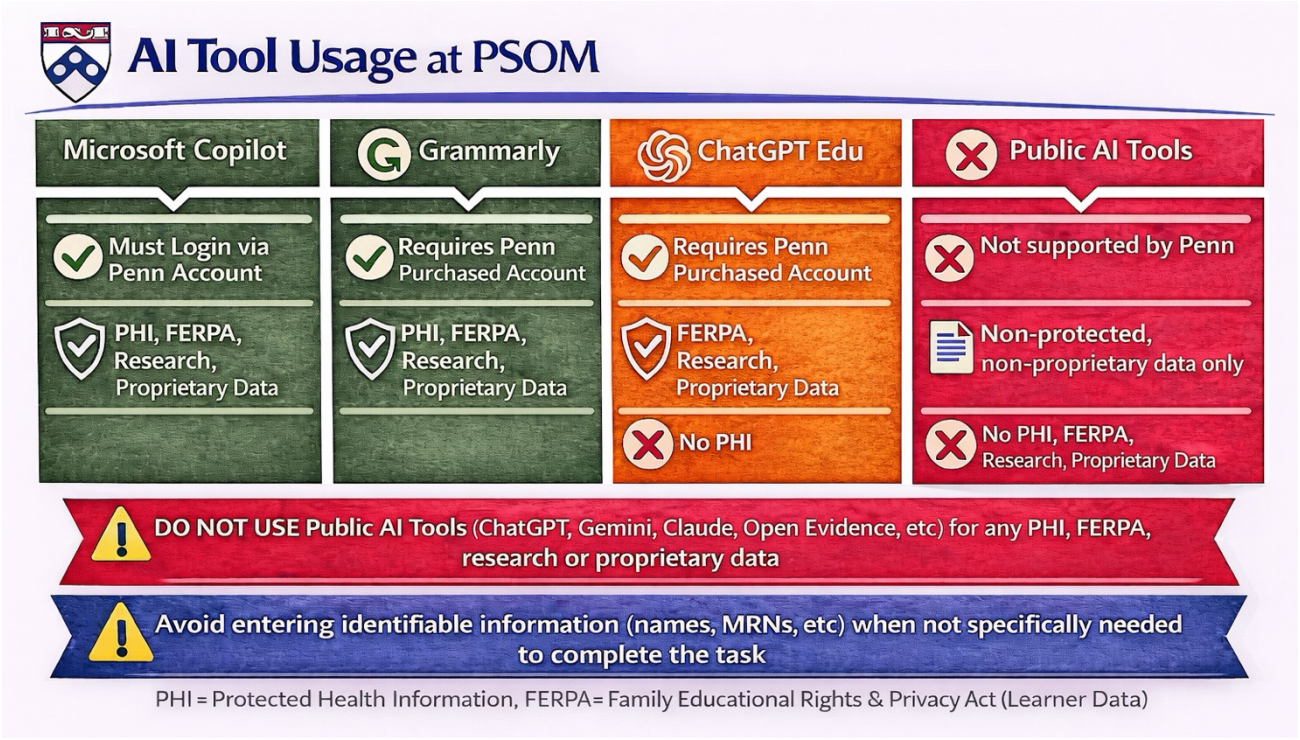
This guidance is relevant to faculty, coordinators, course directors, planners and anyone in control of the planning, delivery, or evaluation of accredited CE activities.

Artificial intelligence (AI) tools are increasingly available to help create educational content, develop assessments, streamline course planning, and analyze and summarize data for reporting. The Penn Office of Continuing Medical Education and Interprofessional Education (OCMIE) encourages the thoughtful use of these tools and aims to ensure your CE activity remains compliant with accreditation standards throughout.

Please note that public, non-Penn-approved AI tools should not be used with any protected or proprietary data.

Below, please find the **PSOM AI Tools Infographic,** which provides a quick visual overview and guidance on:

- Which AI tools are approved for use at PSOM
- What types of data may (and may not) be used in each tool
- Key reminders related to privacy, security, and compliance (HIPAA/FERPA)



Additional information can be found here, with ChatGPT Edu and Grammarly available with approval, for a fee via PMACS:

- Full AI Tool Usage Description
- PMACS AI Services

The guideline that follows summarizes guidance for faculty members, course directors, or planners working on a CE activity. It is adapted from ACCME's Guidance on the Responsible Use of Artificial Intelligence (AI) in Accredited Continuing Education (CE) (January 2026).

Full ACCME guidance: accme.org

1. What AI Can Help You With

AI can be a useful partner in designing your CME activity. Here are some tasks where AI assistance is appropriate and encouraged:

- Identifying learning gaps or at-risk populations from existing data
- Developing interprofessional or complex clinical cases
- Drafting or brainstorming lecture content, case scenarios, or discussion questions
- Adapting materials for different learner levels or specialties
- Creating multiple-choice questions, answer rationales, or scoring rubrics
- Summarizing learner evaluation data or feedback themes

Think of AI as a drafting assistant, not a final author. All AI-generated content should be reviewed, verified, and refined by you before it goes to learners.

2. You Should Disclose AI Use

If you used AI to help create or edit educational content for your CE activity, you are expected to disclose this. This applies to slides, handouts, case materials, assessments, and any other learning resources. (Routine spell-check or grammar tools do not require disclosure.)

When disclosing, please include:

- The name and version of the AI tool you used (e.g., ChatGPT-4, Claude 3, Copilot)
- The date(s) you used it
- What you used it for (e.g., "used to draft initial case scenarios," "used to generate MCQ distractors")
- A statement that a qualified human reviewer checked and approved the output

The Penn OCMIE will provide a disclosure template slide for this upon request.

3. You Are Responsible for the Content — AI Is Not

This is the most important principle: you, as the faculty member or course director, are accountable for everything in your CE activity, including any content that AI helped create. AI systems can make mistakes, fabricate references, reproduce biases, or produce clinically inaccurate information.

Before finalizing any AI-assisted content, please:

- Review all outputs carefully for factual accuracy
- Check for any fabricated citations. AI tools frequently invent references that look real but do not exist
- Look for clinical content that may be outdated, oversimplified, or biased toward certain patient populations
- Confirm that recommendations align with current evidence and clinical guidelines
- Extra caution is required when using AI to generate images, audio, or video. Ensure that any concerns related to accuracy, copyright, and misrepresentation are addressed.

Note: You can ask your AI tool to verify that the references are authentic, but you must ensure this is accurate. Your AI tool can also inform you, when asked, if the content provided is unique or otherwise copyrighted. This is critical when asking AI to create images or if content is provided. AI tools may assist in checking references, but educators remain fully responsible for independently verifying source authenticity and accuracy.

4. Keep Commercial Influence Out

CE must be free from commercial bias. This requirement applies equally whether content was written by a human or generated by AI.

When using AI tools for your CE activity, please:

- Do not use AI tools that are sponsored by, or integrated with, pharmaceutical or device companies in ways that could influence output
- Review AI-generated content carefully for language that could be perceived as promotional, brand-specific, or preferential to a particular drug, device, or company
- Ensure that your financial relationships with industry have been disclosed and that any relevant relationships are managed before using AI to develop content in those clinical areas

If you're unsure whether a conflict exists, contact the OCMIE before proceeding.

5. Protect Patient and Learner Privacy

Do not enter identifiable information into AI tools. This includes:

- Patient information of any kind (names, dates, MRNs, clinical details that could identify an individual)
- Learner names, performance data, or evaluation responses
- Any data covered by HIPAA, FERPA, or your institution's data governance policies

If you're working with real case data, de-identify it thoroughly before using it as an AI prompt. When possible, use fictional or simulated cases rather than de-identified real cases. Even carefully de-identified data can carry re-identification risk, particularly in rare or highly specific clinical scenarios. When in doubt use a fictional or composite case instead.

Additionally, for any activity involving sensitive or proprietary content (e.g., unpublished research, institutional data), use only AI platforms that have been approved by Penn's IT or compliance office, not free public tools.

6. Be Careful With Uploaded Materials

Many AI platforms allow you to upload documents for summarization, editing, or analysis. Before uploading any materials to an AI system, consider:

- Has the faculty member or author whose content this is given explicit permission to upload it to an external platform?
- Does the document contain any PHI, PII, or proprietary institutional data?
- Is the platform you're using secure and approved by your institution?
- You are not allowed to upload Penn educational materials into non-approved AI tools. However, you may develop new educational materials in non-approved tools as long as no Penn materials are shared with the AI tool.

7. What AI Should NOT Be Used For (Without Explicit Approval)

Please avoid the following uses of AI in your CE activity unless you have consulted with the OCMIE and additional safeguards are in place:

- Generating diagnostic or treatment recommendations that will be presented directly to learners as clinical guidance, without clinical validation
- Auto-producing assessment answer keys that learners can access directly
- Uploading or storing sensitive materials in public or non-secure AI platforms
- Using AI output without any human review. All AI-generated content must be reviewed before dissemination

AI tools used during live CME activities (e.g., real-time Q&A, chatbots, etc.) require prior review and approval by OCMIE to ensure accuracy, oversight, and compliance with accreditation standards.

8. Platform and Technology Vetting and Approval

All third-party software educational platforms used to directly deliver content to learners must be vetted and approved by the Penn Medical Education Technology Committee prior to use.

At this time, faculty and planners are strongly encouraged to consult with OCMIE before implementing any AI-assisted assessment processes, including tools used to aggregate or summarize learner data or determine credit eligibility. These workflows should be reviewed and approved prior to use to ensure alignment with accreditation standards.

Quick Reference: Your AI Checklist

- ✓ Disclose the AI tool, version, date, and purpose
- ✓ Review all AI-generated content for accuracy before use
- ✓ Check for fabricated references
- ✓ Screen for commercial bias or promotional language
- ✓ Do not enter PHI, PII, or confidential data into AI tools
- ✓ Use only institution-approved tools for sensitive content
- ✓ Contact the CME Office if AI is used in real-time learner interactions
- ✓ Ensure third party educational platforms are approved by the Penn Medical Education Technology Committee
- ✓ Consult OCMIE before using AI in any assessment or credit determination process

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Adapted from: ACCME Guidance on the Responsible Use of Artificial Intelligence (AI) in Accredited Continuing Education (CE), January 2026. Full document available at accme.org. Questions? Contact the Penn OCMIE.

Glossary of Key Terms: ***The following terms are used throughout this document and in the broader ACCME guidance on AI in CME:***

Artificial Intelligence (AI)
Technologies that perform tasks typically requiring human intelligence such as understanding language, recognizing patterns, or generating text. In the CME context, this includes tools like ChatGPT, Claude, Microsoft Copilot, and clinical decision-support algorithms.

Generative AI
A category of AI that creates new content (text, images, audio) in response to user prompts. These are the tools most commonly used in content drafting, question writing, and case development. Examples include ChatGPT, Claude, and Gemini.

AI-Generated Content
Educational content that was primarily produced by an AI tool, with minimal human input before initial generation. All such content must be reviewed and approved by a qualified human before use in a CME activity.

AI-Assisted Content
Content created or adapted in partnership between a human author and an AI tool for example, when AI is used to draft an outline or suggest edits that a faculty member then refines. This is the most common and appropriate mode of AI use in CME.

Large Language Model (LLM)
The underlying technology behind most AI tools. LLMs are trained on massive amounts of text data and can generate human-like responses. ChatGPT, Claude, and Gemini are all examples of LLM-based tools.

Open-Source / Public AI Tools
AI platforms freely available to anyone without a license or institutional agreement (e.g., the free version of ChatGPT). These carry higher privacy and security risks and should not be used with sensitive, proprietary, or patient-related content.

Closed-Source / Institutional AI Tools
Licensed or institution-approved AI platforms that offer stronger data privacy protections. These are the appropriate choice when working with any sensitive institutional, research, or clinical content.

PHI (Protected Health Information)
Any information that could identify a patient and relates to their health, care, or payment covered under HIPAA. PHI must never be entered into AI tools unless the platform is explicitly approved and compliant.

PII (Personally Identifiable Information)
Information that can be used to identify a specific individual, such as a name, email address, or learner ID. Like PHI, PII should not be entered into AI tools without appropriate data governance protections in place.

Commercial Bias
Language or content in educational materials that could favor a specific drug, device, or company, intentionally or not. ACCME standards require all CME content to be free from commercial influence, regardless of whether it was written by a human or an AI.

Standards for Integrity and Independence
ACCME's core accreditation standards that govern how CME activities must be kept free from commercial bias and influence and conflicts of interest. These standards apply fully to AI-generated and AI-assisted content.