

Curiosity Over Hype: How One Hospitalist Is Using AI to Support Clinical Reasoning and Teaching

For many physicians, artificial intelligence still feels more theoretical than practical. Something discussed at conferences or embedded quietly in the background of electronic health records, but not necessarily part of everyday clinical work. For others, the rapid pace of change has sparked understandable apprehension: *Is this safe? Is this ethical? Is this something I should even be using?*

In a recent conversation with **Dr. Steven Richmond**, a hospitalist and medical educator at Hennepin Healthcare, a different picture emerged — one grounded less in tools and more in judgment, curiosity, and the realities of teaching and practicing internal medicine during a time when the tools that enable us to do those jobs are rapidly changing.

Before discussing AI at all, Richmond reflected on what drew him to internal medicine in the first place: curiosity and comfort with the undifferentiated patient. “That curiosity is really what brought me into medicine,” he noted. That same instinct has now shaped how he approaches AI in medicine today.

AI as a Tool for Thinking Out Loud

Rather than viewing AI as a shortcut or answer engine, Richmond has found its greatest value as a way to *make clinical reasoning more visible*, particularly in educational settings. One approach he described involves using generative AI to simulate evolving clinical cases in real time with learners.

“I can ask the tool to drip information about a case,” he explained, “and then sit with my learners and talk through what questions we should be asking, what we’re thinking about, and why.”

Because neither the teacher nor the learners know exactly where the case will go, the exercise creates a low-stakes environment for shared reasoning — one where assumptions can be surfaced, gaps identified, and alternative paths explored. Importantly, Richmond emphasized that the value isn’t in the AI’s answers, but in the *discussion it enables*.

This approach also addresses a familiar challenge for many educators: feeling unprepared to teach on a topic outside one’s usual “chalk talk” repertoire. AI can help educators come up to speed quickly, structure discussions, and identify key teaching points without pretending to be experts in everything.

Guardrails Matter — Especially for Learners

Richmond is candid about the risks of using generative AI in medicine. One concern he raised is that AI can mask deficiencies in learners’ clinical reasoning. A polished presentation or

differential diagnosis generated with AI may look impressive, but it doesn't necessarily reflect how a trainee is actually thinking.

To counter this, Richmond intentionally creates moments where learners must reason *before* turning to AI — for example, during bedside discussions or early case presentations. This allows learners to develop their own mental frameworks, which they can later compare against AI-generated outputs.

“AI is like the world's smartest medical student,” Richmond observed. “It knows a lot, but it's bad at clinical application.” That distinction, he argued, is critical for educators to understand and to teach.

He also stressed the importance of basic guardrails: avoiding protected health information, maintaining skepticism about outputs, and recognizing when AI is operating outside one's own domain of expertise. In areas where he lacks foundational knowledge (such as wound care, or other aspects of his practice that are usually handled by consultants), Richmond noted that AI has been far less helpful, reinforcing the need for human judgment and appropriate consultation.

Beyond Teaching: Cognitive Offloading in Clinical and Administrative Work

Outside of education, Richmond has found AI useful for evidence retrieval, policy drafting, and quality improvement work. Tools that quickly surface landmark studies or guidelines can reduce the cognitive burden of searching for evidence, allowing more time for teaching, patient communication, and family conversations.

Perhaps most striking was how Richmond framed AI's impact on his life outside the hospital. “Cognitive offloading means I have more energy at the end of the day,” he said. “More time to call families. More chances to make it home for my kid's bedtime.”

Rather than replacing clinical judgment, he sees AI's promise in supporting the most human parts of medicine.

Start, Stop, Keep

When asked to distill his advice for clinicians navigating AI, Richmond offered a simple framework:

- **Start** using AI to make clinical reasoning more visible — especially in teaching.
- **Stop** pretending AI isn't already part of learners' workflows.
- **Keep** being curious.

That curiosity, he emphasized, is what allows clinicians to evaluate new tools thoughtfully neither dismissing them outright nor adopting them uncritically.

For internists who feel uncertain about AI's role in medicine, Richmond's experience offers a grounded perspective: start small, stay curious, and focus less on the technology itself and more on how it shapes thinking, learning, and care.