FEDERAL UNIVERSITY OF HEALTH SCIENCES AZARE

AI POLICY

FEDERAL UNIVERSITY OF HEALTH SCIENCES AZARE

AI POLICY

CONTENTS

Foreword 4

Part A: AI Policy for Students . . . 6

Introduction 6

Regulatory Scope 6

The "30% AI-Contribution" Standard. . . . 6

Health Sciences Integrity & Ethics . . . 8

Mandatory Disclosure Framework . . . 8

Oversight and Sanctions 9

Continuous Improvement 9

Part B: AI Policy for Staff 10

Faculty "Lead by Example" Mandate. . . . 10

Faculty-Specific AI Guidelines . . . 10

The "30% Standard" for Staff Publications . . 11

Ethical Safeguards for Staff (Academic & Administrative) 11

Staff Disclosure Requirement . . . 12

Oversight for Staff Compliance . . . 12

Appendix I 13

Appendix II 14

Appendix III 16

Appendix IV 17

Appendix V 20

FOREWORD

It gives me great pleasure to present this Artificial Intelligence (AI) Policy to the University community.

Artificial Intelligence is rapidly transforming higher education, healthcare, research, and professional practice. As a specialised institution committed to producing world-class health professionals and scientists, FUHSA recognises the enormous opportunities AI offers for teaching, learning, research, data analysis, and healthcare education. At the same time, we must ensure that its use does not compromise academic integrity, scientific credibility, patient confidentiality, or professional ethics.

This policy provides a framework for the responsible, ethical, and transparent use of AI across the University. It seeks to promote innovation while ensuring that critical thinking, clinical reasoning, scientific inquiry, creativity, and intellectual responsibility remain fundamentally human responsibilities. The policy clearly distinguishes between acceptable supportive uses of AI (the FUHSA 30% threshold), such as outlining, language refinement, literature exploration, and data organization and prohibited practices, including the generation of clinical reasoning, synthetic patient data, fabricated citations, and submission of AI-generated work as original scholarship.

A central principle of this policy is accountability. Students and staff remain fully responsible for the accuracy, originality, and integrity of their work, irrespective of the technology used in its preparation. The requirement for AI transparency declarations reinforces a culture of honesty and enables the University to distinguish legitimate technological assistance from academic misconduct.

The policy appropriately extends these expectations to academic and research staff, covering teaching materials, research and publication, peer review, assessment, intellectual property, patient privacy, and institutional data. This reflects our conviction that academic integrity must be demonstrated and upheld by every member of the University community.

I commend the practical guidance, dispute-resolution procedures, and AI Usage Declaration Form incorporated into the policy. These provisions will support consistent implementation while ensuring fairness, transparency, and due process in addressing suspected violations.

As AI capabilities continue to evolve, this policy will require periodic review to remain relevant and responsive to emerging technologies. I therefore call upon all students, staff, researchers, and administrators to embrace this policy in its intended spirit: to harness technology without surrendering human judgment, to encourage innovation without compromising integrity, and to prepare our graduates to lead responsibly in an increasingly digital health environment.

Professor Bala M. Audu
Vice-Chancellor
Federal University of Health Sciences, Azare
August 2026

PART A: AI POLICY FOR STUDENTS

---

1. Introduction

The Federal University of Health Sciences, Azare (FUHSA), is committed to the production of world-class health professionals and scientists capable of navigating the complexities of modern medicine and biotechnology. As a premier federal health institution, FUHSA recognizes that Artificial Intelligence (AI) is a transformative force in diagnostics, bioinformatics, and pedagogical efficiency.

Our goal is to foster Digital Health Literacy while maintaining the absolute sanctity of academic and clinical ethics. This policy ensures that while students utilize cutting-edge tools, the core competencies of critical clinical reasoning and scientific inquiry remain human-led and evidence-based.

2. Regulatory Scope

This policy applies to all undergraduate and postgraduate students, researchers, academic and non-academic staff across all constituent units of the university.

3. The "30% AI-Contribution" Standard

To ensure the authenticity of academic output, FUHSA establishes a Maximum AI-Assisted Threshold of 30%.

3.1 Technical Parameters

The 30% threshold is an aggregate metric determined by:

- AI Detection Software: Validated tools (e.g., Turnitin AI, GPTZero) identifying the probability of machine-generated prose.
- Similarity Indices: Combined with traditional plagiarism detection to ensure original synthesis.
- Self-Disclosure Variance: Discrepancies between self-reported AI use and detected patterns will be flagged for investigation.

3.2 Permitted Use (The "Supportive" 30%)

AI tools may be used for the following auxiliary tasks:

- Structural Outlining: Generating frameworks for literature reviews or project chapters.
- Linguistic Refinement: Grammar correction, syntax optimization, and technical editing.
- Literature Sourcing: Identifying research gaps or summarizing high-level concepts for conceptual clarity.
- Data Organization: Using AI for coding assistance in biostatistical analysis (e.g., R, Python, or SPSS scripts).

3.3 Prohibited Use (Strict Violations)

The following actions constitute academic malpractice:

- Generative Clinical Reasoning: Using AI to formulate differential diagnoses or treatment plans in clinical case studies.
- Synthetic Data Generation: Creating "dummy" patient data, laboratory results, or physiological readings for theses or assignments.

- Full-Text Generation: Submitting AI-generated abstracts, results sections, or discussion components as original work.
- Hallucinated Citations: Submitting fabricated medical related or other scientific references or non-existent DOI links.

4. Health Sciences Integrity & Ethics

4.1 Data Privacy and NDPR Compliance

The uploading of sensitive clinical and non-clinical data, identifiable patient records, or hospital-specific protocols into public Large Language Models (LLMs) is strictly prohibited. Such actions violate the Nigeria Data Protection Regulation (NDPR) and jeopardize institutional confidentiality.

4.2 Mandate of Clinical and Scientific Accuracy

Students bear 100% legal and academic responsibility for the accuracy of their submissions. AI-generated physiological data, drug dosages, or chemical formulations must be manually verified against peer-reviewed pharmacopoeias or clinical guidelines. "AI Hallucination" is not a valid defence for medical errors in academic submissions.

5. Mandatory Disclosure Framework

Every submission ranging from routine assignments to doctoral theses must be accompanied by a formal AI Transparency Statement.

Template:

"I, [Name/ID], declare that [No AI / AI tools: Name of LLM] were used in the preparation of this work. The AI contribution was limited to [e.g., grammar editing/outlining] and does not exceed the 30%

threshold. I accept full responsibility for the clinical and scientific accuracy of the content."

6. Oversight and Sanctions

Departmental Academic Integrity Committees (DAIC) are hereby empowered to adjudicate policy breaches:

- Level 1 (Inadvertent/Minor): Submissions exceeding 30% but below 50% may be returned for mandatory revision and a formal warning.
- Level 2 (Significant/Gross): Submissions exceeding 50% or containing synthetic patient data will be treated as Academic Fraud, resulting in a failing grade and referral to the University Disciplinary Committee.
- Review: Students may contest an AI-detection flag by providing "Version History" or handwritten drafts to prove the evolution of their work.

7. Continuous Improvement

Given the exponential growth of AI capabilities, the Strategic Academic and Institutional Strengthening Committee shall conduct an annual audit of this policy. Adjustments to detection thresholds and permitted software will be communicated at the start of each academic session to ensure FUHSA remains at the frontier of digital health education.

PART B: AI POLICY FOR STAFF

---

1. Faculty "Lead by Example" Mandate

While students are held to a 30% threshold for assignments, Academic Staff are expected to use AI as a supplementary tool for enhancement. Staff usage of AI must not compromise the quality of instruction or the authenticity of original research.

2. Faculty-Specific AI Guidelines

A. Instructional Materials & Lecture Notes

- Permitted: Using AI to generate visual aids, clinical case simulations, or formatting lecture slides.
- Prohibited: Generating entire lecture modules or course curricula via AI without significant manual review and local contextualization for the Nigerian healthcare environment.
- Requirement: Staff must disclose to students if significant portions of their teaching aids were AI-assisted to model transparency.

B. Research and Publication (The "Scholar's Threshold")

- Manuscript Development: AI may be used for language editing and data visualization. However, the Methodology, Results, and Discussion must be the original work of the researcher.
- Peer Review: STRICT PROHIBITION. Staff must never upload a peer's unpublished manuscript into an AI tool for the purpose of generating a peer-review report. This is a breach of intellectual property and confidentiality.

- Grant Proposals: While AI can assist in structural formatting, the core scientific innovation must be human-led to maintain the integrity of FUHSA's research output.

C. Grading and Assessment

- Automated Grading: Staff may use AI to assist in grading objective assessments (MCQs); however, for clinical essays, theses, and projects, AI may only be used as a pre-screening tool. The final grade and feedback must be issued by the human instructor to ensure clinical nuance is considered.

3. The "30% Standard" for Staff Publications

To maintain FUHSA's standing in the global scientific community, any research paper or institutional report authored by staff should undergo the same scrutiny as student work:

- Originality: High-level academic writing should not exceed a 30% AI-generated threshold (excluding references and citations).
- Verification: Staff are personally liable for any "hallucinated" data or false citations included in their published work or internal reports.

4. Ethical Safeguards for Staff (Academic & Administrative)

- Patient Privacy (The Red Line): No staff member shall input patient records, clinical images, or sensitive FUHSA administrative data into public AI models (e.g., ChatGPT) to generate reports. This is a violation of the Nigerian Data Protection Act (NDPA) and FUHSA ethical guidelines.

- Intellectual Property: Staff must ensure that AI tools do not inadvertently "plagiarize" the works of other health scientists by failing to provide proper attribution.

5. Staff Disclosure Requirement

Just as students must submit a declaration, staff must include a "Declaration of AI Usage" in:

- Annual Progress Reports (APRs).
- Grant Applications submitted through the University Research Directorate.
- Internal Course Manuals.

6. Oversight for Staff Compliance

- The Directorate of Research and Innovation shall act as the oversight body for allegations of AI-related research misconduct among staff.
- The Faculty Board shall monitor AI usage in teaching and instructional materials.

Appendix I

FUHSA Lecturer's Rubric: Evaluating AI Integration

This rubric is designed to distinguish between Original Work, Acceptable AI Assistance (≤30%), and Policy Violations (>30% AI-Dominated).

The "FUHSA Litmus Test" (Red Flags for Lecturers)

If a lecturer suspects a submission exceeds the 30% threshold, they should look for these three "Health Science" red flags:

- The "Perfectly Generic" Patient: If a clinical case study lacks the specific socio-economic or environmental nuances common in North-Eastern Nigeria (e.g., specific dietary habits, local endemic diseases), it is likely AI-generated.
- The Citation Ghost: AI often creates very convincing medical citations that don't exist. Action: Copy one obscure citation and search for it on *PubMed* or *Google Scholar*. If it's missing, it's a 100% AI hallucination.
- The "Summary" Trap: If the entire "Discussion" section reads like a high-level summary rather than a critical, argumentative analysis of the "Results" section, it likely exceeds the 30% limit.

Guidance Note for Faculty:

"The goal is not to punish the use of technology, but to ensure that the student is the primary 'Intellectual Architect' of the work. If the student cannot explain the 'Why' behind a medical conclusion in an oral defense, the work is AI-dominated regardless of the detection score."

Appendix II

FUHSA Student Guide: Mastering AI within the 30% Limit

Welcome to the future of medical education! At FUHSA, we embrace innovation, but we value your brain more than any algorithm. Our policy allows for 30% AI assistance. Here's how to use that 30% to your advantage without crossing the line into academic misconduct.

1. What does "30% AI" look like?

Think of your assignment like a medical diagnosis.

- The 30% (AI): The diagnostic tools (X-rays, blood tests, automated readings) that help organize information.
- The 70% (You): The physician's judgment. You interpret the data, connect it to the patient's history, and decide on the treatment plan.

If you copy-paste three paragraphs from an AI and write seven yourself, you are at the limit. If the AI writes the "Discussion" section, you have likely failed the 30% rule.

2. The Green Zone: How to use AI safely

You can use AI for these tasks without worrying, as long as they don't dominate your final word count:

- Structuring: "Give me a logical outline for an essay on Lassa Fever prevalence in Bauchi State."
- Clarification: "Explain the mechanism of action of Metformin in simple terms so I can write about it."
- Grammar Polish: "Check my drafted conclusion for grammatical errors." (This is the safest way to use AI!)

- Literature Search: "Find me three key themes discussed in recent papers regarding maternal health in Northern Nigeria."

3. The Red Zone: Prohibited AI Behaviors

Crossing these lines will result in a "policy violation" flag:

- The "Ghostwriter" Trap: Asking AI to "Write 500 words on the anatomy of the heart."
- The "Fake Doctor" Error: Using AI to generate a clinical diagnosis for a case study assignment.
- The Citation Hallucination: AI often makes up fake journals. Pro Tip: If you can't find the paper on *Google Scholar* or *PubMed*, don't use it.
- Patient Privacy: NEVER upload real patient details from your clinical rotations into an AI. This is a severe ethical breach and a violation of FUHSA's research policy.

Appendix III

Frequently Asked Questions (FAQ)

Q: Will every assignment be checked for AI?

A: Yes. FUHSA uses advanced detection tools. However, your lecturer's professional judgment on your "voice" and clinical logic is the final word.

Q: What happens if I hit 35% or 40%?

A: Usually, you'll be asked to rewrite the assignment. Repeatedly exceeding the 30% limit or failing to disclose AI use may lead to disciplinary action.

Q: Can I use AI to translate my notes from Hausa to English?

A: Yes! Translation is a great use of AI. Just ensure the final English medical terminology is accurate as AI often struggles with specific medical jargon.

Q: Do I have to cite the AI?

A: Yes. Every assignment must include the FUHSA AI Declaration at the end, stating which tool you used and for what purpose.

The Golden Rule for FUHSA Students:

"If you can't explain it in an oral defense without your phone, you shouldn't have put it in your essay."

Appendix IV

This Standard Operating Procedure (SOP) is designed to provide the Departmental Academic Integrity Committees (DAIC) at FUHSA with a rigorous, evidence-based framework for adjudicating disputes. It ensures that the transition to AI-integrated health education is both fair to the student and uncompromising in scientific standards.

SOP: Adjudication of AI-Threshold Disputes and Academic Integrity Violations

SOP ID: FUHSA-AI-001

Associated Policy: AI Usage and Academic Integrity Policy (2026)

Applies to: College/ faculty/institutes/units, DAIC and Students

1. Objective

To establish a uniform, transparent process for investigating cases where a student's submission exceeds the 30% AI-Contribution Threshold or is suspected of containing Synthetic Scientific Data.

2. The Investigation Trigger

An investigation is formally initiated when:

- Technical Flag: Institutional detection software (e.g., Turnitin AI, GPTZero) returns a probability score > 30%.
- Instructional Flag: A faculty member identifies "hallucinated" citations, non-standard physiological nomenclature, or clinical reasoning inconsistent with the student's level of training.
- Data Discrepancy: Laboratory results or allied health case studies show statistical patterns typical of generative AI rather than empirical observation.

3. The Evidence Burden (The "Proof of Authorship" Rule)

In the event of a dispute, the Burden of Proof lies with the student to demonstrate the organic evolution of their work. Accepted evidence includes:

- Version History: Time-stamped logs from cloud-based editors (Google Docs, Microsoft 365) showing incremental progress.
- Preliminary Materials: Handwritten notes, annotated bibliographies, or rough drafts.
- Laboratory Logs: Original raw data sheets or diagnostic images (for Allied Health/Science courses) that correlate with the submitted text.

4. Procedural Steps for the DAIC

Step I: The Preliminary Review (48 Hours)

The Committee Chairman reviews the "AI Transparency Statement" against the detection report. If the deviation is minor (31% – 35%) and non-clinical, the student may be granted a "Corrective Revision" without a formal hearing.

Step II: The Viva Voce (Oral Defense)

If the work is heavily flagged (>35%) or involves clinical data, the student must appear before a 3-member DAIC panel.

- The Technical Inquiry: The student must explain complex sections of the work without digital aids.
- The Methodology Check: For science/allied health students, the panel will verify the origin of any "unique" data points or biochemical pathways cited.

Step III: Determination of Intent

The Committee shall categorize the violation into one of three tiers:

Category	Definition	Recommended Action
Tier 1: Negligent	Poor paraphrasing/over-reliance on AI for grammar	Mandatory AI Ethics workshop; resubmission with 20% grade penalty
Tier 2: Deceptive	Deliberate full-text generation or hidden AI sections.	Grade of 'F' for the course; formal warning on academic record.
Tier 3: Fabricated	Synthetic Patient/Laboratory Data or hallucinated citations.	Referral to students disciplinary and examination misconduct committee

5. Special Clause: Allied Health & Basic Sciences

For students in Nursing, Medical Laboratory Science, Radiography etc, any AI-assisted generation of diagnostic interpretations (e.g., describing a radiograph or blood film morphology) is strictly considered a Tier 2 violation, as these are core competencies that must be mastered manually for patient safety.

6. Documentation and Appeals

All proceedings must be documented. Students may appeal a DAIC decision to the Dean of the Faculty within 7 working days, provided new evidence of original authorship is presented.

Appendix V

FUHSA: Artificial Intelligence (AI) Usage Declaration Form

Instructions: This form must be completed and attached to the end of every academic submission (after the References section). Failure to include this form or providing false information may result in a "Policy Violation" flag.

Section A: Student & Assignment Details

Full Name:

_____

Registration Number:

_____

Department/Level:

_____

Course Code & Title:

_____

Assignment/Project Title:

_____

Section B: AI Usage Disclosure

1. Did you use any Generative AI tools in the preparation of this work?

[ ] NO (Skip to Section C)

[ ] YES (Proceed to question 2)

2. Which tools did you utilize? (Check all that apply)

[ ] ChatGPT (OpenAI)

[ ] Gemini (Google)

[ ] Claude (Anthropic)

[ ] Grammarly / Quillbot

[ ] Others: _____

3. For what purpose was the AI used? (Check all that apply)

[ ] Brainstorming or generating a research outline.

[ ] Refining grammar, spelling, or sentence structure.

[ ] Summarizing long medical research papers for easier reading.

[ ] Organizing citations and bibliography.

[ ] Others: _____

Section C: Attestation of Integrity

By signing below, I solemnly declare the following:

1. The 30% Rule: I certify that AI-generated or AI-refined content does not exceed 30% of the total word count of this submission.
2. Originality: The core clinical arguments, data analysis, and conclusions are my own original work.
3. Medical accuracy: I have manually verified all medical facts and citations. I accept full responsibility for any "hallucinated" or incorrect medical data.
4. Patient privacy: I confirm that NO identifiable patient data or sensitive clinical records from FUHSA-affiliated hospitals were entered into any AI tool.

5. Understanding: I understand that if detection software or manual review suggests my AI usage exceeds the 30% threshold, I may be required to undergo an oral defense or rewrite the assignment.

Student's Signature:_____ Date: _____