CLOSING KEYNOTE

Beyond the Hype

How Nurses Use AI Thoughtfully to Drive Evidence-Based Change

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RECONNECTING TO THIS MORNING

THIS MORNING

What generative AI actually is, where the risks live, and why professional curiosity is a necessary safeguard.

TONIGHT

How do you actually work with them effectively?

THE QUESTION

What is the difference between using a tool and being used by it?

THE PRACTICAL SHIFT

AI SUPPORTS · Scaffolding

- Organizing
- Transcribing
- Summarizing
- Drafting

YOU OWN · Judgment Work

- Interpreting
- Appraising
- Deciding
- Advocating

AI IN RESEARCH, EBP, AND QI

Evidence-Based Practice

Organize the literature landscape before deep appraisal

Quality Improvement

Synthesize messy qualitative data into actionable themes

Nursing Research

Support writing, structuring, and early-stage framing

Using AI to Ask Better Questions, Brainstorm Ideas, and Think Differently

ASK

Questions

Use AI to reframe a clinical question

BRAINSTORM

Ideas

Generate a list of possible explanations, interventions, or evidence gaps.

EXPLORE

Unfamiliar Territory

Ask AI to orient you to a new topic before you dive into the evidence.

The nurse who asks the best questions is the nurse who learns the most.

QI IN ACTION: FROM THEMES TO PDSA

1 AI SYNTHESIS

Tool identifies equipment location and staffing ratios during meal breaks as the two most consistently mentioned barriers.

2 VERIFICATION

Team checks synthesis against the original notes.

3 PDSA DRAFT

AI drafts an initial PDSA framework around verified themes.

THE CONSUMER SUMMARY

Analysis of Clinical Documentation: Barriers to Pressure Injury Prevention

Based on a thematic analysis of the provided text, the following primary barriers to consistent patient repositioning have been identified :

- **Increased Patient Acuity and Complexity:** The documentation frequently mentions that the high level of nursing care required for complex patients limits the time available for routine turning cycles .
- **Perceived Staffing Inadequacies:** Staff consistently report that a lack of available "helping hands" during peak repositioning windows prevents the safe execution of multi-person turns .
- **Knowledge and Educational Gaps:** Several entries suggest that a subset of the nursing team may benefit from updated education on evidence-based skin assessment and repositioning protocols .
- **Equipment and Resource Allocation:** There are general requests for a higher volume of friction-reducing devices and overhead lift systems to support bedside ergonomic safety .
- **Documentation and Administrative Burden:** The time required to chart repositioning events is cited as a secondary barrier that competes with direct patient care time .

High Patient Acuity

Staffing Ratios

Knowledge Gaps

Equipment Needs

THE STEWARD SYNTHESIS

Physical Access Barrier

Equipment Misalignment

The 'Towel' Workaround

Targeted Environmental Analysis: Night-Shift Repositioning Barriers

Based on a targeted review of the clinical text, the following specific operational bottlenecks were identified :

- **Physical Access Barrier (Restricted Supply Access):** Multiple entries (n=8) indicate that the **Central Supply Room is locked after 00:00**. Nurses report that retrieving repositioning wedges requires locating a supervisor with a physical key, frequently delaying turn cycles by 20–30 minutes .
- **Equipment-Location Misalignment:** 100% of the unit's operational air-pallets are currently stored in the West Wing equipment alcove. However, 70% of the unit's high-acuity, "difficult-to-turn" patients are currently assigned to East Wing rooms, creating a significant "travel time" penalty for night-shift staff .
- **Identified Clinical Workaround ('The Towel Method'):** Due to the restricted access to medical-grade wedges, the AI identified a widespread but non-standard practice of using **rolled bath blankets** for positioning . This workaround, while noted as a creative staff response to resource scarcity, does not meet current institutional evidence-based standards for pressure redistribution .

Primary Recommendation: Move repositioning wedges to an unlocked East Wing storage cabinet and relocate air-pallets to a central hub during the night shift to eliminate travel bottlenecks .

Same 40 pages of notes. Same AI tool. A more specific question — a steward's question — produced something actionable.

THE EBP CHALLENGE

THE PROBLEM

Thousands of articles, review papers, editorials, practice guidelines.

WHERE AI HELPS

Generate initial summaries

Identify recurring themes

Draft evidence tables

.

RAPID EVIDENCE REVIEW IN PRACTICE

1 Framework

The tool built a search framework before they began.

2 Retrieval

AI generated initial factual extractions: methods, sample sizes, populations, key findings.

3 Result

Researchers used the output as an initial map, not a final synthesis.

AI IN NURSING RESEARCH

The Blank-Page Problem

Generate five different methodological lenses for this problem.

Help me see where my research question is still too broad.

The tool gives you options. You decide what to use

Precision in Writing

AI can support transparency

Refine your methods section.

Restate a complex finding in accessible language

Checking that your discussion section addresses limitations

THE PRINCIPLE THAT HOLDS

AI can reduce the burden of organizing and summarizing so nurses can focus on judgment, ethics, and decision-making.

Whether AI helps depends entirely on how you direct it and what you ask of it.

MATCHING THE TOOL TO THE TASK

ChatGPT

Claude

Perplexity / Consensus

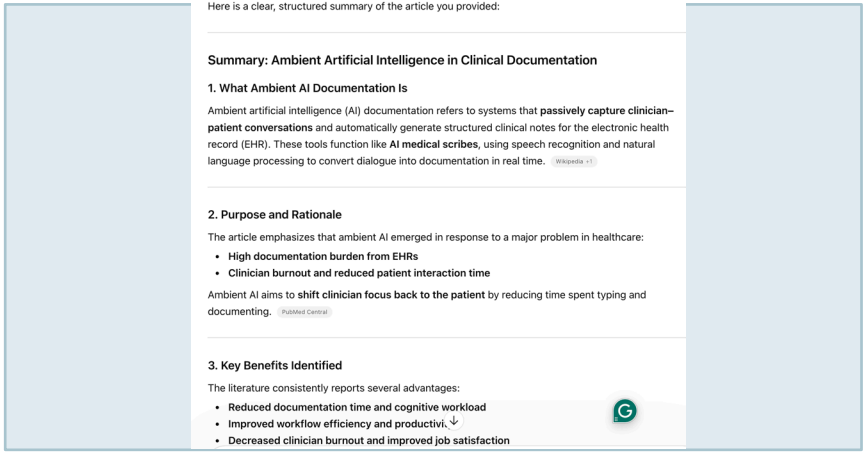
Elicit / Scite

Otter.ai / Whisper

Copilot / Gemini

DIFFERENT TOOL. DIFFERENT OUTPUT.

ChatGPT: narrative summary



Here is a clear, structured summary of the article you provided:

Summary: Ambient Artificial Intelligence in Clinical Documentation

1. What Ambient AI Documentation Is

Ambient artificial intelligence (AI) documentation refers to systems that **passively capture clinician–patient conversations** and automatically generate structured clinical notes for the electronic health record (EHR). These tools function like **AI medical scribes**, using speech recognition and natural language processing to convert dialogue into documentation in real time. Wikipedia +1

2. Purpose and Rationale

The article emphasizes that ambient AI emerged in response to a major problem in healthcare:

- **High documentation burden from EHRs**
- **Clinician burnout and reduced patient interaction time**

Ambient AI aims to **shift clinician focus back to the patient** by reducing time spent typing and documenting. PubMed Central

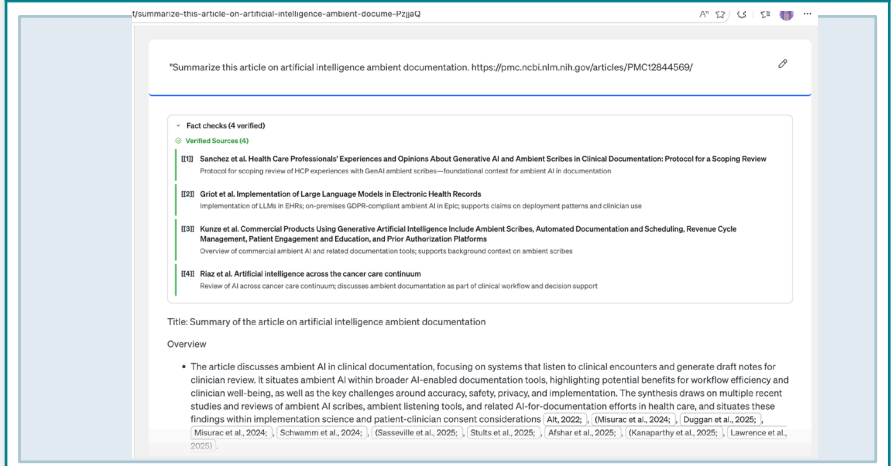
3. Key Benefits Identified

The literature consistently reports several advantages:

- **Reduced documentation time and cognitive workload**
- **Improved workflow efficiency and productivi…**
- **Decreased clinician burnout and improved job satisfaction**

What you get: Structured narrative summary with headers and bullets. Clear, fluent, fast. No source trail.

Scite.AI: Citation-verified



…t/summarize-this-article-on-artificial-intelligence-ambient-docume-PzjjaQ

"Summarize this article on artificial intelligence ambient documentation. https://pmc.ncbi.nlm.nih.gov/articles/PMC12844569/

Fact checks (4 verified)

Verified Sources (4)

[[1]] **Sanchez et al. Health Care Professionals' Experiences and Opinions About Generative AI and Ambient Scribes in Clinical Documentation: Protocol for a Scoping Review**
Protocol for scoping review of HCP experiences with GenAI ambient scribes—foundational context for ambient AI in documentation

[[2]] **Griot et al. Implementation of Large Language Models in Electronic Health Records**
Implementation of LLMs in EHRs; on-premises GDPR-compliant ambient AI in Epic; supports claims on deployment patterns and clinician use

[[3]] **Kunze et al. Commercial Products Using Generative Artificial Intelligence Include Ambient Scribes, Automated Documentation and Scheduling, Revenue Cycle Management, Patient Engagement and Education, and Prior Authorization Platforms**
Overview of commercial ambient AI and related documentation tools; supports background context on ambient scribes

[[4]] **Riaz et al. Artificial intelligence across the cancer care continuum**
Review of AI across cancer care continuum; discusses ambient documentation as part of clinical workflow and decision support

Title: Summary of the article on artificial intelligence ambient documentation

Overview

- The article discusses ambient AI in clinical documentation, focusing on systems that listen to clinical encounters and generate draft notes for clinician review. It situates ambient AI within broader AI-enabled documentation tools, highlighting potential benefits for workflow efficiency and clinician well-being, as well as the key challenges around accuracy, safety, privacy, and implementation. The synthesis draws on multiple recent studies and reviews of ambient AI scribes, ambient listening tools, and related AI-for-documentation efforts in health care, and situates these findings within implementation science and patient-clinician consent considerations Alt, 2022; , (Misurac et al., 2024; , Duggan et al., 2025; , Misurac et al., 2024; , Schwamm et al., 2024; , (Sasseville et al., 2025; , Stults et al., 2025; , Afshar et al., 2025; , (Kanaparthy et al., 2025; , Lawrence et al., 2025) .

What you get: Verified citation context. Source trail. Tells you how the literature treats each claim.

SYNTHESIS AND OPEN-ENDED DRAFTING

ChatGPT and similar general-purpose models

WHEN TO REACH FOR IT

Use when: You need to synthesize messy input: scattered notes, rough ideas, raw observations

- Paste in meeting notes from three conversations.
- Describe a QI challenge in plain language.
- Give a rough problem statement.

THE CAUTION

Its flexibility means it will confidently produce output that is not quite right, or that drifts from your actual intent.

Best for: Early generative stage of a project when you need structured output from unstructured input.

DEEP READING AND DOCUMENT ANALYSIS

Claude and similar document-focused models

WHEN TO REACH FOR IT

Use when: You need to review long or complex documents

- IRB protocol
- Grant proposal
- Manuscript review

THE ANALOGY

A very careful colleague who reads everything and tells you what they noticed

Best for: Detailed document review, consistency checking, precision in complex writing.

EVIDENCE TOOLS: ORIENTATION AND EXTRACTION

For research and evidence-based practice work

EVIDENCE ORIENTATION · Perplexity / Consensus

Use when: You need to understand the literature landscape before deep appraisal.

Perplexity:
AI-enhanced search. Identifies what exists and provides direct links to sources.

Consensus:
Restricts outputs to peer-reviewed research.

STRUCTURED EXTRACTION · Elicit / Scite

Use when: Synthesizing across multiple studies.

Elicit:
Pulls specific structured elements across. Builds comparative tables in a fraction of the time.

Scite.AI:
Shows how individual studies are cited in subsequent literature — not just how often, but in what way.

TRANSCRIPTION AND WORKFLOW TOOLS

For qualitative research and day-to-day administrative work

Otter.ai / Whisper

For qualitative researchers:
Converts spoken language to text.

What these tools remove is the transcription bottleneck, not the analytic labor.

Copilot / Gemini

Most valuable for:
Integration into the platforms you already use — not analytic capability.

- Synthesize shared documents
- Organize meeting notes
- Draft routine communications
- Support documentation workflows

HOW THIS TALK WAS BUILT

Practicing transparency

ChatGPT

Drafting Partner

Used during the generative. Gave it my reflections and the themes I wanted to address.

Claude

Careful Reader

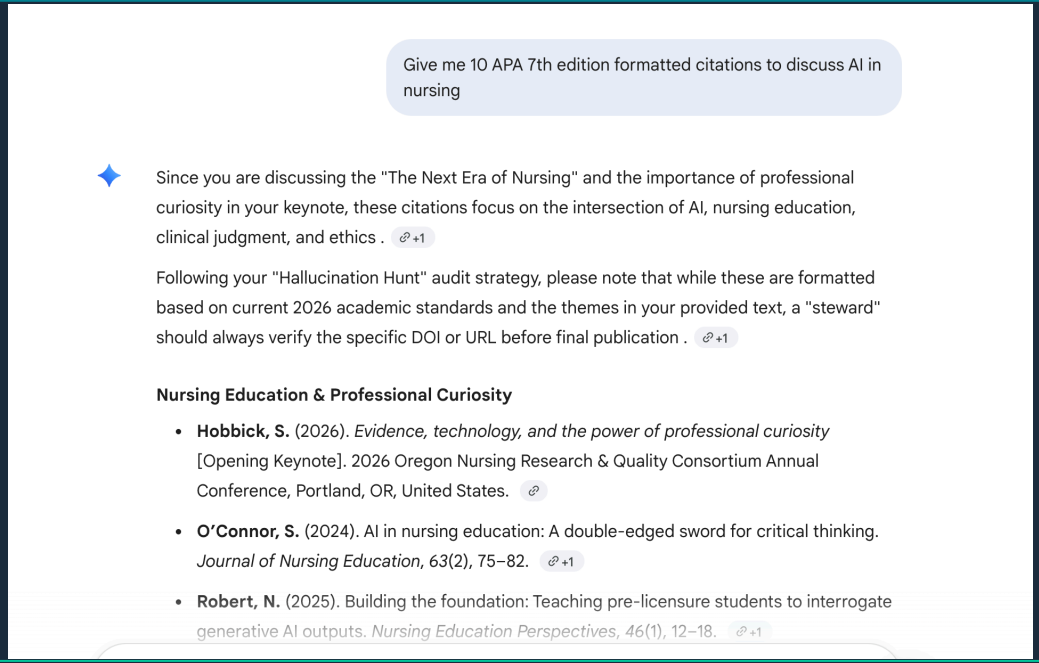
Used as a careful reader A first-pass that caught things I'd been staring at too long to see.

Gemini

Draft & Refinement

Used to audit and interrogate my drafts; The tool supported the scaffolding.

WHEN THE TOOL CITES YOUR OWN KEYNOTE



01 IT CITED MY OWN KEYNOTE

02 THE OTHER CITATIONS LOOK REAL

03 THE TOOL WARNED ME ITSELF

WHAT STEWARDSHIP LOOKS LIKE IN PRACTICE

ORGANIZATIONAL

Participating in governance

RESEARCH

Advocating for inclusive training data, algorithm audits, and validation studies.

RIGHT NOW

When a new AI-powered tool arrives on your unit, asking the hard questions

YOU ARE NOT BEHIND

The tools are new.

The professional judgment required to use them well is not.

FIND YOUR PIVOT

Identify One Task

Think about a project currently in progress.

Find one specific, information-heavy task that you are going to audit with an AI partner next week..

Decide the Pivot Now

→ Sit with a patient

→ Mentor a student.

→ Interrogate your data

Write it down.

THE CLOSING CHARGE

AI will be part of nursing's future.

How it gets used depends on nurses

You are those people.

You have been practicing that kind of thinking all day.

YOUR CHARGE

Continue to ask better questions.

Continue to demand better evidence.

Use technology intentionally,

That is the real work.
And you are already doing it.

CLOSING KEYNOTE

The Future of AI in Nursing Begins with Nurses.

Q&A | *What's on your mind?*

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