TEACHING · AL HUTCHINSON, MSN, RN, AGPCNP-C

Practical AI Starter Guide

An orientation for healthcare professionals beginning to use AI tools at work — what they're reliably good for, where they fail, and what stays your responsibility no matter what.

You don't need to become a technologist to use these tools well. You need a short list of questions you ask every time, and the discipline to check the answer before it goes anywhere. This page is that list.

Three questions before you use an AI tool for anything

1. **Is this data private, protected, or identifiable?** If it involves a patient, a coworker, or anything confidential to your employer, it does not go into a public AI tool — full stop.
2. **Can I verify the output before I use it?** If you can't check it against something you already know or can look up, don't use it unverified.
3. **Who is accountable if this is wrong?** You are — regardless of what generated the draft. The tool doesn't sign its name to anything. You do.

> **AI tools support professional judgment. They do not replace licensed clinical decision-making.**

What these tools are actually for

RELIABLY USEFUL FOR	STILL REQUIRES YOU
First drafts of routine writing — emails, summaries, notes you'll edit	Any decision affecting patient care
Rephrasing something you wrote so it reads more clearly	Verifying facts, figures, dosages, or citations
Brainstorming — options, structures, phrasing you can pick from	Anything involving PHI or identifiable patient information
Building a checklist, template, or outline from scratch	Final accountability for anything submitted under your name
Explaining an unfamiliar term or concept in plain language	Judgment calls a licensed professional is trained to make

Getting started, in order

1. Pick **one** recurring task — a report you write every week, an email format you reuse. Not everything at once.
2. Use a tool your workplace has approved for that purpose. If you're not sure one exists, ask before you assume.
3. Write your first request in plain language. Say exactly what you want and what to leave out.
4. Read the output slowly, the way you'd read a colleague's draft — not the way you skim a text message.
5. Edit it into your own voice before it goes anywhere. A draft is not a finished product.

Using it without creating a new problem

Before you paste anything in

- ☐ No patient names, medical record numbers, dates of birth, or any other identifier — real or partial.
- ☐ No employer-confidential material — internal policy, financials, or unreleased plans — without explicit approval.
- ☐ Nothing you would be uncomfortable seeing forwarded to someone outside your organization.
- ☐ If you're unsure whether something counts as protected information, treat it as if it does.

Reading AI output like a professional, not a customer

ASK BEFORE YOU USE IT

- Does this match what I actually know to be true?
- Are there specific facts or numbers I need to check elsewhere?
- Would I put my name on this exactly as written?
- Have I edited it into my own voice, not just copied it?

COMMON PITFALLS

- Fluent, confident-sounding answers that are still wrong
- Treating a first draft as a finished product
- Skipping the proofread because it "sounds right"
- Assuming a tool remembers context it was never given

The short version

> **If you wouldn't say it, sign it, or submit it without a second look — don't do that just because an AI produced it instead of you.**

This guide teaches tool use, not clinical decision-making. It is not medical advice and does not replace your professional judgment, your employer's policies, or your license.