

# Demystifying AI in Dietetics

A practical guide to understanding and applying artificial intelligence in your daily work

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# Today's Journey

01

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## Understanding AI Basics

What it is, what it can do, strategic context

02

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## Practical Applications

Real tools for dietetic practice and hands-on-demonstrations:

- Ambient voice technology
- Research and information tools
- Meal planning
- Visual design
- Language

03

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## Risks, Safety & Governance

Using AI responsibly: risks and limitations



# Let's Start With You

Voting instructions:



Open your smartphone browser and go to  
**live.voxvote.com**

enter the following numbers

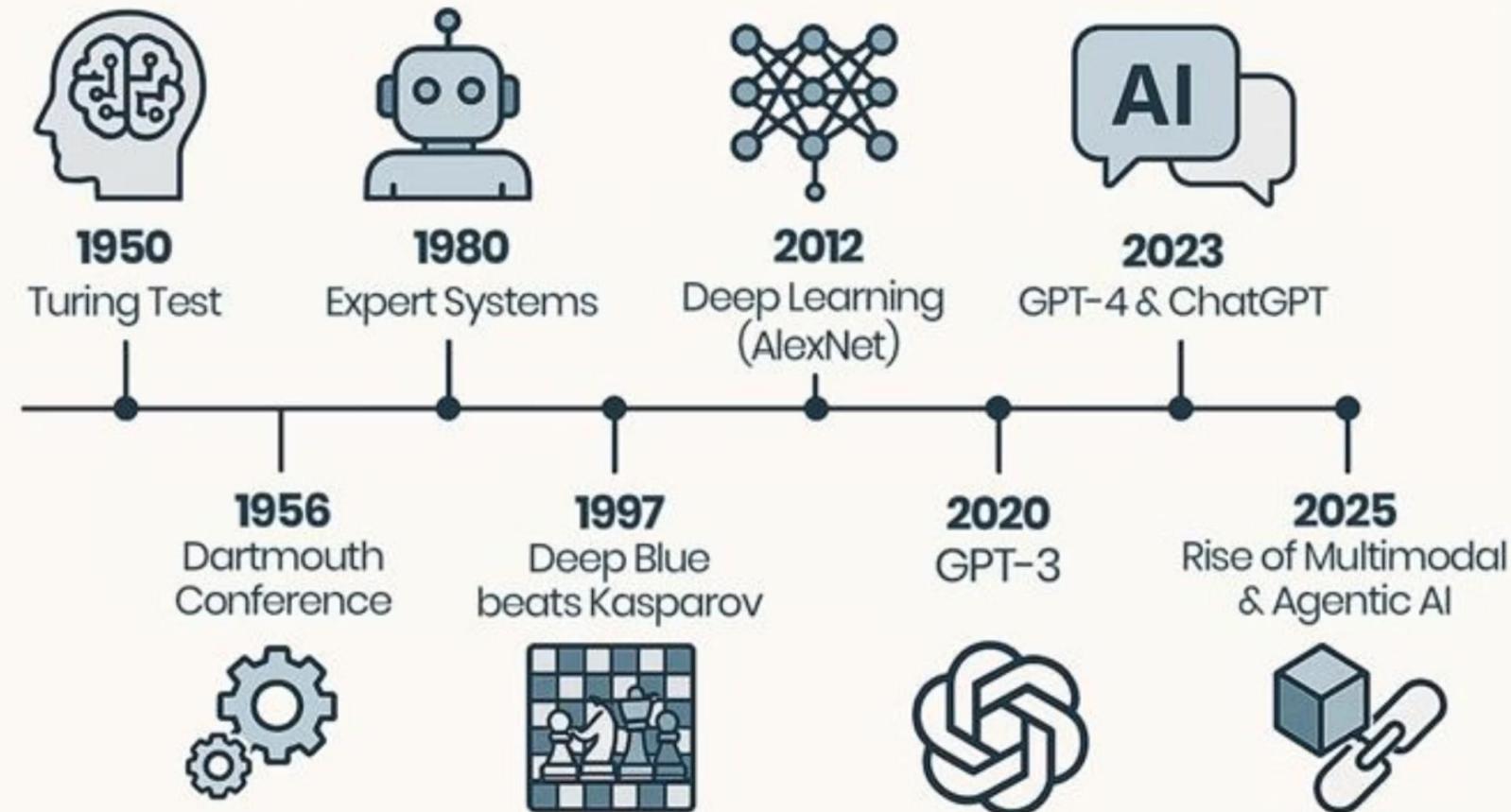
**PIN: 356102**

Voting is anonymous.

Screen name or **(nick)name** is optional.



# HISTORY OF ARTIFICIAL INTELLIGENCE



# What Actually *Is* AI?



# What is AI?



Technology that enables computers and machines to simulate human learning, comprehension, problem-solving, decision-making, creativity and autonomy. IBM

This means that AI allows computers to recognise objects, understand speech, carry on conversations, make recommendations, and even learn from new experiences, often without direct human intervention

**NOT:**

- source of truth
- a replacement for clinical judgement





# Understanding the Technology



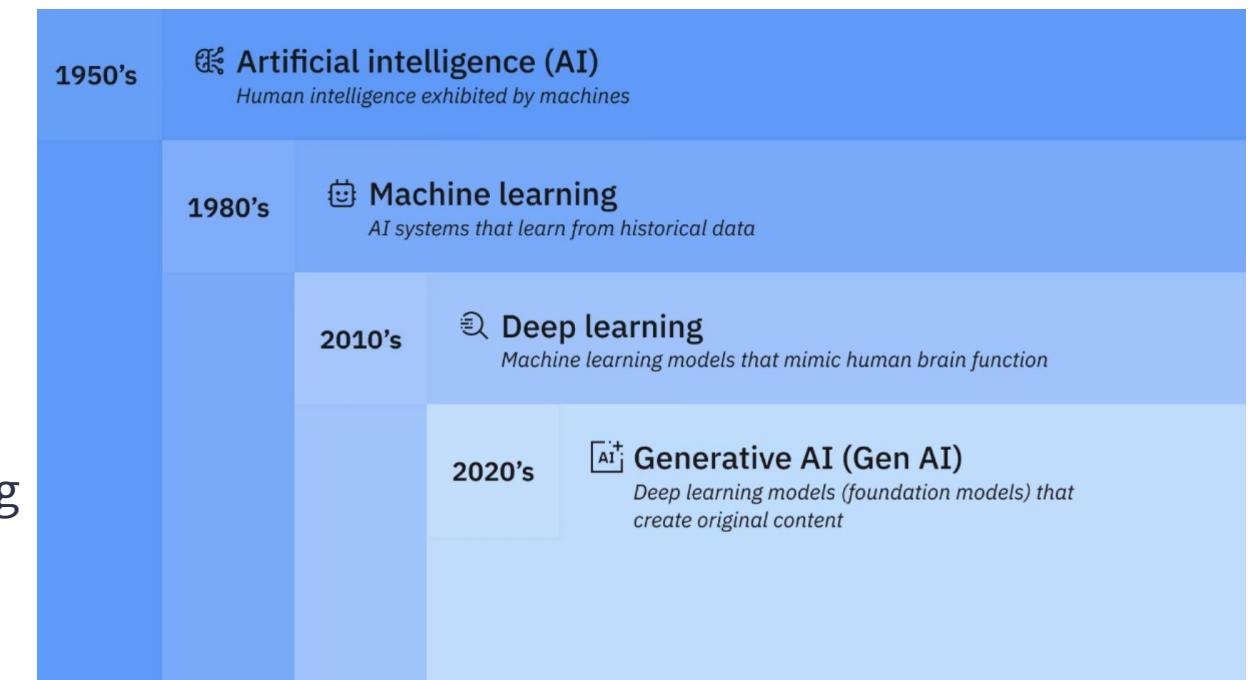
## Machine Learning

Systems that learn patterns from data

## Deep Learning

Complex pattern recognition across vast datasets e.g. developing customer support, self-drive cars

– need lots of data, huge computational power



## Generative AI

Creating new content from learned patterns- can create original text, images, video etc.



# Generative AI

## What It Does

Generates text, images, video using probabilistic models trained on vast datasets

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## Key Examples

- **ChatGPT** (OpenAI)
- **Claude** (Anthropic)
- **Gemini** (Google)
- **DALL-E** (image creation)
- **Copilot** (Microsoft)

Subset of Generative AI: Large Language Models that focus on text (not images)



# What are Large Language Models?

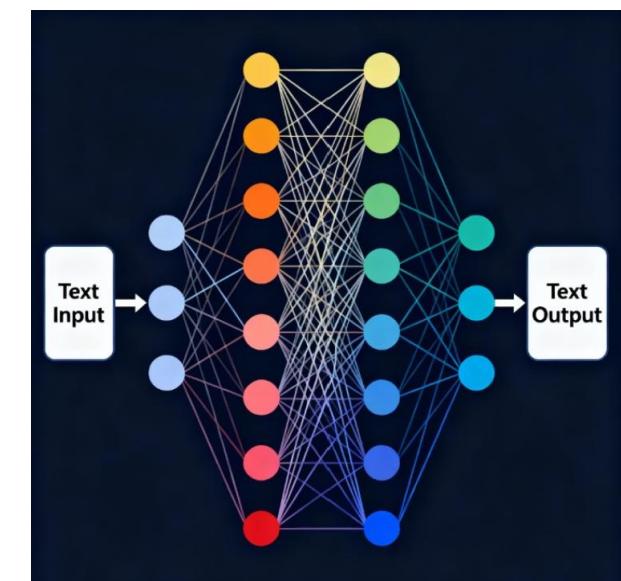
LLMs are AI systems trained on huge amounts of text to predict the next word. Because of this, they're good at **reading**, **writing**, and **organising** language. They don't "know" facts the way a database does—they generate likely answers.

## Strengths

- Fast drafting/summarising.
- Good at structuring info (bullets, tables, checklists) and extracting key data from free text.

## Limitations

- Can be wrong ("hallucinations").
- Not a source of truth—prefer tools that can show sources or pull from your own materials - see more later
- Sound very confident!!



# Prompts: Your Conversation With AI e.g. ChatGPT



## What Is a Prompt?

Carefully designed instructions telling AI how to perform a task

## Think of It Like This

Having a conversation with a chef—describe the dish, preparation method

## Specificity Matters

Unclear requests lead to unexpected responses. "Make a dish that will delight my children" lacks guidance





**Better Prompts  
= Better  
Outputs**



# The Art of Effective Prompting



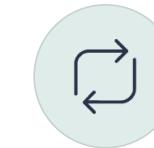
## Be Specific

"Create a 7-day meal plan for a 65-year-old with Type 2 diabetes, 1800 calories daily"



## Provide Context

Include relevant background, constraints, desired format



## Iterate and Refine

Adjust based on outputs—AI responds to feedback

- Think of prompting as a conversation, not a single command



# Example of a large PROMPT: Journal Club Template Request

Outline requirements for a two-page Journal Club appraisal template for the Department of Nutrition and Dietetics at Imperial College Healthcare NHS Trust.

1

*We (Department of Nutrition and Dietetics at Imperial College Healthcare NHS Trust) are running a Journal club involving critical appraisal. Please can you create the following:*

*Produce a concise outline of the paper with the following below and put it into a one-page Word template with ICHNT header so its instantly print ready:*

- *Indicate title, journal reference and authors and doi if available. Can you put this information into a table with Title, Journal, Authors and DOI on separate rows*
- *Copy the introduction into a paragraph labelled "Introduction"*
- *Indicate which is the most appropriate CASP tool to use*

2

## **Page 2: Appraisal & Reflection Tables**

- **CASP Tool Questions:** Create a table with each CASP question on a new row, allowing space for comments during the journal club. This table should span the full page width.
- **Self-Reflections:** Add a table with a single row headed "Self-reflections on this paper," providing room for comments after the journal club. This table should also span the full page width.



Paper Outline

Title	Digital Influences on Diet: Instagram Addiction, Picky Eating, and Their Impact on Heart-Healthy Eating Patterns
Journal	Journal of Human Nutrition and Dietetics (2025)
Authors	Hatice Merve Bayram; Arda Ozturkcan
DOI	10.1111/jhn.70119

Introduction

Social media has profoundly reshaped modern life, especially for young adults who are highly engaged with digital environments. According to the Digital 2025 Türkiye Report, 77.3 million individuals in Türkiye use the internet (88.3% of the population), with an average daily usage of 7 h 13 min; 58.5 million are active social media users (66.7%), increasing to 85.5% among adults aged 18 and above. Instagram is the most widely used platform, with a usage rate of 92.2%. Widespread exposure to idealized body images and food-related content on platforms like Instagram has raised concerns about its influence on eating behaviours. Recent studies suggest higher levels of addiction to social media—particularly Instagram—are linked to disordered eating patterns, including picky eating. Constant social comparison and the pursuit of aesthetic ideals fostered by such platforms may heighten body dissatisfaction and anxiety, prompting selective and restrictive eating behaviours. Picky eating is characterized by a restricted range of accepted foods, heightened sensitivity to food preparation and presentation, and reluctance to try unfamiliar foods. This behaviour has been observed in approximately 15%–35% of both children and adults. In some cases, picky eating may resemble ARFID, a diagnosis in the DSM-5 characterized by substantial food restriction in the absence of body image concerns. On visually driven platforms, persuasive digital food marketing and influencer content can activate sensory-cognitive biases, shifting preferences and triggering impulsive responses, thereby reinforcing avoidance of foods perceived as unappealing. Research indicates that individuals who exhibited picky eating in childhood often maintain lower diet quality into adulthood, with reduced intake of fruits, vegetables and whole grains, and increased consumption of snack foods, sugary beverages and fast food. Despite these findings, evidence regarding dietary fat and cholesterol intake in young adults with picky eating is limited. In this context, the MEDFICTS dietary assessment questionnaire provides a framework for evaluating intake of saturated fat and cholesterol. Given that picky eaters often avoid nutrient-dense foods while sometimes consuming highly palatable and processed items, their MEDFICTS scores may reflect distinct patterns of fat and cholesterol intake. A recent cross-sectional study reported a negative association between picky eating behaviours and MEDFICTS scores. Therefore, this study aimed to explore the association between social media addiction—particularly Instagram use—and picky eating behaviours among young adults, and examine how picky eating relates to saturated fat and cholesterol intake as measured by MEDFICTS.

Most appropriate appraisal tool: CASP Cross-Sectional Study Checklist

Key Appraisal Points

What is the issue that the paper is addressing: Whether Instagram/social media addiction is linked to picky eating and patterns of saturated fat and cholesterol intake (MEDFICTS) in young adults.

The study population and numbers: n=388 adults aged 18–29 years; 80.9% female; mean BMI 22.79 kg/m<sup>2</sup>.

How were they recruited: Volunteers completing face-to-face structured questionnaires; convenience sampling.

What measures used: Instagram Addiction Scale (IAS), Social Media Addiction Scale – Adult (SMAS), Adult Picky Eating Questionnaire (APEQ), MEDFICTS; self-reported height/weight for BMI.

How was data collected: Face-to-face administration of validated questionnaires; SPSS 24.0 used for analysis.

What were the main results: Higher IAS/SMAS scores were seen in those needing dietary modification vs TLC; APEQ was higher in TLC vs others. Spearman correlations: IAS weakly positively associated with MEDFICTS and APEQ; MEDFICTS moderately negatively associated with APEQ and its subscales. Multiple regression showed higher IAS, lower MEDFICTS and lower BMI predicted greater picky eating ( $R^2 \approx 0.09$ ).

Key points from the discussion: Instagram's visually driven content may reinforce selective eating; algorithmic repetition may narrow food variety. Cross-sectional design and self-report limit causal inference; predominantly female, convenience sample limits generalisability.

Practice implications for ICHNT dietitians

- Integrate brief screening for picky eating (APEQ) and problematic Instagram/social media use (IAS/SMAS) when assessing digitally engaged young adults.
- Offer digital-media literacy tips alongside dietetic counselling (e.g., curating feeds, mindful scrolling) to mitigate 'algorithmic visual diet' effects and support food-variety expansion.
- Use MEDFICTS (or local fat-quality tools) to identify high-fat/cholesterol patterns while concurrently addressing restricted variety to protect micronutrient adequacy.

Statistical tests (plain-English)

Normality was checked (Kolmogorov-Smirnov). Group differences across diet categories used Kruskal-Wallis with Bonferroni-adjusted pairwise tests—this compares medians when data aren't normally distributed. Spearman correlations assessed how two ranked variables move together (e.g., higher IAS with higher APEQ). Multiple linear regression estimated which factors independently predict picky eating (APEQ), showing IAS (positive), MEDFICTS (negative), and BMI (negative) as significant predictors.  $R^2 \approx 0.09$  means the model explains about 9% of the variability.

CASP Cross-Sectional Checklist – Questions & Comments

CASP Question	Comments
Did the study address a clearly focused issue?	
Was the study design appropriate for the research question?	
Was the sample recruited in an acceptable way?	
Was the sample size justified and sufficient?	
Were the study participants representative of the target population?	
Were exposures and outcomes measured in a valid and reliable way?	
Were key confounders identified and accounted for?	
Were the statistical analyses appropriate and clearly described?	
What are the results and how precise are they?	
Do you believe the results?	
Can the results be applied to your context/service?	
Do the results fit with other available evidence?	
What are the implications for practice, resources, and patients?	

Self-reflections on this paper

Output from ChatGPT





# Agentic AI

The next evolution: autonomous decision-making systems

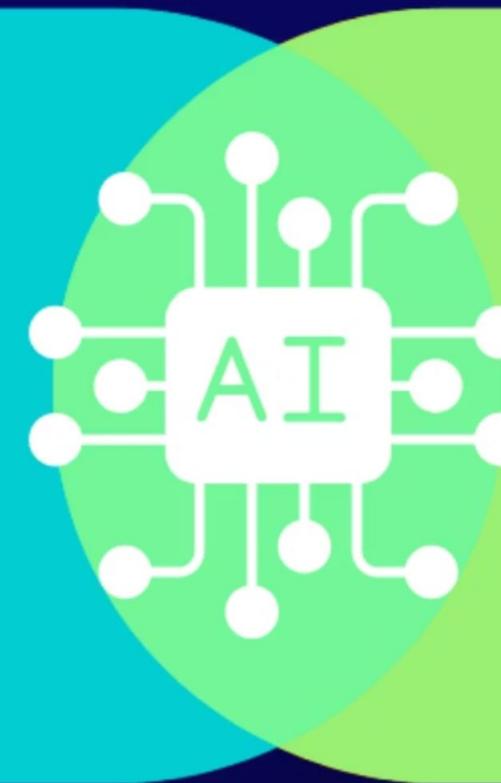


# Traditional AI vs. Agentic AI

## Traditional AI

Requires prompts from humans and/or explicitly programmed rules.

- Pattern recognition
- Prediction
- Classification within structured datasets



## Agentic AI

Takes action to achieve a defined outcome, often without direct human input.

- Perceiving environment
- Reasoning
- Executing actions
- Learning from outcomes





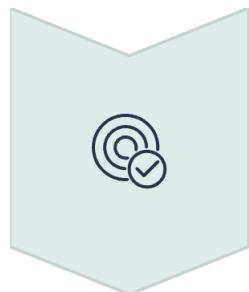
# Example of Agentic AI

## Day-in-the-life example

- 08:00: New bloods shows  $K^+$  5.8 mmol/L.
- **Agent:**
  - Replans dinners for the next 3 days (e.g., swaps tomato/banana/spinach; adds cauliflower, cucumber, apple).
  - Updates the grocery list; sends the patient a 2-minute recipe video + “why this helps  $K^+$ ” explainer.
  - Creates an EHR draft note: “ $K^+ \uparrow$ ; plan adjusted; follow-up blood test organised”
  - Pings you with a concise summary; awaits your approval.
- **You:** Approve/edit with one click; the patient and plan update immediately.

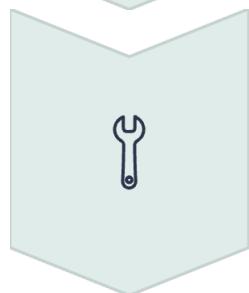


# Agentic AI: Autonomous Assistants



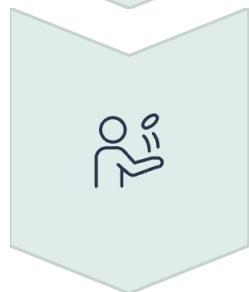
## Understands objectives

Identifies goals with minimal human direction



## Selects appropriate tools (like an agent)

Chooses functions needed to complete tasks



## Takes autonomous action

Executes sequences of steps towards goals

- ☐ Caution: May lack transparency in how solutions are reached





# Strategic Context

AI in the NHS landscape



# Key Policy Documents Shaping Our Practice



## BDA Digital Vision

April 2025—developing evidence base, safety governance, training initiatives



## BDA and AI Policy

2025 guidance framework for dietetic practice



## AI Playbook for the UK government

10 core principles for AI use in Government—applicable to NHS



## NHS 10-Year Plan

Digital transformation and AI integration priorities

AI “seamlessly integrated into clinical pathways”

"All hospitals will be fully AI-enabled within the lifetime of this Plan"



## Artificial Intelligence Playbook for the UK Government

Created by the Government Digital Service  
February 2025



A comprehensive Artificial Intelligence Playbook, designed to provide government departments with a structured approach to adopting AI responsibly and effectively.

Principles 1-4, 6, 9, 10- useful from an individual perspective.

- Principle 1: You know what AI is and what its limitations are
- Principle 2: You use AI lawfully, ethically and responsibly
- Principle 3: You know how to use AI securely
- Principle 4: You have meaningful human control at the right stage
- Principle 5: You understand how to manage the AI life cycle
- Principle 6: You use the right tool for the job
- Principle 7: You are open and collaborative
- Principle 8: You work with commercial colleagues from the start
- Principle 9: You have the skills and expertise needed to implement and use AI
- Principle 10: You use these principles alongside your organisation's policies and have the right assurance in place

**10 core principles for AI  
use in Government which  
are useful for us to  
consider.**





# Practical Applications

Where can AI help your daily work?





# Ambient Voice Technology

Transforming clinical documentation



# Ambient Scribes: Speech to Documentation

01

## What They Are

AI converts speech directly into structured medical notes and letters

02

## Key Players

Heidi Health, Lyrebird, Practice Better AI (there are several others)

03

## NHS Guidance

Initial guidance now available at [digital.nhs.uk/adopting-ambient-scribing](https://digital.nhs.uk/adopting-ambient-scribing) (for NHS organisations)



**The impact of using AI-powered voice-to-text technology for clinical documentation on quality of care in primary care and outpatient settings: a systematic review**

[www.thelancet.com](http://www.thelancet.com) Vol 118 August, 2025

Ahmed Alboksmaty,<sup>a,\*</sup> Reham Aldakhil,<sup>b</sup> Benedict W. J. Hayhoe,<sup>b</sup> Hutan Ashrafiyan,<sup>a</sup> Ara Darzi,<sup>a</sup> and Ana-Luisa Neves<sup>a,b</sup>

## Benefits of Ambient Voice Technology

### Reduced Clinician Workload

Dramatically reduced admin burden—more time for patient care

### Improved Patient Experience

Increased face-to-face time, focus on patient rather than screen

### Improved clinical documentation

Addressing poor documentation through consistent capture

### Improved clinician work-life balance

Less burnout, work-force satisfaction,

### But some risks...

Transcription inaccuracies (esp with medication names) pose safety risks

Need large scale real world studies



# Critical Best Practices for Ambient Scribes

## Create Custom Templates

Tailor outputs to your clinical documentation needs

## Human in the Loop

Always review and verify—AI will make inferences and hallucinate

Workflow needs to have a clearly defined step for note review and correction before documentation completed

## Patient Consent

Consent for voice recording

## Clinician training needed

How to use AI scribes and how to manage errors; aware of limitations with different accents, languages



# Real Results: Frailty Team Case Study

## (City Healthcare Partnership)

17m

Average admin time before AI

3m

Average admin time with AI

70%

Reduction in overtime

### Impact on Wellbeing

- Enhanced work-life balance
- Protected time for education and training
- Improved note quality
- Reduced working through lunch and evenings
- Now focus on checking notes and checking context is correct and putting into Electronic Health Records.
- Can be difficult in busy rooms

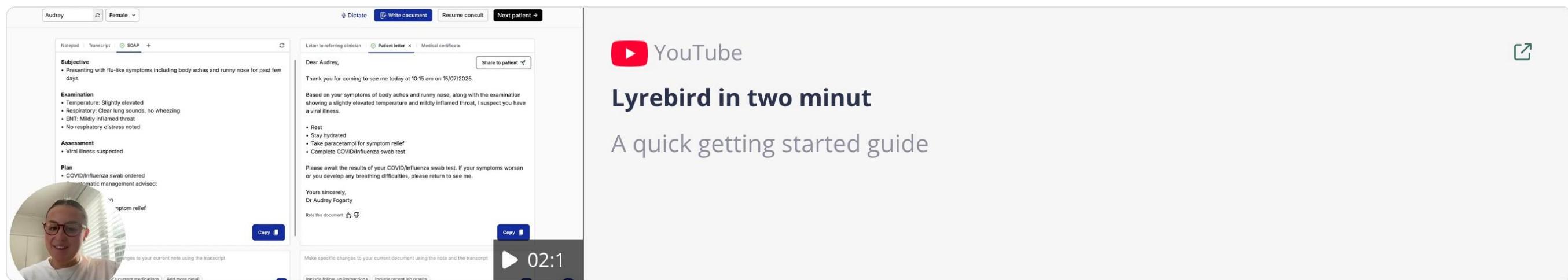
| ROI primarily through staff wellbeing rather than direct financial savings

(info from Dr Andrew Noble's talk June 2025)



# Demonstration video: Lyrebird Health

See ambient voice technology in action—watch how natural speech becomes structured clinical notes (start at 14sec)



YouTube

**Lyrebird in two minut**

A quick getting started guide

02:1

[Lyrebird in two minutes - YouTube](#)





# Research & Information Tools



# Research and Information: Types of AI Tools

## AI search engines

**What:** Ask a question → get sourced summaries.

**Use for:** Fast orientation, jumping to credible sources. **Examples:**

[Perplexity](#) (Quick/Pro/Deep modes)

## Discover and citation mapping

**What:** Find papers and “related work” networks.

**Use for:** Building a reading list; seeing the field around key papers.

**Examples:** Semantic Scholar, Connected Papers, ResearchRabbit

## Paper summaries

**What:** Summarise PDFs; extract methods/results/limitations.

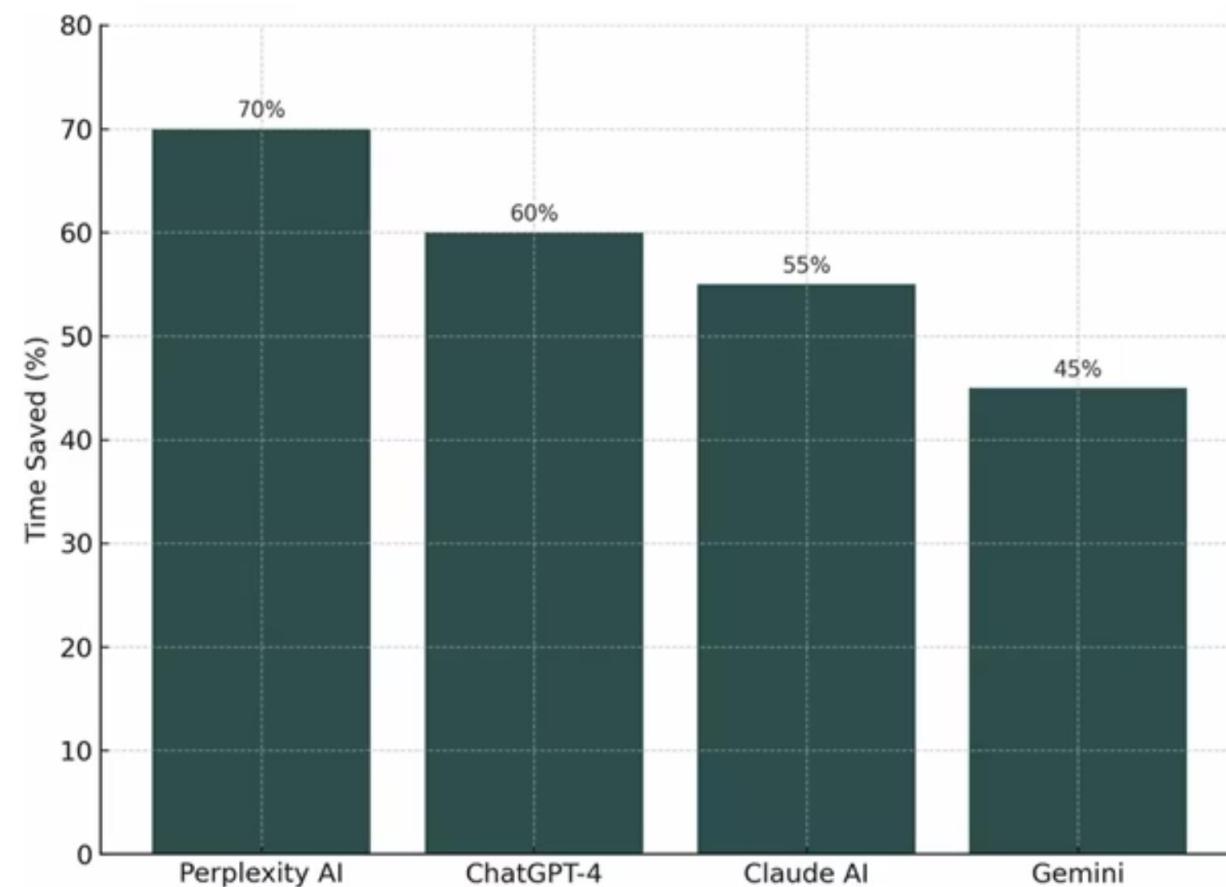
**Use for:** Screening large piles quickly. **Examples:** SciSpace, Scholarcy, Explainpaper/PaperPal, ChatPDF/AskYourPDF.

## AI Research Assistants

**What:** Answers specific research questions

**Use for:** Analysis of research papers and summaries for specific research questions **Examples:** Elicit, [Consensus](#)





**% of time saved  
compared to  
traditional PubMed-  
based search methods**



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# Perplexity: Conversational search

Best for citation-linked literature summaries. Includes hyperlinks to e.g. PubMed

Not tied to a single database. Perplexity crawls the open web.

Can upload your own documents as well.

## Free Version

3 Pro Searches per day (deeper retrieval and reasoning, x3 amount of sources compared to basic search, transparency, access to advanced models e.g. Claude)

## Pro Version (\$20/month)

Unlimited pro searches, image and video generation

Let's see it in action with a live demonstration: "is 0.8g/kg/day the optimal amount of protein with someone with CKD stage 4?"



# Consensus.app: AI-Driven Academic Search

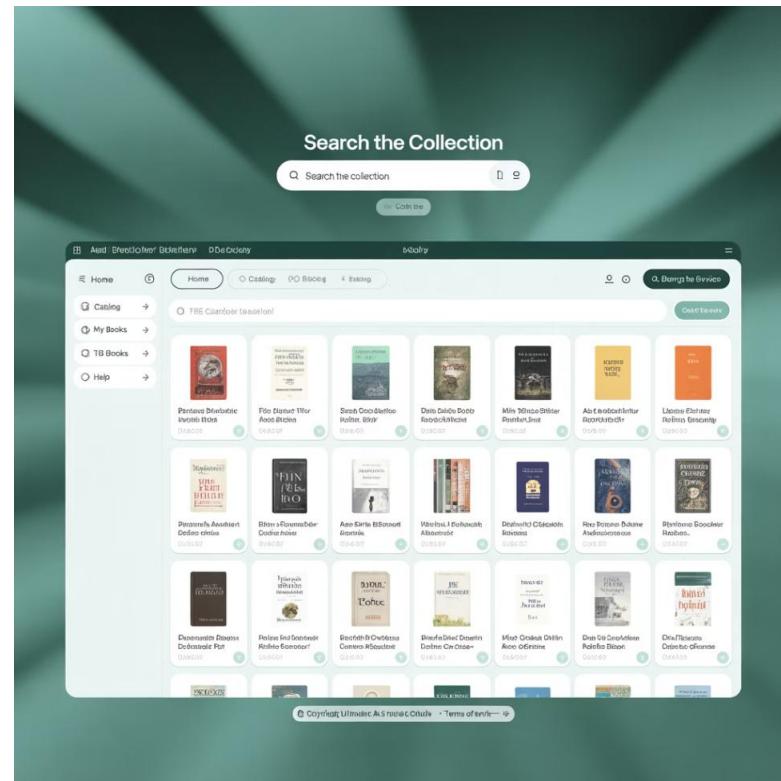
## What It Searches

200+ million academic papers via partnerships with Semantic Scholar, CORE, SciScore using rigorous research methods, testing and analysis

## Key Features

- **Consensus Meter:** Yes/no question answering with percentage-based literature consensus
- **Summary Feature:** One-sentence overviews
- **Copilot:** Bulleted key insights with intro and conclusion

Demo an example about "is 0.8g/kg/day the optimal amount of protein with someone with CKD stage 4?"



## Coverage Strengths

Sciences and to lesser extent social sciences

Users will not encounter "fake" articles.

## Limitations

Does not cover arts/humanities or major databases like Elsevier, Scopus, Web of Science



# AI Research Assistants: Use With Caution!!

- ❑ **Important Context:** These tools help synthesize topics but should not guide clinical decision-making independently



**Risk: Overreliance on machine content**



**Risk: Propagation of misinformation**



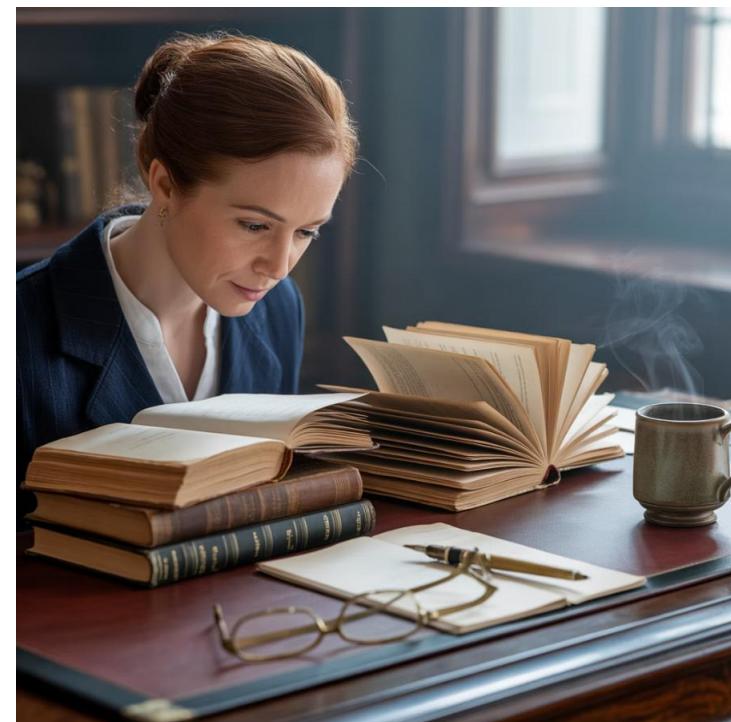
**Risk: Erosion of critical reading habits**

Regard AI as an assistant for synthesis, not an authority. Do not rely on yet but can be helpful to get a sense of a topic if not relying to guide decision making.



# Utility of Artificial Intelligence in Orthopedic Surgery Literature Review: A Comparative Pilot Study

RYAN Y. SANII, MPH; JOHNNY K. KASTO, MD; WADE B. WINES, PA; JARED M. MAHYLIS, MD;  
STEPHANIE J. MUH, MD



## Example of accuracy of AI and literature searches.

### Summary of findings

Searching across 5 topics:

- ChatGPT identified 61 articles: 4 articles not relevant, 51 were fraudulent, resulting in **6 valid articles**
- Perplexity AI identified 43 articles: 19 not relevant, all articles verified, resulting in **24 valid articles**
- 2 independent reviewers: **132 valid articles**
- Mean search time per topic: Independent reviewers **10mins**; ChatGPT **57 sec**; Perplexity **5 sec**.



# AI-Powered Meal Planning Assistant

Generates meal plans tailored to dietary requirements and preferences

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## Benefits

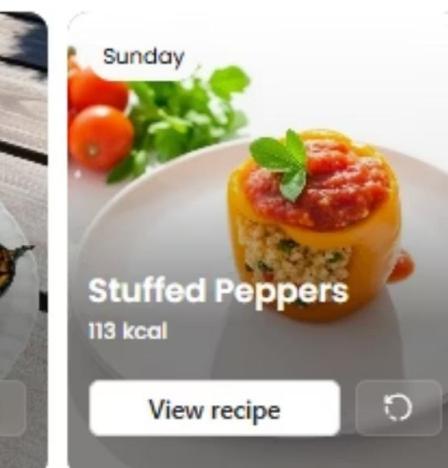
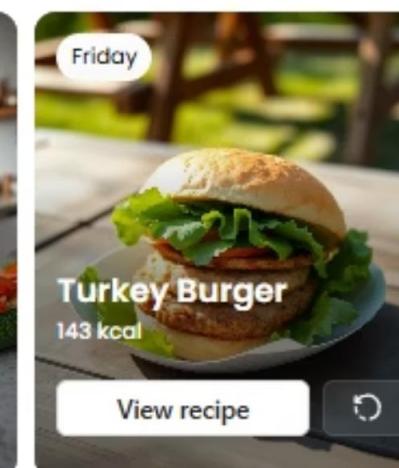
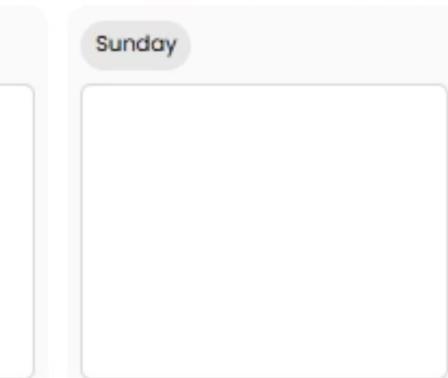
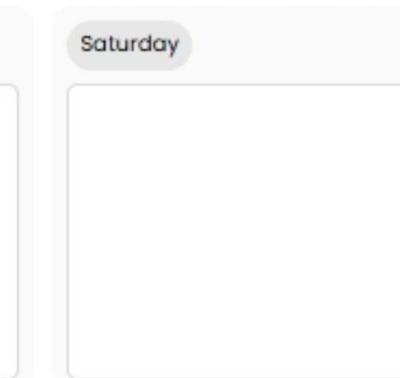
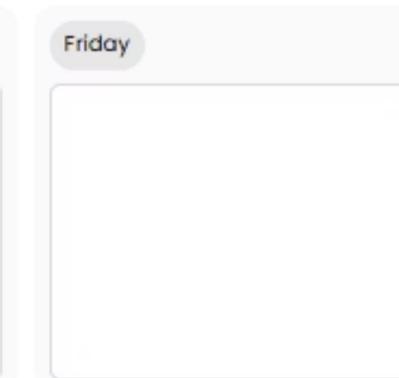
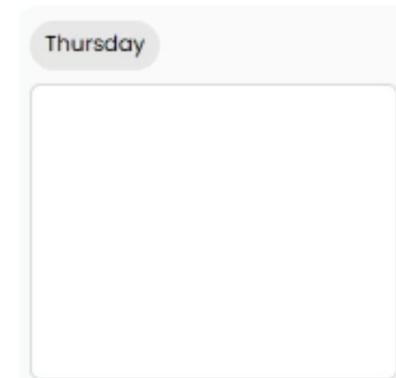
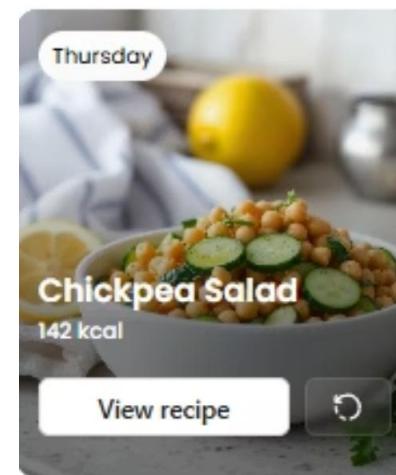
- Time-saving plan creation
- Personalized to client needs
- Nutritionally balanced outputs
- Professional presentation

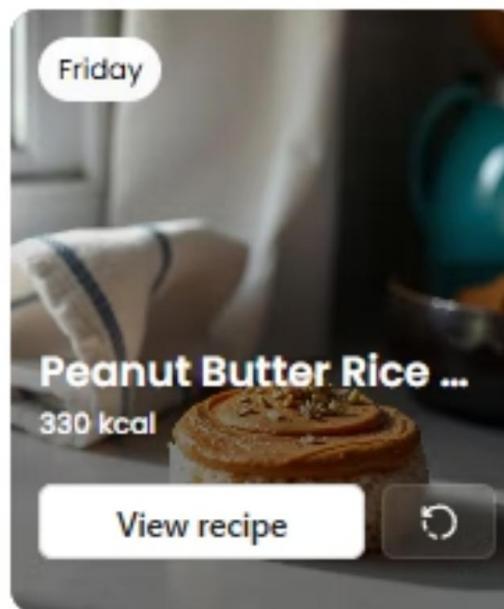
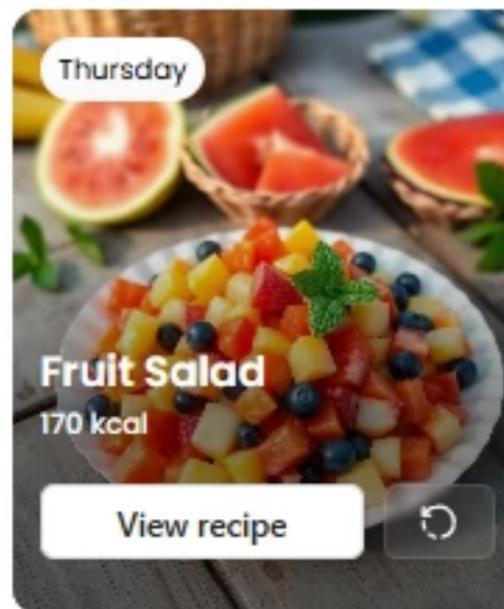
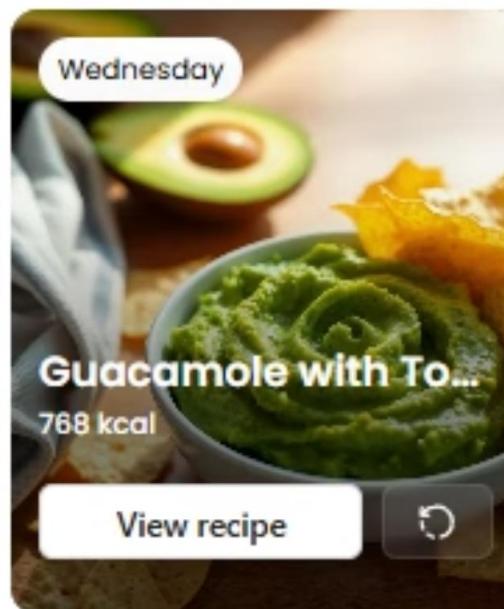
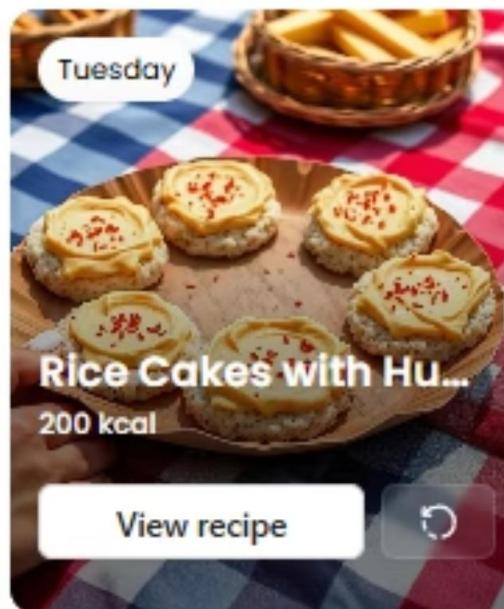
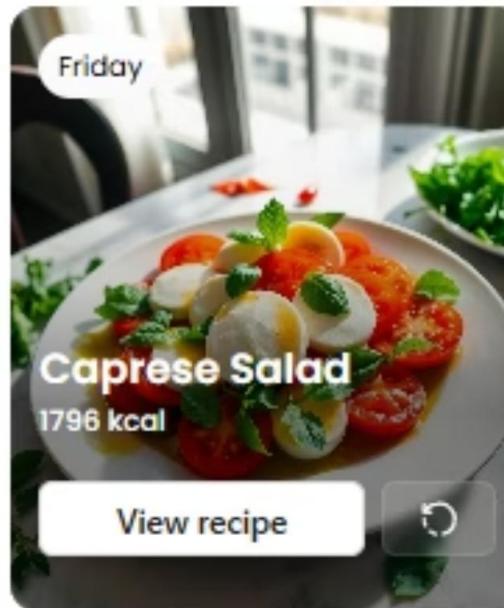
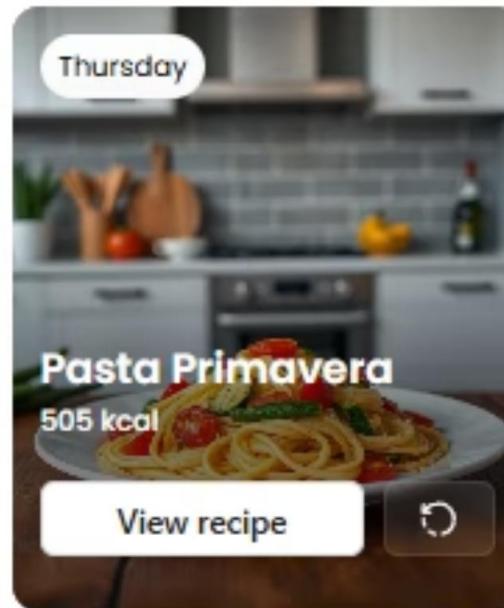
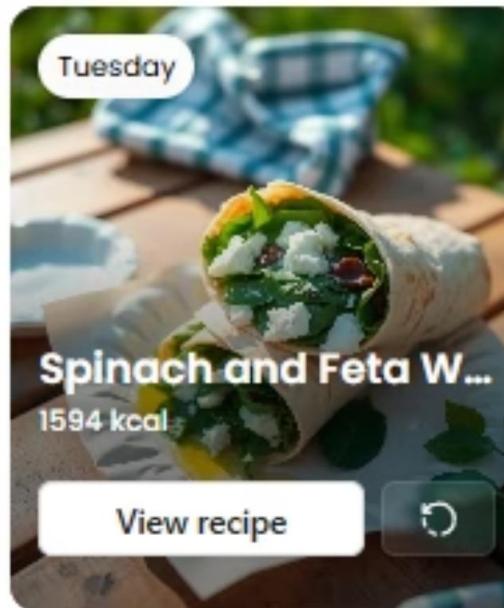
## Limitations

- Potential for inaccuracies
- Lack deep contextual understanding of nuanced health conditions
- Output highly dependant on prompts

Examples: Chat GPT, Full Taste







# Visual Design: Canva AI Tools

## Image Generation

See demo. Custom graphics and illustrations.

## Video Generation

Professional designs without graphic design expertise

### Example:

"Older man jogging in a park"





# Video Creation: Notebook LLM

01

## Input Your Content

Articles, scripts, or presentations

Live demonstration

02

## AI Processing

Automatically creates video scenes

03

## Professional Output

Polished videos for patient education



# Uploaded document



KidneyWise



## **The Ultimate Guide To A Low Salt Diet For Kidney Diseases**

Learn why reducing salt matters for CKD Stages 3 & 4, where to find that hidden salt, and how to flavour your meals without sacrificing taste.

# Output: demo



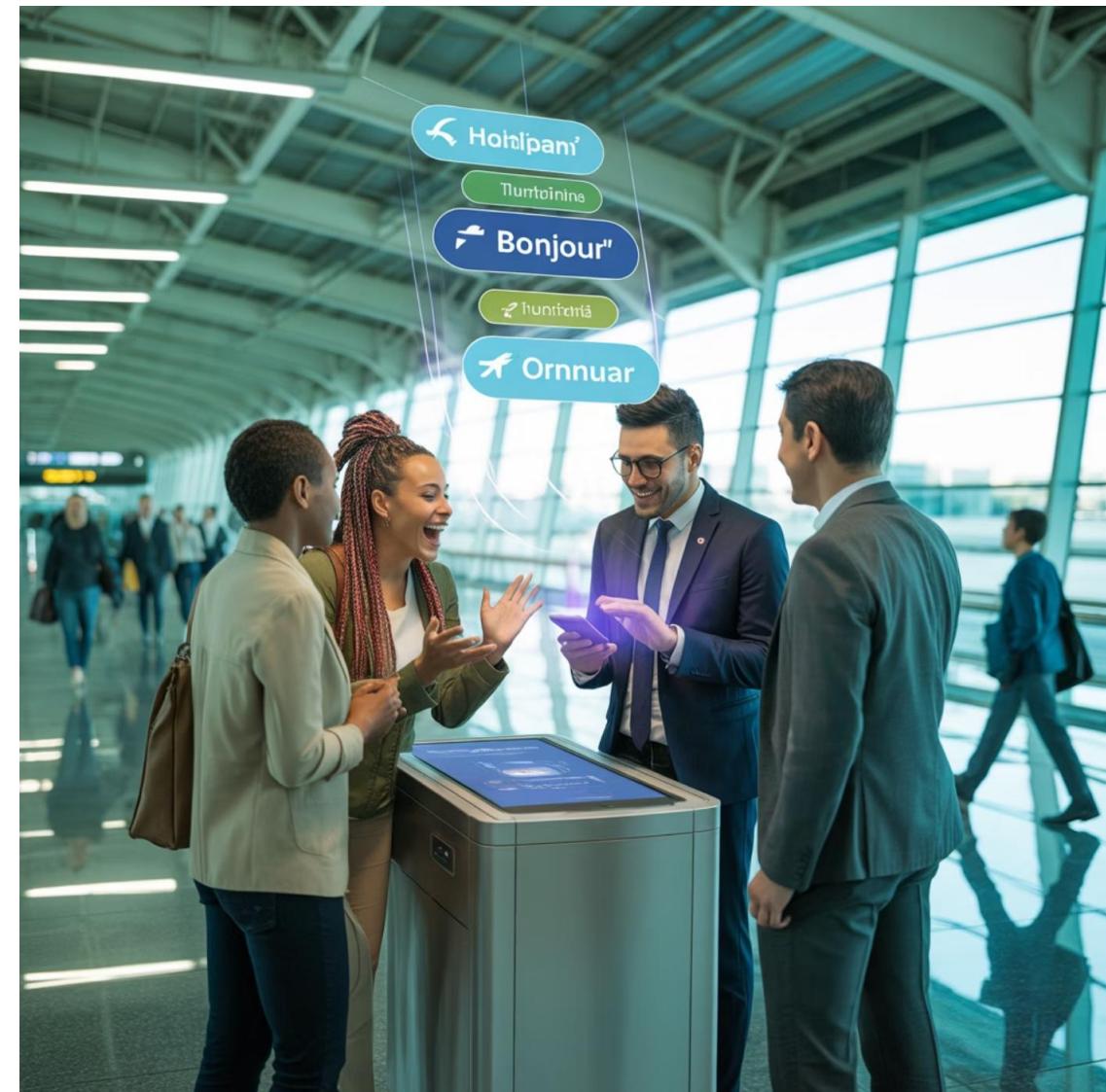
# Breaking Language Barriers

## AI Translation Tools

Real-time translation improving accessibility for diverse patient populations

## Benefits

- Broader service reach
- Reduced language barriers
- Improved patient understanding
- More inclusive care



# Example:



DeepL

www.deepl.com

DeepL Pro | Translate Text, Word Docs & Other Docs Secure!

Fast, accurate and secure translations. DeepL Pro Translate for individuals and teams.

↗

Live DEMO



**Table 2** Examples of Google Translate and GPT-4 translations

Back-translated sentences							
Original sentence	Spanish		Chinese		Russian		
	GPT	Google Translate	GPT	Google Translate	GPT	Google Translate	
You have a low back stain.*	You have a strain in your lower back.	You have a bruise on your lower back.†	You strained your lower back.	You have a stain on your lower back.†	You have a lower back strain.	You have a stain on your lower back.†	
Please follow up with your primary care doctor tomorrow to get a refill on all your medications and seek immediate medical care if you develop confusion, severe abdominal pain or nausea vomiting.	Please follow up with your Primary Care Physician tomorrow to get a prescription for all your medications and seek immediate medical attention if you develop confusion, severe abdominal pain, or nausea and vomiting.†	Contact your primary care physician tomorrow to get a refill of all your medications, and seek immediate medical attention if you present confusion, severe abdominal pain, or nausea and vomiting.	Please follow up your primary care physician tomorrow to regain access to all your medications and seek immediate medical care in the event that you experience confusion, severe abdominal pain, or nausea and vomiting.†	Contact your primary care physician tomorrow to refill all your medications. Seek medical attention immediately if you experience confusion, severe abdominal pain, or nausea/vomiting.	Please contact your GP to obtain a new prescription for your medications and seek urgent medical assistance if you develop bewilderment, severe stomach pain, nausea or vomiting.†	Please contact your primary care physician to receive new medications and seek urgent medical assistance if you experience mental confusion, severe stomach pain, nausea or vomiting.†	
Hold the kidney medicine until you have a chance to speak with your kidney doctor.	Suspend your kidney medication until you have a chance to speak with your kidney specialist.‡	Maintain your kidney medication until you have a chance to speak with your kidney specialist.‡	Stop taking your kidney medication until you have an opportunity to talk to your kidney doctor.	Hold off on the kidney medication until you have a chance to talk to your kidney doctor.	Do not use your kidney medications until you are able to see your kidney doctor.	Adhere to your kidney medications until you are able to see your kidney doctor.‡	

But what about the risks?

Kong et al (2025)  
Evaluation of the accuracy and safety of machine translation of patient-specific discharge instructions: a comparative analysis.

BMJ Qual Saf 2025





# AI translation apps

## Safety risks

Not reliable enough to replace human interpreters for e.g. critical care, consent, complex consultations.

Need to document patient's language needs (be specific), preferred gender of translator

Combine AI with human review.





# Risks & Limitations

Understanding what can go wrong



# What AI Cannot Do

## Critical Thinking

AI lacks personal experience, judgement, and true reasoning despite appearances

## Sentience

Systems are not conscious—they simulate human-like responses through patterns

## Domain Expertise

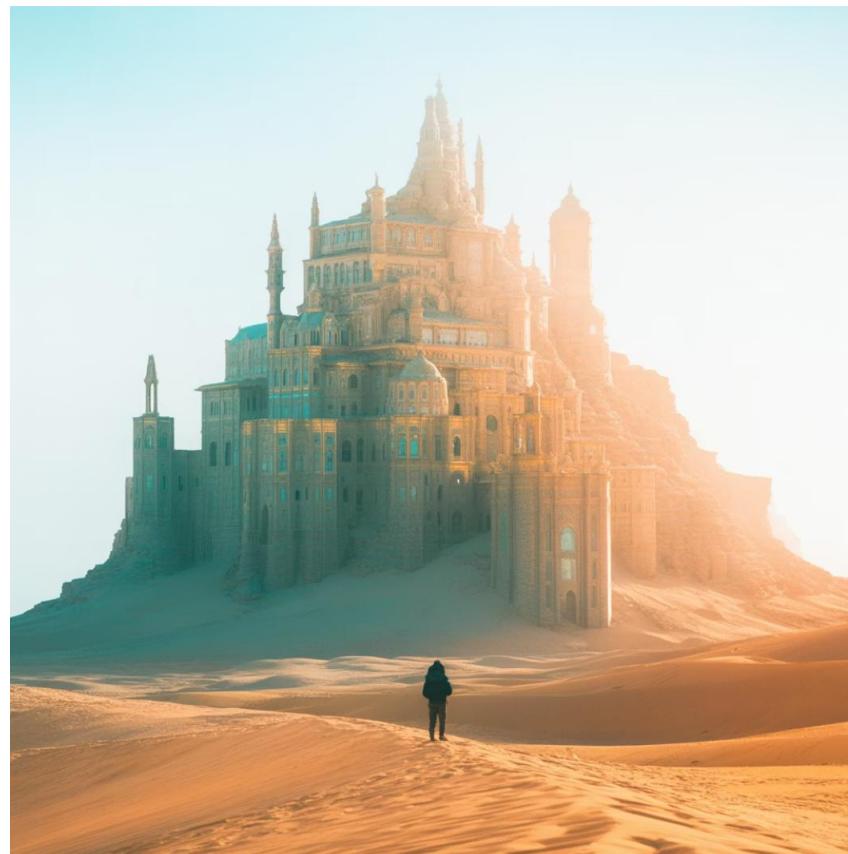
Not a substitute for professional advice in medical, legal, or critical areas

## Contextual Understanding

Cannot fully grasp nuanced situations requiring human empathy



# Hallucinations: The Persistent Challenge



## What Happens and Why

AI generates plausible-sounding but factually incorrect information

- Statistical guesses rather than facts
- Training data might be biased or incomplete or unbalanced, so AI might fill in the gaps
- AI can misinterpret user queries

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## Why It Matters

Clinical decisions require accuracy—false information could harm patients

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## Your Protection

Always verify AI outputs against trusted sources before clinical application:

NEED HUMAN OVERSIGHT



# Bias: Reflecting Society's Inequalities

## → Training Data Bias

AI models trained on data containing historical biases and harmful materials

## → Representational Bias

Underrepresented groups in datasets lead to stereotypes, abusive content, discrimination

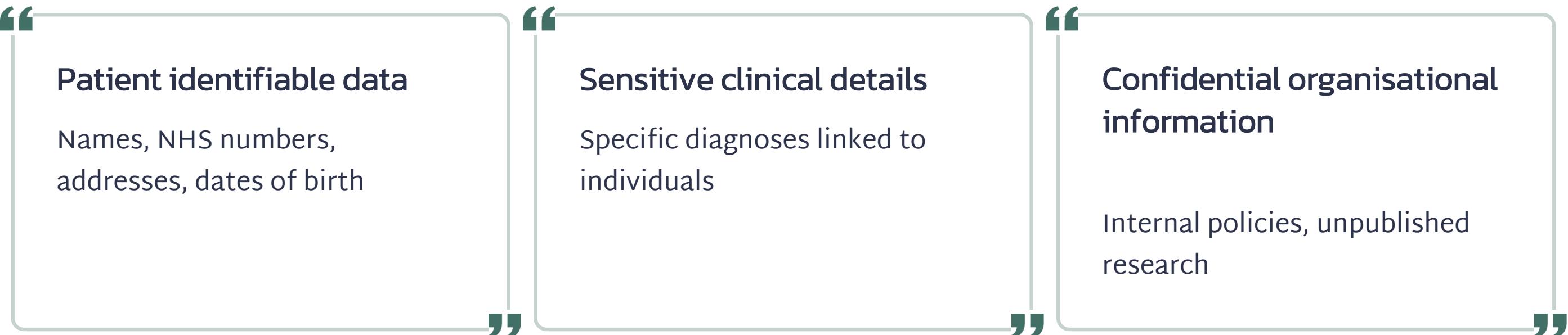
## → Healthcare Impact

Systems may perform poorly for certain dialects, skin colours, or provide benefits primarily to privileged groups

- ❑ Generative AI particularly vulnerable due to unfiltered internet training data



# Safety Guardrails: What NOT to Share



- ☐ When in doubt, anonymise or don't input



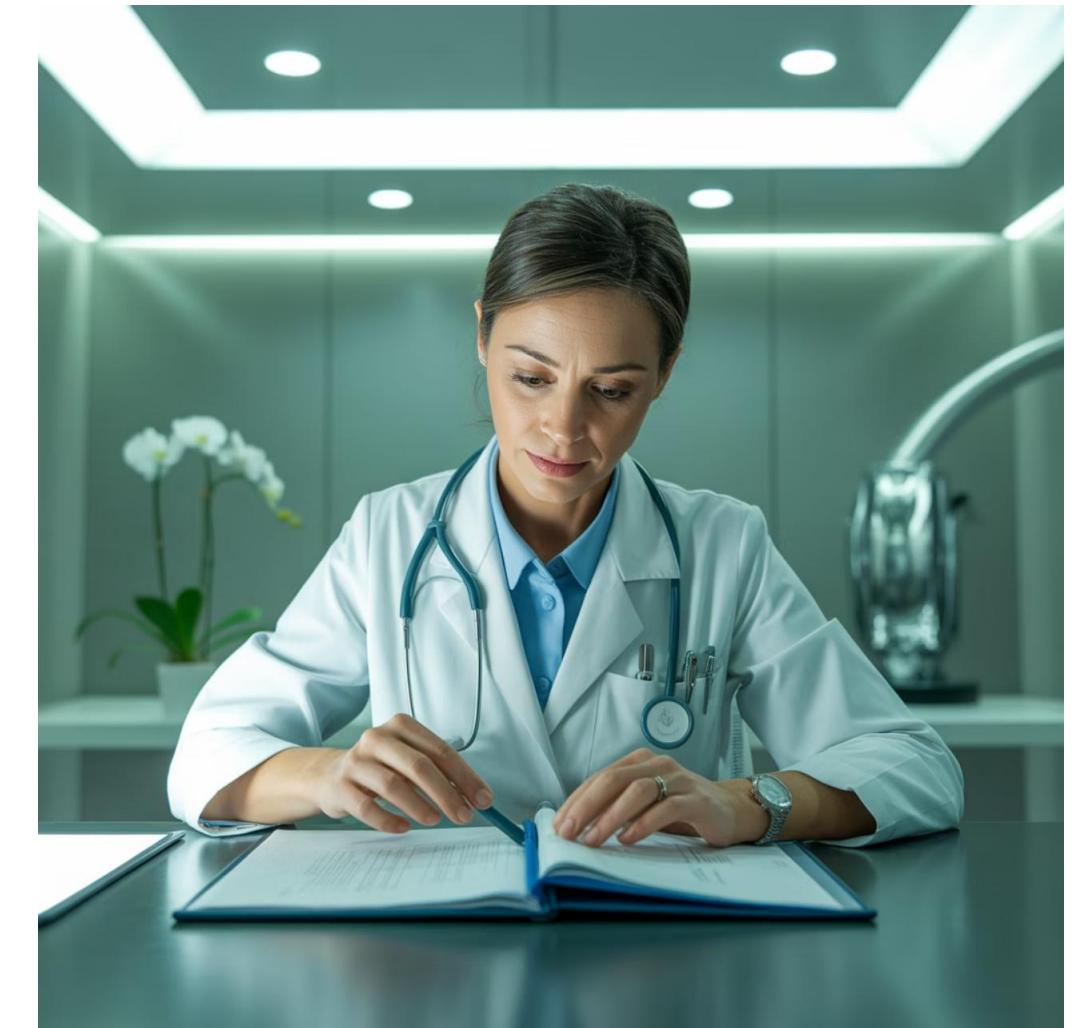
# Quality Control: Human Oversight Is Essential

Humans must validate any high-risk decisions influenced by AI

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## Your Responsibilities

- Review all AI-generated clinical content
- Verify facts against trusted sources
- Apply professional judgement
- Document your review process
- Never blindly accept AI outputs





# Measuring Impact



# How AI can support healthcare

## Automation of routine tasks

Real-time analytics measuring efficiency and output

## Elimination of repetitive work

Answer common questions automatically

## Reduced human error

Consistent accuracy in data processing



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# Implementing AI Strategically

## Identify Use Cases

Led by business needs, user pain points, inefficiencies—NOT technology capabilities

## Assess Workflow Changes

Consider how AI transforms processes and ensure adoption structures exist



## Prioritise AI-Suitable Problems

Focus on cases only solvable by AI or where AI offers significant advantages

## Measure Outcomes

Track efficiency, quality, user satisfaction, patient outcomes, staff outcomes



# Key Takeaways for Your Practice

**AI is a tool, not a replacement**

Augments human expertise

**Always verify outputs**

Critical thinking essential

**Understand limitations**

Know what AI cannot do

**Prioritise patient safety**

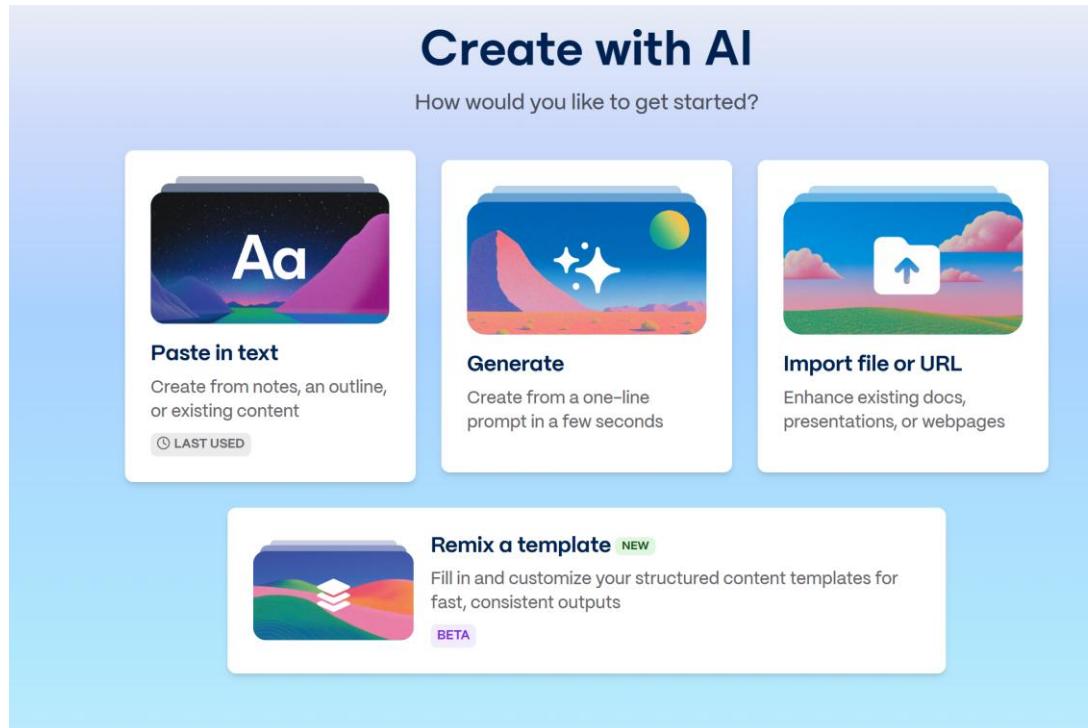
Governance and quality control

**Start small, learn, iterate**

Gradual, thoughtful adoption



# Presentation Creation: Gamma



## What Gamma Does

AI-powered presentation builder combining aspects of presentations, documents, and websites



[Artificial Intelligence Playbook for the UK Government \(HTML\) - GOV.UK](#)

[AI Insights - GOV.UK](#)

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[Integrating generative AI in perinatology: applications for literature review](#)

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[NHS England » Improvement framework: community language translation and interpreting services](#)

# References





# Questions & Discussion

