

Demystifying AI in Dietetics

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

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October 2025



Today's Journey

01

Understanding AI Basics

What it is, what it can do, strategic context

02

Practical Applications

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

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

03

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

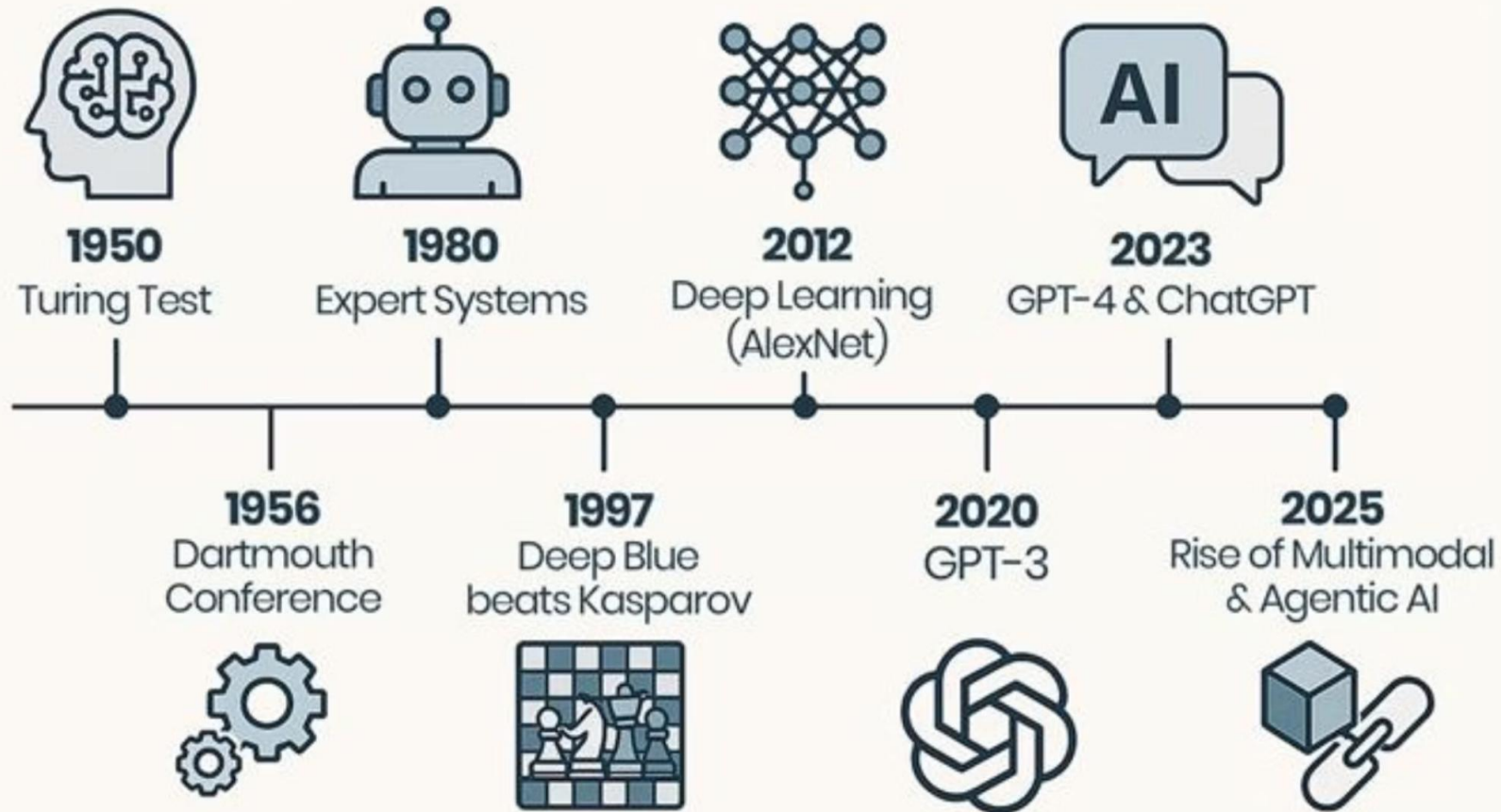
PIN: 356102

Voting is **anonymous**.

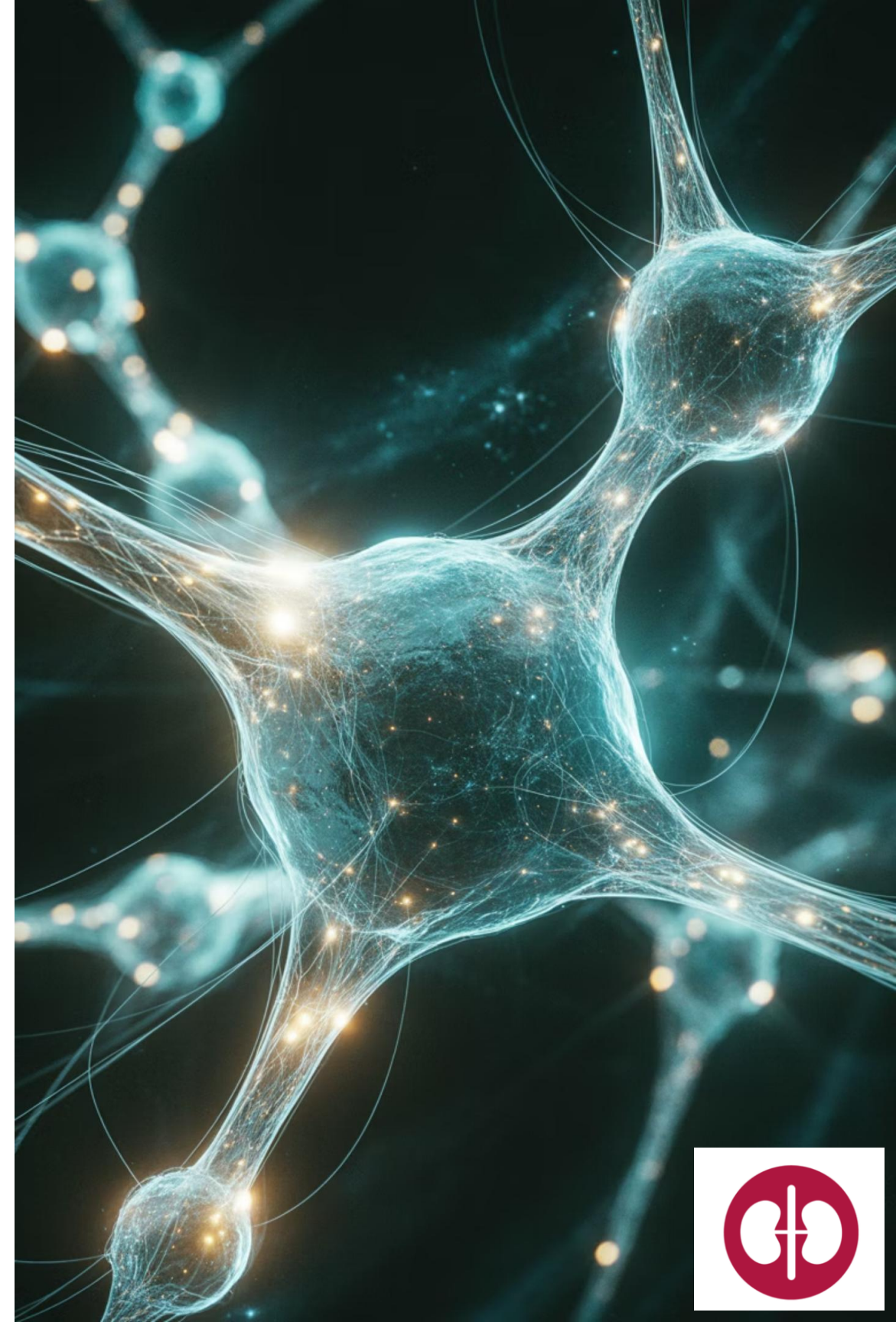
Screen name or (nick)name is optional.



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

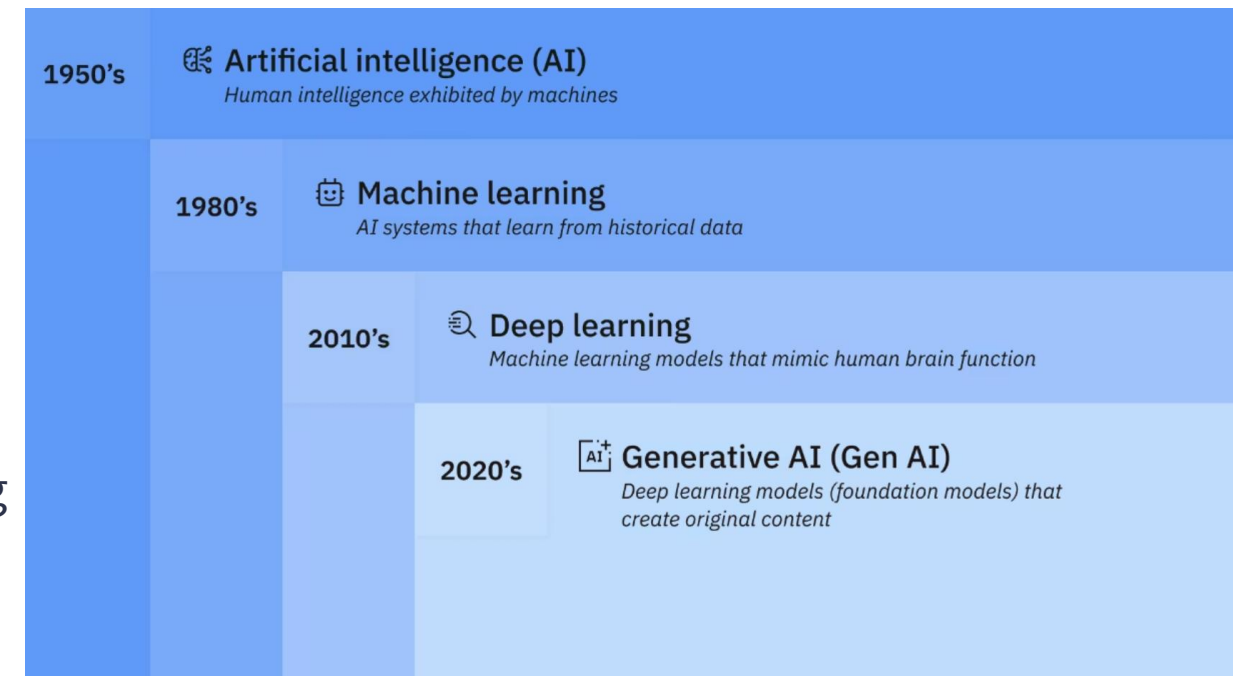
Systems that learn patterns from data

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

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?

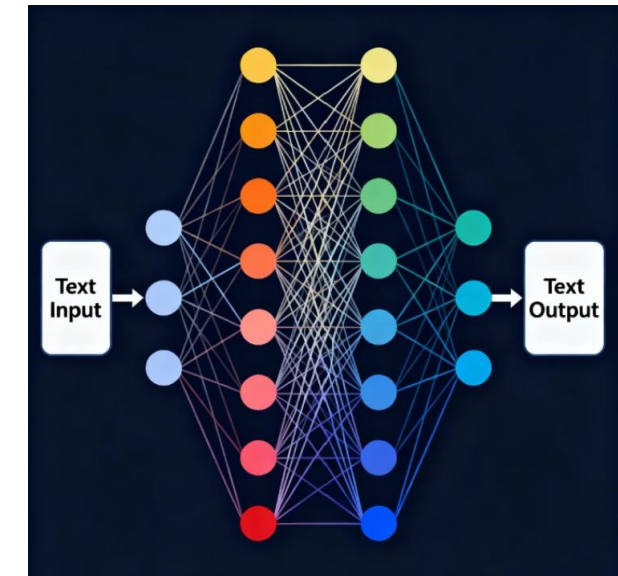
LLMs are AI systems trained on huge amounts of text to predict the next word. Because of this, they're good at **reading**, **writing**, and **organising** language. They don't "know" facts the way a database does—they generate likely answers.

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

1

What Is a Prompt?

Carefully designed instructions telling AI how to perform a task

2

Think of It Like This

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

3

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.

Study design: Analytical cross-sectional study (Nov 2024–Apr 2025, Türkiye).

The study population and numbers: n=388 adults aged 18–29 years; 80.9% female; mean BMI 22.79 kg/m².

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 (R²≈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. R²≈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





Agentic AI

The next evolution: autonomous decision-making systems

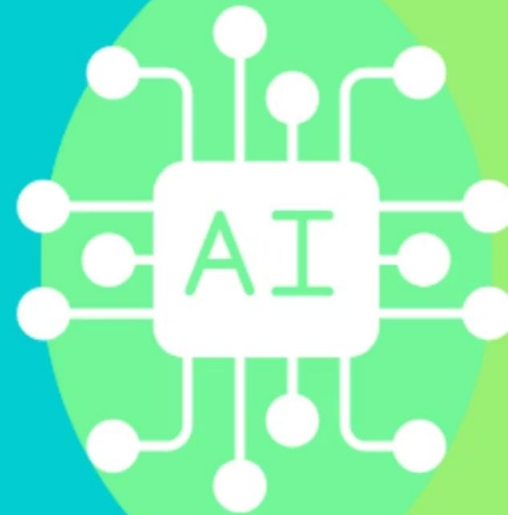


Traditional AI vs. Agentic AI

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^+ ↑; 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



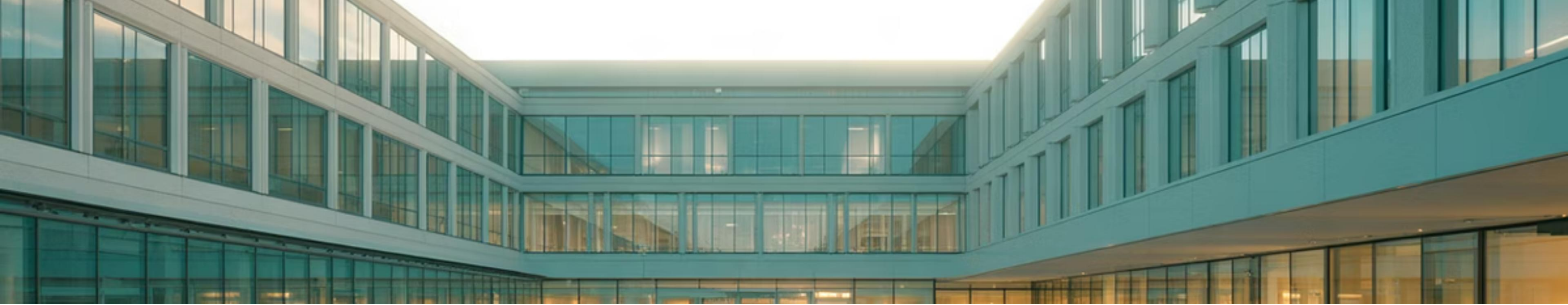
Takes autonomous action

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	02	03
What They Are	Key Players	NHS Guidance
AI converts speech directly into structured medical notes and letters	Heidi Health, Lyrebird, Practice Better AI (there are several others)	Initial guidance now available at 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

Ahmed Alboksmaty,^{a,*} Reham Aldakhil,^b Benedict W. J. Hayhoe,^b Hutan Ashrafian,^a Ara Darzi,^a and Ana-Luisa Neves^{a,b}

www.thelancet.com Vol 118 August, 2025

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)

Audrey

Female

Dictate

Write document

Resume consult

Next patient

Notepad

Transcript

SOAP

Subjective

• Presenting with flu-like symptoms including body aches and runny nose for past few days

Examination

• Temperature: Slightly elevated

• Respiratory: Clear lung sounds, no wheezing

• ENT: Mildly inflamed throat

• No respiratory distress noted

Assessment

• Viral illness suspected

Plan

• COVID/Influenza swab ordered

• Symptomatic management advised

Copy

Letter to referring clinician

Patient letter

Medical certificate

Dear Audrey,

Thank you for coming to see me today at 10:15 am on 15/07/2025.

Based on your symptoms of body aches and runny nose, along with the examination showing a slightly elevated temperature and mildly inflamed throat, I suspect you have a viral illness.

• Rest

• Stay hydrated

• Take paracetamol for symptom relief

• Complete COVID/Influenza swab test

Please await the results of your COVID/Influenza swab test. If your symptoms worsen or you develop any breathing difficulties, please return to see me.

Yours sincerely,

Dr Audrey Fogarty

Rate this document

Share to patient

Copy

Changes to your current note using the transcript

Make specific changes to your current document using the note and the transcript

Include follow-up instructions

Include recent lab results

02:1

YouTube

Lyrebird in two minut

A quick getting started guide

[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.

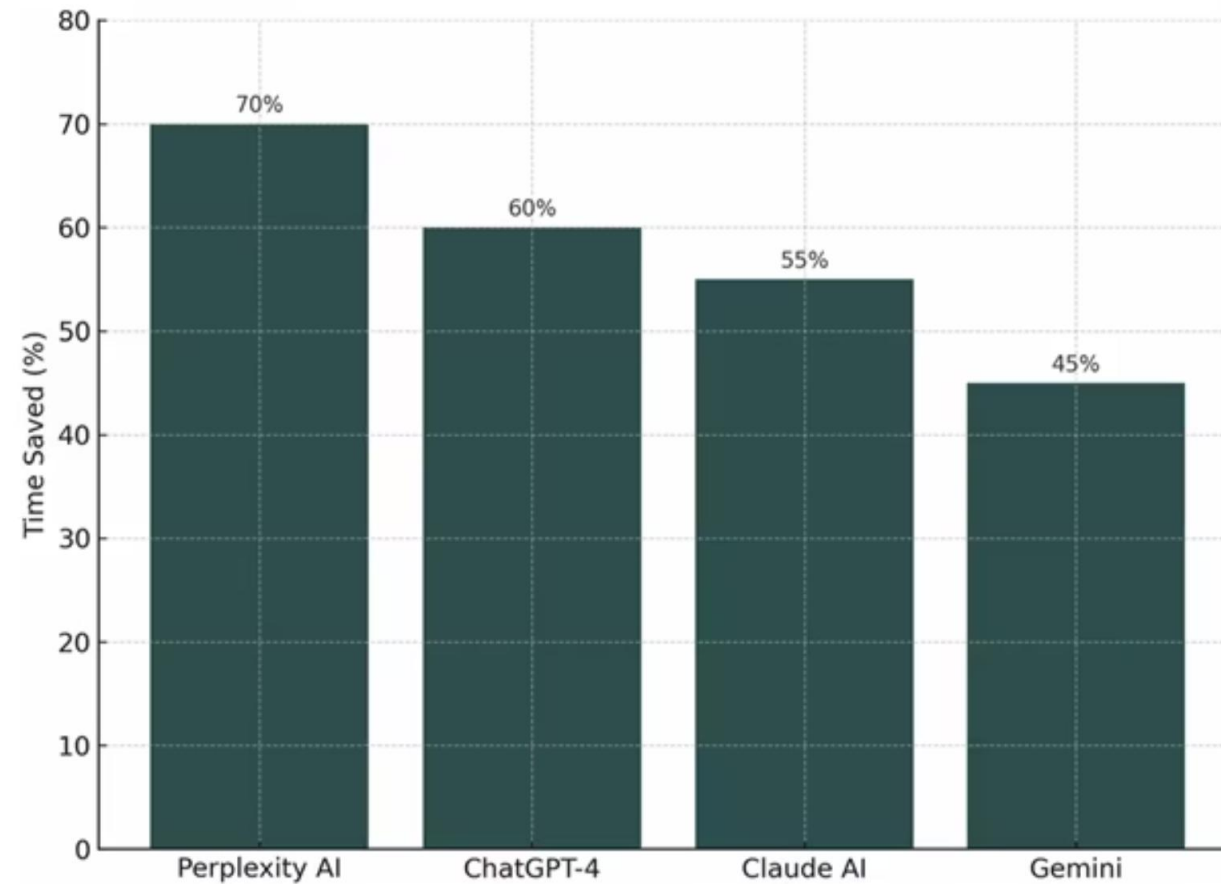
Use for: Screening large piles quickly. **Examples:** SciSpace, Scholarcy, Explainpaper/PaperPal, ChatPDF/AskYourPDF.

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

DE GRUYTER

J. Perinat. Med. 2025; aop

Review

Rodrigo Ayala-Yáñez*, Amos Grünebaum and Frank A. Chervenak

Integrating generative AI in perinatology: applications for literature review





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

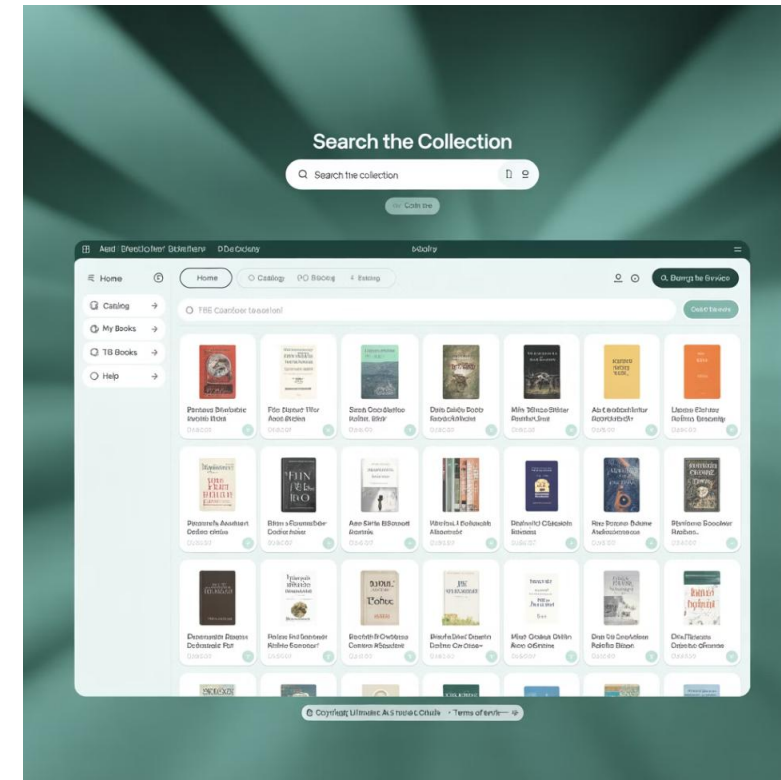
What It Searches

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**

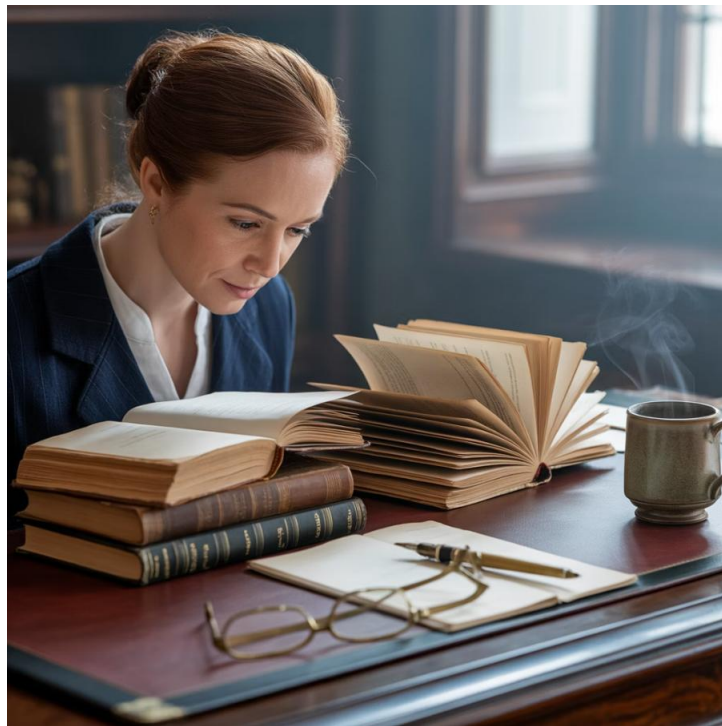
📄 **Risk: Erosion of critical reading habits**

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



Benefits

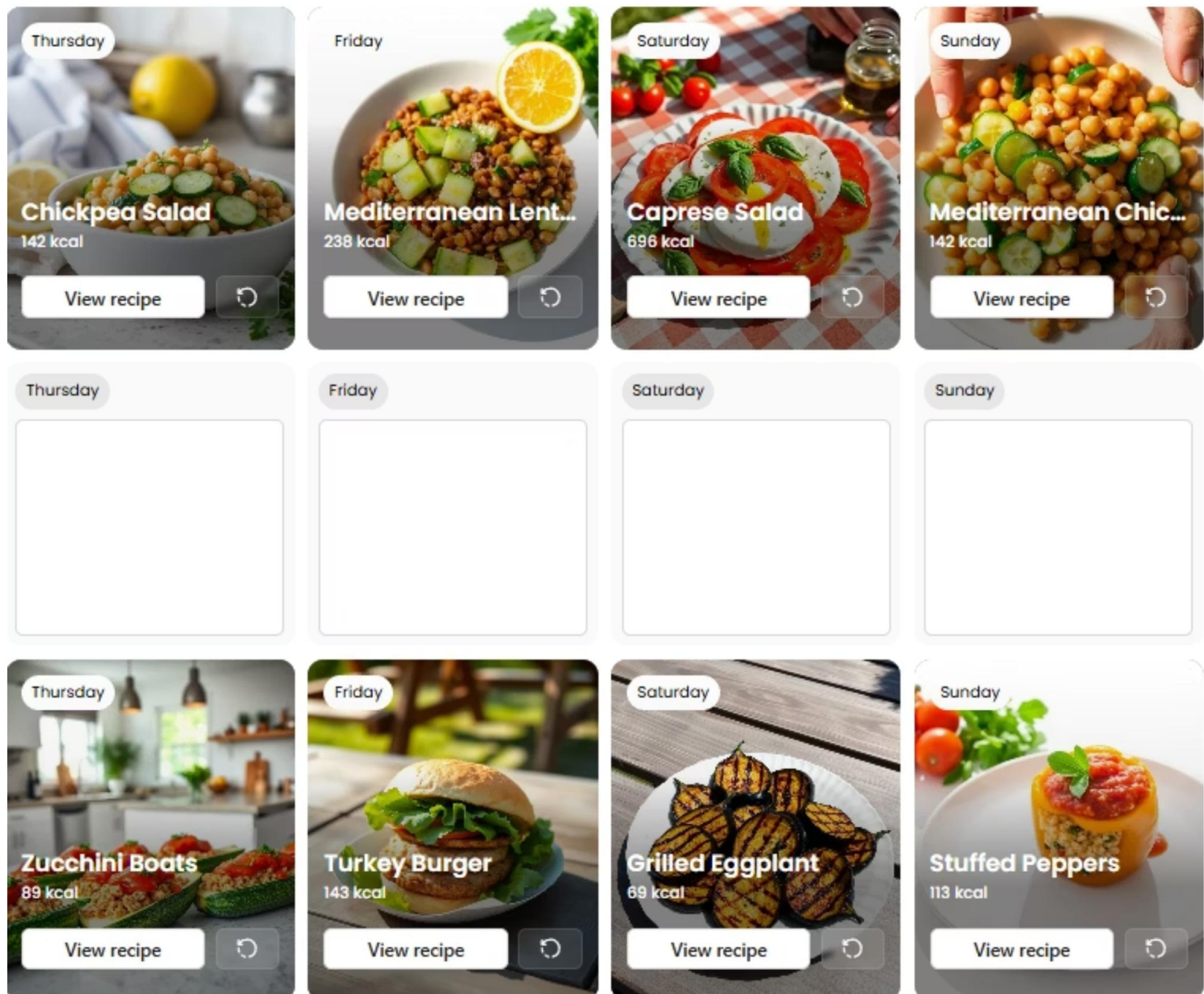
- Time-saving plan creation
- Personalized to client needs
- Nutritionally balanced outputs
- Professional presentation

Limitations

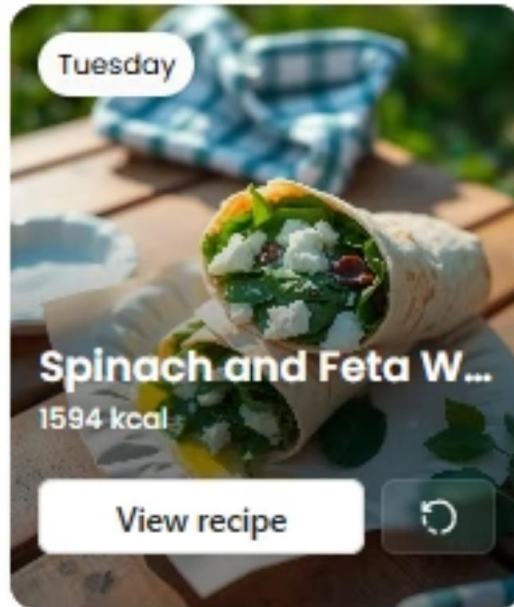
- Potential for inaccuracies
- Lack deep contextual understanding of nuanced health conditions
- Output highly dependant on prompts

Examples: Chat GPT, Full Taste





Tuesday

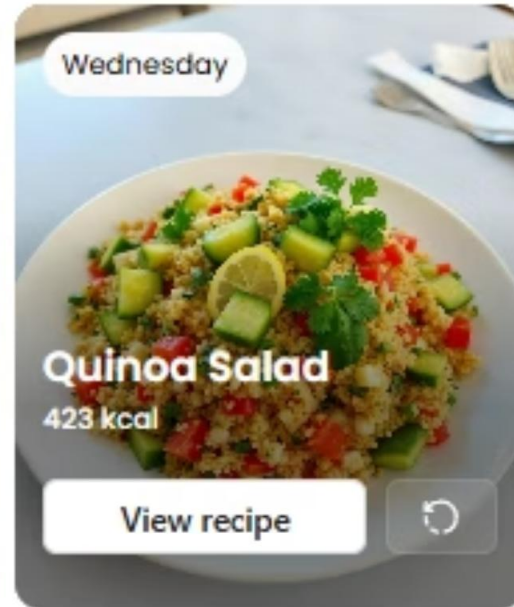


Spinach and Feta W...
1594 kcal

[View recipe](#)

🔄

Wednesday

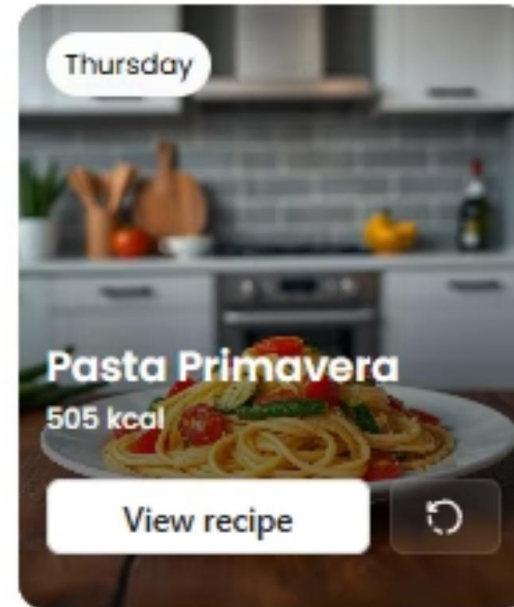


Quinoa Salad
423 kcal

[View recipe](#)

🔄

Thursday

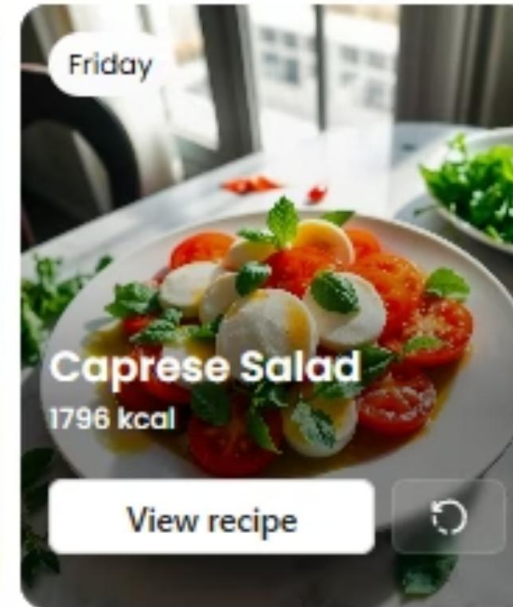


Pasta Primavera
505 kcal

[View recipe](#)

🔄

Friday

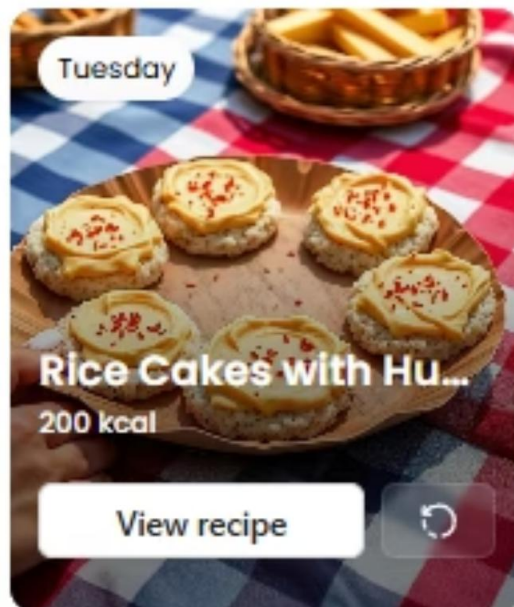


Caprese Salad
1796 kcal

[View recipe](#)

🔄

Tuesday

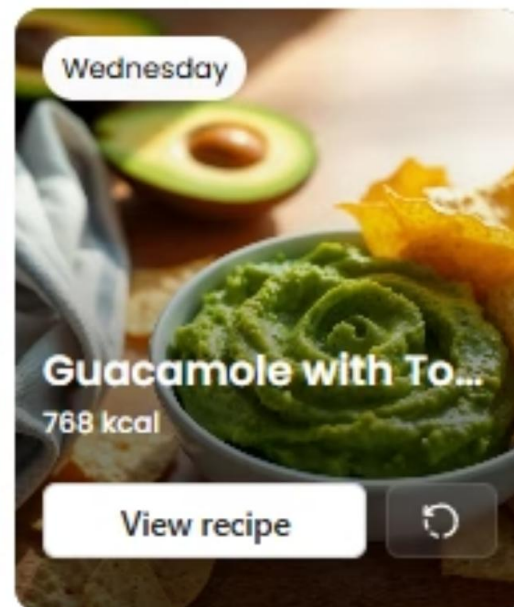


Rice Cakes with Hu...
200 kcal

[View recipe](#)

🔄

Wednesday

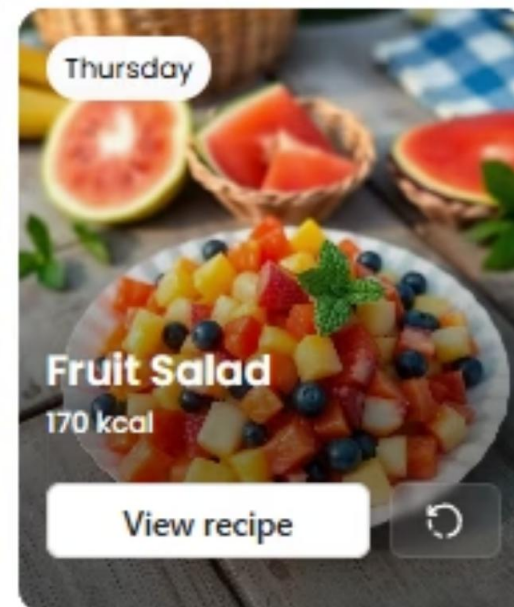


Guacamole with To...
768 kcal

[View recipe](#)

🔄

Thursday

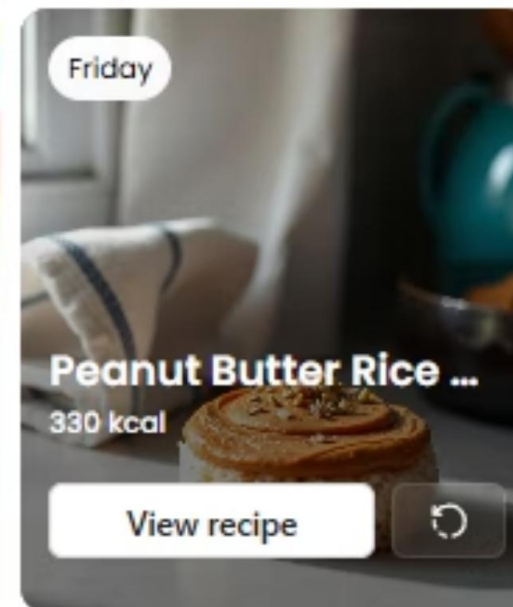


Fruit Salad
170 kcal

[View recipe](#)

🔄

Friday



Peanut Butter Rice ...
330 kcal

[View recipe](#)

🔄



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

02

AI Processing

Automatically creates video scenes

03


Professional Output

Polished videos for patient education

Live demonstration



Uploaded document



 KidneyWise

[!\[\]\(92fe6ec8c8b0011d3746d04c5962f469_img.jpg\)](#)

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



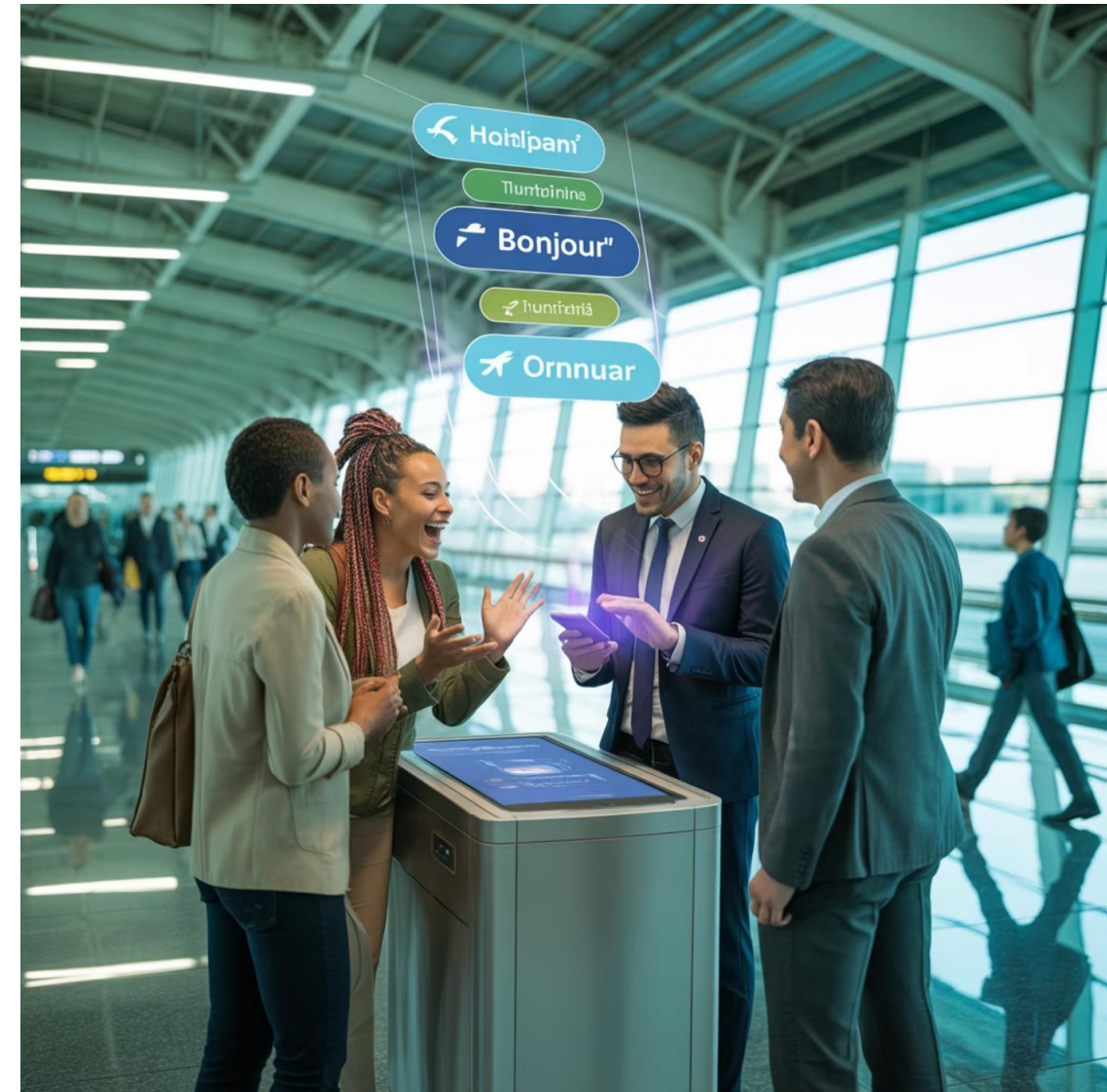
Breaking Language Barriers

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:



 www.deepl.com



DeepL Pro | Translate Text, Word Docs & Other Docs Securel

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

Live DEMO



Table 2 Examples of Google Translate and GPT-4 translations

Original sentence	Back-translated sentences					
	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 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

Why It Matters

Clinical decisions require accuracy—false information could harm patients

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

“

Patient identifiable data

Names, NHS numbers,
addresses, dates of birth

”

“

Sensitive clinical details

Specific diagnoses linked to
individuals

”

“

Confidential organisational information

Internal policies, unpublished
research

”

📌 When in doubt, anonymise or don't input

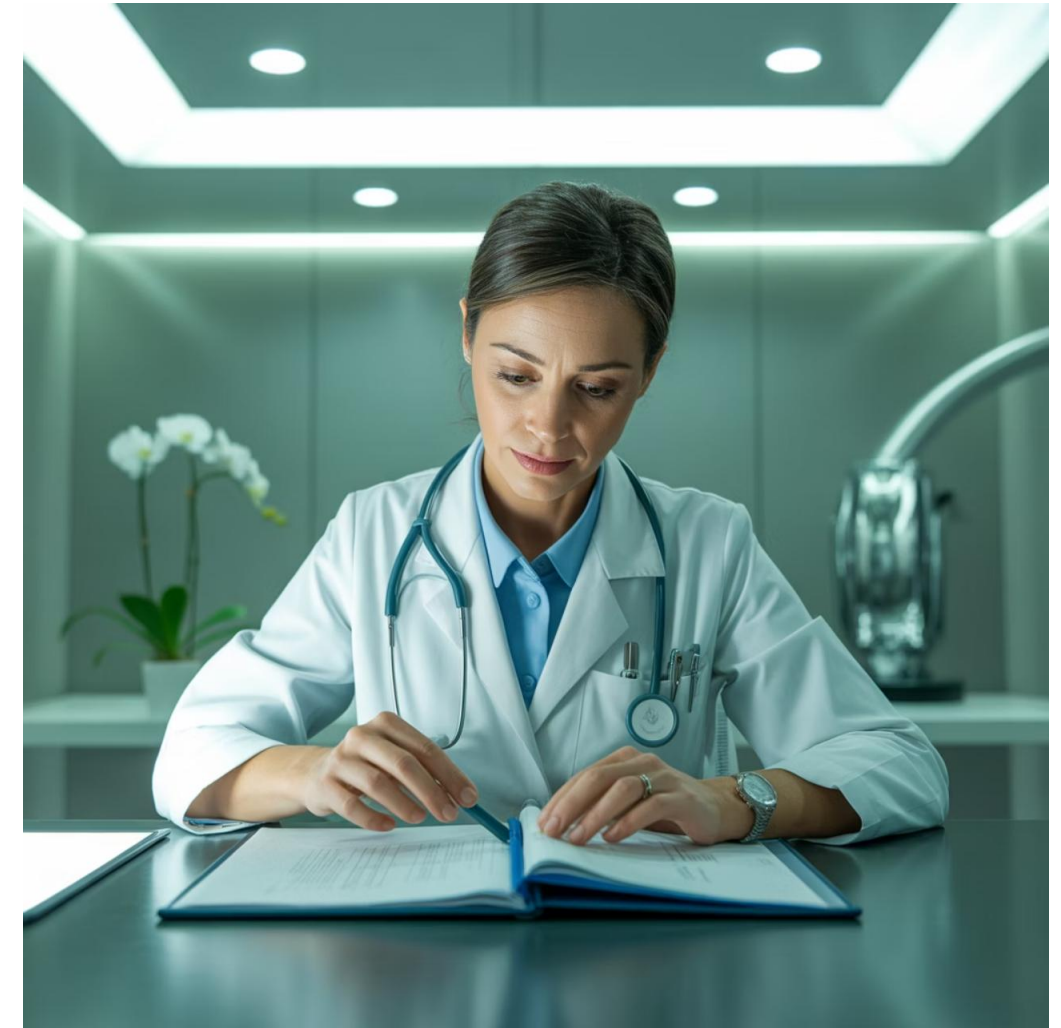


Quality Control: Human Oversight Is Essential

Humans must validate any high-risk decisions influenced by AI

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

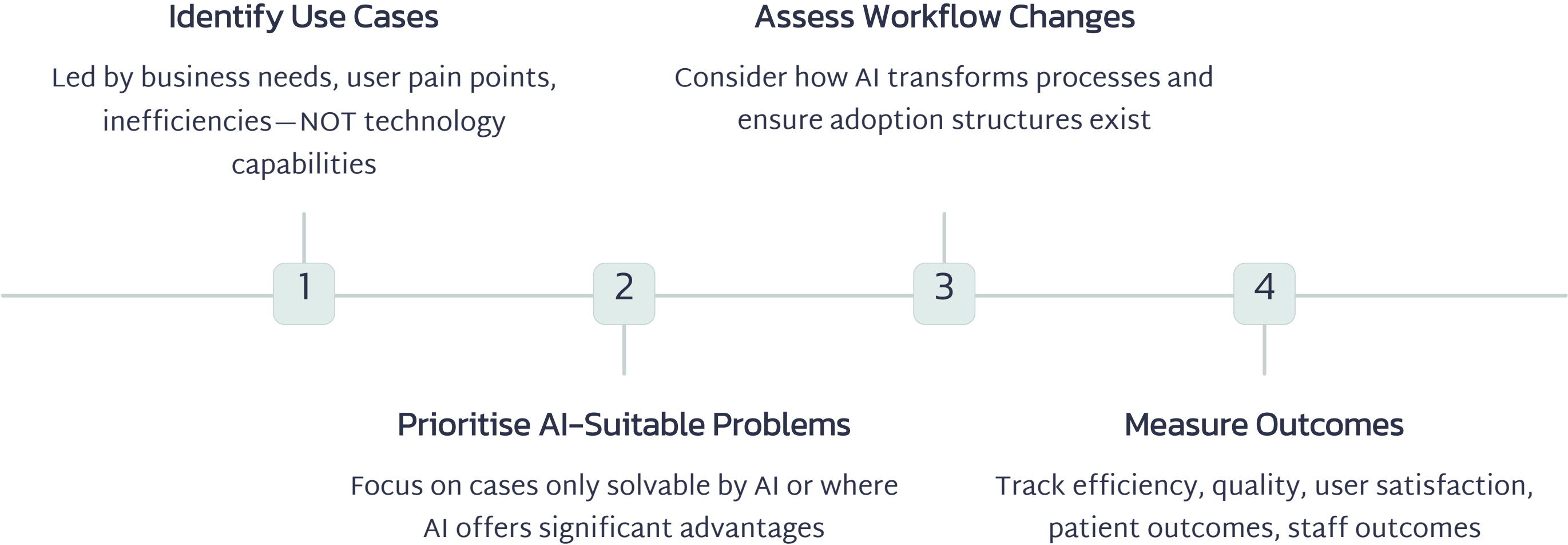


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Implementing AI Strategically

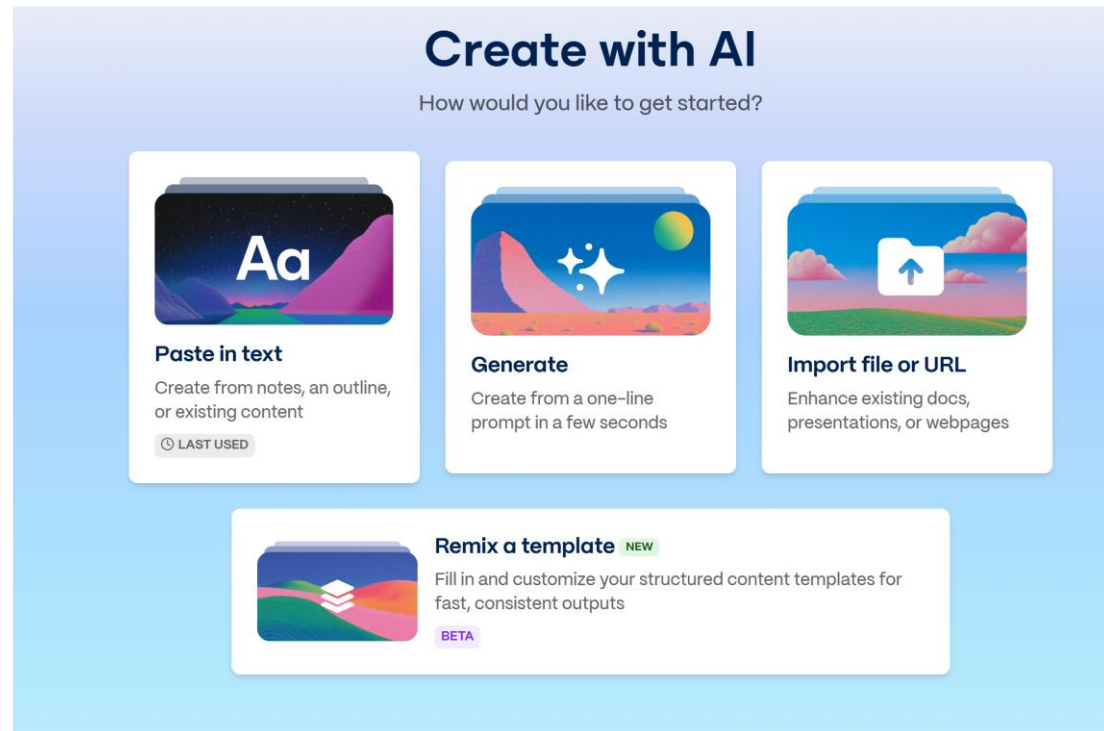


Key Takeaways for Your Practice

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



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Questions & Discussion

