

Designing the future of nursing with
judgment, integrity, and innovation.

AI • Education • Innovation



The Digital Stethoscope Newsletter *September 2026*

Beyond the Prompt: Teaching Students to Think *With* AI, Not *Through* AI

Moving from AI use to AI literacy, clinical judgment, and professional accountability

Welcome to the September issue of *The Digital Stethoscope*.

By now, most of us have moved beyond asking whether our students are using artificial intelligence. They are. The more important question is: **What are they learning while they use it?**

A student can write an excellent prompt and receive an impressive response without fully understanding the content. They can ask AI to analyze a patient scenario, develop a care plan, summarize an article, or explain a difficult concept. Within seconds, they may have something polished, organized, and convincing. But polished does not necessarily mean accurate, and it certainly does not mean learning has occurred.

As nurse educators, our responsibility has never been simply to help students arrive at the right answer. We are preparing them to recognize what matters, interpret information, make connections, question assumptions, consider alternatives, and ultimately make sound clinical decisions. AI doesn't make those responsibilities less important. I believe it makes them even more important.

From Prompting to Thinking

Much of the early conversation about generative AI in education focused on prompting—how to ask better questions, provide context, refine responses, and get better results. Those are valuable skills, but prompting is only the beginning. The greater educational opportunity comes after AI generates its response.

What does the student do next? Do they accept the answer because it sounds convincing, or do they ask whether it is accurate, what evidence supports it, what might be missing, and whether it makes sense for this particular patient?

Those questions move us from teaching students how to *use AI* toward teaching them how to *think with AI*.

As AI becomes easier to use, one of my concerns is what I think of as the *thinking gap*. If AI performs too much of the cognitive work too early in the learning process, students may arrive at an answer without working through the reasoning necessary to understand how they got there.

Our students will practice in environments where information is abundant, and AI increasingly supports clinical care. Their greatest skill will not be knowing how to obtain more information. It will be knowing what to do with it, when to question it, when to verify it, and when their assessment and professional judgment tell them something doesn't fit.

Change the Question

Perhaps one of the simplest changes we can make this semester is to stop asking only, “Did the student use AI?” and begin asking, “What thinking did the student demonstrate while using AI?”

Imagine giving students an AI-generated response to a patient scenario and asking them to identify what is correct, what requires verification, and what important information is missing. Ask them to compare an AI recommendation with current evidence, find a subtle clinical error, or improve an AI-generated patient education handout for accuracy and health literacy.

One of my favorite questions is simply: “What would you need to know before you trusted this answer?”

Now AI isn't doing the assignment. AI becomes part of the assignment, and the student's thinking becomes visible.

The Goal Hasn't Changed

It can feel as though AI requires us to rethink everything we know about teaching. I don't believe it does. Our tools are changing, but our responsibility remains remarkably familiar.

We still want students who are curious, ask good questions, recognize when information doesn't make sense, seek evidence, consider alternatives, communicate clearly, protect their patients, and

take responsibility for their decisions. Most importantly, we want nurses who understand that technology can inform clinical judgment but never replace their responsibility to exercise it.

Perhaps our goal, then, isn't simply to teach students to become better users of AI. It is to use AI to help them become better thinkers, better decision-makers, and ultimately, better nurses.

Throughout this month's issue, we'll explore practical ways to do just that, helping students evaluate AI-generated information, recognize its limitations, and remain accountable for the decisions they make.

Because the future of nursing education isn't simply about learning how to prompt AI. It's about knowing when to question the answer.

 **Susan**

Faculty Corner



Practical ideas, leadership strategies, and real-world guidance for nurse educators navigating AI in higher education.

The Assignment Isn't the Problem . . . The Thinking Is

As generative AI becomes part of our students' everyday lives, I've heard a familiar concern from faculty: “Do I need to redesign all of my assignments?”

My answer is usually no.

Before we start replacing discussion posts, care plans, case studies, reflection papers, patient education projects, and other familiar assignments, I think we need to ask a different question: **What is this assignment supposed to demonstrate?**

That brings us back to something we already know as educators: student learning outcomes should drive our teaching and assessment decisions.

If an assignment was designed to determine whether students can analyze patient data, prioritize care, apply evidence, communicate effectively, or demonstrate clinical judgment, then the important question isn't whether AI was involved. The question is whether the assignment still allows the student to demonstrate that outcome.

Start With the Student Learning Outcome

Take a traditional case study designed to assess clinical reasoning. If a student can enter the entire scenario into an AI tool and submit the resulting analysis with minimal independent thought, the problem may not be the case study itself. The problem is that we may no longer be able to see whether the student achieved the intended learning outcome.

Instead of abandoning the case study, we can redesign what we ask students to do with it.

Provide an AI-generated analysis and ask students to critique it. What did AI identify correctly? What did it miss? Which recommendation concerns you? What additional patient information would you need? What evidence would you use to verify the response?

The learning outcome hasn't changed. The case study hasn't disappeared. What has changed is how students demonstrate their achievement of the outcome.

The same approach can work with many assignments we already use. If the outcome involves patient education, students might evaluate and revise an AI-generated teaching plan. If the outcome involves evidence-based practice, they might verify AI-generated recommendations against credible sources. If the outcome involves communication, they could adapt an AI-generated explanation for a particular patient population and justify their choices.

Start with the outcome, then decide where, or whether, AI belongs in the learning activity.

Make the Thinking Visible

One strategy I encourage faculty to consider is adding a brief “show your thinking” component to selected assignments. Ask students to explain what they accepted from AI and why, what they rejected and why, what they independently verified, and how their final decisions demonstrate the course learning outcome.

This doesn't need to become another lengthy assignment for students, or another stack of papers for faculty to grade. A few well-designed questions can reveal far more about student understanding than a polished final product alone.

It also shifts our attention away from trying to determine whether a student “used AI” and toward something much more meaningful: Can the student demonstrate the knowledge, skills, and judgment we said they would achieve?

Before You Redesign Everything...

Take one assignment you already use and put the student learning outcome beside it.

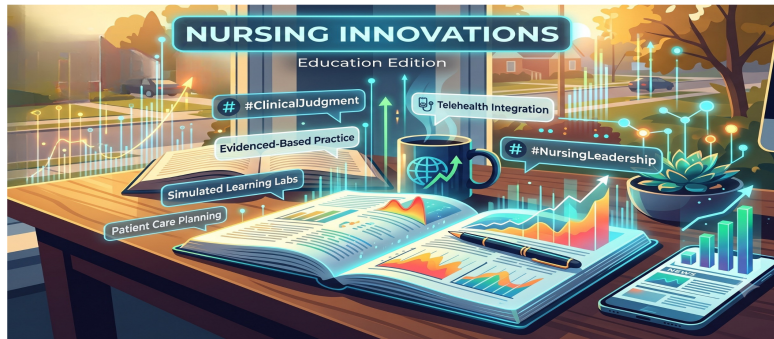
Then ask yourself: *What evidence does this assignment give me that the student achieved the outcome? Where does the student have to think? Could AI bypass that thinking? What could I change so the student's reasoning becomes visible again?*

You may discover that you don't need a new assignment at all. Sometimes, you simply need to bring the assignment back to the outcome.

And perhaps that is one of the opportunities AI is giving us as educators: to look more closely not only at what we ask students to do, but at whether our assessments truly show us what students have learned.

Practical Insights

“Five Ways to Make Student Thinking Visible When AI Is Used”



Once you've identified the student learning outcome, the next question is practical: How can we design the activity so students, not AI, do the thinking?

You don't necessarily need a new assignment. Try adding one of these strategies to something you already teach.

1. Add a “Defend Your Decision” Question

Don't let the answer be the end of the activity. Ask students to make a decision and defend it using patient data, course concepts, or evidence.

For example, after reviewing an AI-generated plan of care, ask: Which intervention would you prioritize and why? What patient data supports your decision?

Now you're assessing the student's reasoning, not simply the answer in front of them.

2. Require an AI Fact-Check

Give students an AI-generated response and ask them to verify two or three of its claims using credible, current sources.

Have them identify what was accurate, what needed clarification or correction, and what evidence they found. This builds the habit of verification before acceptance, a skill that extends well beyond the classroom.

3. Give Students a Flawed AI Response

Sometimes the most useful AI response for teaching is an imperfect one.

Provide students with a response containing a subtle error, missing priority, unsupported assumption, or questionable recommendation. Ask them to find the problem, correct it, and explain why the correction matters for patient care.

This can work especially well with case studies, medication scenarios, patient education materials, and clinical reasoning activities.

4. Change the Patient Midway Through the Activity

Clinical situations change. Our learning activities can too.

After students review an AI recommendation, introduce new information: a change in vital signs, an abnormal laboratory result, a new medication, a change in mental status, a patient preference, or a social factor affecting the plan of care.

Then ask: Does the original recommendation still apply? What would you change, and why?

This requires students to reassess rather than simply accept the original response—and mirrors the dynamic nature of nursing practice.

5. Ask, “What Did AI Miss?”

This may be one of the simplest questions we can add to an AI-supported learning activity.

Ask students to look beyond what AI included and identify what it failed to consider. Was additional assessment needed? Was patient safety addressed? What about patient preferences, health literacy, culture, available resources, equity, or competing priorities?

The goal is to help students recognize that a response can sound complete without actually being complete.

Try Just One

You don't need five new assignments. Choose one strategy and add it to something you already teach.

The goal isn't to make the assignment harder or to “AI-proof” it. The goal is to create a point in the activity where the student, not the technology, must do the thinking.

That small change can tell us much more about what our students actually know and can do.

Trending Topics



What Nurse Educators Should Be Watching This Month

AI continues to evolve quickly, but not every new tool or announcement needs our attention. This month, several developments stand out because they speak directly to how we teach, assess learning, and prepare nurses for an AI-enabled healthcare environment.

1. The Conversation Is Moving From AI Detection to Assessment Design

One of the most significant conversations happening in higher education right now is whether AI detection tools can reliably determine when students have used generative AI.

Recent research continues to raise concerns about the accuracy and fairness of AI detection, and a growing number of institutions are moving away from relying on detector scores as evidence of academic misconduct. The alternative receiving more attention is something we've been discussing throughout this issue: design assessments that provide better evidence of what students know and can do.

For nurse educators, this is an important shift. Instead of investing our energy in trying to “catch” AI use, we can focus on creating opportunities for students to explain, defend, demonstrate, and apply their thinking.

2. Assessment May Need to Capture the Learning Process, Not Just the Final Product

Another emerging idea in higher education is that a polished final submission may no longer provide enough evidence of student learning in an AI-enabled environment.

Researchers are increasingly exploring assessment approaches that capture evidence throughout the learning process, drafts, reflections, explanations, demonstrations, revisions, and other opportunities for students to show how their thinking developed.

This has particular relevance for nursing education. A completed care plan or case study tells us something, but watching a student explain a priority, respond to changing patient information, or defend a clinical decision may tell us much more.

The question is shifting from “What did the student submit?” to “What evidence do we have that the student learned?”

3. Nursing Is Calling for a Stronger Voice in AI Governance

As healthcare organizations accelerate AI adoption, nursing organizations are emphasizing that nurses must be involved in decisions about how these technologies are designed, implemented, and governed.

Recent nursing leadership discussions have emphasized the need for nurse-led guardrails that protect patient safety, privacy, equity, professional accountability, and nursing judgment. AI literacy is increasingly being viewed not simply as knowing how to use technology, but as understanding its limitations and knowing when to question or challenge its recommendations.

For educators, this raises an important question: Are we preparing students only to use AI, or also to participate in decisions about how AI should be used?

That is a very different competency.

4. AI Competencies for Nursing Are Becoming More Defined

The conversation about AI competency in nursing continues to mature. Emerging frameworks are moving beyond basic AI literacy toward competencies that include critical evaluation, ethical decision-making, clinical judgment, communication, accountability, and safe integration of AI into nursing practice.

This is an important development for nursing education because AI does not necessarily need to become another standalone topic added to an already crowded curriculum.

Instead, we can begin asking where AI competencies naturally connect with what we already teach: clinical judgment, evidence-based practice, informatics, ethics, patient safety, communication, leadership, and professional accountability.

The goal isn't to create nurses who know everything about artificial intelligence.

It is to prepare nurses who know how to practice safely and responsibly in a healthcare environment where AI is increasingly present.

From My Desk



Don't Take Away the Struggle

One of the things I continue to think about as AI becomes more integrated into education is how easy it has become to get an answer.

We've all watched students struggle with a difficult concept, work their way through a case study, reconsider an answer, or finally make a connection after getting something wrong. As educators, our instinct is often to help. We give another example, ask another question, or provide just enough guidance to move them forward.

AI can provide that help too, but it can also provide the answer before the student has had the opportunity to struggle with the thinking.

And sometimes, the struggle is where the learning happens.

That doesn't mean we should make learning unnecessarily difficult or discourage students from using tools that can support them. AI can be an excellent tutor, brainstorming partner, source of feedback, and way to explore complex clinical situations. Emerging research is even showing promising results when AI is intentionally incorporated into structured nursing learning activities.

But there is a difference between supporting the thinking and replacing it. I think that distinction is going to become increasingly important for us as educators.

Before we introduce AI into a learning activity, perhaps we should ask ourselves: *At what point does the student need to wrestle with this on their own? When might AI provide useful scaffolding? And what thinking should remain the student's responsibility?*

We don't need students to struggle simply for the sake of struggling. But we do need them to develop the confidence to sit with uncertainty, recognize when something doesn't make sense, reconsider their assumptions, and make a decision when there isn't an obvious answer.

Because someday the question won't be part of an assignment.

There will be a patient on the other side of it.

AI may be there to provide information, identify patterns, or suggest possibilities. But the nurse will still need to assess the situation, consider the context, question what doesn't fit, and decide what to do next.

As we find our way forward with AI in nursing education, I hope we remember that our goal isn't to remove every difficult part of learning.

Sometimes our job is to give students enough support to keep thinking, not enough to stop thinking.

Educator's Toolbox



“AI at the Bedside: Should You Trust the Alert?”

This month, I wanted to give you something you can take directly into the classroom, clinical post-conference, or simulation debrief.

AI at the Bedside: Should You Trust the Alert? is a ready-to-use clinical judgment activity that challenges students to critically evaluate an AI-generated clinical alert rather than simply accept its recommendation.

Students are introduced to a 72-year-old patient hospitalized with pneumonia and COPD whose condition is beginning to change. An AI-supported clinical decision system reviews the patient's data and generates an alert:

MODERATE RISK FOR RESPIRATORY DETERIORATION

Continue respiratory interventions, monitor closely, and reassess in 30 minutes.

At first glance, the alert seems reasonable. The AI recognizes several important respiratory changes and recommends interventions that make clinical sense.

But did it recognize the whole picture?

Students are asked to examine the patient's trends, identify what the AI recognized and what it may have missed, determine whether they agree with the risk classification, and decide whether they would follow the recommendation to wait and reassess.

Most importantly, they must answer:

What would you do as the nurse and why?

Why I Like This Activity

The AI isn't obviously wrong. That's intentional.

Students must look beyond a polished recommendation and integrate the AI-generated information with their own assessment, knowledge, and clinical judgment. The activity also provides an opportunity to introduce automation bias and discuss what can happen when we give too much weight to a technology-generated recommendation simply because it appears authoritative.

The goal isn't to teach students to distrust AI. It's to teach them that AI is another source of information, not the final clinical decision-maker.

What's Included

The downloadable resource includes:

- A complete patient scenario with changing assessment findings
- An AI-generated clinical alert
- Student critique and clinical judgment questions
- Suggested student learning outcomes
- A faculty answer and discussion guide
- Debriefing questions exploring AI, automation bias, and nursing judgment
- Suggestions for use in the classroom, simulation, clinical post-conference, or as a formative assessment

AI can call your attention to the patient. The nurse still has to decide what happens next.



Download This Month's Resources

AI at the Bedside: Should You Trust the Alert?

A ready-to-use AI clinical judgment activity for nursing students.

Visit the **Digital Stethoscope Resource Library** to download the complete student activity and faculty guide and explore additional resources for nurse educators.

["Visit the Resource Library"](#)



Closing Notes

As we move further into the semester, our students will continue experimenting with AI, and we will continue learning alongside them. There will be new tools, new questions, and probably a few moments when we wonder whether we're keeping up.

But perhaps keeping up isn't really the goal.

The work we've always done as nurse educators, helping students connect knowledge to practice, ask better questions, recognize when something doesn't make sense, and develop sound clinical judgment, is exactly what they need in an AI-enabled world.

AI may change how students find information, complete assignments, and eventually practice nursing. What it doesn't change is their responsibility to understand the decisions they make and the care they provide.

As you consider AI in your teaching this semester, you don't have to start by redesigning everything. Start with the learning. Ask where the thinking happens. Give students opportunities to explain what they know, question what they're given, and defend the decisions they make.

Because preparing nurses for an AI-enabled future isn't about teaching them to have all the answers. It's about preparing them to know when an answer deserves another question.

Thank you for being part of *The Digital Stethoscope* community and for continuing to explore what thoughtful, responsible AI integration can look like in nursing education.

Until next month,

 **Susan**

