

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

AI • Education • Innovation



The Digital Stethoscope Newsletter *October 2026*

Teaching Students to Disagree With AI

Building the confidence, clinical judgment, and evidence-based reasoning to challenge the answer

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

Last month, we explored what happens when we move beyond teaching students how to prompt AI and begin asking them to think critically about what AI gives them. We talked about making student thinking visible, protecting the productive struggle that is so important to learning, and helping students recognize that a polished AI-generated response is not necessarily evidence of understanding. September ended with a simple idea: preparing students for an AI-enabled future means helping them recognize when an answer deserves another question.

This month, I want to take that idea one step further.

Are we teaching students that it is okay to disagree with AI?

As educators, we spend considerable time teaching students how to evaluate information. We ask them to examine evidence, recognize changes in a patient's condition, identify priorities, question assumptions, and defend their clinical decisions. When something doesn't fit, we want them to notice. When new information changes the picture, we want them to reconsider. And when they believe a recommendation is not appropriate for the patient in front of them, we expect them to speak up.

AI shouldn't change those expectations.

Yet AI introduces an interesting challenge. Its responses can be remarkably polished and confident. An AI-generated recommendation may use appropriate terminology, identify several relevant patient findings, suggest reasonable interventions, and provide an explanation that sounds clinically credible. For a student who is still developing knowledge and confidence, that authority can be difficult to challenge.

And the AI doesn't have to be completely wrong to create a problem.

Sometimes, the harder answer to recognize is the one that is mostly right.

Perhaps the recommendation is reasonable, but the priority is wrong. Maybe an important assessment finding has been overlooked. The intervention may be appropriate for a typical patient but not for this particular patient. Or perhaps the response is based on assumptions that haven't been verified.

Those are exactly the kinds of situations in which nurses need to slow down, look at the whole picture, and exercise professional judgment.

I want our students to become comfortable asking: *What is this recommendation based on? What might be missing? Does it fit what I am seeing in my patient? What evidence supports it? What additional information do I need? And what will I do if my assessment tells me something different?*

Eventually, I want them to have the confidence to say:

“I don't agree with this recommendation . . . and here's why.”

That isn't distrust of technology. It is responsible use of technology.

And perhaps this is where our conversation about AI literacy needs to grow into one about AI competency. Knowing what AI is, understanding its limitations, and learning how to interact with it are important foundations. But nurses also need to know what to do when an AI-supported recommendation conflicts with their assessment, the evidence, the patient's preferences, or their professional judgment.

That makes this an educational issue as much as a technological one. If our graduates will enter clinical environments where AI increasingly contributes information, identifies patterns, generates alerts, and supports decisions, then we have an opportunity to help them practice questioning those outputs while they are still students—when we can ask them to explain their reasoning, examine the evidence, make mistakes, reconsider their decisions, and try again.

Teaching students to disagree with AI isn't about positioning the nurse against the technology. It's about preparing nurses to work alongside technology without surrendering the judgment and accountability that belong to them.

Throughout this month's issue, we'll look at that responsibility from several angles. We'll explore a significant national investment in nursing AI competency, consider what these developments may mean for nurse educators, and share practical ways to help students move beyond simply accepting an AI-generated answer to questioning, challenging, and defending their own conclusions.

Because knowing how to use AI will be important.

Knowing when not to accept its answer may be even more important.

 Susan

Faculty Corner



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

Don't Ask, "Is AI Right?" Ask, "Do You Agree?"

One of the easiest ways to bring AI into a learning activity is to ask students whether an AI-generated response is correct.

But I'm beginning to think that may not be the best question.

When we ask, "Is AI right or wrong?" we create a relatively simple task. Students look for an error, identify it, and move on. It can certainly be useful, particularly when students are first learning to evaluate AI-generated information. But clinical judgment rarely comes packaged as a clear choice between right and wrong.

A more interesting question is: "Do you agree with this recommendation?" That small change shifts the responsibility back to the student.

Now the student must make a decision. They must examine the information available, consider what they know about the patient, determine what additional information might be needed, and decide whether the recommendation makes sense. Most importantly, they must explain *why*.

Create Something Worth Disagreeing With

We sometimes assume that if we use AI-generated content for teaching, we need to make the AI response obviously flawed. Perhaps we insert an incorrect medication dose, an unsafe intervention, or a clearly inappropriate priority and ask students to find the mistake.

There is certainly value in that type of activity. But I think we can go further. Some of the best AI critique activities may be those in which there isn't an obvious error at all.

Imagine giving students an AI-generated plan of care that includes several appropriate interventions but doesn't prioritize them well. Or an AI-generated patient education plan that is factually accurate but doesn't account for the patient's health literacy, financial resources, culture,

or preferences. Perhaps an AI-generated clinical alert correctly identifies deterioration but recommends reassessment in 30 minutes when the student's assessment suggests that waiting may not be appropriate.

Now the student cannot simply hunt for the mistake. They have to make a judgment.

Ask Students to Build the Case

If we want students to disagree thoughtfully, we also need to teach them that disagreement requires more than saying, *"I don't think that's right."*

Ask them to build the case for their decision.

What patient data support their conclusion? What evidence would they use? What assumptions might the AI be making? Is there information the AI doesn't have? What are the potential consequences of following the recommendation? What are the potential consequences of rejecting it?

And perhaps most importantly: What would you do next?

That last question matters because nurses don't have the luxury of simply identifying that something may be wrong. They must decide how to respond.

Would the student reassess the patient? Gather additional data? Verify the recommendation against another source? Consult a colleague? Contact the provider? Escalate a concern? Explain the situation to the patient?

Now we are moving beyond AI literacy and into clinical judgment, communication, evidence-based practice, and professional accountability.

Make Disagreement Safe in the Classroom

There is another piece of this that I think deserves our attention.

Students have spent much of their education learning from sources that carry authority: textbooks, faculty, clinical instructors, policies, electronic resources, and healthcare professionals. Now we are adding another authoritative-sounding voice to that environment.

AI can sound very sure of itself.

For a novice learner, challenging that confident response may not come naturally, particularly when the student isn't completely certain of their own answer. We can help normalize that uncertainty.

Instead of expecting students to immediately know whether an AI recommendation is correct, we can give them permission to say, *“Something about this doesn't fit, but I need more information.”*

That is not a failure of knowledge. That is the beginning of clinical judgment.

Recognizing uncertainty, gathering additional information, consulting evidence, reconsidering an initial conclusion, and escalating a concern when necessary are all part of safe nursing practice.

Change One Question

You don't need to redesign an assignment or develop an entirely new AI activity to begin.

Take a case study, simulation, clinical post-conference, or classroom discussion you already use. Add an AI-generated recommendation—or simply tell students, *“An AI clinical support tool recommends the following...”*

Then change the question.

Instead of asking: *Is this recommendation correct?*

Ask: Do you agree with this recommendation? Defend your decision.

Follow it with: *What evidence supports your position? What might the AI have missed? What additional information would you want? What could happen if you followed the recommendation? What could happen if you didn't? What would you do next?*

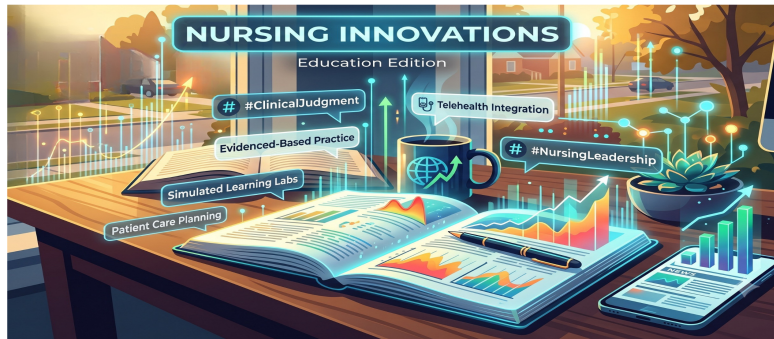
A few questions can turn AI from an answer-generating tool into something much more valuable for learning: a position students have to evaluate and respond to.

Because the goal isn't to teach students to automatically trust AI, or automatically distrust it.

The goal is to prepare them to decide when its recommendation deserves their confidence, when it deserves another question, and when it deserves a respectful but well-supported:

“I disagree.”

Practical Insights



“Five Questions That Teach Students to Challenge AI”

Teaching students to disagree with AI doesn't require a new assignment, simulation, or elaborate learning activity. Sometimes, it begins with changing the questions we ask after AI provides an answer.

The goal isn't to encourage students to find fault with every AI-generated response. It is to help them develop the habit of pausing before accepting a recommendation and deciding whether it deserves their confidence.

Here are five questions you can add to a case study, simulation, clinical post-conference, discussion, or other learning activity.

1. “Do You Agree With This Recommendation? Why or Why Not?”

Start by asking students to take a position.

Rather than searching for a predetermined error, students must decide whether the recommendation makes sense based on the information available. Require them to support their position with patient data, course concepts, clinical knowledge, or evidence.

Then push a little further: *What would make you change your mind?*

That final question reminds students that clinical judgment isn't about defending an initial answer at all costs. Good judgment also means being willing to reconsider when new information becomes available.

2. “What Is AI Assuming?”

AI-generated responses can contain assumptions that aren't immediately obvious.

Ask students to identify what the recommendation appears to assume about the patient, diagnosis, resources, environment, or available information.

Does it assume the patient can afford the treatment? That family support is available? That the patient's symptoms fit a typical presentation? That all the relevant assessment data have been provided?

This question helps students recognize an important limitation: AI can only reason from the information and context available to it.

3. “What Would You Need to Know Before You Acted on This?”

This may be one of my favorite questions.

Instead of asking students to immediately accept or reject the AI recommendation, give them another option:

“I don't have enough information yet.”

Then ask what they would need. Perhaps they want another set of vital signs, a focused assessment, laboratory results, the medication administration record, information from the patient or family, or clarification of something in the health record.

Students begin to recognize that uncertainty doesn't always require an immediate answer. Sometimes it requires more information.

4. “What Is the Risk If AI Is Wrong?”

Now bring patient safety into the discussion.

Ask students to consider the potential consequences of acting on the recommendation. Is this a relatively low-risk suggestion, or could an incorrect recommendation result in significant harm? How quickly could that harm occur? Would the recommendation be easy to reverse?

Then turn the question around:

What is the risk if you reject the recommendation and AI is right?

This prevents the activity from becoming an exercise in automatically distrusting technology. Students have to consider the consequences on both sides of the decision.

5. “What Would You Do Next?”

Don't let the critique end with “*I disagree.*”

Nurses still have to act.

Ask students what they would actually do next. Reassess the patient? Verify the information? Consult another source? Speak with another nurse? Contact the provider? Escalate the concern? Ask the patient additional questions?

Then ask them to explain why.

This moves the activity from evaluating information to making a clinical decision, and helps students connect AI evaluation with the actions and accountability of nursing practice.

Try It This Week

Choose one learning activity you already use and add an AI-generated recommendation. Then don't ask students whether AI got the answer right.

Pick **one** of these five questions and see where the conversation goes.

You may find that the most valuable part of the activity isn't whether students agree or disagree with AI. It's listening to them explain how they decided.

Because ultimately, that's the skill we're trying to develop. Not disagreement for the sake of disagreement. Judgment strong enough to know when disagreement is necessary.

Trending Topics



What Nurse Educators Should Be Watching This Month

AI continues to move quickly in healthcare and education, but this month I am less interested in the newest tool and more interested in something else: the infrastructure beginning to form around AI competency.

We are seeing nursing organizations move beyond conversations about whether nurses need AI knowledge toward questions about what nurses should know, how they should be prepared, and how nursing can help shape the technologies entering practice.

For nurse educators, those developments are worth watching.

1. American Nurses Enterprise Makes a Major Investment in Nursing AI Competency

One of the most significant recent developments comes from the American Nurses Enterprise (ANE), which encompasses the American Nurses Association, American Nurses Credentialing Center, and American Nurses Foundation.

ANE is launching **Nurse AI Training in Rural and Underserved Communities**, a three-year, \$5 million national initiative supported by \$2.5 million from the Johnson & Johnson Foundation and \$2.5 million from Google.org. The initiative will provide practical, nursing-centered AI education, with particular attention to nurses practicing in rural, remote, and underserved communities.

Then, on September 9, ANE announced another significant step: the appointment of nurse informaticist Rich G. Kenny, MMCi, RN, as its first Vice President of Artificial Intelligence and Digital Health Programs. In addition to leading the training initiative, Kenny will direct enterprise AI and digital health strategy across areas including education, ethics, practice standards, research, advocacy, and innovation.

What stands out to me is the emphasis on practical competency. The training is being co-designed with nurses and is intended to build the knowledge, skills, and confidence needed to understand foundational AI concepts and apply emerging technologies safely and effectively in clinical environments. ANE also identifies evaluating AI safely, strengthening nursing's voice in AI standards and governance, and connecting technology developers with clinicians as priorities.

For educators, this raises an important question:

If practicing nurses need these competencies, when should we begin developing them?

We don't need every nursing graduate to become an AI expert. But graduates may increasingly enter practice environments where AI-supported tools influence workflows, generate recommendations, identify risk, or contribute information to clinical decisions.

That makes AI competency increasingly relevant to how we think about workforce preparation.

2. AI Literacy Is Expanding Beyond “How to Use the Tool”

There is another important piece of the ANE announcement that connects directly with this month's theme.

ANE's AI strategy isn't limited to teaching nurses how to operate AI tools. Its stated priorities include helping nurses evaluate and use AI safely and effectively and strengthening nursing's role in the standards and governance surrounding clinical AI.

That direction also builds on ANA's AI in Nursing Practice Think Tank. Earlier this year, the Think Tank identified five near-term areas for action, including advancing AI literacy and competence, developing nurse-led guardrails, strengthening policy and regulatory advocacy, and sustaining cross-sector collaboration.

This is an important distinction: **Using AI is not the same as being competent with AI.**

Competency also involves understanding limitations, evaluating outputs, recognizing risk, knowing when additional information is needed, communicating concerns, and maintaining professional accountability.

For nurse educators, that opens a much richer conversation than simply teaching students how to prompt.

3. Academic Nursing Is Asking What Graduates Need to Know About Emerging Technologies

The American Association of Colleges of Nursing (AACN) is also examining the competencies nurses will need in technology-enabled healthcare environments.

AACN's Emerging Technologies in Nursing Task Force is charged with identifying the knowledge, skills, and competencies nursing students and graduates need to thrive in technology-enabled health systems. Its work includes AI, digital health, informatics, simulation, and virtual learning environments, as well as recommendations for faculty development, curricular alignment, and responsible use of emerging technologies in academic nursing.

This is worth watching because it moves the conversation closer to the curriculum.

The question becomes less about whether nursing programs should “add AI” and more about where emerging technology competencies belong within what we already teach.

Clinical judgment. Evidence-based practice. Informatics. Ethics. Communication. Patient safety. Leadership. Professional accountability.

AI doesn't necessarily need its own box in the curriculum.

It may need to become part of how students demonstrate competencies we already consider essential to nursing practice.

4. The Next AI Competency May Be Knowing When to Push Back

Taken together, these developments point toward something I think nurse educators should pay close attention to.

If nurses are going to work in environments where AI contributes to clinical decisions, competency cannot stop at understanding what AI does or knowing how to interact with it.

Nurses will also need the judgment and confidence to recognize when an AI-generated recommendation doesn't fit the patient in front of them.

That means asking questions.

What data informed the recommendation? What might be missing? What assumptions are being made? Does the recommendation align with current evidence? What are the risks of acting on it? What does my own assessment tell me?

And sometimes it may mean saying: "I don't agree."

That isn't resistance to innovation.

It may be one of the skills nurses need in order to use innovation safely.

For educators, perhaps the opportunity is to begin creating those moments now, while students have faculty beside them to ask another question, examine the evidence, reconsider a decision, and learn how to defend their clinical judgment.

From My Desk



I Want Students to Question the Machine

I've been thinking a lot lately about confidence and how we help nursing students develop it. We want them to become confident in their knowledge, their assessments, their communication, and eventually their ability to recognize when something doesn't seem right and say something about it.

That confidence doesn't appear overnight. We watch it develop slowly. A student who once looked to the instructor before making every decision begins to trust what they are seeing. They start connecting assessment findings without being prompted, recognizing changes in a patient's condition, and asking questions we weren't expecting. Eventually, we begin to hear them say things like, *"I'm concerned about this because..."* Those are important moments in nursing

education because they tell us that students are beginning to move beyond simply knowing information toward using it to make decisions.

Now we are introducing another voice into that learning environment, and it is a remarkably confident one. AI can respond instantly, organize information quickly, and present recommendations in language that sounds knowledgeable and authoritative. It doesn't hesitate, look nervous, or preface its answer by saying, *"I'm not completely sure, but..."* Our students often do.

I wonder what happens when the uncertain voice belongs to the student and the confident voice belongs to the machine.

For a novice learner, that difference matters. I don't want students to believe that because AI can process information quickly or present an answer confidently, its recommendation should automatically carry more weight than what they are seeing, thinking, or questioning. At the same time, I don't want to teach them the opposite lesson, that their first instinct is always right and technology should be dismissed whenever they disagree with it. Neither approach prepares them particularly well for practice.

What I want is for students to become comfortable questioning both. Question the AI recommendation, but also question your own initial conclusion. Return to the patient, reconsider the evidence, seek another perspective when needed, and make the best decision you can based on the patient and the information available.

When I think about it that way, this really isn't a new expectation created by AI. We have always taught nursing students that safe practice sometimes requires them to speak up when something doesn't seem right. We want them to question an order they believe may be unsafe, clarify information they don't understand, recognize when a patient's condition doesn't match what they expected to see, and advocate when they have a concern.

AI doesn't eliminate that responsibility. It simply introduces another source of information that may need to be questioned.

I think that gives us an important opportunity while students are still learning. In our classrooms, simulations, clinical experiences, and post-conferences, we can create situations where students practice disagreeing without making disagreement the goal. Instead, we can make curiosity the goal. We can encourage them to ask why a recommendation makes sense, what information was used to reach it, what might not have been considered, what evidence supports it, and whether what they are seeing in the patient tells them they need to look more closely.

Those aren't anti-technology questions. **They are nursing questions.**

As AI becomes more capable and more present in healthcare, there will undoubtedly be times when technology identifies something a nurse has missed or offers information that improves a clinical decision. I want our students to be willing to listen in those moments. There may also be

times when their assessment, knowledge of the patient, or professional judgment tells them that an AI-supported recommendation doesn't fit. I want them to be willing to listen then, too.

Perhaps the confidence we need to cultivate isn't the confidence to always know the right answer. It is the confidence to recognize when something deserves another look, to seek the information needed to make a sound decision, and to speak up when the evidence supports doing so.

Someday, one of our graduates may be standing at a patient's bedside with a recommendation on a screen telling them one thing and their nursing assessment telling them something else. They will need to decide what deserves their attention, what needs to be verified, who else needs to be involved, and what action is safest for the patient.

I want them to know that questioning the machine is part of the job.

Educator's Toolbox



“The AI Second Opinion Challenge”

This month's resource builds directly on our theme of teaching students to disagree with AI, but with an important twist.

There may not be a clearly “wrong” answer to find.

The *AI Second Opinion Challenge* is a ready-to-use clinical judgment activity designed to help students practice evaluating an AI-generated recommendation, deciding whether they agree with it, and defending their decision using patient data, evidence, and nursing judgment.

Students are presented with a patient scenario and an AI-generated recommendation that, at first glance, appears reasonable. The recommendation identifies relevant clinical information and suggests an appropriate course of action. Nothing immediately jumps out as unsafe or obviously incorrect.

But students are asked to look again. Rather than asking, “*What did AI get wrong?*” the activity asks: “Do you agree with this recommendation?”

Students must decide what they accept, what they would question, what additional information they need, and whether they are prepared to act on the recommendation. Most importantly, they must explain the reasoning behind their decision.

The Challenge

The activity can be used with a clinical scenario you already teach or with the patient scenario included in this month’s downloadable resource.

After reviewing the patient information, students receive an AI-generated recommendation. Before seeing any additional information, they respond to five questions:

1. **Do you agree with the AI recommendation? Why or why not?**
Identify the patient data that support your position.
2. **What is the AI assuming?**
Consider what assumptions may have been made about the patient, diagnosis, clinical situation, available resources, or information provided.
3. **What additional information would you want before acting?**
Identify assessment findings, laboratory results, medications, patient preferences, history, or other information that could influence your decision.
4. **What is the risk if the AI recommendation is wrong?**
Then consider the other side: What is the risk if you reject the recommendation and it is correct?
5. **What would you do next?**
Make a nursing decision and defend it.

The goal is not for every student to reach exactly the same conclusion. The goal is for students to demonstrate how they reached it.

Add the Second Opinion

Here is where the activity becomes particularly interesting.

After students commit to their initial decision, give them a second AI-generated recommendation based on the same patient.

This second response should take a different, but still clinically plausible, position.

Now ask students to compare the two recommendations. Which one do they find more convincing? What patient data support that conclusion? Does either recommendation overlook something important? Did seeing a second recommendation change their original thinking? If so, why?

And then ask the question that brings the responsibility back to the student:

If two AI systems gave you different recommendations, how would you decide what to do?

Students can no longer treat “the AI answer” as the answer. They have two technology-generated opinions and must determine what deserves their confidence.

Why I Like This Activity

I like this activity because it changes the relationship between the student and AI.

Students aren't being asked to prove that AI is unreliable, nor are they being taught that their own judgment should automatically override technology. Instead, they are practicing something much closer to what we want from nurses: gathering information, comparing recommendations, recognizing uncertainty, considering risk, seeking evidence, and making a defensible decision.

It also gives us an opportunity to talk about something students may encounter as AI becomes more common in healthcare: different systems may not always produce the same recommendation.

When that happens, another AI answer isn't necessarily the solution.

The nurse still has to think.

What's Included

The downloadable *AI Second Opinion Challenge* includes:

- A complete patient scenario
- Two contrasting but clinically plausible AI-generated recommendations
- Student clinical judgment questions
- A “What Is AI Assuming?” analysis
- A risk-benefit comparison activity
- Evidence-verification prompts
- Suggested student learning outcomes
- Faculty answer and discussion guide
- Debriefing questions focused on AI confidence, uncertainty, automation bias, and professional accountability
- Suggestions for classroom, simulation, clinical post-conference, and formative assessment use

Try It With Something You Already Teach

You don't necessarily need to use the included case to try this approach.

Take a patient scenario you already use and ask an AI tool to generate two different recommendations. Tell it to make both recommendations clinically plausible and evidence-informed, but based on different interpretations or priorities within the case.

Then remove the AI from the conversation for a moment.

Ask your students: *What do you think?*

That may be the most important second opinion in the room.

Download This Month's Resources

The AI Second Opinion Challenge

A ready-to-use activity that challenges nursing students to compare competing AI recommendations and defend their own clinical judgment.

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 I worked on this month's issue, I kept coming back to the idea that teaching students to disagree with AI really isn't about AI at all. It is about something we have always tried to develop in nursing students: the ability to think independently, recognize when something doesn't fit, and have the confidence to speak up when it matters.

AI simply gives us a new context in which to teach those skills.

Our students are entering a profession where technology will increasingly contribute information to clinical care. Some of that information may help them recognize patterns they didn't see, consider possibilities they hadn't thought about, or make better-informed decisions. We want them to be open to that. We want them to understand what these technologies can contribute and learn how to use them responsibly.

But responsible use also means knowing that a recommendation, even one delivered quickly, confidently, and supported by sophisticated technology, still needs to make sense for the patient in front of them.

That is why I don't think our goal should be to teach students to trust AI or distrust AI. We should be helping them develop the judgment to decide when trust is warranted.

That takes practice. Students need opportunities to encounter recommendations they agree with, recommendations they question, and perhaps most importantly, recommendations they aren't quite sure about. They need permission to say, "*I need more information before I decide.*" They need to learn how to return to the patient, examine the evidence, seek another perspective, and reconsider their own assumptions as readily as they question the technology.

There is something encouraging about the profession beginning to invest more intentionally in AI competency. But as we think about what that competency should look like for future nurses, I hope we keep clinical judgment and professional accountability at the center of the conversation.

We don't need our students to win an argument with AI.

We need them to know when the patient needs them to have one.

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

Until next month,

 **Susan**

