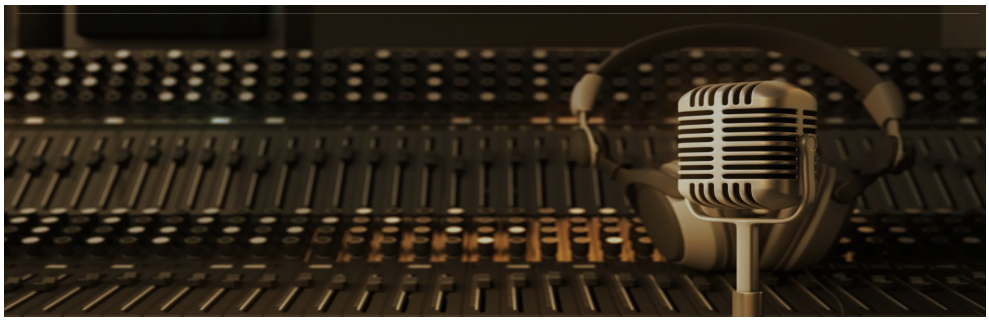

The Digital Stethoscope Newsletter
May2026

This Is Not a Small Shift. This Is a Line Being Drawn.

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

This one feels different . . . and I'm going to say that directly.

Because this month marks something I have been working toward for a long time: the release of *AI Competency Domains for Nurses* and *The AI Safety Pause™ for Nurses*. These are not books about AI. They are frameworks for how nursing defines its role within it.

Across classrooms, boardrooms, and clinical environments, I continue to hear the same concern: we know AI is here, but we are not prepared for what that means in practice. That is the issue.

This issue is written for nurse educators, clinical leaders, and anyone responsible for preparing nurses to practice safely in an AI-enabled environment.

Not adoption.
Not access.
Not even understanding.

Preparation.

Artificial intelligence is already shaping decisions, influencing thinking, and accelerating processes—often faster than policies and roles can keep up. And yet, in many settings, we are still treating it as optional, or as something we will "figure out later."

These are not future scenarios. AI-generated recommendations are already influencing documentation, prioritization, and clinical decision-making in real time.

We won't.

As AI becomes embedded in care, questions of responsibility and liability are no longer theoretical, they are becoming part of everyday clinical reality.

Because the expectation is no longer simply to use AI. It is to be accountable for how it is used. And that accountability does not begin at the bedside, it begins much earlier, in how we educate, what we expect, and what we are willing to define.

Faculty are shaping how nurses will think in environments where information is generated and suggested by technology. Leadership is responsible for ensuring that expectations are clear, visible, and consistent. Because in healthcare, variability is not neutral.

Variability is risk.

What is emerging is clear:

AI readiness is not about technology. It is about **professional capability** and capability is not assumed. It is built.

If April defined accountability, this month defines the capability required to demonstrate it.

Because this is where the profession stands now:

Not exploring.
Not experimenting.

Defining.

Defining what safe use looks like.
Defining what competent practice requires.
Defining what accountability must be.

And that line is not being drawn by technology.

It is being drawn by us.

AI may inform. But the nurse always decides.

🩺 Susan

Spotlight Feature:

"Competency Is Not Optional. It Is the New Standard.""

Artificial intelligence is already embedded in care and education. It is influencing how information is presented, how priorities are determined, and how decisions are shaped. And yet, across many settings, one critical element remains inconsistent:

Competency.

Not general awareness. Not basic literacy. Not the ability to use the tool.

Competency is the ability to evaluate AI-generated information, recognize its limitations, apply clinical judgment, and make decisions that are safe, appropriate, and defensible. This is the gap—and it is no longer sustainable.

From Framework to Practice

Competency becomes meaningful only when it is visible in action. A nurse engaging with AI-supported care does not simply receive information. They interpret outputs within the clinical context, identify inconsistencies or bias, question recommendations that do not align, and determine whether action is appropriate.

They also document not only what was done, but how the decision was made.

This is not an added task.

This is professional practice made more explicit.

The AI Safety Pause™

If the competency domains define what is required, the AI Safety Pause defines how it is applied in real time. Because speed is now a defining feature of AI, and speed, without reflection, introduces risk.

The pause creates a structured moment to ask:

- What is this suggesting and why?
- Does this align with the patient's condition?
- What might be missing?

These are not technical questions. They are clinical ones. And when used consistently, they make accountability visible.

🧪 In Practice: A 30-Second Scenario

An AI tool flags a patient as “high risk for sepsis.” The patient’s vital signs are stable, and the assessment is unremarkable.

Do you act, ignore it, or pause to evaluate?

The correct response is not the alert itself—it is the evaluation that follows. AI does not determine care.

Clinical judgment does.

Trending Topics:

“AI Readiness Is Now an Expectation.”

The language around AI is shifting quickly. What was once framed as exploration is now being treated as expectation. Across healthcare and education, organizations are no longer asking whether AI will be used, they are asking whether its use can be demonstrated as safe, consistent, and accountable.

This shift reflects a deeper reality: adoption does not equal readiness. The presence of AI in a system does not ensure competent use, and it does not guarantee that clinical judgment is being applied consistently.

Key shifts include:

🔹 Competency is becoming measurable. Nurses are expected not just to use AI, but to evaluate, interpret, and justify decisions.

🔹 Leadership accountability is expanding. It is no longer enough to implement tools—leaders must ensure they are used competently.

🔷 Education is evolving. The focus is moving from permission to expectation, and from use to justification.

The direction is clear.

The organizations that lead will not be the ones that adopt the fastest. They will be the ones that prepare their people most effectively.

Practical Insights:

"Building Capability for AI-Ready Nursing Practice"

AI readiness is not achieved through access to technology, awareness, or policy alone. It is achieved through capability, the ability to consistently evaluate AI-generated information, apply clinical judgment, and make decisions that are safe and defensible.

That level of capability does not develop by chance. It is built intentionally, through clear expectations, repeated practice, and consistent reinforcement.

🏫 In Education

The shift is from allowing AI use to requiring demonstrated judgment. Students must move beyond generating answers and toward defending their decisions. This includes identifying where AI influenced their work, evaluating outputs, and justifying reasoning using clinical knowledge.

🏥 In Leadership

Capability must be defined and made visible. Leaders must establish clear expectations for how AI is evaluated, ensure clinical reasoning is articulated, and support documentation that reflects decision-making, not just outcomes.

Because if capability is not defined, it will vary.

And variability is risk.

💡 Try This Tomorrow

In your next class or team discussion, ask:

👉 *"What did the AI suggest—and how did you decide whether to trust it?"*

Then pause.

Listen for evaluation, clinical reasoning, and recognition of limitations. That moment reveals far more than the answer itself.

Because competency is not what is produced.

It is what is defended.

Educator's Toolbox:

"Designing Learning That Demonstrates AI Capability"

AI is already present in the learning environment. The question is no longer whether students are using it, but whether they can demonstrate capability when they do.

This requires a shift in how we design learning. Assignments must evaluate how students think, not just what they produce. AI should be embedded into coursework as something to evaluate, not simply something to use.

Students should be expected to demonstrate transparency, apply clinical reasoning, and justify their decisions clearly.

Because in practice, they will not be evaluated on whether they used AI.

They will be accountable for the decisions they make.

For those looking to take this further into practice, I've developed two resources to support exactly this shift.

🩺 From the Author: Turning Frameworks Into Practice

This month marks the release of two resources designed to support exactly what we're navigating right now:

📘 **AI Competency Domains for Nurses**
A structured framework defining the capabilities required for safe, effective AI use in practice and education.

📕 **The AI Safety Pause™ for Nurses**
A clinical decision-making framework designed to reinforce judgment in real-time, AI-influenced environments.

These are not theory-based texts.
They are practical tools to help educators, leaders, and clinicians:

- Define expectations for AI use
- Teach and assess competency
- Make clinical judgment visible
- Strengthen accountability in everyday practice

🔗 **Available on Amazon:**
AI Competency Domains for Nurses: https://tinyurl.com/yuwrjk9u
The AI Safety Pause™ for Nurses: https://tinyurl.com/3jx3euds

Because the question is no longer *if* AI will be used.
It is whether we are prepared to use it well.

Closing Note

AI does not change who is responsible. It reveals whether we were prepared to be.

Accountability is the Standard.

Artificial intelligence is moving forward rapidly. What is changing is not responsibility—it is the visibility of it. AI may generate recommendations, organize information, and accelerate processes, but it does not assume responsibility for decisions.

That responsibility remains with the professional.

For nursing, this is not a new role. It is a reaffirmation of what has always defined the profession: clinical judgment, ethical responsibility, and accountability for patient-centered decisions.

What is required now is not reinvention.

It is demonstration.

Where AI is present, judgment must be visible. Evaluation must be evident. Accountability must be clear.

Because in the end:

AI may inform. But the nurse always decides.

Join the Conversation

How are you teaching or evaluating AI competency?

What's working? What's challenging?

📩 susan@thedigitalstethoscope.com
📩 susandeane119@gmail.com

🩺 **Susan**