



# *The Digital Stethoscope Newsletter*

## *April 2026*

*From Leadership to Accountability: Nursing Defines Safe AI Practice*

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### **April is for Accountability**

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

Last month, we focused on leadership.

We asked a critical question: Will nursing be present where AI decisions are made? This month, we take the next step. Because presence alone is not enough.

Presence without accountability is observation.

Presence with accountability is leadership.

Artificial intelligence is no longer emerging, it is embedded. It is shaping clinical decision support, influencing documentation, informing risk predictions, and quietly integrating into the everyday workflow of care. In many cases, it is already present before policies are fully formed and before roles are clearly defined.

And that is where the risk and the responsibility begin. As integration accelerates, a more pressing question is emerging:

Who is responsible when AI is used in care?

Not theoretically.

Not philosophically.

Operationally.

Who evaluates the output?  
Who validates its accuracy?  
Who decides whether it applies to *this* patient, *this* moment?  
Who is accountable when it is right... and when it is wrong?

The answer has not changed.

Responsibility remains human.

But what is changing is this:  
That responsibility must now be *visible, intentional, and defensible* within systems that were not originally designed for it.

Across healthcare systems, we are seeing a shift:

- From curiosity → expectation
- From experimentation → governance
- From use → accountability

Organizations are no longer asking *if* AI will be used. They are asking how its use will be governed, evaluated, and justified. This is where nursing's role becomes even more critical. Because accountability in healthcare has always lived closest to the patient. And that is where nursing practices.

This issue explores what it means to move from leadership to accountability in an AI-enabled environment. Not just being present in decisions... but defining the standards by which those decisions are made. Not only using AI responsibly...but making responsibility visible in how we use it.

Because in the age of AI:

It is not enough to ask, "Does this work?"  
We must ask,  
"Is this safe, appropriate, and accountable and how do we know?"

This is where the profession stands now. Not at the edge of adoption... but at the center of responsibility.

**"Where AI informs... the nurse always decides."**

Dr. Susan Deane

## *Spotlight Feature:*



### *“Accountability Is Not Implied . . . It Must Be Designed”*

Artificial intelligence is entering healthcare environments in ways that are both visible and subtle.

Some applications are obvious, such as predictive risk scores, clinical decision support alerts, documentation tools. Others are embedded more quietly within workflows, influencing prioritization, recommendations, and information synthesis behind the scenes.

In both cases, the impact is the same: AI is influencing how decisions are made. But influence is not the same as responsibility. And that distinction matters.

### **The Accountability Gap**

In traditional clinical practice, accountability is clearly defined:

- A nurse assesses the patient.
- Interprets findings.
- Makes decisions.
- Documents actions.

Responsibility is understood. It is visible. It is traceable. AI introduces a new layer, one that can blur these lines if not intentionally addressed. When AI-generated outputs are presented with speed, confidence, or embedded authority, there is a risk that:

- Recommendations are accepted without full evaluation.
- Responsibility becomes diffused across individuals and systems.
- Human oversight is assumed but not demonstrated.
- Documentation reflects action, but not decision-making.

This is where the accountability gap emerges. Not because responsibility has changed, but because it has not yet been clearly defined within AI-enabled processes.

### **Clinical Pause: The AI Safety Pause**

In moments where AI influences decision-making, structured reflection becomes essential. The following pause can help make accountability visible in practice:



## **The Nurse as AI Sentinel**

This is where nursing practice becomes central. Not as a user of AI... but as the professional accountable for its application in care. The nurse does not simply receive output.

The nurse:

- Interprets it within the full clinical picture
- Questions its relevance and accuracy
- Recognizes when data may be incomplete or biased
- Determines whether action is appropriate
- Documents and communicates decisions clearly

This is not a new role. It is an extension of what nursing has always done. What has changed is the source of information, and the need to make that evaluation more visible.

## **From Presence to Accountability**

Last month, we focused on presence.

Being in the room.

Participating in decisions.

Shaping conversations.

This month requires something more. Defining the conditions under which those decisions are safe. Because when accountability is clearly designed:

- AI supports clinical judgment
- Workflows remain grounded in professional standards
- Patient safety is reinforced

When it is not:

- Assumptions replace evaluation
- Oversight becomes inconsistent
- Risk becomes harder to detect

## **A Practical Reflection**

Before accepting or acting on an AI-supported recommendation, consider:

- What is this suggesting and what data might it be based on?
- Does this align with the patient's current condition and trajectory?
- What might be missing from this output?
- Would I make the same decision without this input?

These are not technical questions. They are professional ones.

### **The Standard Moving Forward**

Artificial intelligence does not change where accountability resides. It clarifies it. Responsibility remains with the licensed professional who interprets, decides, and acts.

For nursing, this is not a limitation. It is a defining strength. Because in complex, data-rich, rapidly evolving environments: The value of nursing is not reduced by AI. It is revealed by it.

### *Trending Topics:*



### *“The Accountability Era Has Begun”*

The conversation around artificial intelligence in nursing continues to evolve, but the tone is changing. What began as exploration is becoming expectation. What was once optional is becoming operational. Across healthcare, education, and regulation, one theme is emerging with clarity: AI use must now be accountable.

#### **◆ From Human-in-the-Loop to Human Accountable for the Loop**

Early discussions emphasized keeping humans involved in AI-supported processes. That expectation is now expanding. It is no longer enough to be present in the workflow, there must be clear ownership of decisions.

Healthcare organizations are beginning to define who is responsible for evaluating outputs, documenting oversight, and making final determinations. Participation is no longer sufficient. Accountability must be explicit.

#### **◆ Documentation Is Becoming Evidence of Oversight**

Documentation has always reflected care delivered. In AI-enabled environments, it is beginning to reflect decision-making.

Organizations are asking where AI is influencing care, how that influence is evaluated, and whether human judgment is visible in the record. “If it’s not documented, it didn’t happen” now extends to how AI-informed decisions are assessed and validated.

### ◆ **Responsible AI Frameworks Are Moving into Practice**

Frameworks for responsible AI use are no longer conceptual. They are beginning to shape procurement processes, policy development, implementation strategies, and staff education.

The shift is subtle but significant. What was once guidance is becoming an operational expectation. Organizations are being asked not only to adopt AI, but to demonstrate how it is governed responsibly.

### ◆ **Liability Conversations Are Entering Clinical Reality**

As AI becomes embedded in clinical workflows, questions of responsibility are becoming more direct and more urgent.

Healthcare teams are beginning to examine who is accountable when AI-informed recommendations are followed, modified, or rejected. These are no longer theoretical concerns. They are becoming part of everyday clinical and organizational dialogue.

### ◆ **Competency Is Becoming Measurable**

AI literacy is no longer framed as general awareness. It is being defined as demonstrable competence in practice.

Nurses are expected to interpret AI outputs, recognize limitations, apply clinical judgment, and document decision-making clearly. Competency frameworks are beginning to influence hiring expectations, performance evaluation, and curriculum design.

### ◆ **Education Is Shifting from Use to Justification**

In academic settings, the conversation is maturing. The focus is no longer on whether students use AI, but on how they demonstrate judgment when they do.

Students are increasingly expected to explain their use of AI, identify what was accepted or rejected, verify accuracy, and articulate how decisions were made. AI is not being excluded from learning environments; it is being integrated with accountability.

AI integration is accelerating. Oversight expectations are increasing. Accountability is becoming visible. For nursing, this is not a peripheral shift. It is a defining moment. Because in a system where technology can generate recommendations, the value of nursing is demonstrated in how those recommendations are evaluated, contextualized, and acted upon.

## Practical Insights:

### “Operationalizing Accountability in Education and Practice”



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Accountability in an AI-enabled environment is not established through policy alone. It is demonstrated through everyday actions—how decisions are made, how they are communicated, and how they are documented.

For nursing, this means moving beyond awareness of AI to visible, consistent practices that reinforce professional responsibility.

The question is no longer “*Should we use AI?*”

It is: “How do we ensure accountability is present every time it is used?”

#### **In Clinical Practice: Making Accountability Visible**

In practice settings, accountability is operationalized through how nurses engage with AI-supported information in real time.

This begins with intentional evaluation. When an AI-generated alert, risk score, or documentation suggestion appears, the nurse pauses to interpret it within the full clinical context. The output is not accepted at face value, but assessed alongside patient presentation, trends, and known variables.

Accountability is further strengthened through explicit communication. When AI informs a decision, that influence is acknowledged within the care team. Statements such as “*The risk score flagged this patient but based on current assessment...*” make clinical reasoning visible and reinforce professional oversight.

Equally important is documentation. As AI becomes more embedded in workflows, the record must reflect not only what was done, but how decisions were made. This may include noting that an AI-generated recommendation was reviewed, modified, or not followed based on clinical judgment.

Finally, accountability requires escalation when needed. If an AI output appears inconsistent with the patient’s condition, unclear, or potentially unsafe, it is questioned and elevated. Silence assumes accuracy. Inquiry reinforces safety.

#### **In Nursing Education: Teaching Accountability as a Skill**

In educational settings, accountability must be taught and not assumed. This begins by shifting assignments from simple AI use to evaluation and justification. Rather than asking students to

generate content, faculty ask them to explain how AI was used, what was accepted or rejected, and why.

Students should be expected to demonstrate:

- How they verified accuracy
- What limitations they identified
- Where clinical judgment altered or overrode AI output

This transforms AI from a shortcut into a learning tool for critical thinking.

Faculty also play a key role in modeling professional oversight. When educators use AI to support teaching, they can briefly describe how outputs were reviewed, refined, and validated. This normalizes responsible use and reinforces transparency.

Simulation and case-based learning provide another powerful opportunity. By integrating AI-generated elements into scenarios, students can practice identifying gaps, questioning recommendations, and making decisions in context.

Finally, accountability is strengthened when expectations are made explicit. Clear guidelines around AI use focused on transparency, evaluation, and professional responsibility help students understand that judgment is foundational.

### **A Shared Practice Across Settings: The AI Safety Pause**

Whether in clinical care or the classroom, accountability begins with a moment of intentional reflection.

Before acting on an AI-supported recommendation, pause:

- What is this suggesting and why?
- Does this align with the full clinical picture?
- Would I make the same decision without this input?

It reinforces that while AI may inform decisions, but accountability remains with the professional.

### **The Operational Standard**

Accountability is not a concept to be discussed. It is a practice to be demonstrated.

In clinical environments, it is seen in evaluation, communication, documentation, and escalation. In educational environments, it is developed through expectation, modeling, and structured learning experiences.

When these practices are consistent, accountability becomes embedded as part of how nursing is performed. And in an AI-enabled world, that consistency is what protects patients, strengthens professional credibility, and ensures that innovation remains aligned with the standards of care.

### Top 5 Behaviors of Accountable AI Use

<b>1. Pause Before Action</b>
AI outputs are reviewed, not automatically accepted. A brief pause creates space to evaluate the recommendation within the full clinical context.
<b>2. Interpret, Don't Just Receive</b>
AI provides information, not decisions. The nurse interprets outputs in relation to patient condition, trends, and clinical knowledge.
<b>3. Make Judgment Visible</b>
Clinical reasoning is communicated clearly. Whether in team discussions or documentation, it is evident how & why decisions were made.
<b>4. Document the Decision Process</b>
The record reflects not only what was done, but how the decision was reached. This includes acknowledging when AI influenced, informed, or was overridden.
<b>5. Question and Escalate When Needed</b>
Outputs that are unclear, inconsistent, or do not align with the clinical picture are not ignored. They are questioned, validated, and escalated as appropriate.

Accountability is not about rejecting AI.  
It is about demonstrating how it was evaluated.

**Where AI informs... the nurse always decides.**

### *Research and Policy Watch*



*“Accountability Is Moving from Concept to Expectation”*

The language surrounding artificial intelligence in healthcare is becoming more precise—and more demanding.

Across research, accreditation, and policy discussions, one message is clear: AI use must be accompanied by visible, defensible accountability.

### **Governance Is Becoming a Requirement**

Emerging guidance across healthcare organizations is emphasizing the need for defined oversight structures, including clear responsibility for evaluating AI outputs and documenting decision-making.

The expectation is shifting from *having AI tools in place* to being able to demonstrate how those tools are used safely and responsibly.

### **Education Standards Are Evolving**

Accrediting and educational bodies are moving beyond general caution toward clearer expectations for AI literacy.

The focus is no longer on restricting use, but on ensuring that students can demonstrate judgment, transparency, and evaluation skills when engaging with AI. This signals that AI competence is becoming part of professional readiness.

### **Emerging Evidence on Cognitive Impact**

Recent discussions in health professions education highlight a dual effect of AI use. While AI can support organization and reduce cognitive load, over-reliance may weaken analytical engagement if evaluation skills are not reinforced.

The implication is critical: AI supports thinking but does not replace it.

### **Ethics and Equity Remain Central**

Concerns related to algorithmic bias, data representativeness, and equitable care continue to be emphasized in policy and research discussions. As predictive models become more embedded in care delivery, the expectation for clinicians to recognize and question potential bias is increasing.

This reinforces nursing's role in advocacy and ethical oversight.

### **Public Trust Is Tied to Professional Accountability**

Media coverage of AI in healthcare is becoming more nuanced, highlighting both innovation and risk. Public confidence is increasingly tied not only to the performance of AI systems, but to the visibility of professional judgment in how those systems are used.

Trust will not be built by technology alone.  
It will be built by how professionals use it.

Standards must advance deliberately.

## *Educator's Toolbox:*

### *"Teaching Accountability in an AI-Enabled Curriculum"*



Artificial intelligence is already present in the learning environment.

Students are using generative tools to draft assignments. Clinical agencies are integrating decision-support systems. Documentation platforms are evolving. Whether formally introduced or not, AI is shaping how students think, process information, and approach clinical reasoning.

The role of the nurse educator is not to eliminate AI from learning. It is to ensure that accountability remains central when it is used.

This requires a shift. Not from *teaching content*... but from teaching students how to think, evaluate, and justify their decisions in relation to AI.

#### **Shift the Assignment: From Use to Justification**

Rather than asking whether students used AI, ask how they used it and how they evaluated it. Assignments can require students to:

- Identify where AI was used in their work
- Describe the prompts or inputs provided
- Explain what content was accepted, modified, or rejected
- Justify their final decisions using evidence and clinical reasoning

When students explain their process, educators assess judgment, not just output.

#### **Build AI Critique into Assignments**

AI should not be positioned as a shortcut. It should be positioned as something to evaluate. Consider integrating:

- AI-generated case summaries with intentional gaps or bias
- Patient education materials requiring accuracy and cultural sensitivity review
- Clinical recommendations that must be accepted, modified, or rejected

These activities shift students from passive users to active evaluators.

## **Use Simulation to Practice Accountability**

Simulation offers a controlled environment to make accountability visible. Incorporate AI elements into scenarios:

- A predictive risk score that conflicts with patient presentation
- An AI-generated documentation draft with subtle inaccuracies
- A clinical recommendation requiring validation before action

Debriefing should focus not only on clinical decisions, but on:

- How AI influenced thinking
- Where judgment was applied
- What was questioned—and why

This reinforces that accountability is part of clinical reasoning, not separate from it.

## **Model Professional Oversight**

Students learn how to use AI by watching how faculty use it.

When incorporating AI into teaching, briefly make your process visible:

- “I used AI to organize initial ideas, then verified sources and refined the content.”
- “This example was generated with AI, and I reviewed it for accuracy before sharing.”

## **Clarify Boundaries and Expectations**

Accountability requires clear limits.

AI should not:

- Make grading decisions
- Replace clinical evaluation
- Provide individualized feedback without faculty review
- Substitute for professional judgment

When expectations are explicit, students understand that AI is a support tool and not a decision-maker.

## **Embed Accountability Across the Curriculum**

AI readiness should not be isolated within a single lecture or course.

It should be integrated across:

- Health assessment (AI-supported documentation tools)
- Leadership (governance and decision-making)
- Informatics (human-in-the-loop accountability)
- Ethics (bias, transparency, and responsibility)

This signals that AI is not an “add-on” and that it is now part of modern nursing practice.

### A Teaching Prompt to Start Tomorrow

To make this actionable immediately, consider adding one simple question to your next assignment or discussion:

“Where is AI in this case and how did you decide whether to trust it?”

This question shifts the focus from use to evaluation and accountability.

### The Educator’s Role

The goal is not to prepare students to rely on AI.

The goal is to prepare them to:

- Question it
- Evaluate it
- Use it responsibly
- And remain accountable when they do

Because in practice, they will not be asked whether they used AI. They will be accountable for the decisions they make.

### BONUS: Rubric: Evaluating Accountable Use of AI in Student Work

*This rubric assesses how students use, evaluate, and demonstrate accountability when incorporating AI into academic work.*

Criteria	Exemplary (3)	Competent (2)	Needs Development (1)
<b>Transparency of AI Use</b>	Clearly identifies where and how AI was used; includes prompts or description of input; demonstrates full transparency	Identifies AI use but lacks detail about how it was used or prompted	AI use is unclear, minimal, or not disclosed
<b>Evaluation of AI Output</b>	Critically evaluates AI-generated content for accuracy, relevance, and completeness; identifies limitations or potential bias	Demonstrates some evaluation of AI output but lacks depth or misses key limitations	Accepts AI output with little or no evaluation
<b>Application of Clinical Judgment</b>	Clearly demonstrates how clinical reasoning informed decisions to accept, modify, or reject AI content	Applies some clinical judgment but inconsistently or without clear rationale	Relies on AI output with minimal evidence of independent clinical reasoning
<b>Justification of Decisions</b>	Provides clear, evidence-based rationale for decisions related to AI	Provides partial or general justification; limited	Provides little or no justification for decisions

	use; integrates course concepts and clinical knowledge	connection to evidence or course content	
<b>Documentation &amp; Attribution</b>	Accurately documents AI use and integrates it appropriately within the work; maintains academic integrity	Documents AI use but with minor gaps or inconsistencies	Fails to appropriately document or attribute AI use

This rubric is not intended to evaluate *whether* AI was used, but how responsibly it was used.

Emphasis should be placed on:

- Student ability to evaluate and question AI outputs
- Evidence of independent clinical reasoning
- Transparency and professional accountability

*Closing Note*

**Accountability is the Standard**

Artificial intelligence is not waiting for clarity. It is moving forward through procurement decisions, documentation systems, clinical workflows, curriculum design, and policy development. The pace of change can feel rapid, but the expectation for accountability is not new. What is changing is how visible that accountability must now become.

Throughout this issue, one theme has remained consistent:

Responsibility has not shifted.  
It has been clarified.

AI may generate recommendations.  
It may organize information.  
It may accelerate processes.

But it does not assume responsibility for decisions. That responsibility remains with the professional who interprets, evaluates, and acts.

For nursing, this is not a new role.

It is a reaffirmation of what has always defined the profession:

- Clinical judgment
- Ethical responsibility
- Patient-centered decision-making
- Accountability for outcomes

What is required now is not a reinvention of practice, but a more intentional demonstration of it.

Where AI is present, judgment must be visible.

Where recommendations are made, evaluation must be evident.

Where decisions are taken, accountability must be clear.

This is how trust is maintained.

This is how safety is protected.

This is how the profession leads.

AI will continue to evolve. The question is not whether it will be used. The question is whether its use will reflect the standards of nursing practice. Because in the end, accountability is not defined by the technology. It is defined by the professional.

**Where AI informs... the nurse always decides.**

 **Susan**

*Feedback: Please share your feedback, experiences, questions, and ideas or articles for upcoming issues. Send email to: [susan@thedigitalstethoscope.com](mailto:susan@thedigitalstethoscope.com) or [susandeane119@gmail.com](mailto:susandeane119@gmail.com)*