



The Digital Stethoscope Newsletter

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From Judgment to Leadership: Nursing Shapes the AI Agenda

Welcome to the March Issue of *The Digital Stethoscope*!



March is for Leadership

Artificial intelligence is no longer simply a tool nurses must evaluate carefully. It is a strategic force influencing policy, accreditation standards, academic design, clinical workflows, vendor decisions, and governance structures across healthcare systems and professional organizations. The conversation has shifted.

The question is no longer whether AI belongs in nursing.
The question is whether nursing will shape how it belongs.

In February, we focused on clarity, defining the line between AI support and professional responsibility. That foundation matters. Judgment remains essential. But leadership requires something more. It requires visibility, competence, and voice in the rooms where decisions are made.

Committees are forming. Policies are being drafted. Health systems are assessing return on investment. Academic programs are revisiting curricula. Professional organizations are exploring standards and oversight language. These decisions will influence how AI intersects with practice, education, and patient care for years to come.

Competency is becoming the new currency of credibility. As conversations move from “Which tool should we try?” to “What must nurses know and be able to do?”, the profession has an opportunity to anchor innovation in standards rather than trends. A competency-based approach to AI readiness ensures that adoption does not outpace accountability.

Leadership in this moment does not require every nurse to become a technologist. It requires nurses to understand their role in evaluating, governing, and integrating AI in ways that protect safety, equity, and professional integrity. It requires participation in procurement discussions, policy development, oversight conversations, and curriculum design.

This month's issue explores how nurses move from thoughtful users of AI to active shapers of the AI agenda. It highlights the shift from role-based expertise to shared professional competence. It reinforces that governance is not separate from practice; it is an extension of it.

Progress will not be defined by how quickly we adopt AI.
It will be defined by how intentionally we lead it.

Nursing has never been passive in moments of transformation. This is no exception.

Dr. Susan Deane

Spotlight Feature:



“Where AI Decisions Are Made, Nursing Must Be Present.”

Artificial intelligence is no longer a peripheral conversation in healthcare. It is influencing procurement strategies, documentation systems, predictive analytics, curriculum design, workflow automation, and governance structures across institutions. Decisions are being made, not hypothetically, but actively about how AI will intersect with care delivery, education, and professional practice.

The defining question for nursing is not whether AI will move forward. It is whether nursing will be visibly present where those decisions are shaped.

Across health systems, executive teams are evaluating vendors and assessing return on investment. Academic leaders are revising syllabi and drafting AI use statements. Professional organizations are exploring oversight language and accountability standards. Boards are asking about risk, liability, and transparency.

In each of these spaces, representation matters.

When nursing participates early, AI integration reflects patient safety priorities, workflow realities, equity considerations, and professional accountability. When nursing enters late, the profession often inherits systems designed without a full understanding of clinical complexity.

This moment requires a shift in posture.

AI is not a single initiative that can be delegated to a technical department. It is a layer being embedded across practice environments simultaneously. That reality demands more than informal familiarity. It requires structured competence.

Competence, not enthusiasm, establishes credibility.

One way to operationalize this shift is through clearly defined professional competencies that outline what nurses must understand, evaluate, and oversee when AI is integrated into practice. A structured competency framework moves the conversation beyond individual tools and toward shared standards, helping ensure that AI readiness is grounded in accountability, ethics, and patient safety rather than novelty or speed. When expectations are articulated clearly, leadership becomes intentional rather than improvised.

As conversations evolve from “Which tool should we adopt?” to “Who is qualified to evaluate and oversee its use?”, the profession has an opportunity to anchor AI implementation in shared standards. This is where competency-based leadership becomes essential.

Nurses must be prepared to:

- Evaluate AI outputs for accuracy, bias, and contextual relevance
- Understand human-in-the-loop accountability structures
- Participate in procurement and policy discussions
- Contribute to governance and oversight frameworks
- Integrate AI literacy into education and workforce preparation

These expectations do not require every nurse to become a technologist. They require a profession-wide commitment to understanding how AI intersects with ethical responsibility, patient safety, and licensed accountability.

Leadership in this space looks different than in previous transformations. It is less about adopting tools and more about defining conditions. It is less about experimentation and more about standards.

For nurse educators, this means embedding AI literacy intentionally across curricula rather than isolating it within electives. For clinical leaders, it means ensuring nursing voices are present in implementation committees and oversight structures. For executives and board members, it means recognizing that algorithmic decisions ultimately intersect with licensed practice and professional accountability.

Accountability in healthcare remains human.

AI may inform processes. It may accelerate workflows. It may surface patterns. But responsibility rests with professionals who assess, interpret, and act. That reality makes nursing presence in governance conversations not optional, but foundational.

When nursing is present at the table, AI reflects clinical reality.
When nursing is absent, systems may evolve without it.

This is the shift from judgment to leadership.

Not simply asking whether AI is appropriate . . . but shaping how it is integrated.
Not merely responding to change . . . but guiding it.
Not standing at the edge of innovation . . . but influencing its direction.

Where AI decisions are made, nursing must be present.
And in this moment, presence is leadership.

Trending Topics:



“The Competency Shift in Underway”

The conversation around artificial intelligence in nursing is evolving quickly. What began as curiosity and cautious experimentation is becoming something more structured and more consequential. Across practice, education, and leadership, expectations are changing.

Here is where momentum is building:

◆ **From Tool Adoption to Professional Standards**

Early AI conversations focused on what tools could do. Now, the focus is shifting to what professionals must understand. Organizations are asking less about features and more about oversight, documentation, and accountability. The language of governance is replacing the language of novelty.

The emerging question is no longer “Should we try this?”
It is “Who is qualified to evaluate and supervise this responsibly?”

◆ **Informatics Is Expanding Beyond a Role**

Informatics expertise has traditionally been concentrated in designated roles. But AI integration is not confined to a department. It intersects with bedside care, academic instruction, leadership decision-making, and policy development.

As budgets tighten and systems consolidate roles, one truth is becoming clear: AI literacy cannot live in a silo. Competence must be distributed across the profession. When AI understanding

becomes a shared expectation rather than a specialized function, nursing influence expands rather than contracts.

◆ **Governance Is Becoming Operational**

AI oversight is moving from conceptual discussion to operational structures. Committees are forming. Procurement processes are incorporating evaluation criteria. Boards are asking about risk mitigation and transparency.

Nursing representation in these spaces is increasingly critical. The profession brings lived workflow knowledge, ethical grounding, and accountability insight that technology teams alone cannot provide. Governance without nursing is incomplete.

◆ **Accreditation and Academic Integrity Conversations Are Maturing**

Educational institutions are moving beyond prohibition models and toward structured AI policies that emphasize transparency, disclosure, and responsible integration. Rather than asking whether students can use AI, programs are asking how students should demonstrate judgment when they do.

This shift signals a broader professional expectation: AI literacy is becoming part of readiness for practice.

◆ **Public Scrutiny Is Increasing**

Media attention around algorithmic bias, documentation automation, and over-reliance on predictive systems is intensifying. Public trust in AI-enabled healthcare will depend on visible professional accountability.

Nursing's longstanding emphasis on safety, ethics, and advocacy positions the profession uniquely to contribute clarity in a moment of rapid change.

★ Strengthen Your Own Competence

AI leadership requires clarity, not coding skills.

Focus on understanding:

- Basic AI terminology
- Common risks such as bias and over-reliance
- Documentation implications
- Ethical considerations
- Regulatory and accountability expectations

Competence builds confidence. Confidence builds influence.

★ Participate Where Decisions Are Made

If AI is being discussed in leadership meetings, curriculum planning sessions, quality committees, or vendor evaluations, raise your hand. Nursing insight is not automatically assumed. It must be intentionally present.

Even one informed voice can redirect a conversation toward patient safety, workflow feasibility, or ethical clarity.

A Simple Leadership Checkpoint

Before adopting, endorsing, or implementing an AI-supported process, pause and ask:

Does this strengthen professional judgment or dilute it?

If it strengthens it, proceed thoughtfully.

If it obscures it, reconsider the structure.

AI leadership is not about resisting innovation. It is about shaping it responsibly.

The profession does not need to move faster than technology.

It needs to move deliberately, visibly, and with standards intact.

That is how awareness becomes leadership.

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Research and Policy Watch



“Where the Conversation Is Moving”

Artificial intelligence in healthcare is no longer framed as experimental. The language in research, accreditation dialogue, and policy discussions is becoming more precise — and more demanding.

Here is where the signal is strongest.

From Innovation to Accountability

Position statements and emerging guidance across healthcare sectors are emphasizing documentation of human oversight, bias mitigation strategies, and defined responsibility structures. The shift is subtle but important: AI implementation is increasingly expected to be defensible.

This means organizations must be able to answer:

- Who is accountable for AI-informed decisions?
- How are outputs validated before action is taken?
- What safeguards protect against over-reliance?

Accountability language is no longer optional. It is becoming embedded in governance frameworks.

Accreditation and Educational Standards

Educational bodies are moving beyond generalized caution toward clearer expectations around AI literacy and responsible integration. Rather than debating whether AI should appear in nursing curricula, conversations are shifting to how students demonstrate judgment, transparency, and evaluation skills.

The implication is significant: AI competence is emerging as part of professional readiness, not an elective skill.

Evidence and Cognitive Responsibility

Emerging studies in health professions education highlight a dual reality. AI can reduce cognitive load when used for organization and information synthesis. However, over-reliance may weaken analytical engagement if evaluation skills are not reinforced.

The message from the literature is consistent: AI functions best as augmentation, not substitution. Human oversight remains the stabilizing factor.

Ethical and Equity Considerations

Concerns related to algorithmic bias, data representativeness, and health equity continue to appear in policy discussions. As AI tools become more embedded in predictive modeling and decision support, the expectation for professionals to recognize potential bias is increasing.

Nursing's longstanding commitment to advocacy and equity positions the profession to contribute meaningfully in these conversations but participation must be intentional.

Public Scrutiny and Professional Trust

Media coverage around automation in healthcare is becoming more nuanced. While innovation is often highlighted, so are instances of inappropriate reliance or insufficient oversight.

Public trust in AI-enabled healthcare will depend not only on technical performance, but on visible professional accountability.

The Through Line

Across research and policy discussions, the trajectory is clear:

*AI integration is accelerating.
Oversight expectations are rising.
Responsibility remains human.*

For nursing, this is not a peripheral issue. It is a leadership moment. As frameworks, standards, and governance structures evolve, the profession's voice must be present to ensure that safety, ethics, and clinical judgment remain central.

Technology may be advancing quickly.
Standards must advance deliberately.

Educator's Toolbox:

"Designing AI-Ready Nurses – Without Surrendering Judgment"



AI is entering classrooms whether faculty formally introduce it or not. Students are experimenting with generative tools. Clinical agencies are piloting decision-support systems. Documentation platforms are evolving.

The role of the nurse educator is not to eliminate AI from learning environments. It is to ensure students develop the professional judgment required to use it responsibly.

This is not a technology lesson. It is a standards lesson.

Below are practical ways to strengthen AI literacy while reinforcing nursing accountability.

Shift from Prohibition to Structured Transparency

Rather than asking, “Did you use AI?”, consider asking:

- How did you use AI?
- What prompts did you use?
- What outputs did you reject and why?
- How did you verify accuracy?

When students explain their evaluation process, you assess judgment.

Build AI Critique into Assignments

Instead of banning AI from case studies, integrate structured analysis:

- Provide an AI-generated clinical summary and ask students to identify omissions or bias
- Compare AI-generated patient education material with evidence-based sources
- Ask students to revise AI output to improve clarity, safety, or cultural sensitivity

This shifts students from consumers to evaluators.

Embed AI Literacy Across Courses

AI readiness should not live in a single lecture. Consider weaving it into:

- Health assessment discussions (AI-supported documentation tools)
- Leadership courses (governance and procurement oversight)

- Informatics modules (human-in-the-loop accountability)
- Ethics courses (bias, transparency, and professional responsibility)

Integration signals that AI is part of practice not just a passing trend.

Model Professional Oversight

Students learn as much from faculty modeling as from assignment instructions.

When you use AI to draft prompts, summarize research, or generate case ideas, consider briefly explaining:

“I used AI to organize initial ideas, then verified sources and refined the content.”

This normalizes responsible use rather than secrecy.

Clarify What AI Cannot Do

Be explicit about boundaries.

AI cannot and should not:

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

If evaluation is required, the educator leads.

A Leadership Lens for Educators

The goal is not to prepare students to rely on AI. The goal is to prepare them to question it.

When AI literacy is embedded intentionally, graduates enter practice ready not only to use technology, but to evaluate it, challenge it, and lead conversations about its implementation.

That is curriculum design aligned with professional accountability.

Closing Note

Leadership is a Professional Choice

Artificial intelligence is not waiting for consensus. It is advancing through procurement cycles, policy drafts, vendor contracts, curriculum revisions, and workflow redesigns. The pace of change can feel rapid, but leadership in this moment does not require urgency. It requires intention.

Throughout this issue, one theme has remained consistent: presence matters.

Where decisions are being made, nursing expertise must be visible. Where oversight structures are forming, nursing accountability must be clear. Where policies are written, nursing standards must be reflected. Technology may influence systems, but professional judgment continues to anchor care.

Leadership in an AI-enabled environment does not demand that every nurse become a technical expert. It asks something more enduring, that we understand our responsibility, articulate our standards, and participate in shaping how innovation is integrated.

The profession has navigated transformation before. Each time, credibility was built not by resisting change, but by ensuring it aligned with safety, ethics, and the realities of patient care. This moment is no different.

AI will continue to evolve.

The question is whether nursing will lead alongside it.

Leadership is not defined by title. It is defined by engagement, by asking informed questions, by seeking clarity, by strengthening competence, and by choosing to be present where direction is determined.

Standards do not develop on their own.
They are shaped by professionals willing to step forward.

This is one of those moments.

 **Susan**

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

