



AI in Nursing: Friend, Foe... or Future Colleague?

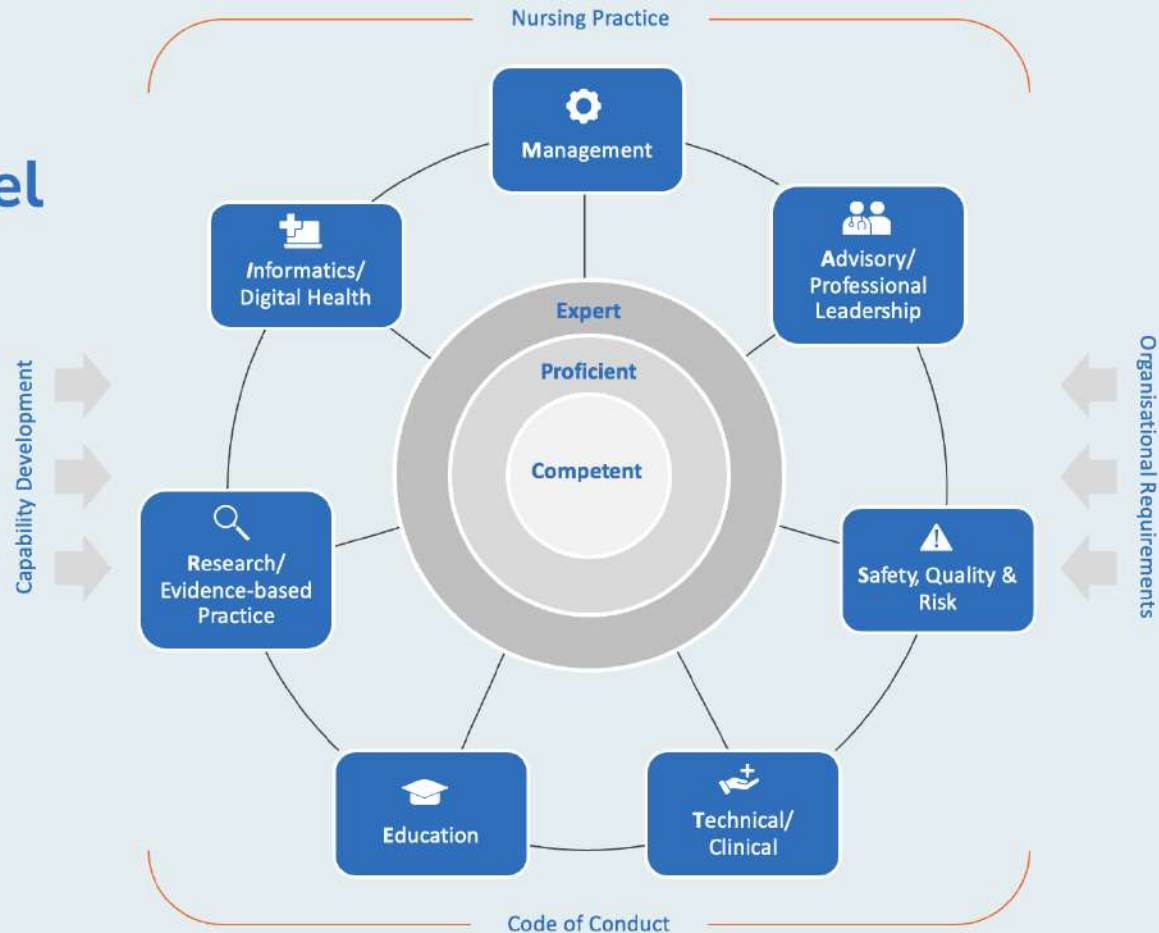
MEDICO-LEGAL CONFERENCE

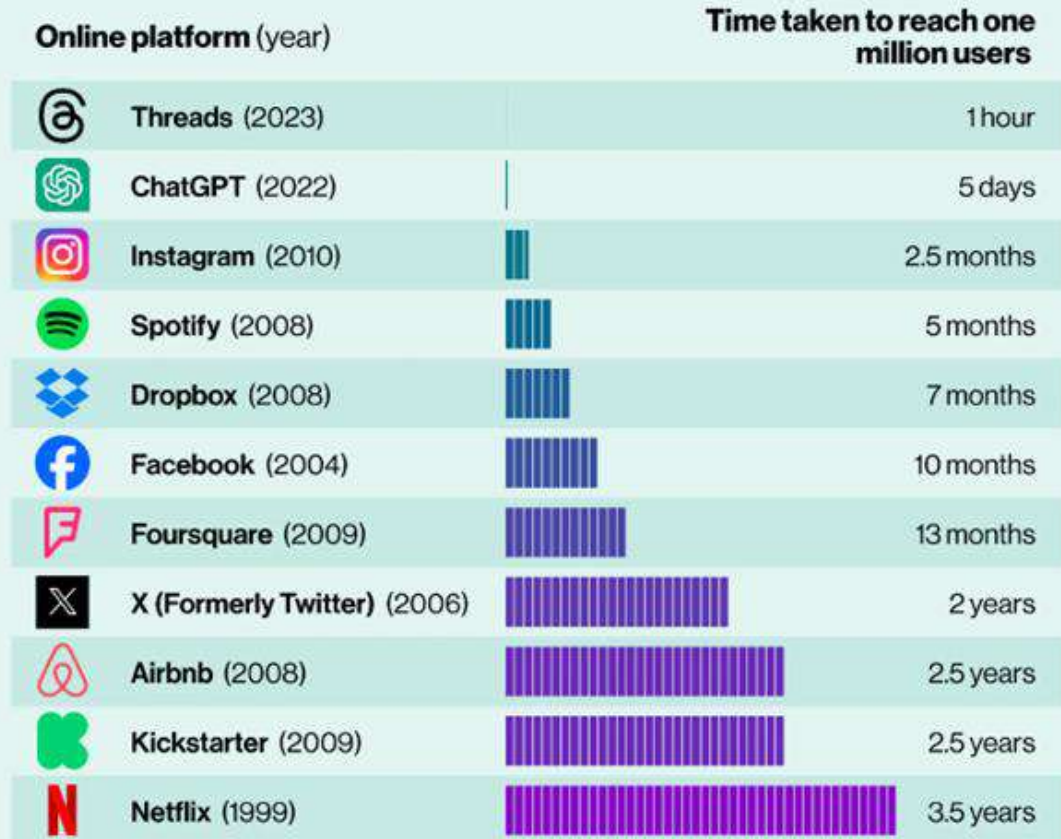
NEW ZEALAND NURSING

*Carey Campbell, RN
Clinical Director
July 2026*

Disclaimer

Nursing Career Development: The MASTERi Model





Top 15 most popular AI tools by monthly site visits

#	Tool	Monthly Visits
1.	ChatGPT	4.7 Billion
2.	Canva	887 Million
3.	Google Translate	595 Million
4.	DeepSeek	268 Million
5.	Character.AI	226 Million
6.	JanitorAI	200 Million
7.	Perplexity	133 Million
8.	Gemini	118 Million
9.	Remove.bg	112 Million
10.	Claude	105 Million
11.	Microsoft Copilot	101 Million
12.	Duolingo	96 Million
13.	DeepL Translate	90 Million
14.	Grammarly	89 Million
15.	QuillBot	57 Million



A Real-World Scenario - AI scribe

1

AI Summarises Notes

2

One Detail Is Wrong

3

Next Health Professional Relies on It

4

Patient Is Harmed

In New Zealand: Under the Health and Disability Commissioner Act and the Nursing Council's standards, accountability most likely rests with the nurse who used and submitted the AI-generated summary — **that means you.**

**AI = Smart Assistant.
Not Smart Nurse.**

- It has no scope of practice,
no nursing registration

What AI Actually Does

**Pattern
Recognition**

**Statistical
Prediction**

Text Generation

What AI Cannot Do

- Think critically or adapt to nuance
- Understand a patient's lived experience
- Be accountable for a clinical outcome

Where AI Is Already in Nursing



Clinical Documentation

AI-assisted note drafting, discharge summary generation, and clinical coding tools embedded in patient management systems.



[+ New encounter](#)

9:41

4 minutes

00:02

Hello, it's been a long time since we last saw each other. How are you today?

00:09

Good morning doctor, well, I am very tired all day long, it's hard to focus at work

00:22

Got it. Let me see what we can do. Any unusual pain or discomfort anywhere?

[✓ Chart and send to EHR](#)

Persistent cough and shortness of breath

[Transcript](#)[Note](#)

CHIEF COMPLAINT

The patient presents with a persistent cough and shortness of breath.

HISTORY OF PRESENT ILLNESS

Mr. Doe reports a cough that started approximately two weeks ago, accompanied by occasional wheezing and difficulty breathing. He denies any recent illnesses or exposures to sick contacts. Over-the-counter cough medications have provided minimal relief.

PAST MEDICAL HISTORY

- Hypertension (controlled with lisinopril)
- Type 2 diabetes (managed with metformin)
- Allergic rhinitis

MEDICATIONS

- Lisinopril 10 mg daily
- Metformin 1000 mg twice daily
- Loratadine 10 mg daily as needed

ALLERGIES

None reported

SOCIAL HISTORY

The patient is a non-smoker and reports minimal alcohol use. He works as an office manager and denies occupational exposures. He lives with his spouse and two children.

REVIEWS OF SYSTEMS

- Constitutional: Fatigue
- Respiratory: Cough, wheezing, shortness of breath
- Cardiovascular: No chest pain or palpitations
- Gastrointestinal: No nausea or vomiting
- Neurological: No headaches or dizziness

[▶ Send to EHR](#)

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Clinical Documentation

AI-assisted note drafting, discharge summary generation, and clinical coding tools embedded in patient management systems.



Risk Prediction

Early warning systems, deterioration alerts, and sepsis prediction tools that flag patients based on real-time data patterns.





Te Pokapū Hātepe o Aotearoa New Zealand Algorithm Hub

Kia ngāwari ake te haratau a ngā hātepe ki a Aotearoa.
Making algorithms and models more accessible for New Zealand.

[Filter](#)[Featured](#)

Charlson Comorbidity Index

The Charlson Comorbidity Index predicts risk of death within 1 year of hospitalisation for patients with specific comorbid conditions.

[Learn More](#)

COVID-19 Spread and Effects SEIR

The COVID-19 spread and effects model (SEIR) simulates the spread of COVID-19 in New Zealand (NZ) with the use of a standard SEIR-type compartment model.

[Learn More](#)

Measuring Multimorbidity Index (M3)

The M3 Index is an index for measuring multimorbidity and predicting mortality.

[Learn More](#)[Try Out](#)

Northern Region COVID Triage Tool

The Northern Region COVID Triage Tool assists in identifying COVID-19 patients at high risk of hospitalisation, scored at the time of positive diagnosis. This tool is approved by the NRHCC.

[Learn More](#)[Try Out](#)



Search Patient by HN or Name

Patient Forms to Review

Risk ▾

Sort by: Urgency ▾

Surgery Date/Time	Patient Name	HN	Date of Birth	Sex	Primary Surgeon	Planned Procedure	Risk Factors	Risk Level
19/06/2026 12:00 (28d ago)	Aaron Hotchner	AHK7291	02/11/1963 (62y)	Male	Ms. Sarah Mitchell	Laparoscopic cholecystectomy	Heart conditions Action window overdue 3-4 medications Anticoagulant hold	⚠️ RED
19/06/2026 12:00 (28d ago)	Maia Patel	MPT8301	12/06/1994 (32y)	Female	Mr. James Wong	Laparoscopic cholecystectomy		✅ GREEN
20/06/2026 12:00 (27d ago)	James Mitchell	JMT7307	08/01/1955 (71y)	Male	Mr. James Wong	Right inguinal hernia repair	Heart conditions 100-119 kg 3-4 medications	⚠️ RED
20/06/2026 12:00 (27d ago)	Wiremu Tane	WTN2206	30/07/1990 (35y)	Male	Ms. Sarah Mitchell	ACL reconstruction (left knee)	Resistant organisms	⚠️ AMBER
20/06/2026 12:00 (27d ago)	Aroha Williams	AWL4203	25/12/1978 (47y)	Female	Mr. Andrew Park	Rotator cuff repair (left shoulder)	Problem with anaesthetic	⚠️ AMBER
21/06/2026 12:00 (26d ago)	Rawiri Ngata	RNG5502	18/04/1970 (56y)	Male	Mr. David Chen	Right hip replacement	Action window overdue Diabetes 3-4 medications Anticoagulant hold Travel screening	⚠️ RED
21/06/2026 12:00 (26d ago)	David Chen	DCH9105	14/02/1966 (60y)	Male	Mr. David Chen	Right total knee replacement	Action window overdue 3-4 medications Antiplatelet hold	⚠️ RED

Critical risk factors detected. Pre-operative actions may be required.

This patient is prioritised RED due to urgent medication management requirements for their surgery scheduled for tomorrow. The patient is on Warfarin, which requires a 7-day hold, but the action window is critically overdue putting the patient at very high anesthetic/surgical risk.

Anticoagulation/Bleeding

- Atrial fibrillation, on Warfarin since 2020, had cardioversion last year. History of right leg DVT (2018, completed treatment). Patient is concerned about bleeding risk and managing Warfarin around the procedure. Requires INR check before procedure. Action: Warfarin: hold 7 days pre-op. Lead time: 7 days.

Metabolic/Endocrine

- BMI 31.0 (Obese Class I). Type 2 diabetes managed with Metformin. Patient has diabetic dietary requirements.

Neurological

- Epilepsy controlled with Lamotrigine, last seizure 2022.

Anaesthetic

- Allergy to Iodine contrast dye (Medicine related) with anaphylactoid reaction (flushing, hypotension).

Cardiac

- Taking Lisinopril for cardiovascular protection.

AI-GENERATED SUMMARY

This is an AI-generated summary for clinical decision support. It represents the core findings from the patient questionnaire and should not be used in place of clinical decision-making, but instead as an adjunct to the pre-admission risk screening process.

Findings

Heart conditions

Heart conditions: Irregular heart beat, Atrial fibrillation, on Warfarin since 2020, had cardioversion last year

Action window overdue

Required action needs 7 days but surgery is in 1 days

Multiple medications

3-4 medications reported (4 listed: Warfarin, Lamotrigine, Metformin, Lisinopril)

Warfarin — 7-day hold required

Patient medication 'Warfarin' matched Warfarin (anticoagulant)

Vitamin K antagonist — requires INR ≤ 1.5 before surgery Source: BPAC NZ 2016

Where AI Is Already in Nursing



Patient-Facing Chatbots

Symptom checkers, appointment scheduling assistants, and post-discharge follow-up tools used by patients directly.





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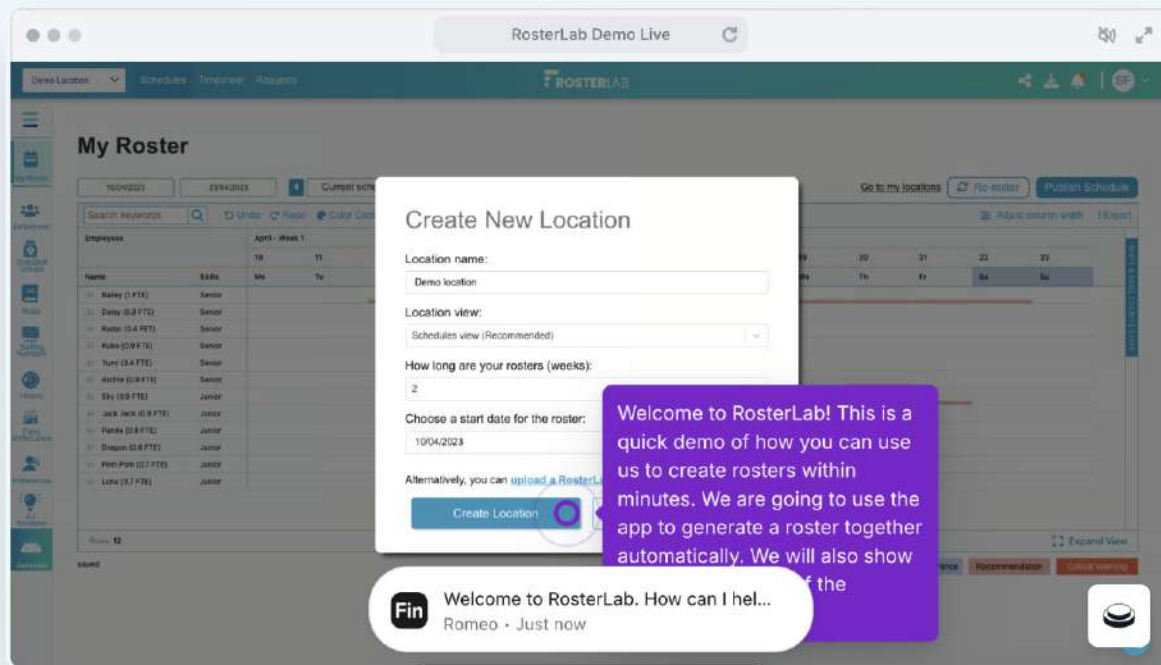
Workforce Scheduling

Rostering and staffing optimisation tools that use predictive analytics to allocate nursing resources across shifts.



See RosterLab in Action

Discover how our AI-powered rostering platform can save your healthcare team 90% of scheduling time while improving staff satisfaction and operational efficiency.



My Roster

1504/2023 2304/2023 Current schedule

Search keywords: [input] Undo Redo Color Code

Employee	Apr 3 - Wed 1	10	11
Name	Shifts	Mo	Tu
1. Bailey (1 FTE)	Senior		
2. Bailey (0.5 FTE)	Senior		
3. Bailey (0.5 FTE)	Senior		
4. Bailey (0.5 FTE)	Senior		
5. Bailey (0.5 FTE)	Senior		
6. Bailey (0.5 FTE)	Senior		
7. Bailey (0.5 FTE)	Senior		
8. Bailey (0.5 FTE)	Senior		
9. Bailey (0.5 FTE)	Senior		
10. Bailey (0.5 FTE)	Senior		
11. Bailey (0.5 FTE)	Senior		
12. Bailey (0.5 FTE)	Senior		

Row: 12 saved

Create New Location

Location name:
[input: Demo location]

Location view:
[dropdown: Schedules view (Recommended)]

How long are your rosters (weeks):
[input: 2]

Choose a start date for the roster:
[input: 10/04/2023]

Alternatively, you can [upload a RosterLab file](#)

[Create Location](#)

Welcome to RosterLab! This is a quick demo of how you can use us to create rosters within minutes. We are going to use the app to generate a roster together automatically. We will also show you the

Fin Welcome to RosterLab. How can I hel...
Romeo • Just now

Write a reply... [input] [send]

Where AI Is Already in Nursing



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Symptom checkers, appointment scheduling assistants, and post-discharge follow-up tools used by patients directly.



Workforce Scheduling

Rostering and staffing optimisation tools that use predictive analytics to allocate nursing resources across shifts.



Education and support

PPE donning and doffing; hand hygiene; reminders;
LMS updates





VIRTUAL PPE INSTRUCTOR

CUSTOMISABLE, FUN, SCALABLE
AND AUDITABLE

bluemirror.ai

 Ctrl K 

New Conversation

 Tools >

History ↗

Lipoedema Treatment Options

Proximal Hamstring Sprain Trea...



OpenEvidence[®]

Ask a medical question...



HIPAA Compliant

↳ Clinical Decision Support

≡ Paperwork

Σ Calculators

🛡️ Guidelines

⚠️ Drug Safety

⋮ And more

America's Official Medical Knowledge Platform



the NEW ENGLAND
JOURNAL of MEDICINE



JAMA Network[®]



AI supports care. Nurses are responsible for care.

Why This Matters Medico-Legally

AI systems cannot be summoned before the Nursing Council.

They cannot be struck off.

They have no practising certificate that can be suspended.

You do.

Every clinical decision you make with AI assistance is a decision *you* have made professionally.

"AI doesn't have a practising certificate. You do."

Recognising AI Red Flags

Overly Confident Answers

No Cited Sources

Doesn't Match the Clinical Picture

The Golden Rule of AI Output:

"If it sounds too perfect, too neat, or too complete — it probably is. Scrutinise it harder, not less."

Risk #1: Accountability - “You Click It, You Own It”

Clinical Decisions

You are responsible for every decision, even if AI-assisted.

Documentation

Your name on a record means your professional judgement backs it.

Actions Taken

Acting on AI output without verification is not "following a system."



Risk #2: Privacy & Confidentiality – “Never Paste a Patient into AI”



**Patient Names &
NHI Numbers**



Clinical Details



Demographic Information

The rule is simple:

If it tells a patient's story — even partially — it does **NOT** go into a public AI tool.



Risk #3: Documentation - AI Writes Fast... Not Always Right

- Hallucination/ confabulation
- Omission
- Misinterpretation

"If your name is on the documentation —
your brain must be behind it."

Every AI-drafted entry must be reviewed,
verified, and clinically endorsed by you
before submission.

Risk #4: Over-Reliance & Automation Bias

Signs You May Be Over-Relying on AI

- **Skipping verification**
- **Ignoring your instincts**
- **Reduced documentation diligence**



Risk #5: Consent & Transparency

Would Your Patient Be OK With This?

Disclosure of AI Use

Data Sovereignty

The Comfort Test

Safe Practice: The 5-Second Check

Is it workplace-approved?



Am I sharing patient data?



Is it within my scope?



Have I checked the output?



Would I defend this in court?



Your Superpower: Clinical Judgement

"AI sees data.
You see the person."

What AI Can Never Replace



Clinical Experience



Professional Intuition



Contextual Understanding

"Don't be afraid of AI."

**"Just make sure it's afraid of your
clinical judgment."**

Key Resources (NZ)

- **Nursing Council of New Zealand** — competency standards and code of conduct
- **Health and Disability Commissioner** — HDC Code of Rights and complaints process
- **Privacy Commissioner NZ** — Health Information Privacy Code 2020
- **Te Whatu Ora / Health NZ** — emerging digital health and AI governance frameworks
- **BPAC NZ / Medsafe** — clinical evidence verification for AI-generated recommendations



You are not alone in navigating this. Raise questions with your manager or your professional association. **Safe AI use is a team effort.**