MATT BRANDENBURG:  
You are listening to the AOTA podcast. Here is your host, Matt Brandenburg. Our presenting sponsor for the AOTA podcast is New York University Steinhardt's Department of Occupational Therapy. Today we are joined by Vijay Muni and Jayson Davies. Thank you both so much for sharing your time and being on our show today.

JAYSON DAVIES:  
Yeah, thanks for having us.

VIJAY MUNI:  
Thank you so much.

MATT BRANDENBURG:  
Of course, you are both AI experts, I like to say, and recently presented a webinar with AOTA titled Integrating Artificial Intelligence into OT practice, which outlined how to use artificial intelligence to enhance occupational therapy services for clients. And that is also going to be our topic for today. But before we dive into it, could you tell us a little bit about your background in occupational therapy and what motivates you to investigate the use of AI in OT?

VIJAY MUNI:  
So, hi everyone. My name is Vijay Muni. I'm an occupational therapist in New York City in outpatient hand therapy and sports medicine. My background in AI is I presented at my state conference, New York State Occupational Therapy Association, on the use of AI and OT, as well as participated in this awesome webinar with AOTA with Jayson, Ganesh and Sara. In terms of my background with AI, I've used AI to come up with treatment plans for my patients, especially for cases that are a bit difficult. And I've used it to also help me with my personal life while I'm studying for the CHT exam, I've used AI to help me come up with a concrete study plan. Really helped me keep on track and prioritize the stuff that's going on in my personal life to really help me succeed. I've used it to help prioritize various tasks that are important to really help me succeed in my personal life, and it's just been a great help and it's very efficient.

MATT BRANDENBURG:  
I like that you've applied artificial intelligence to your own personal life. And it sounds like it's helped you improve your performance in some meaningful occupations, which would include studying for the CHT, treatment planning at work. Jayson, how about you? Could you introduce us to some of your work?

JAYSON DAVIES:  
Yeah. First, Matt, thanks so much for having me on. To be called an AI expert is definitely not something I would expect to hear. And I definitely don't consider myself an AI expert. But I am here because I like to play around with AI. And I think you become an expert by first playing around with something and engaging in it with the most. And that's what I've been doing a lot. I am a school based OT by trade. However, now I run an online business called OT schoolhouse where I support school based occupational therapy practitioners. And I'm using AI every day in order to help school based OT practitioners. I use it to help me craft email responses. I use it to help me create goals for school based OT goals. And I just play around with it honestly to learn what it can do, what it's good at, what it's not good at. And so that's really where my expertise has kind of evolved from. However, it's also going forward in the sense that I recently have a IRB that has been approved, where we are going to be looking at how pediatric and school based OT practitioners use AI, and what they anticipate they might be able to do with AI in the future.

So that's very exciting. And yeah, just excited to talk more with you about AI and Vijay as well.

MATT BRANDENBURG:  
Absolutely. Congratulations on that study. We'll have to have you back on so we can discuss some of the results and methods that went into that. And you are both most definitely OT experts and bring a unique OT lens to artificial intelligence. Vijay, I love those personal examples of how you've used AI to bolster your own efforts in studying and preparing for practice, and Jayson as well. Could you kind of introduce us to artificial intelligence? What are some of these platforms that you're using to interact with AI? And how would you say it's kind of evolved to the point where it can be beneficial to occupational therapy practitioners?

VIJAY MUNI:  
So whenever somebody asks me about what AI is and how it differs from a traditional program, I usually just say that in your computer you have these algorithms that are software programs that follow a set of rules. Whereas AI, they kind of learn those rules through a series of functions, and they undergo various training data. And it just continues to learn more and more and more based on the data that is being sent to the software and to the program. And it's just constantly learning, it's constantly evolving, it's constantly updating. In terms of various AI programs that I've used with patients that I've helped, is it's not available for Android phones, but if you have an iPhone, there's an app called Seeing AI. And essentially it's great if you work with a low vision population. With the app, you just scan something, it'll tell you if there's a person in front of you, it'll tell you what type of currency you see, what color you have in front of you, or what objects are in front of you.

It's a really nice program. I've used it for one of my patients who just has low vision, and it's been a game changer for him. Same thing, you can use ChatGPT to help you come up with a nice study program, especially if you're studying for that exam. ChatGPT has helped me with coming up with a good study program. There is another program called Exo Health, especially for those of you who are in an outpatient ortho side. Exo health basically allows you, it allows your patient to do various exercises, they're HEV. And it corrects them in real time. So they just use the camera. And the camera from your phone is using its vision, and it's analyzing the types of movements you're doing. And it provides you with real life feedback. Feedback that you will not be able to provide to the patient while they're at home. So it's a great adjunct to their HEV. And you can remotely monitor it too. So that's even better.

MATT BRANDENBURG:  
And that's a good list of resources. Jayson, for you, what are some of the most common ways you're using artificial intelligence that's beneficial to your own practice, or the practice of the mini school based and pediatric therapists that you design resources and trainings for?

JAYSON DAVIES:  
Yeah. So I'll start with the tools that are just very broad and general that I think anyone can find use for. And, you know, that's just like the everyday household names, right? Like ChatGPT, Googles that's now called Gemini, I believe. You have whatever Microsoft is calling it, the Pilot, one that they use. Those are just general GPTs that I think anyone can find useful. They don't have a ton of occupational therapy knowledge behind them from what I've experienced, but there are enough to be dangerous with, I think. But what's awesome is that we are starting to see a lot more tools emerge that are coming with a background of some occupational therapy, or at least some healthcare related professionals behind it, and the developing tools that can be very beneficial to both us and our clients. Kind of like the Seeing AI tool that Vijay was just talking about. One of them is called ella.kids, e-l-l-a.k-i-d-s, that's the website. And basically you just tell it what you need a social story about, and it will create an eight or ten page social story, complete with pictures.

So if you have a pediatric client or a school based OT client, or maybe even an adult that you want to develop the social story for. You just say, hey, I have this person named Jayson. They are or he is or she is eight years old and we need to create a social story about not biting on their nails or whatever it might be. It'll just instantly or I shouldn't say instantly. Within like five minutes, just basically create a social story for you. There's another tool called MagicSchool.ai, and it's really geared toward teachers, but therapists are finding that helpful as well, especially in the schools when it comes to writing goals or developing progress reports or in general. Those are the two big ones, I think.

MATT BRANDENBURG:  
Yeah. Yeah, these are awesome resources. And I love the example of how you each are bringing your own kind of passion to using AI as a tool to make your own practice more efficient and provide valuable and good resources to the people you work with while also not ignoring your clinical reasoning and relying fully on the AI, but using it as a supplement. How would you kind of translate that skill set to someone who maybe isn't as tech savvy, or maybe isn't sure how to find all these AI resources? What would you say to them about the importance of incorporating technology and innovative approaches to what they do as an occupational therapy practitioner?

JAYSON DAVIES:  
I really love this question because I think a, it's going to help us. But I think we are in the moment with ChatGPT where everyone is honestly just trying to figure out how it's going to help us right now. I don't think we have really even scratched the surface when you start to think, as many occupational therapy practitioners do, how it's going to actually support our clients. Like we're all just trying to figure it out. And if that's you, if you're just trying to figure it out, I would definitely start with probably like Google Gemini, because I don't even think you need a Google account to get access to it. And if you are willing to create a free account, ChatGPT is probably my main go to. But just start asking it questions, like just stupid questions. Honestly, like nothing related to OT. Just ask questions like you would have the first time you ever learned about Google. And just have fun with it. Because that's honestly the way I got started. I think that's the way that most people got started.

I mean, how many people were introduced to AI by just generating a picture. Because, like, it was so novel for us just to be able to say, hey, write me a picture of a cat on the moon, and all of a sudden a cat on the moon just shows up in front of you. So I think that is just where to get started. And then once you get started, you can start to go beyond that and think, OK, well, if I could do this now, what can I do? And if I can do this for me, what can I teach a client how to use AI in order to solve their problem? And I think that's where it's going to get really fun.

MATT BRANDENBURG:  
Great point. And Vijay, I know you too wanted to add to this question. What would you say to some people who maybe are a little hesitant about using AI in their practice? What can they do to to start?

VIJAY MUNI:  
I would say for everyone who's interested, look at the AOTA for any resources. I know we did this wonderful webinar and now we're doing this awesome podcast, and there are resources out there. So start talking to your colleagues. As Jayson said, try to use ChatGPT, use Gemini, nd just are playing with the AI. Like Jayson said, I mean, that's what I started to do. But also there's one important key to note is in OT school we learned about all these different paradigm shifts. I mean, when OT first started, our roots were in mental health and then it started to evolve and got more physicist, more mental health and into various areas. And I think now we are at a very special point because technology is starting to advance. And who better to encompass technology for our clients if not OTs? We use assistive technology so frequently with our patients and it's made a tremendous impact on them. So it's not a question of if, but it's going to be a question of when. And I truly think AI will be able to augment the services we deliver to our patients in a wonderful, holistic meaning.

MATT BRANDENBURG:  
Very well said. If there's one profession that's an expert in activities of daily living, it's occupational therapy. And we're going to need creative problem solvers and doers who can find innovative and evidence backed ways to incorporate artificial intelligence to maximize participation and performance of activities of daily living. So I really love those recommendations that you gave. What about ethical factors when using AI? Are there considerations or ethical questions or concerns that may arise when interfacing with AI and as it relates to the health of a client, for example?

VIJAY MUNI:  
There was a study conducted last year by Ahmed and his colleagues, and one of the takeaways I've gotten from the study is that they cautioned over reliance on using AI will increase laziness and loss of decision making skills with our brains. I mean, our brains are super computers. So if we start to delegate and we start to depend on AI to coming up with our treatment plans and our goals, then we just lose that executive functional skills and that clinical reasoning that makes us very unique. So we don't want to lose that. AI should be used as an adjunct. It shouldn't replace your clinical reasoning at all.

JAYSON DAVIES:  
Yeah, that's a great point. We've had a lot of changes over the years, right? Like, I was looking at an article from 2018, actually, it was called Occupational Therapy in the Fourth Industrial Revolution out of the Canadian Journal of Occupational Therapy. And they really talked about how we're diving into that fourth industrial revolution right now. And what Vijay was just talking about is something very real. But at the same time, I think we've also had some changes in our lives over time. And it's not that we'll necessarily lose skills is that we might have more time for new skills. And the same way with Google, right? Like, I think a lot of people lost their minds when Google started being able to tell people like, yeah, so and so was born on this day. I didn't have to go ask them. I didn't have to go read a book to find out. Like, I can just ask Google. And now we're there with ChatGPT. And ChatGPT can go so much further. AI can go so much further. So I see that fear a little bit.

But I think we've really got to, to some degree, understand it's here. And we can either potentially push back on it. I know some schools are like preventing their students from even being able to access it. But I think to some degree we also need to understand hey, it's here, how can we best use it? And the reason I'm really leaning toward this way, I know some people might think otherwise, but I think if we don't learn how to use it as a profession, then I think someone else is going to learn how to use it to replace our profession or to replace us as therapists. And I just kind of have that fear. And so I really want us to dive into that. As far as, you know, just everyday ethical stuff, I think that anytime you are putting anything onto a computer, you have to be careful, right? Every single OT practitioner is bound by some form of a law, whether it be HIPAA, whether it be FERPA, whether it be both or something else if you're in another country, perhaps. But we have to be very careful.

And the information that we are putting into a computer, I think if you are using AI for work at all or related to a client, patient, student, whatever at all, you need to be checking with your supervisors to see if that's OK. And if they don't know, then I probably wouldn't be touching it. Now, that's in relationship to like client data, you know, name birthday socials stuff like that. I think you can and I mean, I know people are doing this, I'm doing this, is you can use pseudonyms within ChatGPT and you can kind of say, hey John, because I use John for everything, is doing this and this and this. Please help me develop a treatment plan. So if you're using a pseudonym, then you're kind of easing that ethical liability that you might have on yourself. Whereas if you use this, sorry, I default to student. I know not everyone uses student in their terminology, but if you default to using the student's real name, that's where you could potentially get in trouble. There's a lot of people out there or a lot of companies I should say, that are somehow getting HIPAA and FERPA compliance within their AI program.

I don't know how all that works. But if you're doing this specifically for work, then I would check with your supervisors to say, hey, is our program HIPAA or FERPA compliant? And honestly, we should be asking that anyways whether or not AI is embedded or not.

VIJAY MUNI:  
Yeah, I think Jayson brings a very valid point because over the years there are a lot of tech companies that have been under fire for data breaches. And so using a false name, a pseudonym is a great way to protect the client's personal information. And more companies now are starting to use generative data. So instead of having all the specific information that would clearly delineate or alienate one specific person, can be traced back to one person, it's just general information where it could be applied to thousands or millions of other people. Doesn't tie back to this one person, right? So I think as Jayson said, it's a great solution. And I see some companies are already starting to do that with their HIPAA compliant software.

MATT BRANDENBURG:  
Absolutely. And that's a great reminder that AI can be such a wonderful tool and wonderful supplement to practice, but just like using any tool, it should be handled with care and with a great deal of care, especially when it's being used to help come up with intervention ideas or at any stage in the OT process. It's important to really meld in and add clinical reasoning and perspective to AI. And I'd love to dive into that with both of you kind of talking about how AI can be implemented across the OT process. So with our first step, how would you say practitioners can use AI to automate assessment or to add value or expertise or perspective to their own assessment approach?

JAYSON DAVIES:  
Yeah, I played around with this a little bit, mostly on just ChatGPT, where I've fed ChatGPT some scores. I told ChatGPT, this is what I observed a student in the classroom. And the student scored this standard score on the bot two and the VMI for the school based OT practitioners out there. And then I said, alright, help me come up with some potential ideas based upon that. How do my observations match the scores? Or how do the scores not reflect the observation that I gave you? And ChatGPT will spit that back out at you and it'll say, you know what? You know, below average on the VMI does not correlate with what you observed with a student actually writing nicely in the classroom, or vice versa. Maybe it'll tell you that there is a match there. The other thing that you can do is once you have a good portion of your assessment completed and you put it in there, you can kind of give it your disorganized thoughts about what you're thinking for your conclusion, and then it can make it nice and pretty.

So that's using ChatGPT, which is completely free. However, there are some new tools, and I think Vijay has some ideas for his realm. But within school based occupational therapy and pediatric OT, I know Everbility is one where it's actually created by an OT and her partner down in Australia. And you can create your own template for report, and then you can basically input your notes. And based upon your notes, it'll start to form an evaluation report for you. So that's just one of the many things that I know are popping up these days.

VIJAY MUNI:  
Yeah. I was actually going to suggest Everbility, as Jayson said, because Everbility is a great, great tool to use. I know they're still trying to market for the US space. But I played around with it. It's a very, very novel, great tool to use, and I see a lot of great potential with it. Currently there is another EMR that can be used in the States. It's called Deep Scribe. Essentially, you and your patient are having a conversation. Deep Scribe is on. It's listening to the conversation, right? You're getting the HPI, right? You're getting the interview done. Deep Scribe will take that information, will come up with a nice HPI. It'll come up with the goals and the assessment for you. And it's just very novel. It just takes whatever the conversation was, whatever you said, and it comes up with the right then and there. I use ChatGPT where I've used it to create goals. So as Jayson said, you beat an objective data. So I would say this is what the range of motion was. This is what the manual muscle testing was.

This is what I saw for x, y and z. I put that in. And then I would add a line saying, create occupation based, create three long term occupation based goals, three short term occupation based goals and an assessment. And ChatGPT will make an amazing assessment. The goals are semi-decent, but you can always adjust it here and there to really fit for that particular client. One concept I really do like from ChatGPT is let's just say you don't like an assessment or a goal, there is a function for ChatGPT to reword it or to recreate it a different way. And you can do it a few times until you see the way that you like it. So you can always copy that assessment over, modify it if you need to. And yeah, it's great. It's not perfect. There are definitely times where you have to adjust it or modify it, but it's a relatively great assessment and goals that are created.

JAYSON DAVIES:  
Yeah. And Matt, if I can add really quickly because something that I would not recommend doing is to feed in raw data to ChatGPT and ask it to score something for you. I tried that, and ChatGPT will think that it has the right answers for you. It does not. It is hallucinating. It does not have the, at least when I tested this, it did not have the bot to the VMI, those manuals uploaded to its database where it could say a raw score for an eight year old of 22 means that they are average, below average, above average or whatnot. It could not do that. However, that also really excites me because if I can think to use ChatGPT in that way, you can bet that some of our huge publishers like WPS, maybe even AOTA with some of the assessments that they have, like there could be a tool where we can do that in the future where we can just say, hey, Johnny scored raw score eight on whatever subtest, a ten, a 12 or 13, what does that mean? And we might be getting really close to that, which is exciting.

MATT BRANDENBURG:  
That is exciting. The implications of AI are many and exciting. To be honest, I do like how you're encouraging clinicians to proceed with caution as well, because it seems like AI is a wonderful organiser of information, but also can't always be trusted. Just like we learn how to analyze evidence and find evidence backed protocols when coming up with interventions or assessments, we need to make sure that this AI isn't just making something up and drawing on something to provide an answer. Because I think one thing that I might not be great at is admitting when it's wrong.

JAYSON DAVIES:  
Yeah. And really quickly, if I can add to that. Like, you know, when humans make mistakes without knowing, we call it lying. But we've come up with this hallucination term for AI and it is just straight up lying. And so we have to take it with a grain of salt. And we have to fact check anything that we get from AI. It doesn't matter if it's a free AI, a paid AI. We got to fact check it.

VIJAY MUNI:  
It goes back to the ethical considerations too, because a lot of stuff that's happening now with AI is deep fakes. So when something gets posted, how do you know if it's real or it's fake, right.? It's very hard to tell. And so one cautionary tale I would say is for clients or even practitioners who are starting to incorporate AI, don't believe everything that you're getting because everything you see on the internet because some of that can be produced by deepfake. And so it may not be the best evidence or the most accurate or up to date or the safest tool for your clients.

MATT BRANDENBURG:  
Absolutely. Thank you for clarifying those both. And hallucinating, I haven't heard that term in relation to AI. So that's a new one to add to to the vernacular. I like it a lot. And I like how this kind of emphasizes the importance of the human aspect of occupational therapy. You've given some great recommendations of how practitioners could incorporate queries to AI to help them treatment plan and to help analyze data that they've been collecting from clients or from patients. But it really is up to the clinician to make that human connection and to help identify what tasks and goals and performance areas are the most meaningful to the person, which I don't think is something that I can truly do very efficiently yet. I was going to ask if we could go over some case studies or clinical examples. You've both illustrated how you're incorporating AI into your day to day. Could you share maybe a specific example of how you or a clinician you know has used AI in practice to help a patient achieve an increased performance or outcome?

JAYSON DAVIES:  
Yeah, I'm no longer in the position where I'm practicing with clients on a day to day basis. But I do have a lot of interaction with school based OT practitioners. And some of the things that I'm hearing about is the excitement about helping students with, like, a learning disability. For example, a student with a learning disability might be able to list out ideas, but struggle to turn that list of ideas into a coherent paragraph. And with ChatGPT, they can learn how to basically put four simple sentences more in bullet point format. And then ChatGPT will then kind of put that into an actual paragraph for them. And that really gets me excited because I know teachers are going to be using this school based OT practitioners, pediatric therapists. I think that's going to be really cool. In fact, as I'm talking, there's an app that just came out for the iPad. And it can actually almost, I don't want to say this. It is not a replacement for the VMI, the Visual Motor Integration Test, but it's in a way doing the VMI test on an iPad and it is scoring it in real time.

Now I say that with the idea we're talking about, AI. I don't even know if AI is actually incorporated into that, but I think it's not too far of a jump from there to basically an iPad learning what a child means when they write something and being able to potentially turn that into a coherent letter or a coherent word, or even a coherent thought and sentence. What I mean by that is if my scribble consistently means letter A to me, then an iPad could potentially take my scribble and turn it into an actual letter A. Or if my name looks non-compatible to anything you've ever seen, but to me I consistently write my name with the same scribble, well, it can just automatically turn that scribble into my name. And I think that, kind of going back to how it's going to support our clients long term, that's again, what I'm excited for. And I really see it as the future of AI.

VIJAY MUNI:  
One of my clients, he was a large rotator cuff repair and he was low vision. He has low vision and he has a hard time seeing. And so I recommended the Seeing AI app to him because he was having a hard time seeing. He couldn't tell what the denominations were when he was handing out money. He couldn't tell color. And so when I recommended the Seeing AI app to him, it was a game changer. He was able to use that to identify colors. So when I started having him do therabands and I told him the blue one, instead of saying I can't see color, or rather, I don't know what blue is, he'll just take out the app, point to the different therabands and it'll point to him and say, this is blue or purple or green, whatever the case is. Same thing, whenever he's at the store, he would pull it out and it'll help him figure out if he has a $1, $5, $10 to purchase something. If there's a document he needs to read, the Seeing AI app will allow him to just read through the document. So the Seeing AI app will just verbalize what the document says and so on.

And for him, it was a game changer. And he was extremely, extremely happy to find this app where it just improved his function a thousand times more. In the past, he's always had to rely on somebody, but now that's not the case anymore.

MATT BRANDENBURG:  
And that's such a wonderful example. I think both of you touch on how technology can really be used to make life so much easier and help people overcome kind of those daily obstacles or specific tasks that cause them stress and cause a breakdown in a larger activity. And it's so important that occupational therapy practitioners are prepared to use these types of tech and recommend them and educate the people that we work with on how to best use them. Because it really is going to add to the overall well-being of the people that we work with. I want to ask as well, about how AI could be used to enhance certain work processes. Do either of you have applications or have you seen AI in use to kind of streamline, whether it be documentation, scheduling or workflow within OT practice?

JAYSON DAVIES:  
Yeah. I mean, there's so many apps and every day there's new apps coming out. And also you have to be careful because you might find an awesome app and then it's gone the next day because there's just so many AI apps coming and going. Two pop up and two disappear the same day. So you've got to be, I think, a little careful with getting too attached to AI apps at this point. But I kind of second what Vitjay was saying, though, with ChatGPT, I think it's so general that you can get a little lost in it, but once you figure out how to use it, it can do so much for you. You don't necessarily need an AI app specifically developed for healthcare in order to do healthcare related stuff. And with ChatGPT, I think that if you are that type of person that sometimes struggles to get your wording right and you are really good, you know exactly what you want to say to an extent, like in bullet point form, but you need it to look nice for the billers or whatnot, that's where ChatGPT can really help you out there.

I think that's the way that I have idealized using it most, is just kind of like putting my ideas into coherent thoughts. I will say one thing about ChatGPT is that if you already have an account and you haven't done this already, is you can play around with the settings. You can go into the settings and kind of personalize it. And so you can tell it like a little bit about yourself, so that it kind of understands the way that you should or the way that you might typically write. And so if you go into those settings and you say, hi, I'm Jayson, I'm an occupational therapy practitioner. I work as a school based occupational therapy practitioner. A lot of what I write about is healthcare. And I have to write soap notes, and I have to write smart goals, and I have to write these types of things. Then it's going to start to learn, alright, Jayson's in healthcare. We need to write a certain way because his audience is going to expect a certain thing. And ChatGPT will kind of tailor it around that.

So, I wouldn't say it's an expert level tip, but it's an advanced level tip to go into your settings in ChatGPT to make that change.

VIJAY MUNI:  
In terms of those calendar apps, one app that I've used is called Motion AI. There's another one called Reclaim Eye. I believe with Reclaim AI, you can also sync it to your Google account too. So if you're the type of person where you have a Google Calendar for everything, you can use Reclaim AI and be able to sync that information onto your Google Calendar, vice versa. And both apps are great, and it'll help you prioritize your various tasks that need to be done, and it'll help make your life much more efficient.

MATT BRANDENBURG:  
Hearing you both describe these wonderful applications and recommendations, it kind of paints this image in my mind of AI acting as an occupational therapy practitioner for OTs to helping us kind of organize thoughts and maximize our performance in our occupation as OTs.

JAYSON DAVIES:  
Yeah. Yeah, definitely. And sorry, I don't want to get to like doomsday here. But a lot of people are asking, hey, is AI going to take our job away? And I've been thinking a lot about that from both the OT as well as the OTA perspective. And AI cannot take away, at least at this time, right? Like AOTA cannot take away our one-on-one interactions with clients. It cannot have that real time conversation, real time visual, real time tactile, proprioceptive feedback. Everything, right? But it can definitely help us with a lot of the administrative tasks that we have to do the same way that an assistant of some kind could help with that. And if you think of AI as that assistant, whether it be a research assistant, whether it be someone almost like watching you and taking notes for you,I think that's kind of where you get to distinguish the difference between what AI can do and what it can't do right now.

VIJAY MUNI:  
Yeah, I think Jayson is definitely right on that. Epic. For those of you guys who are in the hospital setting and use Epic, Epic is partnering up with Microsoft AI in creating more efficient documentation. So if for those of you who are very familiar with your smart tech, smart phrases, Microsoft AI is looking to create an AI feature for whenever you start creating your flow sheets or your templates for your patients, and so on. The idea behind it is to really improve documentation and to really streamline the process and make it much more efficient. Because you know what? You see so many patients a day, nobody loves doing documentation at the end of the day. So the idea was to help to improve your documentation speed and to really make your documentation much more efficient for Billers and for those third party payers. But on the downside, if you're freeing up a lot of your documentation time by using AI and you might be done with your notes in let's say ten minutes, you might end up seeing more patients as a result of that.

So there are pros and cons to every decision.

MATT BRANDENBURG:  
Absolutely, absolutely. Those are wonderful examples of how AI can really be used to supplement practice. I have loved our discussion so far. Before we wrap up, I want to ask what are some of your best practices for your queries or for interfacing with AI that practitioners, students, researchers and educators can use? What are some ultimate recommendations that you would give?

JAYSON DAVIES:  
Yeah. AI is you get in or you get out what you put in. I guess you can say it like if you put trash in, you're going to get trash out. If you put fantastic stuff in, you're going to get generally fantastic stuff back. Of course, you still need to check it. But it's called AI prompting or some people call it prompt engineering. It's like crafting the perfect prompt so that AI really understands what you want from it. That's kind of what I was talking a little bit about with going into the settings and kind of telling the AI about you so that it knows kind of what you want. But each time that you provide a prompt and ask it for something, you need to provide it some color there as well. A lot of people just want to like, ask it for something very quick, right? Like give me a treatment plan for a student with autism. Well, I mean, ask an OT to give you a treatment plan for a student with autism, right? Like there's going to be so many follow up questions. Well, ChatGPT isn't going to ask you that follow up question.

Its just going to assume, OK, that's what you want. Here you go. Here's two lines of what you can do with the student with autism. Versus if you say, hey, I have an eight-year-old autistic student who wants to do this and this and this, but struggles with this and this and this, and I want you to act like a school based occupational therapy practitioner or like a pediatric outpatient practitioner. Well, now you're going to get a much better response. And the more specific you get with that prompt, the better that response is going to get. Now, this is another little tip for you all. If you use Google Drive, use Google Drive. If you use Notion, use Notion. But save your prompts. If you find out that one prompt that you use works really well, save it somewhere. Because you might remember that prompt ten days, two weeks, a month later and say, man, where's that prompt that worked really well? And you won't be able to find it. So create a folder in your Google Drive or in your email if you email yourself stuff, wherever it might be.

But I would start to build a prompt library so that you can keep some of those prompts that work really well.

VIJAY MUNI:  
That's a great idea, Jayson, about using Google Drive to save those prompts. I've been just saving those prompts on ChatGPT. For those of you who have used ChatGPT or rather haven't, ChatGPT has this awesome feature where you ask a series of questions and you can start multiple chats with it. So I have one chat for my study guide for the CHT exam. I have another one for the radius fractures or other types of fractures. I have another chat for tendon repairs, another chat for a shoulder repairs, and so on. And so I've saved those prompts there. A nice thing about it is with these multiple chats, it's only going to remember based on what you've asked in that prior chat. So you could be spending an entire hour talking about just the radius fractures and then move on to something else, right? Go on to a different topic. But if you continue to use that same chat and you bring back one question on this radius fractures, it will remember everything and it'll just continue to go on based on that.

So that's my tip for just organizing your treatment planning or just prompts. Have multiple chats out there for various things. And don't integrate them because that's where it can get confusing.

JAYSON DAVIES:  
Yeah. Yeah, definitely. I just scrolled through my chats and I probably have like 50. And if you're listening, again, if you've never seen that, like think of one chat as an individual chat with a person, right. I tell Matt all this information that we've been talking about today, but then I go to another chat with Jessica over on a whole new screen, right? She doesn't know anything that I just talked about with Matt. And so that's kind of how the chats work within ChatGPT. So having different chats is good idea, but also hard to keep organized when you got 50. It's like tabs on your Google Chrome window. They're just everywhere.

MATT BRANDENBURG:  
Oh, yeah. I am definitely a victim of of tab overuse. Those are some wonderful recommendations. And it's kind of how we need to add to our OT toolbox consistently to have interventions that we can use and bolster the different approaches that we use in our practice. We can help the AI do the same in bolstering its OT knowledge, and kind of bringing more of an OT lens to these supports that we're receiving. We've covered so many awesome resources for our listeners today,. Are there any additional sites or programs or resources that you'd like to recommend to our listeners?

VIJAY MUNI:  
I'd say YouTube. Quite honestly, there's a lot of, if you just start YouTubing how to use AI in your practice, you might find some nice videos. I'd say take some continuing education. Definitely get on to the AOTA's list of resources where we've talked about all the different resources we've used in AI, the webinar, this awesome podcast, and so on. And just start talking to your colleagues because chances are some of them have started incorporating it. And a great way to get involved and to learn is to talk and try it out.

JAYSON DAVIES:  
Yeah, I think that's just my key takeaway, especially if you're just getting into this is just play around with it, get into ChatGPT, get into Gemini, get into Otter. Or not Otter. Sorry, that's another one thay I won't go into right now. But into copilot with Microsoft. And just play around. It doesn't need to be anything related to occupational therapy until you're comfortable with it. But just play around with it. Have it create you a rap, or tell it to design you a picture of a pig on the moon or whatever you enjoy. If you like to cook, ask it for a recipe based upon what's in your refrigerator. Just have fun with it and then you'll be surprised. You won't even be at your computer. You'll be out at the grocery market or something, and all of a sudden, an idea is going to pop into your head about how you can use AI with your client. And that's just fun. It's an aha-moment. It's just kind of wait, I was using this to build recipes for myself, and now I see how I can use it with a client.

And yeah, I don't know, that's just a fun experience for me. And I hope you get to enjoy it too.

MATT BRANDENBURG:  
Absolutely. I love those recommendations. And I can't imagine a better application of the unique perspective that occupational therapy practitioners see the world with than to use it creatively to find awesome applications of artificial intelligence to improve other people's lives. We're now to our Golden Nugget segment to end the show. If each of you could share one piece of knowledge or one recommendation to practitioners, what would you say?

VIJAY MUNI:  
Really the best way to learn a new skill, to do anything, to really get immersed in something is to actually do it. It's the same thing for splinting. For those of you guys who are in outpatient and therapy, nobody is an awesome splinter the first time they do it. The only way to really learn something or to do something is to just get immersed in it and continue to do it. The more you use, the more you do, the better you're going to be. And that's the same thing with incorporating AI in your practice. You just got to immerse yourself in it because at some point AI will be the future of OT and the future of rehab. And if you don't get immersed with it and you don't really learn how to incorporate it in your practice, you may fall behind with the times, right? It's not a question of if AI will come in, it's really just a question of when. Especially as technology just starts to get more advanced and you can perform surgeries in literally in another country by using robots and so on, and with self-driving cars and so on.

Technology is just improving, and it's really up to us to harness that technology and use it for our patients. Otherwise we might be swept under the rug. So you just got to get involved and you got to start using it little bits at a time.

JAYSON DAVIES:  
Templates. One thing, we talked about prompting with ChatGPT, but we didn't talk about templates. And a lot of people right now were waiting for something to come out that can just write our reports for us. But in the meantime, a lot of us have developed report templates. Whether you're in school based, pediatrics, rehab, wherever you might be, you probably have a set template that you use. Whether it's for assessments, whether it's for notes, whether it's for the way that you write goals, well, that is your own special, how do I say this? That's your bank of templates. And ChatGPT doesn't have access to your templates unless you've put those up on the web somewhere, but you do have access to those. And you can feed your templates into ChatGPT. For example, a lot of school based OT practitioners, we're told that we need to use Smart goals. I know a lot of people use Smart goals, but it's just really a big thing in school based OT. But everyone does it slightly different, right? You have your own way of writing a Smart goal.

And you probably use a very similar template each time that you write a new goal at every single meeting that you have to go to. Well, going back to what Vijay was talking about having one specific chat, where you can make one specific chat for goal writing. And you can tell that chat, hey, I'm going to give you a bunch of goals. You're going to create five, ten or just maybe one goal that I need right now. But I want you to follow this template. Here's my template that I use all the time, follow this template. Don't deviate from it. So now it's got your template. Now you can say I want a goal related to helping a student be able to write a five sentence paragraph, or helping a student to be able to cope when work gets difficult. And you can just tell it that goal and it's going to use your template to then spit out a goal. We talked about goals just now, but you can imagine you can do the same thing for soap notes, the same thing for any type of treatment note or during your evaluation process.

Maybe if you like to kind of break down any questionnaires that you receive from a parent or from a client or from whatever, you could do the same type of thing. So templates are definitely your friend when it comes to AI, as is that prompt engineering.

MATT BRANDENBURG:  
I love it. I love it. These are two wonderful nuggets to end our conversation on, to really be progressive and put forth the effort to try it out, familiarize yourself with some of these AI resources and use those templates and start to incorporate some of your own clinical reasoning that you've worked so hard to develop. And take it to the next level by sharing it with AI and asking it to organize some of those things for you. I know I've learned a lot today. I've been taking notes. I've written down some of those resources, and I'm going to go check them out and see how I can use AI to provide better care to the people that I work with. So, Vijay, Jayson, thank you both so much for your time and for sharing all this wonderful knowledge with us today.

JAYSON DAVIES:  
Yeah. Thanks for having us.

MATT BRANDENBURG:  
Thank you, listener, for tuning in. And thank you to NYU Steinhardt Program and Occupational Therapy for sponsoring this episode. Thanks for listening to the AOTA podcast. Tune in again next time.