There’s no ‘AI’ in team

…but there is an AI in “meat pie”… “meat” being an anagram of “team”.

A conversation about ‘AI’, nursing and beyond?

About me

Senior Digital Charge Nurse in Critical Care at Sheffield Teaching Hospitals

14 years in nursing, 12 in Critical Care at Sheffield

BSc Computer Science (..in 2007)

1865 days on Duolingo.

AI-bout me

Christopher Gillies is a Senior Digital Charge Nurse in Critical Care at SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST, known for blending clinical expertise with digital innovation. With a hands-on role in systems like MetaVision and Connect, Christopher leads on documentation, data reporting, and digital transformation. He's a proactive problem-solver, often coordinating staffing, training, and IT support across departments. His communication reflects deep care for patient safety and staff wellbeing, and he's a trusted collaborator with colleagues like Joanne Pons, Karen Hurley, and Catherine Webb.

What’s this about?

I am sceptical about “AI” and nursing.

I want to promote digital without promoting AI.

I want you all to be proactive with digital.

I want you to talk with me about it!

A computer can track a patient’s heartbeat, but a nurse can hear the story behind it.

- Harold Finchley, head of made-up quotes at the University of Machine Learning

Consideration

“AI” today, for the most part, is not artificial intelligence.

Popular apps (ChatGPT/Co-Pilot) are Large Language Models.

They “think” faster than you, but they only ‘know’ what they ‘know’.

Exercise #1 (yes there may be more)

In terms of nursing, what do you want to see from AI?

Some uses are valid

Spotting abnormalities on x-rays/scans.

Condensing or curating meetings notes.

Clinical decision support

Giving summaries of guidelines (*)

Creating clinic letters (*)

Creating clinical notes…. (****)

There, I ruined it

[...] For me it kind of comes down to three things.

The first is, is it deceptive?

Could somebody believe this is actually real?

Next, is there artistic intent behind it?

So if you're one of these people that's mass producing AI songs, hundreds of songs, and uploading them to Spotify, your intent is probably not artistic.

- Duncan Ballard on AI music (re)production, TED Talk April 2025

Hallucinations

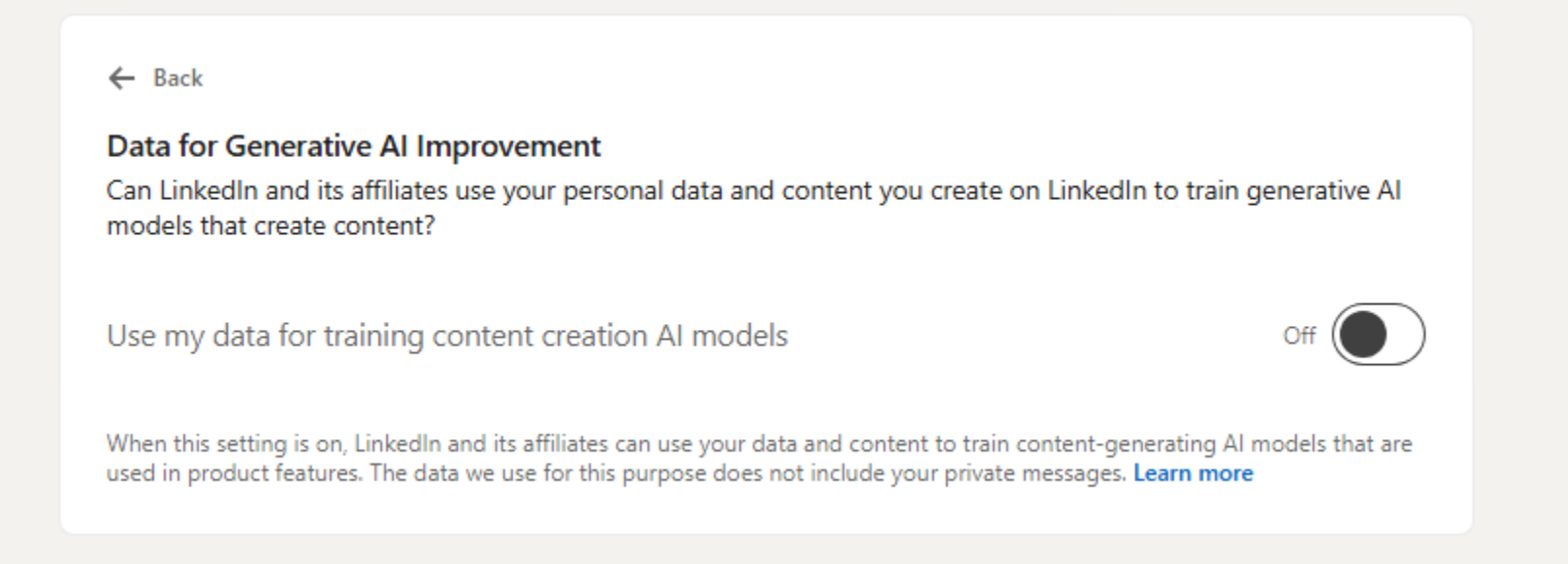
“ChatGPT may get things wrong.”

“AI-generated content may be incorrect.”

And this is with things “black and white”.

Always check!

It’s… Everywhere…



Clinical Judgement

Decision support isn’t meant to replace judgement.

We see this in most digital systems.

Clinical Judgement

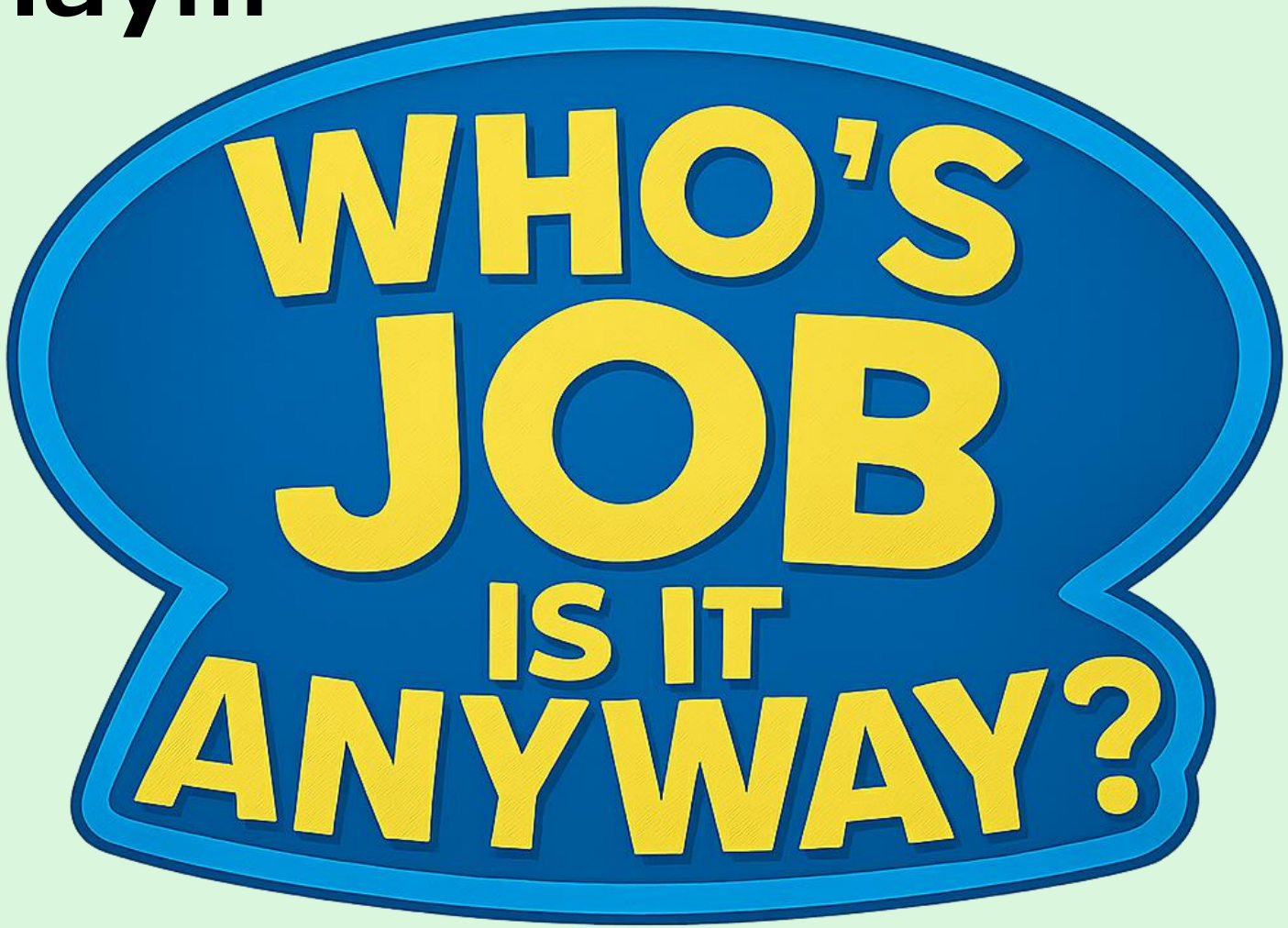
Take time to just … think. It’s ok to question.

Digital makes it harder to do the wrong thing – and harder to do the right thing.

Let’s not go back to paper charts and lolly sticks.

Digital should work FOR us, not AGAINST us and not INSTEAD of us.

Let’s Play…



- Monitoring patient vitals
- Diagnosing based on symptoms
- Comforting a distressed patient
- Predicting patient deterioration

- Making ethical decisions in care
- Doing turns / mobilising patients
- Teaching pre or post-op care
- Writing care plans / clinical summaries

Critical Care and Digital

Critical Care and Digital

THERE'S ONLY 9 MONTHS

Exercise #2 (are there more?)

How many of you work with an EPR?

Does your EPR have a ‘separate’ Critical Care?

Are you still on paper? Are you changing EPR?

Are “you” (critical care) involved in the Trust digital?

Critical Care and Digital

EPRs generally stopped improving 9 years ago.

Few have specific CC modules/elements.

Trusts “should” engage with specialist areas!

Is Critical Care Special?

Of course!

Minute to minute observations.

300,000 – 700,000 data points, per patient, per DAY.

A workforce skilled in all almost specialities needs a system that helps.

Contact Information

christopher.gillies@nhs.net