AI ESSENTIALS · MODULE 0

Skepticism Is the Right Starting Point

AI Essentials for the Busy Clinician · Brian Whittaker · RRM Academy

Orientation

You have probably already met AI: a free ChatGPT window, Google's AI overviews, a colleague's story. And if you are like most clinicians, especially in the restorative world, you came away wary. Good. This module takes the three reasons you do not trust it, tells you which ones are correct, and shows you the frame that makes the rest of this course work.

Who is teaching you this, and my disclosure

I am Brian Whittaker. I run the systems and technology side of RRM Academy, and I have spent the last several years building AI into the daily operations of medical practices and health organizations. One disclosure before we start, in plain language: outside this course, through my company Whittaker AI, I work with clinics on an ongoing basis, implementing exactly the kinds of workflows this course teaches. Now let us talk about why you do not trust AI.

Lesson

Fear 1: "It is biased against how I practice"

You are right. Not paranoid, right.

These tools learned from the internet, and they answer with whatever the internet says most. On reproductive healthcare, the internet's majority voice is IVF-first and suppression-first. So the out-of-the-box answer to a fertility question will usually reflect that framing, delivered in a confident, authoritative tone. If you have felt like the chatbot was dismissing your entire field to you or to your patients, that is a real, structural behavior, not your imagination.

Here is what changes everything: **the bias is a default, not a conviction.** The model has no beliefs. It mirrors whatever frame it is given, and the person who gives it a frame is you. Tell it who it is writing for, what approach the practice takes, and hand it the evidence you want used, and it works inside your frame without complaint, the same tireless writer, now on your side of the table. This module's demo shows the before and after, and you will do it yourself all course long.

What you should not do is ask it open-ended contested questions and accept the defaults. That is not using the tool; that is polling the internet.

Fear 2: "It makes things up"

Also right. In academic circles AI is practically synonymous with fabricated citations, and the reputation is earned: these tools can state false things, including invented references, in flawless prose. That is a permanent property, not a growing pain.

But notice what kind of problem this is: a known, bounded failure with a fast countermeasure. Module 3 gives you the whole discipline in seven minutes; the core of it is that anything that matters gets a thirty-second check, and citations always. Clinicians manage far less predictable risks before lunch.

Fear 3: "It is coming for our jobs"

Mostly no, and in healthcare especially no. Patients do not want to receive a diagnosis from a text box; they want a human being who knows them. What AI actually does well is words-work: the drafting, summarizing, rewriting, and form-filling that eats your evenings. It cannot examine a patient, read a room, or carry a treatment relationship.

The realistic version of this fear is smaller and more useful: clinicians who use these tools will get hours of their week back, and clinicians who refuse will not. The gap that matters is not human versus AI; it is your Tuesday versus a colleague's Tuesday.

The frame that resolves all three

Stop asking "can I trust the AI?" You never will, and you never need to. **Trust stays where it already lives: with you.** The AI is a brilliant, fast, occasionally wrong assistant that drafts; you remain the clinician who decides. Nothing it produces reaches a patient, a chart, or a decision without passing through your judgment, which is exactly how you already treat a first-day scribe or a student's draft.

Skepticism is not the obstacle to using AI well. Skepticism is the qualification. You already have it; the next five modules give it tools.

Scenario: try it yourself

Setup. Your practice partner says: "I tried ChatGPT once. It talked about IVF like it was the only real option, and my niece says it invents references. I do not want that thing anywhere near our practice."

Task. Two or three sentences that take the objections seriously and open the door.

Model answer. "Both of those are real, and knowing them is exactly why we can use it safely: the IVF-first tone is just it echoing the internet's majority, and it flips completely when you hand it your framing and your evidence, and the fake references are handled by a thirty-second check we will make a habit. We would never let it answer patients or touch charts; it drafts, we decide. Let me show you the before-and-after on one prompt, it is the fastest way to see the difference."