Five Practical Wins in Your First Week

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

Orientation

Two quick upgrades, a five-day starter plan, and the five habits on a card. The final quiz covers the whole course.

Lesson

Upgrade 1: Let it search when recency matters

By default the AI answers from training that ended months ago. Both major tools have a **web search** switch: on, it searches the live internet and answers with links. Turn it on for anything recent or checkable, and open the links. A source you can click beats a remembered "fact."

> **Term: Web search (in-chat).** A switch: the AI searches the live web and cites links. Use for anything recent. Open the links.

Upgrade 2: The scribe, demystified

An **ambient scribe** is two familiar pieces: speech-to-text transcribing the visit, plus an AI drafting the note from the transcript. You already know how to judge one: it can still make things up, so every note gets clinician review (Module 3); and it handles the most sensitive data there is, so signed BAA and "where does the audio go?" come before any trial (Module 4).

> **Term: Ambient scribe.** Speech-to-text + AI drafting from the transcript. Review every note; verify the BAA first.

The five-day starter plan

Fifteen minutes a day. Use your habits: five-slot prompts, give it the document, one chat per task, verify to stakes, de-identify.

- **Day 1: The document you rewrite most.** Paste your patient instructions, ask for the reading level and tone you want. Keep the before/after pair; that is your proof of value.

- **Day 2: The inbox reply.** A real reply you owe (de-identified if a patient is involved). Draft, refine once, review, send.
- **Day 3: The back-office win.** Pick the top green task from your Module 5 audit: a dictated procedure into an SOP, a job posting, the handbook fix. Zero patient data, maximum time savings.
- **Day 4: The paper.** Upload an article you have been meaning to read. Plain-language summary, findings, limitations. Verify anything you would quote.
- **Day 5: The clinical thinking drill.** Write one de-identified vignette. Ask what questions that patient will bring, with adaptable answers. Notice what you would verify or change; that noticing is the skill.

The five habits, pocket size

1. It predicts text; it does not look things up (unless search is on).
2. Give it the document.
3. One chat per task.
4. Verify to stakes; citations always.
5. Patient information never enters everyday AI: de-identify, use a BAA-covered product, or skip AI for that task.

That is the whole course. Everything else is practice.

Want the deep version?

How these systems are trained, why they behave this way, reasoning models, agents, the full landscape: that is the **AI Zero to Hero** track, for when you want the why. Nothing in it changes the five habits.

Scenario: try it yourself

Setup. Monday 8am. (a) A patient forwards a chatbot's supplement advice with one citation. (b) A scribe vendor pitch: "HIPAA-compliant, perfect notes, no review needed." (c) Your note to self: "make our post-op instructions readable."

Model answer. (a) Look up the citation first; reply from a de-identified summary, affirming she brought it in, pivoting to the real evidence. (b) "No review needed" contradicts how these tools work, and compliance claims are not contracts; if we evaluate at all, we start with the signed BAA and the review workflow. A vendor who leads with "no review" has told you their judgment. (c) Paste the instructions, five-slot prompt, review, ship before lunch.

Terms from this module

Term	What it means, and why you care
Web search (in-chat)	AI answers from live internet sources with links. *For anything recent; open the links.*
Ambient scribe	Speech-to-text + AI drafting from the visit transcript. *Review every note; signed BAA before any trial.*