

## Vignette #1 – The Nurse

By Andrew Dana Hudson

*Space for Notes*

The main problem Janice had with Dr. Boyer was that he didn't seem to notice her edits and annotations. Making these annotations wasn't in Janice's job description, nor had it been what she'd gone to nursing school for. But they were, day by day, taking up an increasing share of her time and attention at the clinic. So, it would be nice if, during patient hand-off, Dr. Boyer expressed a bit of appreciation for the work she'd done to make the exam notes accurate and brief.

It seemed like not so long ago that her job—heck, maybe everyone's job—had been filled with tedious writing and clicking tasks. She remembered plodding through the health information system, the endless toggles and dropdown menus and text boxes, which must be juggled while giving attention to the patient, their body and words and history. These tasks, in so many ways, shaped the kind of care they'd been able to give and how she'd been able to make her presence felt in the clinic workplace. So she'd been optimistic and even relieved when the hospital had announced, with much fanfare, the rollout of a new AI system that would listen in on exam room conversations and generate summary notes.

But now it seemed to her that the time saved on tedious writing and clicking had been shifted to time spent on tedious reading and scanning for errors, for the AI was neither perfectly reliable nor particularly concise. Despite years of promises, the probabilistic math of large language models meant that there would always be a few hallucinations scattered through an AI's output, a few confusions or off-kilter assumptions. The company that developed the product the hospital administration had chosen claimed that the rate of "impactful errors" (whatever those were) was well below the regulatory standard for a healthcare setting. Supposedly that meant no double-checking was required, but that wasn't Janice's experience. After a patient came back with severe side effects from an AI-ordered prescription, she cut down on the features she took advantage of. After a doctor tersely chewed her out about mistakes in a transcribed blood pressure measurement, she started feeling paranoid about how the new system was warping her work.

The generated notes could also sprawl into the hundreds or even thousands of words, dutifully mapping a patient's roundabout, often imprecise explanations of the bodily ailments or anxieties that had brought them in. Any good clinician knew how to filter that ramble for the relevant highlights, but for some reason the AI didn't. Or didn't in quite the same way: trimming the excess down, but then still turning it into paraphrased bullet points that must be parsed to make sense of the whole.

One wrinkle in the new system was that it was difficult to complain about. Were overly detailed notes really a *problem* that needed to be solved? Going to the administration with such grievances would only out one as a shoddy notetaker or a lazy reader. According to the medical director's emails, the AIs were supposed to "improve both clinical efficiency and diagnostic comprehensiveness." Which sounded fine. But Janice was finding that comprehensiveness was the enemy of clarity.

Within a few months of the new system coming online, most of the doctors, including Dr. Boyer, had largely stopped reading AI exam summaries that couldn't be taken in at a glance. A few instead plugged the summaries into their personal chatbots to get the cliff notes of the cliff notes, but many just started walking into exam rooms half-cold, relying on their own, solitary expertise and intuition. That was their prerogative; the eternal physician shortage meant administration could only discipline the MDs so much.

However, this stubborn redoing of the work that the nurse or the medical assistant had already done did slow things down (so much for "clinical efficiency"), and also made the nurses feel unappreciated, cut out. And so Janice had proposed in a nurse-only huddle that they take to editing and annotating the AI's output.

This meant scanning for and correcting errors, bolding relevant details to jump out to cursory doctor glances, and adding in their own commentary marked with their own initials. There was something eyewatering about reading bot-text, however. Not everyone felt that way; plenty of patients came in, phones clutched like Bibles, saying "tell her what you told me" to their preferred chatbot. But to Janice, the summaries had an uncanny quality. She couldn't quite articulate what it was that made them hard to read, but, once the mild amazement at the technology wore off, she found it fatiguing to deal with the AI's output. She had to steel herself for it and push herself through it. Which disincentivized exactly the checking for errors that she and the other nurses had decided they should do. It was all so much easier to just trust the AI and pray it wasn't wrong—until it *was* wrong, in which case easy went out the window. After all, someone needed to be blamed when the machine made an "impactful error," and the machine itself was an unsatisfying target. All of which made the annotation practice more difficult and more necessary.

Most of the doctors did take notice of the new annotation practice and gave the nurses varying degrees of encouragement and thanks, but not Dr. Boyer. She couldn't figure him out. His apparent obliviousness to Janice's contributions irked her more than the effort of wrangling the AI output into shape. And it was effort. In some ways the time Janice and the nurses spent on the annotations obviated the whole time-saving value of the AI system. Mostly though, it was just a similar effort, moved around. It was a different task to start from scratch than to tweak a full-bodied but occasionally imperfect text. Different people were good at one or the other. Janice wasn't sure which she preferred. She just wanted to feel like her work was seen.