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With Your Host

Heather Branscombe

Episode 106: Al's Role in Future Clinical Practice with Kayla Williams, Heather Cathcart, and Savannah Grasza.

Welcome to *Clinicians Creating Impact*, a show for physical therapists, occupational therapists, and speech-language pathologists looking to take the next step in their careers and make a real difference in the lives of their clients. If you're looking to improve the lives of neurodiverse children and families with neurological-based challenges, grow your own business, or simply show up to help clients, this is the show for you.

I'm Heather Branscombe, Therapist, Certified Coach, Clinical Director, and Owner of Abilities Neurological Rehabilitation. I have over 25 years of experience in both the public and private sectors, and I'm here to help you become the therapist you want to be, supporting people to work towards their dreams and live their best lives. You ready to dive in? Let's go.

Hello there, friend. I hope things are going well for you today. Welcome to the podcast. Today, I'm really excited to share this interview I did with three very soon-to-be occupational therapists from UBC. And that is Kayla Williams, Heather Cathcart, and Savannah Grasza. And what we talked about today is how AI is showing up in our profession and what they've actually learned from diving deep in its potential. Some people are scared, but AI is here. It's here to stay, and so I think that you can find some really interesting insights and caveats of how we, as professionals, can use this tool moving forward. So their capstone project explored the use of AI assessment tools, and they're here to share insights for both current and future clinicians.

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Heather B.: All right. So thank you, first of all, to each and every one of you for coming today.

If we can start one by one, maybe I'll start with you, Kayla, and then we'll go to you, Heather, and then finally to you, Savannah. If you can tell me a little bit

about your path into OT, what drew you to the profession, and now, as you're about to fully fledge and launch into the profession as a graduate professional, what is getting you passionate about your profession now?

Kayla: Yeah, that's a great question. First of all, thank you for having us over here. We really appreciate it. For me, what really drew me into OT was the opportunity to support meaningful and lasting change in people's lives. I think OT is about deeply understanding what makes someone and helping them reconnect with activities that bring them purpose and identity. I have a background in disability studies at the University of Calgary, and I have a really strong commitment to areas of EDI, so equity, diversity, and inclusion. And being a BIPOC individual myself, I really appreciate and am passionate about supporting those communities. At its core, OT is not just about asking how, but why we can help people. And I think that purpose-driven work really made this career so meaningful for me.

Heather B.: Amazing. Thanks, Kayla. How about for you, Heather?

Heather C.: Yeah, so I had a different path. I always loved working and supporting people, but I ended up loving the schoolwork of chemistry, so I did my undergrad in chemistry. But then I came to the conclusion that even with the schoolwork I love, I'm not getting that reward that I really love and get from working with people and supporting people. So I worked in a rehab lab at UBC, and that really sparked my passion for working and helping people get back to the things they love. It's just how meaningful the work you can do is, and all the critical thinking and problem-solving involved in your everyday career. So that really sparked my interest in OT. And yes, I really had a push from chemistry to OT, which was a funny path, but it's definitely worth it.

Heather B.: And are there some things about the profession that have sparked your passion as of now?

Heather C.: Oh yes, there are so many. I really love the inclusion of people, looking at holistic and every part of everyone's life. I'm really starting to love neuro, the neuro part of OT. So I think that part has such a cool area to support

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people in so many different parts and get them back to the things they love and really looking at the core of what's meaningful to them.

Heather B.: And how about you, Savannah? What brought you into the profession and what kind of is keeping you passionate now?

Savannah: Yeah. Well, my undergrad was in physical literacy. So I took a bachelor of health and physical education and I really didn't know what I wanted to do. I knew I wanted to work with people, but I didn't know in what capacity. I started working as a child development interventionalist, or BI. So that was super great because I got to see a little bit of SLP, a little bit of physio, a little bit of behavioral consults, and then OT. And I really fell in love with OT. I think it really aligned with the degree I was taking in physical literacy. Physical literacy is all about promoting safe spaces for everyone to be able to participate in things, so it's an undercover OT. And then as soon as I started realizing, 'Oh, this is an actual profession,' I was like, 'Wow, I can actually do this and make money and enjoy what I'm doing.'

So yeah, so I think that's what drew me into it. And then I think being in the program and really realizing that I can promote function and inclusion and quality of life, that's what's kept me drawn to it.

Heather B.: What I like about each of you is that the story that brought you there was really different. There's definitely that theme of advocacy and inclusion, but there's also that diversity of your academic backgrounds. And sometimes I think whether you're a new clinician or you're a more experienced clinician, it's nice to think about, I know as I hear other people and what makes them passionate about this profession, it's nice that you're at the end of your entry-level schooling and you're still passionate about it. That's awesome. Not everybody can say that about the profession that they go to. So that's amazing. But it really does ignite, I think, in other clinicians, it's igniting that for myself about what I love about this industry. So thank you for sharing that.

And again, as I was sharing with you guys at the beginning, one of the things that I'm really finding interesting is the integration of AI and that intersection between AI and clinical work because there's so much of what we do is human and almost transcendent, but there's also so much that we do and there's so much possibility in technology.

So I'll just open it up to whoever wants to share. Talk to me a little bit about why you chose AI and kind of a little bit of the genesis. I know that you shared a little bit in your background that you kind of evolved the project even before it started. So I'd love to hear a little bit more about that.

Heather C.: I can go and start us off. I think when we were originally looking through the ideas and brainstorming, all of us were very keen and super excited to have the opportunity to do some research and hopefully contribute to the field. But I really think the AI novelty, and it was a new thing that sparked in the last couple of years. So I think when we saw artificial intelligence as something potentially to be integrated into OT or to be even just researched, that really was super interesting for us to be able to be a part of that kind of new novel technology that could be beneficial to future practice.

Heather B.: So Kayla, can you tell a little bit. It sounds like – and I could be wrong – that what they were proposing to you and what you guys actually decided to work to changed a little bit over time.

Kayla: It was originally a different project, but I think we all realized that there isn't that much research in AI and OT and I thought that it's just a new area we wanted to touch on. And I think for all clinicians out there, be curious with it. Get your hands on it. And I think as you said, you seem to be kind of interested in it, and I think our research is kind of helping build the pathway to help OTs kind of find more reflection in what AI can do, not as a replacement, but really just curiosity in terms of what it has the possibility to do.

Heather B.: So Savannah, can you talk a little bit about what your project actually ended up being? What did you actually research?

Savannah: So, yeah, like Kayla said, we collaboratively with our group, what is something that's relevant across multiple disciplines in OT? If you know anything about OT, we are everywhere and do lots of different things. So it was hard to find something that everyone does and that would be useful to look into. And so basically our group kind of settled with our PIs, which is Minnie Teng—we can cite them later—but Minnie Teng. So they kind of helped us come up with a project that looked at basically an AI initial assessment. So we had 30 participants that got to interact with this AI platform that we co-created, and it led you through a portion of an initial assessment. And it was a randomized control trial. So then all the participants also got to do a portion of an initial assessment with one of the three of us, so a student OT. And then we were really just looking at the compassion and goal setting. So what came out of the initial assessment that really an OT would then start working on you with and how participants felt interacting with the AI because it's so new and novel and we really don't know. There's a few research papers on like clinician's perspectives, but there's very limited amount for how participants actually feel and what is missing or what's, you know, not being hit with AI or what really is. So that is what our study looked at was the actual tool and how people felt about it.

Heather B.: Yeah. That was what drew me to wanting to chat with each of you today because I find that both really exciting and scary, but it's just so new. So that's where I think that kind of feeling comes from. So, I'll just open this question to anyone to kind of start. What did you find in your study and potentially what surprised you most?

Heather C.: We did both like surveys. So we have like kind of quantitative results and we also have qualitative results, which was super cool going through and kind of hearing what people's thoughts were that you can't really get across from a survey. And one of the big things that was kind of interesting of the major themes that came up is you come in with an attitude of not trusting the Al. And I think that was quite interesting that people almost came in with this inherent bias of questioning the Al and questioning how it's going to work and the knowledge. And we thought that was quite interesting because compared to a doctor, you usually go in or a healthcare professional, quite trusting to them initially. So I

think that was quite interesting of one of our results of like people's inherent bias against AI.

Kayla: Yeah, I think kind of just going off of what Heather said there, I think that sentiment of people feeling skeptical kind of really mattered for us, especially in populations where there's already a lot of mistrust in healthcare. And so I think our project kind of really decided that we need to really earn that trust in people and kind of find research into how we can do that. And I think we think that AI still have a long way to go, but OTs can be the superheroes to get them there.

Heather B.: Oh, I love the superhero comment. That's amazing. How about for you, Savannah?

Savannah: We did find out like a lot of different things. I think the trust was a big part. I think something else we learned was just that people are really open to trying. And I think the fact that we had like a 90-year-old in our study really displayed that well. We actually had quite a large range of ages and we were a little worried that the older population would be like, I'm not going to do an assessment with a computer. And they actually gave us some really amazing feedback that I think as a group we never thought about things like accessibility and like time, that clinicians don't have time and that they feel rushed sometimes in appointments, but with AI they could talk to it for however long they want. So there was some like really cool things that came out of the study that I don't think we even thought about when we implemented it. So that was something that was interesting for me was really just like hearing people's perspectives and yeah, hearing what they thought humans could offer that the AI couldn't, which had to do a lot with like the body language, nonverbal communication skills that humans inherently have. But people really were willing to try it and I think that's coming, so it was nice for us to see that people are willing to try and give it a go.

Heather B.: Yeah, I think it's really interesting that you guys chose to use the initial assessment. So I know I'm already trying to figure this out, and I can already hear clinicians in my head saying, like, how did this work? So how did the AI actually work in the assessment? So could you kind of say like what part

was AI and what part did the clinician begin and end and where did the AI begin and end?

Heather C.: Yeah, so we tried to make it a little more simple than a full initial interview of an OT, just for time purposes, as well as to just focus it down a little bit. So we kind of picked between the three occupations, and then people would pick one category for either the human assessment or the AI, just so we didn't get an overlap of talking to the OT student and the AI. So we had a script for the human and then had a loose script for the AI that was coded in the background, and that took through people's goal setting and figuring out the OPIs within the category that they selected. So the AI knew it had prompts of things to ask and areas to focus on, but it was also left pretty open for the AI to be able to ask more questions and dig into different areas. So, yeah, it was quite interesting. So we kind of tried to make them comparable between the human and the AI. So when we did the assessments, it was to identify goals in one area with the participant, and then the AI kind of did the same thing. So you all came to a goal setting by the end in that one area.

Heather B.: And so, I'm wondering, again, I'm assuming this wasn't an actual assessment, but I'm wondering if the clinicians were ever able to see what the AI was able to generate and whether you got any feedback or information about the clinicians about what the AI was able to generate.

Heather C.: One thing that was quite interesting just overall as a general theme is that the AI was very solution-focused. So you kind of presented it with a problem and it kind of spit out a solution. So people often said what you gave it, it gave you the answer back. Where a lot of people said with doing it the assessments with, as we call, the human or us, the student OTs, you're able to have a more in-depth conversation. So stuff maybe came up that wasn't necessarily planned to come up and other maybe OPIs were kind of found and stuff was dug into a little bit more. So I think that was kind of our overarching theme that the AI is a little more solution-focused. So if you know you have an issue and you're looking for that answer, it's very good at that. But then, I guess humans, OTs are better at kind of flushing that out and being able to problem-

solve and looking at a wide range of activities and being able to select and dive deeper into everything. So I think a lot of people, the conversations with us kind of went in a different maybe topic that wasn't initially planned that the participant went in with, which was interesting.

Heather B.: Kayla, can you speak to, I know you were mentioning in some of the background documents that I was reading that there was a report that the AI felt judgment-free. Can you speak to that a little bit more?

Kayla: As we explore AI into OT, I think it's important to recognize its promises and its limits. I think with it, it brought exciting possibilities like improving access, streamlining tasks and consistency, but I think it has yet to match the emotional nuance and the kind of relationship depth that we kind of bring. And kind of like Heather said, often when we had the human one, it kind of went into a different trajectory, but the AI was very solution-focused. And so I think for privacy wise, it did answer it pretty much. And I think building trust and adapting in the moment and reading subtle cues, they're still very much OT and human strengths. And so as well, that's why I think our OT role is really important. And Heather and Savannah can bring any other details on that question.

Savannah: Yeah, the judgment part, Heather, that I think you were reading, actually a few of our participants talked about how they felt they could talk about sensitive or things that come with a bit of stereotyping more freely with the AI because it wasn't a human. So examples were like incontinence. An older adult said like, I would feel a lot more comfortable saying that I have issues with incontinence to something that I know doesn't have feelings. Someone said the same thing about finances. So that was just like an interesting takeaway about how maybe people feel like they could be less honest without having that fear of judgment. So that was where that little piece came in. But yeah, Kayla was spot on. And then I guess to just expand on the safety concerns is, yeah, I think everyone in the world right now is talking about data storage and how all of that works. And so even the literature that we did beforehand, that's where a lot of people's judgments come in is around safety and storage of people's data if it's being put into the internet. And so, yeah, that's not something that our study

particularly explored, but it is something that our participants and clinicians when we presented at our conference talked about, and it's definitely a discussion.

Heather B.: I hope other clinicians can hear and maybe are generating the same feelings that I'm getting from this of, oh, this is a really potentially interesting tool to explore, just like so many other tools we use as clinicians. So I'm wondering what other cautions or questions would you guys advise that clinicians should keep in mind as they think about using AI tools in the therapy space?

Kayla: I think to start with curiosity and get familiar with tools like Chat GPT or speech-to-text interfaces and think about whether the tech can enhance your practice, not automate it. And just stay client-centered and ask yourself, is this helping me meet the client where they are or is it creating distance? And kind of keeping that reflection as they pursue forward.

Savannah: I was just going to say, I think something that we heard a lot about from clinicians is just the concern that, if AI gets good enough, that it's going to take their jobs. And so I think something that was a really big takeaway is that, this tool was really meant to bolster and work alongside you and not overtake our roles. And so I think, advice to give would be, 'Make sure that you're still using your clinical judgment.' AI is smart, but you were the one that was trained in OT, and AI is not. And so making sure that you still remain grounded in your understanding and areas of wellness and well-being. So making sure that you're still using your brain alongside the use of AI and not letting it take over.

Heather C.: Yeah, I really agree and to add on to what Savannah said, and then also, I guess, keep in mind the privacy concerns as it's kind of up in the air right now. When of course you're working with patients, privacy is a number one thing. So, yeah, it's being cautious of that as it's kind of unclear right now of how to necessarily integrate it into your practice in what ways to that you're not breaking any privacy concerns. So I think that is also another big takeaway of why it's also not currently fully integrated into healthcare too, is definitely the privacy concerns.

Heather B.: Yeah, there's definitely these privacy concerns. What I hear from you is there's this opportunity to balance efficiency. There's definitely this opportunity for efficiency that we have never yet had before. I've never yet seen a tool that could help me be as efficient in my non-value-added things that I do in my role. And definitely when I think about no matter what profession we are, our clinical reasoning and our personal connection are the two most important value-added things that we bring to every interaction that we have. So I really like that you guys highlighted that.

Savannah: I just want to emphasize, Heather, that like our study, we did have the tool running independently. The point was to see, you know, if it could create goals. That's how we ran it in the trial, but the point was never to have it to be able to do it and not have a clinician reviewing, right? So like the point is never to remove the clinician. So you said that perfectly is like these tools are meant to help the clinicians, not replace them. So just keeping that in your mind when you're using things, right?

Heather B.: And then thinking about, I think you guys had some really interesting ideas that I'd like you to kind of highlight about how this kind of technology could kind of expand access or evolve OT or other clinical practice spaces in the future. So where do you see this potentially going?

Heather C.: Yeah, I think there's so many areas that AI could benefit in. What comes to mind initially is in maybe rural communities and stuff where maybe an OT can't go into the home, for example, and AI being able to scan the room or other different, I don't know if any of it exists, but I think there's just so many where care isn't as accessible, AI could really come in and kind of support the clinician getting maybe a better idea of the home environment or getting, yeah, more information that I think could be really interesting.

Savannah: Other areas that some clinicians have talked to us about is once they saw our study and realized, this can talk back to you, right? How many forms in your life do you fill out and you don't really understand what the question's asking, so you write NA. And then someone, like a secretary or someone at the front desk has to phone you or you as the clinician has to go into your first

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appointment and you still have to go through the form because nothing was really filled out. So someone was like, this would be amazing to be able to go through a form and have something be able to answer or clarify or word things in a different way. And like how much time that would save for people and also for clinicians to be prepared when they go into sessions. So that was like a cool idea that came out of it too.

Heather B.: If we were just to kind of wrap this up, what is the one idea that you hope somebody who's listening to this podcast would take away today?

Kayla: I think to get us started, I would say that AI, it's here and it's not here to replace OT, PT, allied health, healthcare. It's almost an invitation for us to rethink how we are using our time and our skills. And I think it's a really pivotal way for us to make sure we're leading the conversation and ensuring this new tech is used in ways to help us protect compassion, equity, and integrity of the healthcare and therapeutic relationship.

Heather B.: Oh, love that. Love that. Heather and Savannah, what thoughts do you have?

Savannah: I just like hope that this part of us being able to interact with clients who are using it is just a reminder that not everything is about efficiency. That's important to clinicians and it's important, for workplace productivity, but making sure that when we do bring out new tools and things that are directly going to affect clients, that we're also checking in and making sure that's not going to damage parts of our therapeutic relationship or, those sorts of things. So it's great if it's helping us, but it also needs to be benefiting our clients. So just making sure that if new tools are being used, that we're checking in.

Heather C.: Yeah, being aligned with our values of how we want to show up. Is there anything else that you'd like to add? Yeah, I think just to add on is always to take technology with curiosity. And I think there's so many cool technologies out there that can really aid in enhancing patient care. Use that clinical reasoning to really explore what technology can do and how it can best support

patients and yeah, maybe aid in accessibility or other amazing things that yeah, could be really beneficial.

Heather B.: Well, one of the things that I'm taking away from this is that our profession is in amazing hands with people just like you. When I reflect back and this is not done from a place of shame in any way—but when I reflect back, I was not nearly as curious and not nearly as thoughtful about my practice as the three of you are today. So just being a reflection of the future of our education and the future of our profession, thank you so much. I'm so excited as you continue to add to our profession. And I think that is the message that I always want to bring is that as we bring curiosity to any tool that we have, that we are always checking in with ourselves that it's making sure that it is in alignment with our values and how we want to work as a therapist. That will ultimately, not necessarily just increase the impact that we create individually as professions, but also increase the impacts that we have in the lives of the individuals and the communities that we're working in. So, thank you. Congratulations, each of you for the work, and I look forward to seeing where you guys end up in the future. Thank you so much. So, if people want to get a hold of you, they want to learn more about you, what is the best way for them to reach out to you?

Savannah: People are welcome to take a look and see what we're doing on LinkedIn. I feel like that's probably the best way to stay in contact with us.

Heather B.: And you mentioned your PI and I think you gave me an article. So do you want to just talk about, so if people want to dive in a different way, can you talk a little bit about the resource that we will link into the show notes?

Kayla: Yeah, COT, for OT Now, the magazine, they did an article segment for the month of, I believe it was April or May on AI and OT. And so if you have any interest in this topic at all, it's a very good resource to check out. And our lovely PI Minnie is also part of that and she kind of talks about her role being an OT in that area. So definitely recommend checking it out.

Heather B.: Again, thank you so much. I really appreciate you guys sharing your wisdom with us.

Thanks for joining me this week on the *Clinicians Creating Impact* podcast. Want to learn more about the work I'm doing with Abilities Rehabilitation? Head on over to abilities rehabilitation.com. See you next week.