Faculty workshop discussion prompts

Humanism, professional judgement, and responsible AI in chiropractic education

Based on: Phillip Ebrall, Humanism in education and our embrace of AI, Asia-Pacific Chiropractic Journal, 2026;7.3.

Purpose: To examine how faculty can use generative AI to strengthen learning while preserving disciplinary expertise, academic integrity, human relationships, and accountability.
Facilitation note: The paper is a narrative commentary. Invite participants to critically examine its recommendations rather than treat its claims or predictions as established evidence. The prompts, scenarios, and proposed workshop activities below are facilitation suggestions, not quotations from the paper.

1. Augmented intelligence and the human role

The paper positions AI as a collaborator rather than a replacement for human expertise and judgement.

•Which activities in our teaching would benefit from AI assistance, and which should remain primarily human-led? What educational purpose informs that distinction?
•What would it mean, in practical terms, for an educator to direct AI rather than simply accept its outputs?
•Where might increased efficiency come at the expense of meaningful learning, mentoring, or student–faculty relationships?

Suggested group output: Identify one task suitable for AI assistance and one activity that requires sustained human engagement, with a rationale for each.

2. Verification, critical reading, and accountability

Ebrall emphasises that users remain responsible for the AI-generated claims and references they adopt. He discusses CARE—Classify, Assess, Review, and Enhance—as a framework for evaluating responses.

•How should verification differ for a factual summary, an interpretation of research, a draft teaching resource, and a proposed clinical workflow?
•What minimum checks should precede the use of an AI-generated quiz, literature summary, or educational image? Who should perform and document those checks?
•How can we teach students to detect plausible but unsupported claims, fabricated citations, and clinically inappropriate interpretations without relying on another AI response as the sole check?
Suggested group output: Draft a short verification checklist for one commonly used teaching resource.

3. From competency to capability

The paper advocates capability development alongside disciplinary depth, emphasising reasoning, adaptability, ethical judgement, communication, and relational intelligence.

•Where do our current learning outcomes assess task completion without adequately assessing reasoning or adaptation to unfamiliar situations?

•How could an existing learning activity be redesigned to develop a capability that remains important when AI can generate an apparently competent answer?
•What evidence would demonstrate that a student can critically interpret, challenge, and apply AI-supported information rather than merely reproduce it?

Suggested group output: Revise one learning outcome and identify an observable indicator of its achievement.

4. Assessment in an AI-enabled environment

Ebrall describes a two-lane approach: secure demonstrations of individual achievement alongside flexible activities that develop contemporary, resource-supported workflows.

•Which learning outcomes require students to demonstrate achievement without AI assistance, and which should include responsible AI use?
•How might oral examinations, observed practical tasks, and transparent rubrics reveal understanding that a polished written submission does not?
•How can we maintain comparable task difficulty and fair grading while avoiding excessive workload or unequal access to digital tools?

Suggested group output: Outline one paired assessment: an AI-supported activity and a secure demonstration of the same underlying capability.

5. Assistance, substitution, and authorship

The author advocates declaring AI use beyond spelling and grammar checking and retaining responsibility for submitted or published work.

•Where should our institution draw the boundary between legitimate assistance and substitution for a student's intellectual contribution? Does that boundary vary by task or stage of training?
•What should an AI-use declaration disclose—for example, the tool used, its purpose, the extent of assistance, and the author's review process?
•How should we reconcile the paper's support for AI-generated summaries and learning resources with its restrictive position on generating new content in an author's name?

Suggested group output: Draft a task-specific statement of permitted AI use and a concise disclosure template.

6. Personalised tutoring and virtual patients

The paper describes AI-supported tutoring, formative quizzes, and virtual patient encounters as opportunities for learning reinforcement and clinical preparation.

•How could these applications encourage active reasoning and self-assessment rather than dependence on immediate answers?
•What feedback, supervision, and debriefing would students need after an AI-driven virtual patient encounter?

•What evidence should we require before claiming that an AI-supported activity improves clinical reasoning, communication, or readiness for patient care?

Suggested group output: Design one small learning activity with a clear objective, a human review point, and a measure of learning.

7. Ethics, privacy, copyright, and equitable access

The paper raises concerns about bias, confidential material, copyright, and the governance of technological power. Equitable access is included here as a related institutional implementation question.

•What information should faculty and students avoid entering into AI systems, particularly when clinical cases or assessment materials are involved?
•What permissions, attribution, and review processes should apply when uploading published material or using AI-generated images in teaching?
•How will we address biased or culturally narrow outputs and ensure that students are not disadvantaged by differences in tool access, cost, language, or digital confidence?

Suggested group output: Identify three safeguards that should be in place before a pilot begins.

8. Institutional readiness and evidence-informed change

Ebrall urges institutions to introduce practical AI literacy and prepare for changing educational and professional workflows.

•Which claims in the paper are recommendations, which are illustrative examples, and which are predictions? How should that distinction influence institutional decisions?
•What training and support do faculty need to use AI responsibly, including those who are cautious or unfamiliar with the technology?
•What small, reversible pilot could we undertake, and what findings would justify continuing, modifying, or stopping it?

Suggested group output: Propose a pilot with an accountable lead, review date, success criteria, and stopping criteria.

Optional case-based discussion

Case A: A polished assignment with limited understanding

A student submits a well-written clinical reasoning assignment and declares that AI was used for sentence refinement. In an oral follow-up, the student cannot explain a central treatment rationale, and one reference cannot be located.

•What additional information is needed before deciding whether this reflects inadequate understanding, inaccurate disclosure, or a breach of academic integrity?
•How should the faculty response address both learning needs and the institution's assessment rules?
•What changes to the task instructions or assessment design might reduce recurrence?
Case B: An attractive but inaccurate teaching resource

An educator uses AI to create an anatomical infographic. A colleague identifies an inaccurate depiction and an unsupported clinical claim shortly before it is scheduled for classroom use.

•What should happen before the resource is used, and how should responsibility for checking be assigned?
•If an earlier version has already been shared, how should corrections be communicated?
•What quality-control process would retain the efficiency benefits of AI without compromising educational accuracy?

Suggested 75-minute workshop structure

Stage	Time	Activity
Opening	10 min	Invite each participant to identify one opportunity and one concern arising from the paper.
Thematic discussion	25 min	Assign each small group two themes; ask it to record a proposed action and an unresolved question.
Case discussion	20 min	Use one optional case to test the proposed principles against a practical situation.
Plenary	15 mins	Compare proposals and identify areas of agreement and issues requiring further evidence or policy clarification.
Closing	5 mins	Agree on one feasible next step, an accountable lead, and a review date.

Closing prompt: What should change in our teaching because AI is available—and what should remain unchanged because it expresses our responsibilities as educators and clinicians?