

Practical AI for private practice

THE MASTERCLASS

A four-hour online masterclass for clinicians across the rehabilitation professions, using the free tiers of ChatGPT, Claude, Gemini or Copilot. It opened with what AI can now do and how it works, ran as four sessions mixing demonstration and hands-on work, and closed with what to do when your patients bring their own AI.

Communication and education

A generic patient handout turned into one written for your patients, then an exercise programme checked against a guideline.

Professional development

A conversation with a research paper, references you can check, a guideline put into practice, and a learning plan that lasts.

Administrative efficiency

Clinical data kept to approved tools, invented patients, templates kept in a project, and an AI-use policy for patients.

Business operations

A persona for a patient group you'd like to see more of, content in your own voice, your website, and a new service.

CONCEPTS

Context window

Everything the model can see in one conversation: your messages, its replies, and anything you've pasted or uploaded. It works only from this and from its training, and every new conversation starts empty, which is why the context you give it matters so much.

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Hallucination

Output that reads as plausible and is presented as fact, but is false: a reference that doesn't exist, or a guideline that says something it doesn't. Nothing in the output marks it as an error, so check anything you'd act on.

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Context sovereignty

The most valuable context in any AI conversation is what you bring: your profession, your patients, your judgement. Context sovereignty means you author and control that context, so the AI works within your thinking and you stay responsible for the result.

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KEY TAKEAWAYS

01

Give context before asking for output

"Write me a handout on low back pain" produces something that could be for any clinic. The same request, with a few sentences about you, your patients and what you want them to do next, produces something you could use. When you're not sure what the AI needs, ask it to interview you first.

02

Invent the patient

An invented patient typical of your caseload gives the AI everything it needs to help you think. Real patient information goes only into tools your organisation has approved for it, never into a free general account, and templates keep the patient details for you to add outside the chat.

03

Read, review, correct, approve

Treat every output as a draft. Read it in full, review it critically, correct what needs correcting, and approve it yourself before it goes into a record or to anyone else. For anything you'd act on, find the source yourself: the sentence in the paper, the line in the guideline.

04

Help your patients ask AI well

Your patients are already asking AI about their health. Engage with what it told them and what it couldn't know about them, and teach the habits from the day: open questions, useful context, care with what they share, and bringing the answer back to you.

FURTHER READING

Context engineering for educators: what you give the model matters more than how you phrase the request. Written for universities; the point holds in a clinic.

Building AI personas for professional practice: how to describe your own professional approach clearly enough that the AI works within it.

We're comparing AI chatbot health advice to the wrong thing: your patients are already asking AI about their health; this post argues for a different response from warning them off.