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Ethical Use of AI in Occupational Therapy Practice: What Must Remain Human

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By the end of this session, you will be able to:

1. Describe how generative AI can influence information gathering, evidence use, and clinical decision-making in occupational therapy practice.
2. Examine how the principles of the AOTA Code of Ethics apply to generative AI in clinical practice.
3. Apply ethical and professional reasoning to determine when AI can support practice and when clinical judgment and responsibility must remain human.





Nov 30, 2022

RELEASED

ChatGPT was released to the public.

5 days

1 MILLION USERS

It reached one million users in about five days.

2 months

100 MILLION USERS

It reached an estimated 100 million monthly users (Hu, 2023; Lee et al., 2024).



Emergence of Generative AI

- I often compare the emergence of generative AI to the television show *The Greatest American Hero*.
- The main character receives a super suit with extraordinary abilities.
- The problem is that he loses the instruction manual.



How generative AI is changing how we use technology to seek information

The Librarian

- You search.
- You compare sources.
- You form your own conclusion.

The Concierge

- You ask a question.
- You receive a finished answer in seconds.



How OT Practitioners Use Generative AI Today



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Lockwood et al. surveyed Ohio OT practitioners about generative AI use

7,772

INVITED

Licensed Ohio OTs and OTAs,
April and May 2025.

397

STARTED

43 were excluded because they
completed less than 60% of the
survey.

354

INCLUDED

277 OTs and 77 OTAs.

(Lockwood et al., 2026)



What to keep in mind about this survey

- **Self report:** Practitioners reported their own habits, which may differ from what they actually do.
- **One state:** Only Ohio practitioners were surveyed.
- **Low response:** About 5% responded; those interested in AI may be overrepresented.
- **Already dated:** Responses were collected in spring 2025, and AI tools have changed significantly since then.
- **Describes, does not explain:** The survey does not establish why OT practitioners used or avoided AI (Lockwood et al., 2026)



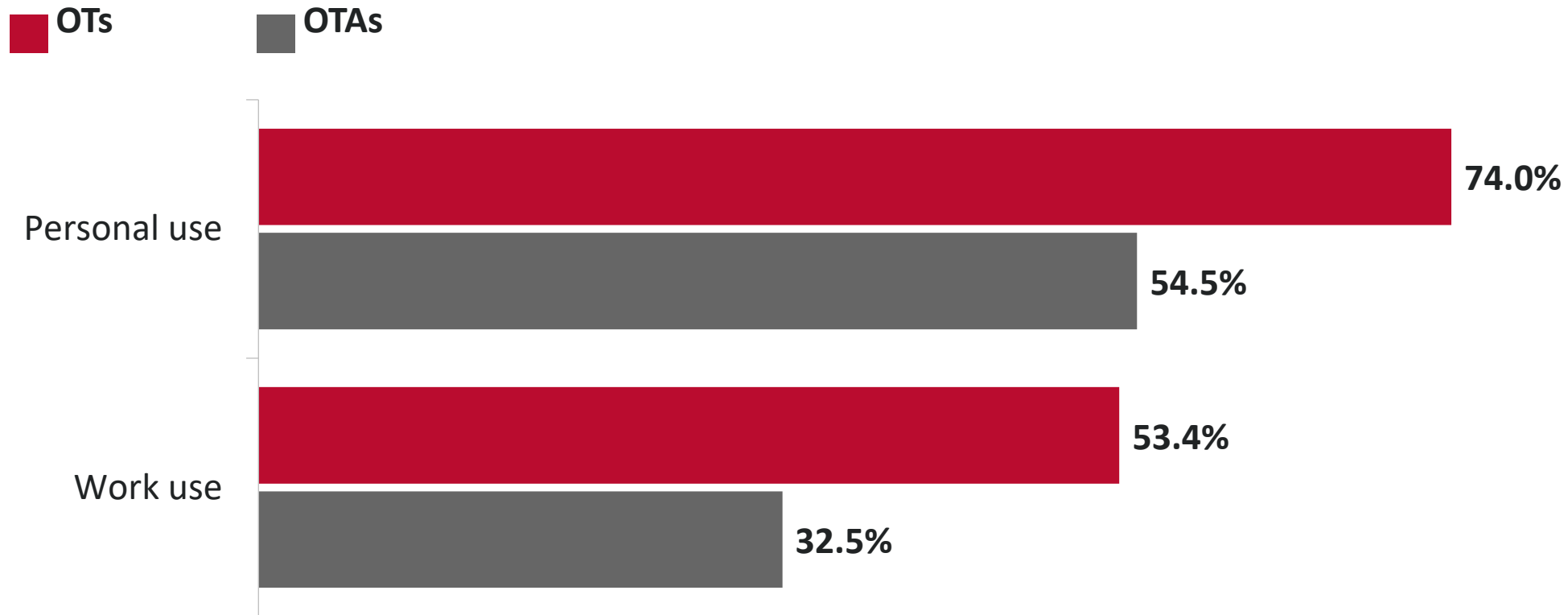
A snapshot in time

- These numbers capture one moment: spring 2025, in one state, from about 5% of those invited (Lockwood et al., 2026).



AI use in personal and work contexts

Used generative AI in the past six months:



(Lockwood et al., 2026)

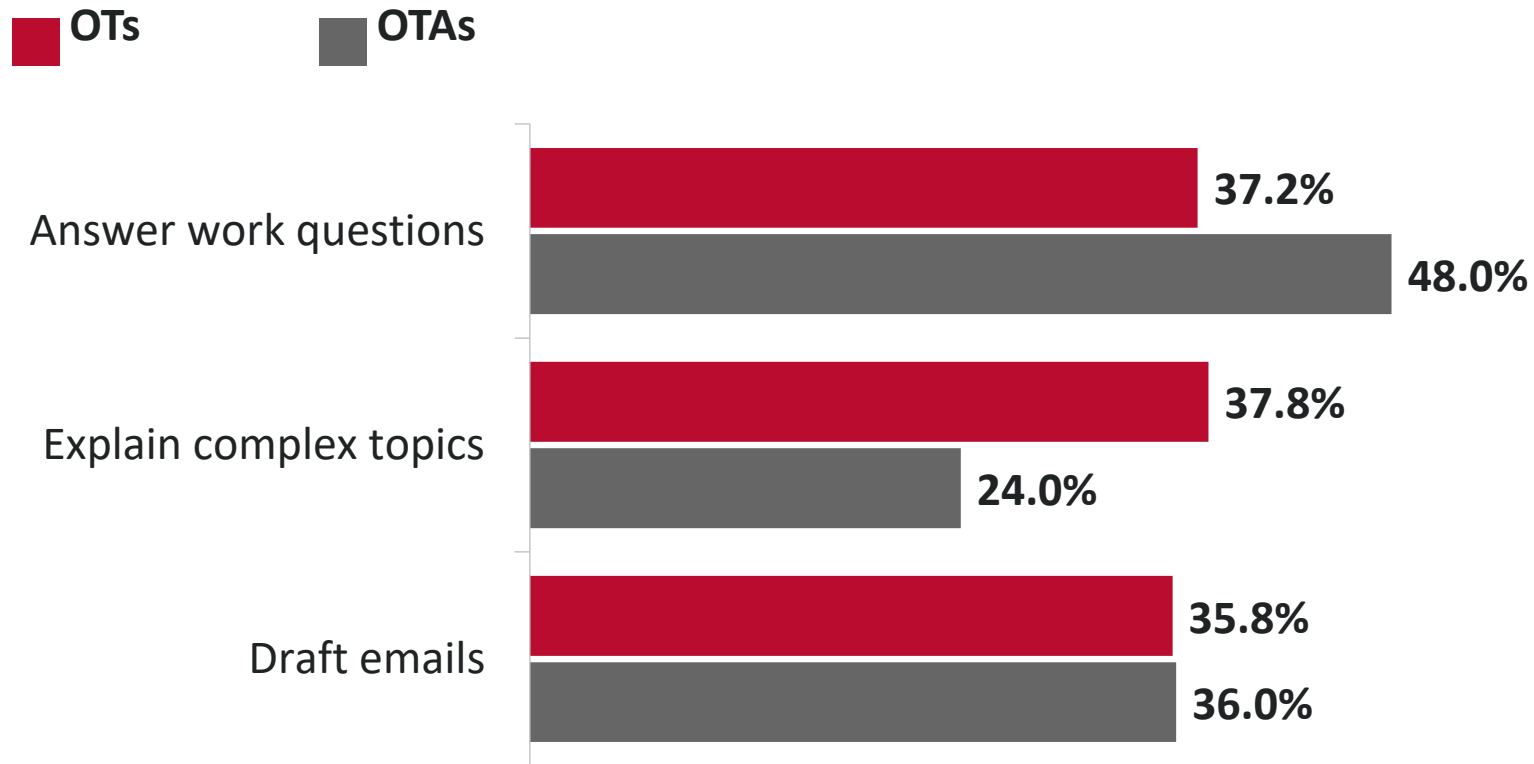


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The most commonly reported uses

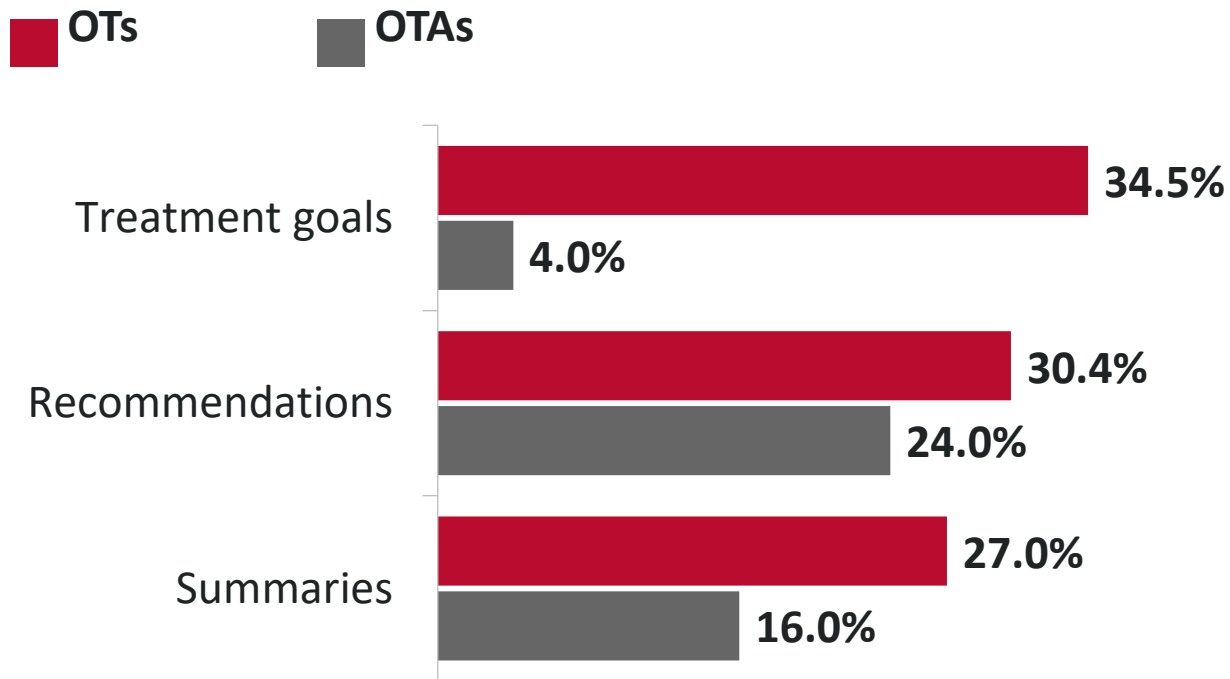
Among OTs and OTAs who reported using GenAI for work:



(Lockwood et al., 2026)

Other reported uses: goals, recommendations, and summaries

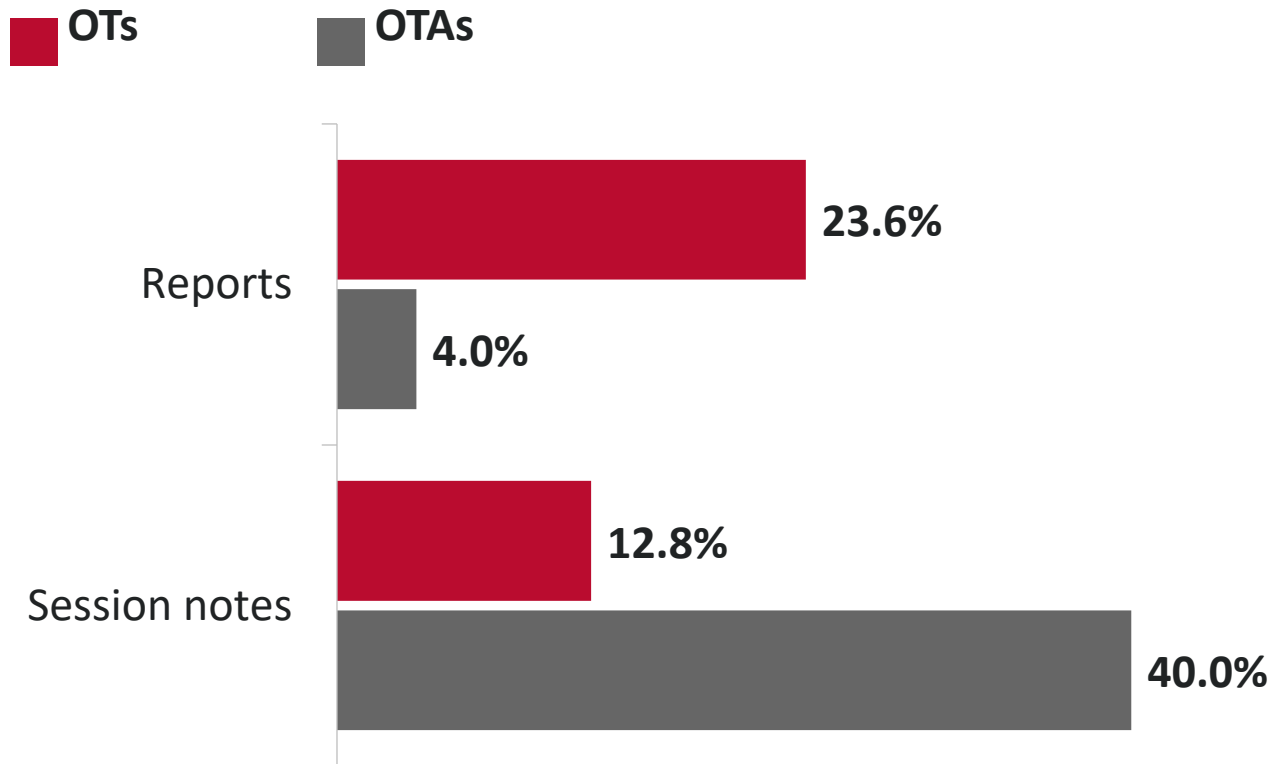
Among OTs and OTAs who reported using GenAI for work:



(Lockwood et al., 2026)

Less commonly reported uses: documentation

Among OTs and OTAs who reported using GenAI for work:



(Lockwood et al., 2026)

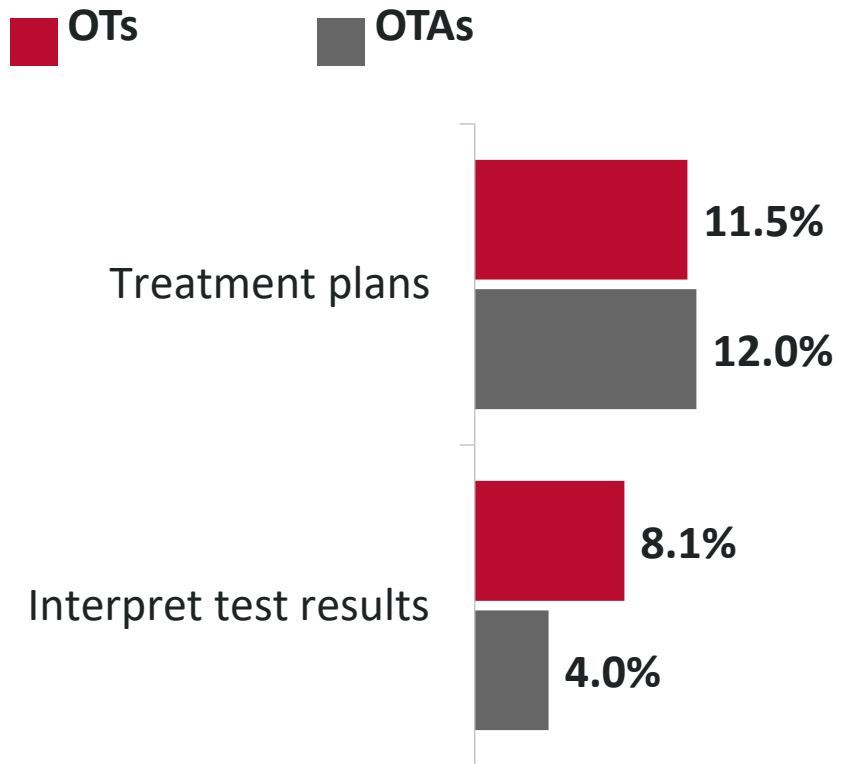


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Less commonly reported uses: clinical decisions

Among OTs and OTAs who reported using GenAI for work:



(Lockwood et al., 2026)



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What the survey found about ethics



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What keeps OT practitioners from using AI more?

Asked only of OTs and OTAs who already use AI at work:

46.2%

HUMAN JUDGMENT

Prefer to rely on their own clinical judgment.

45.7%

ACCURACY

Worry that AI is not accurate or reliable.

38.2%

ETHICS

Have ethical concerns about using generative AI.

(Lockwood et al., 2026)



What safeguards do OT practitioners report?

Asked only of OTs and OTAs who already use AI at work (self reported):

97.1%

REVIEW AND EDIT

Review and edit AI output before using it.

94.8%

PROTECT IDENTITY

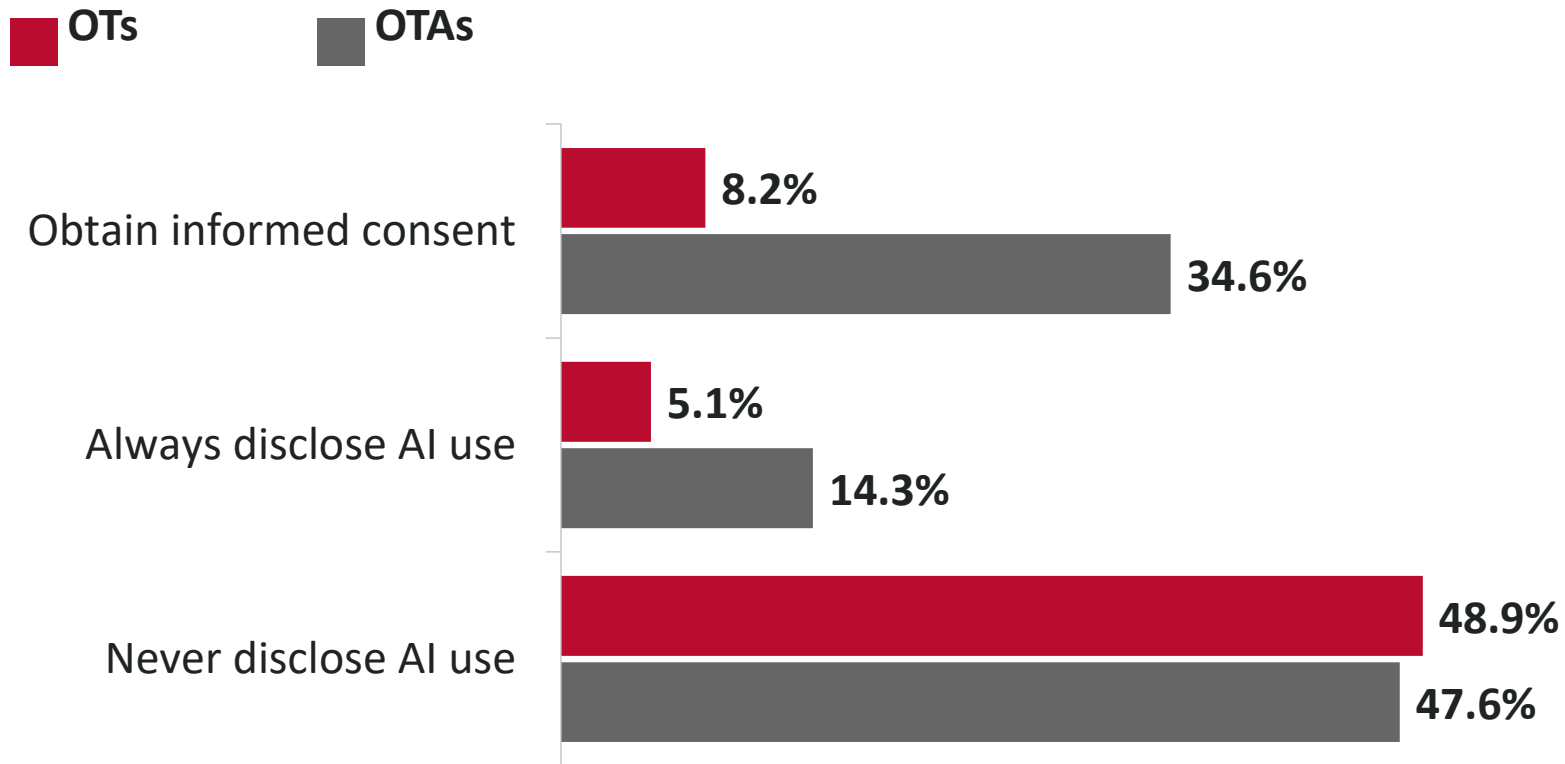
Never enter information that could identify a client.

(Lockwood et al., 2026)



Informed consent and disclosure are rare

Among OTs and OTAs who use GenAI for work (combined consent rate: 12.2%):



(Lockwood et al., 2026)



Yet over half of OT practitioners believe disclosure should be routine

Asked of all 354 OTs and OTAs:

53.3%

ROUTINELY

Believe practitioners should routinely disclose AI use.

21.2%

SOMETIMES

Believe disclosure should depend on the situation.

25.5%

NOT NEEDED

Believe disclosure is unnecessary.

(Lockwood et al., 2026)



Do OT practitioners have a workplace AI policy?

Asked of all 354 OTs and OTAs:

6.2%

HAVE A POLICY

Reported a formal workplace AI policy.

59.8%

NO POLICY

Reported no workplace AI policy.

34.0%

UNSURE

Did not know whether a policy exists.

(Lockwood et al., 2026)



Professional concerns about generative AI

Agreed this is a concern (all respondents):



(Lockwood et al., 2026)

Most practitioners learned about AI informally

42.1%

NO TRAINING

Reported no prior training in generative AI.

34.7%

COLLEAGUES

Learned from colleagues or coworkers.

22.3%

SOCIAL MEDIA

Learned from social media.

(Lockwood et al., 2026)



Practitioners want formal training

68.2%

SHOULD BE TRAINED

Agreed OT practitioners should receive formal AI training.

73.2%

WEBINARS

Prefer webinars or online training.

(Lockwood et al., 2026)



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What the survey tells us

- **Workplace guidance is limited:** Only 6.2% reported workplace AI policies. More than 4 in 10 respondents (42.1% had none) reported no training.
- **Disclosure beliefs and practices differ. Although** 53.3% believe AI use should be routinely disclosed, about half of AI users reported never disclosing. Only 12.2% reported obtaining consent.
- **Human judgment remains a priority:** A preference for human judgment was the most common reason respondents limited AI use (46.2%)

(Lockwood et al., 2026)



How Generative AI Works



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Traditional technologies followed fixed rules

- Traditional technology runs on conditional logic: if this happens, then do that.
- The same input always produces the same output.



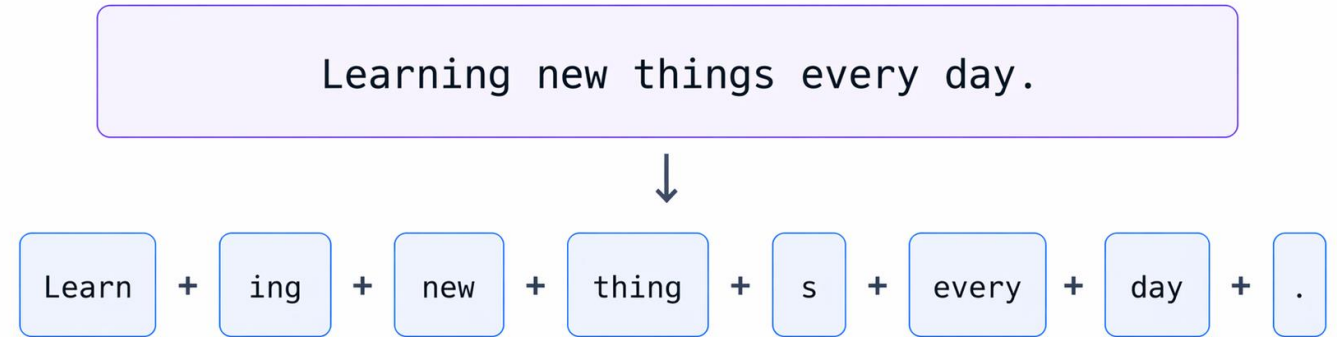
Generative AI works differently

- Generative AI learns patterns from examples during training.
- It uses those patterns to generate responses.
- Bias in the training data can affect its responses



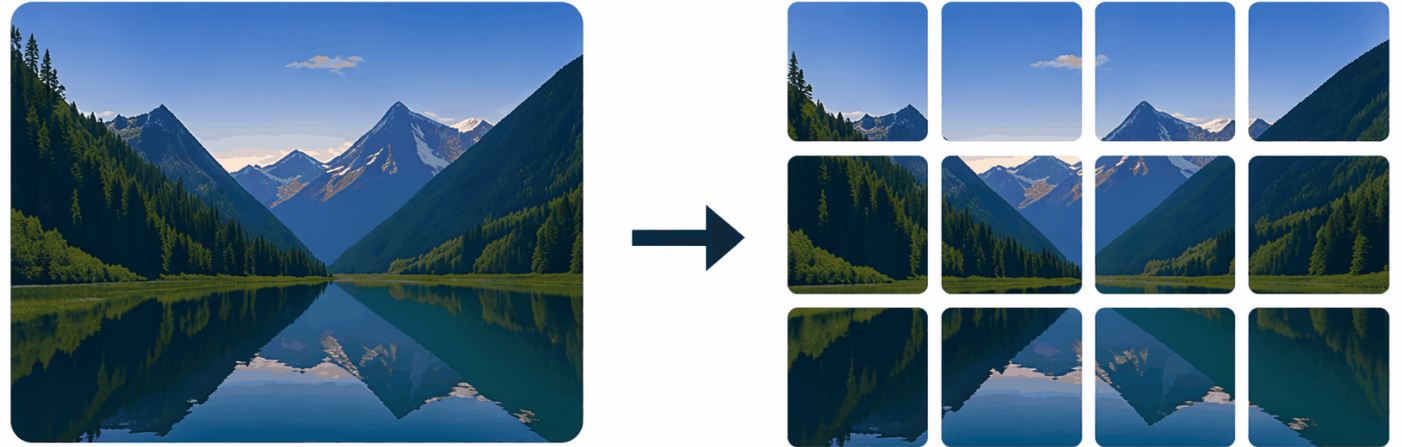
Tokens

- Text is divided into tokens (words or word fragments)



Patches

- Images are divided into patches (small pixel regions)



Vectors

- Tokens and patches are converted into vectors
- Vectors are numerical representations of the data

0.12, -0.87, 0.31, ...



Prediction

- The model uses learned statistical patterns
- It predicts the next token (text) or patch (image)
- Repeating this process generates sentences, images, or other outputs



Generative AI is a probability machine

It predicts what is most likely to come next. It does not necessarily know what it is saying.



AI Literacy



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What is AI literacy?

- The knowledge, skill, and ethical awareness needed to understand what AI does, judge its outputs, and apply it responsibly in practice
- Scale for AI Literacy in Health Care Workers (SAIL-HCW; Ang et al., 2026, Journal of Medical Internet Research)
- Validated across seven domains



Seven domains of AI literacy

- **AI concept:** understanding what AI is and its general capabilities and limits
- **Data fluency:** recognizing how training data shapes AI output
- **AI evaluation:** judging the accuracy and reliability of AI outputs
- **AI in practice:** knowing when and how to apply AI tools appropriately
- **Ethics and regulation:** awareness of ethical and regulatory expectations for AI use
- **AI in system:** understanding how AI changes organizational workflows
- **Continuous learning:** staying current as AI tools and practices evolve



SAIL-HCW

#	Item	1	2	3	4	5	6
1	I understand how AI technologies, such as machine learning or generative AI, work in a general way.	☐	☐	☐	☐	☐	☐
2	I understand the potential benefits and risks of using AI in health care.	☐	☐	☐	☐	☐	☐
3	I can identify common quality issues in data used to develop AI models (eg, missing cases, inconsistent formats, and unclear sources).	☐	☐	☐	☐	☐	☐
4	I can explain how biased or unrepresentative data may affect AI model performance.	☐	☐	☐	☐	☐	☐
5	I can judge when AI generated outputs may require additional verification before being used in care decisions.	☐	☐	☐	☐	☐	☐
6	I can identify limitations or biases in the outputs of AI systems (eg, in triage tools and documentation systems).	☐	☐	☐	☐	☐	☐
7	I can incorporate AI recommendations appropriately into my work.	☐	☐	☐	☐	☐	☐
8	I can adjust how I use AI tools based on the situation or task at hand.	☐	☐	☐	☐	☐	☐
9	I can identify potential ethical risks when using AI in health care tasks.	☐	☐	☐	☐	☐	☐
10	I follow institutional policies and ethical guidelines when using AI in my work.	☐	☐	☐	☐	☐	☐
11	I can support my team in adjusting to new AI related changes in our work.	☐	☐	☐	☐	☐	☐
12	I am familiar with the basic steps involved in adopting AI tools in our organization.	☐	☐	☐	☐	☐	☐
13	I actively seek opportunities to update my knowledge about AI in health care.	☐	☐	☐	☐	☐	☐
14	I stay informed about new AI tools and applications that could affect my work in health care.	☐	☐	☐	☐	☐	☐

The SAIL-HCW measures confidence, not actual skill

- It asks how confident you feel, not how well you perform.
- Confidence is a starting point. More important is how critically you reflect on your use of generative AI.



AI Fluency



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Defining AI fluency

- AI fluency represents an advanced form of digital literacy in which users engage with generative AI tools ethically, critically, and confidently (Stratton-Maher & Kelly, 2026).
- Fluent users move beyond basic technical operation and position AI as a collaborative thought partner for refining writing, generating ideas, and clarifying complex terminology.
- AI fluency requires critical judgment to evaluate outputs, recognize misinformation, verify sources, and maintain academic integrity in complex information environments.
- The goal is not replacing human thinking, but supporting knowledge construction while preserving intellectual agency.



The AOTA Code of Ethics



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The AOTA Code of Ethics has three levels

Core Values

- Describe what the profession believes.

Principles

- Apply those values to professional behavior.

Standards of Conduct

- Describe specific, enforceable behavior (American Occupational Therapy Association [AOTA], 2025).



Eight Core Values of the AOTA Code of Ethics

Altruism

Caring about and acting for the well-being of others.

Equity

Addressing barriers and providing support so people have fair opportunities to participate.

Freedom

Respecting each person's right to make choices and pursue meaningful goals.

Justice

Upholding rights and working toward fair access and full participation.

Dignity

Respecting each person's inherent worth, identity, and life experiences.

Truth

Being honest, accurate, and faithful to the facts.

Prudence

Using careful reasoning and sound judgment in decisions and actions.

Advocacy

Working with people and communities to remove barriers and protect opportunities for meaningful participation.



Six principles guide ethical decisions

- Beneficence
- Nonmaleficence
- Autonomy
- Justice
- Veracity
- Fidelity (AOTA, 2025)



Why We Use Ethical Principles



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Ethical principles guide decisions when rules do not provide clear answers

- AI use raises questions that existing rules may not fully address.
- Ethical principles help us examine our choices and their consequences for others.



Ethical principles also have limits

- Decisions about AI use may involve several ethical principles.
- A choice may uphold one principle while compromising another.
- The principles are not ranked, so we must weigh these tensions and justify our choices.



Beneficence

Doing good



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Beneficence means acting for the good of the client

- AI should be used only when it benefits the client.
- The OT practitioner works with the client to determine whether AI use supports the client's goals and well-being.



Individualized OT care looks beyond the patterns of generative AI

- OT focuses on each client's goals and participation in daily life.
- The client's needs and circumstances may fall outside the pattern of generative AI.
- The OT perspective helps identify what generative AI may overlook about the individual.



Beneficence also means being innovative in practice

- Generative AI can drive innovation in practice.
 - No code tools such as Lovable let practitioners build custom apps without programming skills.
 - AI can adapt text to a client's reading level and simplify complex information.
 - AI can quickly create visuals that help clients understand.



Nonmaleficence

Avoiding harm



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Nonmaleficence means avoiding harm to clients

- AI creates new ways that harm can reach clients.
- Practitioners must not expose clients to risk of harm, even unintentionally (AOTA, 2025).



Generative AI can sound convincing and still be wrong

- Clinical suggestions may appear reasonable even when they are inaccurate.
- Acting on inaccurate recommendations without verification can put clients at risk.



Automation bias: trusting AI because it is AI

- Automation bias is the tendency to over-rely on automated advice and accept it without checking (Goddard et al., 2012).
- It can lead practitioners to act on a wrong AI suggestion, or to miss a problem the AI did not flag.
- The more polished and confident AI sounds, the stronger the pull to trust it.



AI output is not evidence

- OT is an evidence-informed profession.
- AI output is not peer-reviewed and should not be treated as verified evidence.



If you use AI output and it is wrong, the mistake is yours

- Checking AI output is part of your professional responsibility.
- You cannot hand that responsibility to the tool.



Ask AI for its sources, then check them yourself

- Ask AI to list the sources behind its answer.
- Confirm that each source exists and says what AI claims it says.
- Judge the quality of each source the same way you would judge any research.



Be alert for predatory journals

- Predatory journals publish articles with little or no real peer review.
- AI has made these journals more common and easier to find.
- A generative AI citation is not always a trustworthy.



Data and Bias Can Lead to Harm



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Health system built an AI tool to identify patients needing extra care.

They lacked a clean measure of illness severity, so they used something widely available:



Healthcare Spending

The logic:

More Spending
= More Need



But the Reality:



Transportation



Cost



Trust

Resulted in Less Spent on Care



The Algorithm Concluded:

Low Spending = Low Risk



Result: The Most Vulnerable Were Overlooked

Autonomy

Self-determination, privacy, and consent



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Clients have a right to control their own information

- Never enter protected health information into public AI tools.
- Removing names alone may not protect a client's identity. Follow your organization's rules before entering client information into an AI tool.
- Protect more than names: images, therapy notes, IEP content, and case details can also identify a client.



Autonomy protects the client's right to decide

- Clients have the right to make informed choices about their care.
- Explain how AI will be used and how client information will be handled.
- Obtain informed consent will applicable.
- Keep the client's goals and preferences central to decisions.



Justice

Fairness and access



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Justice means fair and equitable access to care and resources

- AI should not widen existing gaps in care.
- Its benefits and risks should not fall unevenly on certain groups.



Not every client or practice setting has equal access to AI tools

- Unequal access can widen existing gaps in care.



AI can work less well for groups underrepresented in its training data

- Many AI systems are trained on data that does not represent diverse populations.
- A systematic review found gaps in AI outcomes, accessibility, and representation for diverse groups in health and social care (Marko et al., 2025).



AI in health care has been linked to worse racial disparities

- A systematic review found that AI use was associated with increased racial disparities in health care.
- Black and Hispanic populations were especially affected (Haider et al., 2026).



Generative AI has a real environmental cost

- AI uses large amounts of water and energy.
- AI hardware depends on mining raw materials.
- Researchers now treat these costs as a health ethics issue (Fiske et al., 2025).



Veracity

Honesty and transparency



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Veracity means giving accurate, objective information

- The Code calls for comprehensive, accurate, and objective information, and for making sure the person understands it (AOTA, 2025).
- This applies to how we communicate with clients, colleagues, and the public.



Practitioners should tell clients when AI is part of their care

- Clients have a right to know how their care is being delivered.
- OT practitioners need to disclose when and how AI is used in the delivery of occupational therapy services.



Practitioners must catch AI mistakes and be open about AI's role

- AI sometimes makes up information, which is called hallucination.
- OT Practitioners must verify AI-generated information for accuracy and contextual relevance.



People who disclose AI use are often judged more harshly

- Research shows that people who disclose AI use are seen as less competent.
 - People who use AI without saying so receive full credit for the same work. (Schilke & Reimann, 2025).



This creates a system that punishes honesty

- Being open about AI use is penalized.
- Staying silent about AI use is rewarded (Sahebi et al., 2026).



We should judge the work and the process, not just whether AI was used

- Ask whether the work is high quality.
- Ask whether the person was honest about how it was produced.



Transparency about AI protects public trust in OT

- The profession's credibility depends on honesty about how care is delivered.



AI Disclosure

- **Tool** (e.g., ChatGPT)
- **Model/Version** (e.g., GPT-4 (January 2026 release))
- **Publisher/Developer** (e.g., OpenAI, San Francisco, CA)
- **Date of Use**
- **How It Was Used** (e.g., Language editing for clarity, restructuring sentences, and summarizing background literature; not used for data analysis or interpretation.)
- **Human Verification** (All AI-assisted content was reviewed, edited, and verified by the authors, who assume full responsibility for accuracy and integrity.)

(Triola & Rodman, 2024)



Fidelity

Commitment, respect, and integrity



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Fidelity means staying faithful to clients, colleagues, and the profession

- It includes keeping commitments and treating clients, colleagues, and other professionals with respect, fairness, discretion, and integrity (AOTA, 2025).



Strong clinical skills keep your commitment to clients

- Your own competence is what allows you to recognize when AI is wrong.
- You cannot correct AI output if you cannot evaluate it.



Have you ever asked AI instead of texting a colleague?

- Asking AI about a tricky case is fast and always available.
- Relying on AI instead of colleagues and mentors can weaken peer collaboration and mentorship.



Letting AI carry some of the load is not always a problem

Dependent Offloading

- Letting AI do the actual reasoning for you.

Autonomous Offloading

- Using AI as support while you keep doing the reasoning, like using a calculator for arithmetic (Zhu et al., 2026).



The real question: are you still the one doing the reasoning?

It is not whether AI ever carries part of the work. It is whether your clinical reasoning stays in charge.



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AI can support lifelong learning when used carefully

- AI can help you explore new topics and test your understanding.
- Use AI as a starting point for learning, not as the final source.
- Remember that AI draws on general information, not clinical expertise.
 - Consider generative AI tools like Gemini Notebook (formerly Notebook LM) that allow you to curate content.



Standards of Conduct

AOTA Code of Ethics (2025)



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The Standards of Conduct have six sections

1. Professional Integrity, Responsibility, and Accountability
2. Therapeutic Relationships
3. Documentation, Reimbursement, and Financial Matters
4. Service Delivery
5. Professional Competence, Education, Supervision, and Training
6. Communication

(AOTA, 2025).



Standard 1F: Protect public trust in OT

THE CODE SAYS: STANDARD 1F | FIDELITY

“Do not engage in actions that reduce the public's trust in occupational therapy.”

(AOTA, 2025)

ASK YOURSELF

Would my client be surprised to learn how AI was used in their care?



Standard 2B: Keep decisions shared with the client

THE CODE SAYS: STANDARD 2B | AUTONOMY

“Establish a collaborative relationship with recipients of service that honors and promotes shared decision-making, service recipient autonomy, culture or identity, and service recipient well-being.”

(AOTA, 2025)

ASK YOURSELF

Has the client had a real say in what AI suggested?



Standard 3E: Acknowledge AI use in documentation

THE CODE SAYS: STANDARD 3E | VERACITY

“Use of artificial intelligence (AI) in documentation requires acknowledgment of resources in the document, whether it involves clinical, professional, or academic activities.”

(AOTA, 2025)

ASK YOURSELF

Does this document say that AI helped create it?



Consent before AI records a session

THE CODE SAYS: STANDARDS OF CONDUCT FOOTNOTE

“When artificial intelligence (AI) tools are utilized during recorded sessions for purposes such as transcription, documentation, or data analysis, full transparency is required. Individuals involved must be informed in advance of the recording regarding the intended use of AI, the nature and scope of data collection, and any potential storage or dissemination of information. Informed consent should be obtained, as applicable, to uphold ethical standards of practice and professional integrity.”

(AOTA, 2025)

ASK YOURSELF

Did the client agree before AI recorded or analyzed the session?



Standard 4C: Use evidence based interventions

THE CODE SAYS: STANDARD 4C | BENEFICENCE

“Use, to the extent possible, evaluation, planning, intervention techniques, assessments, and therapeutic equipment that are evidence based, current, and within the recognized scope of occupational therapy practice.”

(AOTA, 2025)

ASK YOURSELF

What evidence supports this AI recommendation?



Standard 5C: Use judgment with new technology

THE CODE SAYS: STANDARD 5C | BENEFICENCE

“Take steps (e.g., professional development, research, supervision, training) to ensure proficiency, use careful judgment, and weigh potential for harm when generally recognized standards do not exist in emerging technology or areas of practice.”

(AOTA, 2025)

ASK YOURSELF

Do I understand this tool well enough to use it safely?



Standard 5D: Keep your competence current

THE CODE SAYS: STANDARD 5D | BENEFICENCE

“Maintain competence through ongoing participation in professional development relevant to one's practice area.”

(AOTA, 2025)

ASK YOURSELF

What have I done lately to learn how AI works and where it fails?



Standard 6F: Do not present uncertainty as fact

THE CODE SAYS: STANDARD 6F | VERACITY

“Avoid participating in any form of communication that contains false, fraudulent, deceptive, misleading, or unfair statements or claims. Practitioners must refrain from commenting when there is insufficient knowledge, uncertainty, or a lack of consensus about a certain topic.”

(AOTA, 2025)

ASK YOURSELF

Am I stating something as fact that I have not verified?



AI touches every section of the Standards of Conduct

Integrity, relationships, documentation, service delivery, competence, and communication.



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Ohio Occupational Therapy Practice Act



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Ohio's ethical requirements and AI use

- **Competence:** Use only AI tools you understand and have learned to use well.
- **Accurate records:** You are responsible for every word in an AI drafted note.
- **Independent judgment:** AI can suggest. You decide.
- **Honest communication:** Do not pass along AI output you have not checked.
- **Informed consent:** When AI is part of an evaluation or intervention, tell the client what they need to know to give informed consent (OAC 4755:1-2-01).



You cannot blame generative AI



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Discussion

Questions from everyday practice



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Discussions questions

1. Can I put client information into ChatGPT or other free AI tools?
2. What is the safest way to use AI for clinical ideas or home programs?
3. Who is responsible if AI makes a mistake in a note or treatment plan?
4. Do I need to disclose when AI helps write documentation?
5. What is automation bias, and why is it dangerous?
6. How can I keep AI from making my notes sound generic?
7. Can AI recommendations contain hidden bias?
8. Will using AI weaken my clinical reasoning?
9. How can AI benefit practice ethically?



Questions?

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