



AI IN OCCUPATIONAL THERAPY

PRACTICAL INNOVATION
FOR A CHANGING FUTURE

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February 2026



ACKNOWLEDGEMENT OF COUNTRY

The Training Club respectfully acknowledges the Traditional Owners and Custodians of Country on which we work and live. We pay our respects to Elders, past, present and emerging.



HI, I'M JESS!

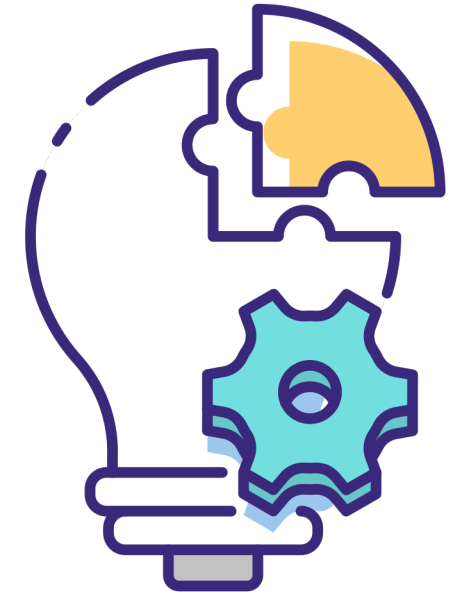
- Over 15 years clinical experience as an OT
- Lifelong tech nerd
- Ran a digital health startup
- Using AI since 2022 across clinical and business
- Speaker & consultant helping allied health professionals integrate technology safely, ethically and effectively
- Mission: Empower clinicians to use technology for impact.



FROM TOOLS → SOLVING PROBLEMS

AI is not the goal - Solving the right problem is

- AI is just one tool, and it's not always the right one
- The real work is in solving problems and redesigning systems
- Clinicians don't need to master tools, we need to master reasoning



We don't start with the tool. We start with the friction.

What's one task in your work that drains time or mental energy?



A HUMAN CENTRED LENS FOR AI

The real power of AI isn't in replacing clinicians - it's in removing friction.

Invisible work drains clinicians:

- Admin
- Repetition
- Documentation
- Searching

When used well, AI:

- Frees cognitive space
- Supports clarity
- Enhances presence
- Supports reasoning
- Makes healthcare *more human*, not less



WHAT AI CAN SUPPORT (TODAY)

Clinicians are already using AI to:

- Draft documentation
- Summarise guidelines, research
- Clarify complex concepts/ language
- Create client resources
- Brainstorm ideas
- Improve reasoning
- Organise information
- Personalise therapy
- Reduce admin in their roles



ETHICS, SAFETY & OVERSIGHT

The risks are real

Privacy & Confidentiality

Understand how tools store and use data, use data minimisation principles to protect client data.

Bias & Fairness

Always check outputs. Do not outsource your decision making.

Accountability & Transparency

Explain to clients how you are using AI, seek informed consent and consider when not to use AI.



INTRODUCING: THE CARE FRAMEWORK

For clinician confidence in adopting AI

C – Curiosity - Notice the pain points, where is the friction, frustration or repetition?

That is often where AI can help.

A – Action - Don't wait for perfect. Try one prompt, one tool, one task. Small things

are lower risk.

R – Responsibility - You're still the decision maker. Keep it ethical, safe and human.

Review outputs and use your clinical reasoning.

E – Explore - There's no single right way to use AI. Play, adapt and reflect. Learn by

doing.



HEALTHCARE IN THE NEXT 3-5 YEARS

AI agents embedded in workflows

- Triage support
- Admin
- Workflow scaffolding

Governance

- Compliant tools
- Clear governance frameworks
- Liability debates for decision making

Multimodal & Hybrid models

- In person + telehealth + AI
- Voice input, movement analysis, predictive tools



WHATS POSSIBLE WHEN WE GET IT RIGHT

- More time for human connection in clinical care
- Greater clarity and consistency in reasoning
- Improved client understanding and engagement
- More adaptive, future ready clinicians
- Richer learning environments

Technology should expand space for human intelligence, not reduce it.



BRINGING IT ALL TOGETHER

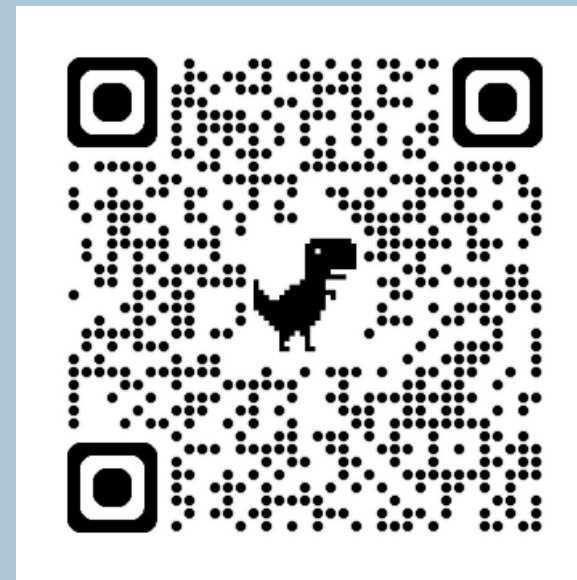
- AI is already part of modern clinical practice
- Used well, it reduces friction and expands space for human care
- The future of health will blend human intelligence + artificial intelligence
- The clinician-AI partnership is the future of safe practice
- Clinicians need reasoning, judgement, ethics and adaptability

This isn't about using AI for the sake of it, it's about shaping a future where **OTs lead with ethics, confidence and impact.**



THANK YOU

I share practical resources and reflections on systems and the considered use of AI in practice. You're welcome to scan the QR code for access.



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