



STUDENT WORKBOOK

AI for Doctors and Healthcare Practitioners

3 days, 3 hours a day · Online across India, in person from Jaipur



AI Coaching India

This workbook belongs to _____

Batch code: _____

AI for Doctors and Healthcare Practitioners: Your Workbook

Dear doctor,

Three days is not long, so this workbook does the remembering for you. Every prompt from every session is printed here with blanks, so that between patients on a Tuesday you can rebuild a handout, a letter or a summary in minutes. Use it during class: write in it, mark what worked, cross out what did not, spill chai on it if you must. One rule is printed on nearly every page because it deserves to be: no real patient data ever goes into AI. Not a name, not a number, not a detail that could identify someone. Everything else, the handouts, the letters, the literature summaries, the front-desk kit, is yours to build fast and reuse forever.

With respect for the work you do,

Team AI Coaching India

Before day one

- Install the free ChatGPT app and the free Google Gemini app, or bookmark chatgpt.com and gemini.google.com on your laptop. Create free accounts with a personal email.
- Create a free Perplexity account (perplexity.ai) and a free Canva account (canva.com).
- Bookmark notebooklm.google.com and gamma.app; both have free tiers we will use.
- Think of one condition you explain to patients several times a week. We build your first handout on it.
- Bring a phone or laptop, charged. No IT knowledge needed, and nothing we use requires a paid plan.
- One reassurance: this course never touches diagnosis or treatment. It only takes the writing and admin off your desk, so the pace is comfortable even if AI is completely new to you.

Day 1: Patient education in two languages

What today was really about

Within thirty minutes you were making AI write a patient handout, and within an hour it existed in both English and Hindi at a reading level a worried parent or an elderly patient can follow. The real skill you practised was compression: taking what you say twenty times a week and turning it into one page patients keep on the fridge. And you met the line that runs through this whole course: the privacy line. No patient names, no records, no identifiers, ever. The condition goes in; the person never does. You also saw why every AI health sentence gets checked against a trusted source before it reaches a patient's hands, because AI can be confidently, fluently wrong.

Prompts we used

1. I am a _____ (doctor, dentist, physiotherapist) in India. Write a one-page patient education handout on _____ (condition or procedure). Sections: what it is, common

symptoms, what helps at home, what to avoid, when to contact the clinic. Simple English, short sentences, no medical jargon, warm tone. Do not include any medicine names or doses.

2. Rewrite this handout for a patient who reads at a basic level. Shorter sentences, everyday words, one idea per line.
3. Translate this handout into simple, spoken-style Hindi that a patient in _____ (your city) would find natural. Avoid stiff, bookish Hindi.
4. Rewrite the same handout for the parents of a child patient: reassuring, practical, and clear about warning signs that need a clinic visit.
5. List every factual claim in this handout as bullet points, so I can verify each one against a trusted clinical source before printing.
6. Write 5 short answers to the questions patients most commonly ask about _____, each under 50 words, in simple English and then in simple Hindi, for my clinic's WhatsApp.

Now you try

1. Build a handout for the condition you chose before day one, in both languages. Which section did you rewrite most? _____
2. Take the claims list from prompt 5 and verify each point against a source you trust. Note anything you corrected: _____
3. Paste your English handout into Canva's free template, add your clinic name, and export it. Write the template name here: _____

Watch out

WATCH OUT

Two rules from day one. First: no patient identifiers into AI, ever, in any prompt, in any tool. Second: AI health text is checked against a trusted source before a single copy is printed. It writes fluently and errs fluently; your verification is what makes the handout safe.

My notes

Day 2: Clinic letters, summaries and literature

What today was really about

Today was about the writing that eats your evenings: referral letters, clinic letters, and the guilt-inducing pile of papers you mean to read. For letters, you built templates with placeholders, so the structure is done once and the patient details are added by you, on your own computer, outside AI. For literature, you learned the two-step habit: AI gives you the fast first pass, and the original paper gives you the truth. You watched AI invent a citation live, which is the best vaccination against trusting

summaries blindly. And you turned a topic into a CME-ready presentation skeleton, because the deck you keep postponing deserves a faster start.

Prompts we used

1. Create a referral letter template for a _____ (your specialty) practice in India. Use placeholders in square brackets like [PATIENT NAME], [AGE], [RELEVANT FINDINGS], [REASON FOR REFERRAL]. Formal, courteous, one page. I will fill the placeholders myself outside this tool.
2. Create two more letter templates the same way: one letter for a patient needing a procedure explained in writing, and one clinic summary letter for a patient to carry to another practitioner. Placeholders only, no example patient details.
3. I am pasting the abstract and conclusions of a published paper. Summarise it in plain language under these headings: what was studied, what was found, limitations mentioned, and what the authors explicitly did not claim. Do not add anything that is not in the text I pasted.
4. List the specific claims in your summary that I should verify against the full paper before repeating them to anyone.
5. Explain the difference between what this paper found and how a newspaper headline might exaggerate it, in 3 sentences.
6. I am preparing a 15 minute CME or conference presentation on _____ (topic or fully anonymised case with all identifiers removed). Create a slide-by-slide outline: title, context, 3 key content slides, one slide on limitations or open questions, summary slide, references placeholder. Add one line of speaker notes per slide. I will build this in Gamma and verify every clinical statement against my sources.

Now you try

1. Build your three-letter template bank for your own practice. Which letter will you use first this week?

2. Take one recent paper in your field, run prompts 3 and 4, then check the summary against the full text. What did the summary miss or flatten? _____
3. Run prompt 6 on a topic you actually owe someone a talk on. Paste the outline into Gamma and generate the draft deck. Write your talk title here: _____

Watch out

WATCH OUT

AI invents citations, study results and journal names with total confidence. Never quote a paper, a number or a guideline from an AI summary without opening the original. The summary is a map, not the territory, and in medicine the territory is what counts.

My notes

Day 3: Front desk, staff and the hard limits

What today was really about

Your clinic speaks to patients all day: confirmations, reminders, directions, polite replies to the same ten questions. Today you built that voice once, properly, as a template kit your front-desk staff can reuse without improvising. Then the session turned to the hard limits, and we were blunt: AI does not diagnose, does not prescribe, does not triage, not in your clinic, not by your staff, not ever. You wrote that into a one-page staff policy in plain words. And you practised the conversation that is coming either way: the patient who arrives having already asked Google or AI what is wrong with them, and how to respond with respect instead of a sigh.

Prompts we used

1. Write a set of WhatsApp message templates for a _____ clinic front desk: appointment confirmation, appointment reminder for tomorrow, rescheduling apology, directions to the clinic at [ADDRESS PLACEHOLDER], and fee query reply. Polite, brief, in simple English. Use placeholders like [DATE], [TIME], [NAME]; my staff fills them in outside AI.
2. Rewrite these five templates in simple Hindi with the same placeholders, in a tone that sounds respectful and natural, not machine translated.
3. Write polite reply templates for these common situations: a patient asking to jump the queue, a patient angry about waiting time, and a patient asking for advice over WhatsApp instead of visiting. The last reply must warmly but firmly ask them to come in or call, and give no medical advice.
4. Draft a one-page AI usage policy for my clinic staff in plain words. Allowed: drafting messages and letters from templates with placeholders, translation of general clinic information. Never allowed: entering any patient name, number, record or identifying detail into AI; asking AI for diagnosis, medicines, doses or advice on any patient's condition; replying to a medical question with AI text. End with: when in doubt, ask the doctor.
5. Write 4 respectful sentences I can use when a patient arrives with a self-diagnosis from the internet or AI, which acknowledge their effort, take their worry seriously, and explain why examination still matters.

Now you try

1. Build the full front-desk kit in both languages and put it in a note or document your staff can copy from. Which template will save the most time daily? _____
2. Read the staff policy from prompt 4 and edit it to fit your clinic's reality. What did you add or remove? _____
3. Think of the last patient who arrived with an internet self-diagnosis. Write the sentence you wish you had said: _____

Watch out

WATCH OUT

The staff rule must be simpler than the staff's day is busy: nothing about any patient goes into AI, and no medical question is ever answered with AI text. Templates with placeholders only. Put the policy on paper, on the wall, and revisit it when new staff join.

My notes

Your complete prompt library

Day 1: Patient education

1. One-page handout on _____ for a _____ practice: what it is, symptoms, what helps, what to avoid, when to contact the clinic. Simple English, no jargon, no medicine names or doses.
2. Rewrite for a basic reading level: shorter sentences, everyday words, one idea per line.
3. Translate into simple, spoken-style Hindi, natural not bookish.
4. Rewrite for parents of a child patient: reassuring, practical, clear warning signs.
5. List every factual claim as bullets so I can verify each against a trusted source.
6. 5 short answers to common patient questions about _____, under 50 words each, English then Hindi.

Day 2: Letters, literature and the CME deck

1. Referral letter template with [PLACEHOLDERS] I fill outside AI: formal, courteous, one page.
2. Two more templates: procedure explanation letter and carry-along clinic summary letter, placeholders only.
3. Summarise this pasted abstract and conclusion: what was studied, found, limitations, what was not claimed. Add nothing beyond the pasted text.
4. List which claims in the summary I must verify against the full paper.
5. Three sentences on how a headline might exaggerate this finding.
6. 15 minute CME or conference deck outline on _____ (topic or fully anonymised case): title, context, 3 content slides, limitations slide, summary, references placeholder, one line of speaker notes each; to be finished in Gamma and verified against my sources.

Day 3: Front desk and policy

1. Front-desk WhatsApp kit with placeholders: confirmation, reminder, reschedule apology, directions, fee reply.

2. The same kit in respectful, natural Hindi.
 3. Reply templates: queue jumper, waiting-time anger, advice-over-WhatsApp request (warm refusal, no medical advice).
 4. One-page staff AI policy: templates and translation allowed; patient data and any medical question banned; when in doubt, ask the doctor.
 5. 4 respectful sentences for the patient who arrives with an internet or AI self-diagnosis.
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Your safety card

- Never enter into any AI tool: patient names, phone numbers, addresses, record numbers, dates of birth, photos, reports, or any combination of details that could identify a person. Not even once, not even partially masked.
 - Templates carry placeholders; real details are added by you or your staff outside AI, on your own systems.
 - Every clinical or health statement AI produces is verified against a trusted source before it reaches a patient, a colleague or a slide.
 - AI never diagnoses, never prescribes, never triages in your practice, and staff never answer a medical question with AI text.
 - Citations, statistics and study findings from AI are treated as unverified until you open the original paper.
 - Use a personal or clinic account for these tools, and re-read the policy page with staff whenever someone new joins.
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Keep going: your 30-day plan

- Week 1: print your bilingual handout and hand it to real patients. Note what they ask anyway; that is your next handout.
 - Week 2: move your three letter templates into your clinic computer and use each at least once. Give the front-desk kit to your staff with the policy page.
 - Week 3: pick one paper or guideline you have been postponing, run the summarise-then-verify routine, and file your one-page brief.
 - Week 4: finish the CME or conference deck in Gamma, verify every clinical statement, and rehearse it once.
 - Ongoing: one handout or one verified summary per week, fifteen minutes, usually between the last patient and dinner.
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Plain-words glossary

- AI: software that reads and writes language; it predicts words, it does not understand medicine.
- Chatbot: an AI you converse with by typing or voice, like ChatGPT or Gemini.

- Prompt: your typed instruction to AI. Specific prompts produce usable drafts.
- Hallucination: AI stating something false with confidence, including invented studies and citations.
- Identifier: any detail that could reveal who a patient is: name, number, address, photo, rare combination of facts.
- Anonymised: with every identifier removed, so no one could work out the person.
- Placeholder: a blank like [PATIENT NAME] in a template, filled in later outside AI.
- Template: a reusable document skeleton you build once and reuse forever.
- Perplexity: an AI search tool that shows its sources, so you can click through and verify.
- NotebookLM: a free Google tool that answers questions only from documents you upload.
- Gamma: the AI presentation maker we currently use; it turns an outline into designed slides. If it ever changes, any similar AI slide maker works the same way.
- Reading level: how easy text is to read; patient material should suit a worried non-expert.
- Verification: checking AI output against the original source before acting on it. The habit of this course.