

## House of Delegates April 2026 Meeting: Artificial Intelligence (AI) and Learning Discussion

### Overview

At the April 21<sup>st</sup> House of Delegates meeting, delegates engaged in small group discussions on the topic of Artificial Intelligence (AI) and learning as a driver of change to the profession. Delegates reviewed a backgrounder and recorded presentation on the topic from members of the Council on Future Practice. Delegates shared examples of how they and their constituents have used AI successfully with the long-term goal of elevating the profession along with providing responses to pre-posted discussion questions:

1. What skills do students and practitioners most urgently need? What new expectations for practitioners will emerge as AI becomes embedded in EHRs, nutrition tools, and educational platforms?
2. How can we intentionally use AI to elevate the profession, and how do we build and share trust in these approaches across the membership?
3. Given the documented risks of bias, misinformation, cognitive offloading, and academic dishonesty, what safeguards should the profession adopt to ensure high-quality learning and ethical AI use? Where do educators, supervisors, and preceptors most need support?
4. How can we better share AI successes and practical tools across the profession so others can adopt them?

Delegates identified AI as a present and accelerating force reshaping how nutrition care is delivered, learned, and evaluated, with growing expectations for practitioners to validate, interpret, and apply AI-generated information responsibly. It is used primarily as a tool to enhance efficiency, improve care, and expand access rather than replace professional expertise. At the same time, they identified important considerations for AI adoption, including critical thinking, ethical use, data privacy, and the need to ensure AI supports and strengthens the role of RDNs and NDTRs. A clear consensus emerged that the Academy has an opportunity in setting standards, building competencies, and equipping members with practical tools, from known RDN experts currently in this space, as AI becomes more integrated into practice. RDNs and NDTRs will need to serve as higher-level thinkers, validators, and human-centered practitioners who integrate technology while maintaining clinical authority and trust. With clear guidance, skill development and intentional leadership from the Academy, AI can help strengthen the nutrition and dietetics profession and position RDNs and NDTRs as essential decision-makers in an AI-enabled environment.

## Delegate Insights

### AI is Already Embedded Across Practice Areas

Delegates shared extensive real-world applications across clinical care, education, foodservice operations, public health, and business operations. AI adoption is uneven but accelerating. The profession is already integrating AI into core functions, often without standardized guidance. Delegates reported AI is widely used for:

- Clinical documentation, transcription, and charting
- Patient education and translation (including multilingual support)
- Menu planning and nutrition analysis (including diet accuracy)
- Scheduling assistance and procurement
- Research synthesis and literature review
- Teaching tools (case studies, simulations, grading support)
- Administrative and operational efficiency (policies, onboarding, workflow automation)
- Predictive analytics, integration with EHRs, and advanced data analysis.

### AI Functions Best as an Augmentation Tool, Not a Replacement

Delegates consistently reinforced that AI is most effective when paired with human expertise. The value of RDNs is shifting away from simple information delivery and toward interpretation, validation, and application. Successful use cases emphasized time savings, enhanced productivity, and improved communication and education. Specific examples were streamlining documentation, accelerating development of educational materials, and synthesizing research. The tool also enhances communication and education by helping translate complex information, tailor messaging to diverse audiences, and support more efficient collaboration and training.

### Critical Thinking is the Primary Risk Area of AI Use

The most urgent concern among delegates was the erosion of critical thinking due to overreliance on AI. Without intervention, AI could degrade core competencies that define the profession.

- Multiple groups of delegates highlighted that citations generated by AI are “not always accurate” and that users must be trained to identify hallucinations and verify outputs, with examples of AI-generated clinical notes and education materials requiring careful proofreading due to known inaccuracies.
- Delegates raised concerns about the “erosion of foundational knowledge” and questioned whether practitioners will still be able to recall and apply basic competencies (e.g., calculations, care planning) as AI tools increasingly perform these tasks.

- Educators specifically observed that students are struggling to think and synthesize in real time, often needing to return to AI tools for answers, and showing reduced ability to independently analyze information during discussions or applied learning activities.

### **New Competencies and Expectations are Emerging**

Delegates identified a clear shift in required skills for both students and practitioners. AI competency is becoming a baseline professional expectation, similar to ethics or evidence-based practice.

#### **Priority skill areas:**

- AI literacy and prompt design
- Critical evaluation and verification of outputs
- Ethical decision-making and appropriate use
- Data privacy and confidentiality awareness
- Technology fluency (EHR integration, AI tools)
- Advanced communication and human-centered care skills

#### **Emerging expectations for RDNs:**

- Understand and use AI effectively: “how to ask the right questions” and iteratively refine prompts can be a “game changer” in the quality of AI-generated outputs.
- Validate and interpret AI outputs: a “trust but verify” approach, with examples such as students critically evaluating AI-generated case studies and practitioners needing to compare AI outputs against clinical reasoning and identify hallucinations or inaccuracies.
- Guide patients who are using AI independently: including helping interpret AI-generated recommendations and explaining why professional guidance may differ from poorly prompted or inaccurate outputs.
- Maintain transparency in AI-assisted work: a clear call for disclosure of AI use, with examples like documenting outputs as “AI-assisted, human-reviewed” and broader discussion about being transparent with patients and teams while balancing concerns about perceived value.

### **Trust as the Central Challenge in Navigating the Future**

Delegates continued to identify trust as the defining issue in navigating the future, and they argued that this is no different for AI adoption. Trust must be intentionally built through standards, education, and demonstrated value. Specifically for AI, trust can be built through transparency in AI use, demonstrated accuracy and improved outcomes, clear professional standards, and peer modeling through shared success stories.

### **Delegates identified the following opportunities to build trust:**

- Clarifying appropriate and effective uses of AI in practice
- Demonstrating how AI can support, rather than replace, professional expertise
- Promoting consistent, thoughtful adoption across practice areas

### **Ethical, Legal, and Professional Issues That Require Immediate Attention**

Delegates raised significant concerns about the broader implications of AI use. Many professionals in health care lack clear, unified guidance on ethical and legal boundaries, creating vulnerability and tension. Key risks include:

- Patient privacy and HIPAA compliance
- Bias and lack of representation in AI systems
- Misinformation and clinical inaccuracies
- Intellectual property concerns (content misuse)
- Environmental impact of AI infrastructure
- Liability for AI-assisted decisions (including proper AI citations)

### **Strong Demand for Academy Leadership and Infrastructure**

Among many delegates, there was a clear and consistent opportunity for the Academy to lead. Members are looking to the Academy for direction, consistency, and practical support. Delegates offered ideas that could continue to help RDNs and NDTRs be better prepared for appropriate and effective AI use:

- Develop clear ethical guidelines and standards for AI use
- Integrate AI into competencies, education, and credentialing
- Provide accessible, practical continuing education (CEUs)
- Create a centralized repository of tools, use cases, and best practices
- Offer “train-the-trainer” models and learning communities
- Partner with technology developers to ensure RDN representation
- Advocate for policy, privacy protections, and professional positioning

### **Professional Identity is at a Strategic Inflection Point**

Delegates expressed areas for support, and opportunities, regarding the future role of RDNs and NDTRs. AI is accelerating a shift in professional identity. The Academy has an opportunity to redefine and strengthen the value of the RDN role. While there are issues if AI is seen as a substitute for expertise, there are significant opportunities to elevate the profession through human-centered care, advanced clinical reasoning, and communication and behavior change expertise.