

## **Introduction**

Generative AI (GAI) is a type of artificial intelligence that is capable of learning patterns from existing data (e.g., text, images, videos) and synthesizing knowledge in seconds (Lim et al., 2023). GAI is a powerful tool in the higher education of healthcare professionals, including writing aid, personalized tutoring, creating simulation case studies, outlining projects, and improving language and communication skills (Shoja et al., 2023). Since the 2022 publication of ChatGPT, the discussion of GAI and its uses and purposes in the classroom have exponentially increased, highlighting the need to update curricula that are reflective of the rapidly adapting new technologies and verify writing that is considered ethically sound (Thurzo, 2023; Watermeyer et al., 2023). Students are becoming more aware of and use GAI to enhance their learning, thus faculty face a clear imperative: adapt and innovate their classrooms and teaching practices. To effectively prepare students for a future dominated by AI, faculty must embrace innovation and creativity in their teaching methods.

This paper will present how GAI has been developed and/or used in various health and human service courses following the participation in the summer learning cluster focused on learning the benefits of classroom learning using AI and its ethical issues. Additionally, it provides resources to those with an interest in developing and integrating GAI in their own courses.

## **Background and Significance**

In fall 2022, the College of Health and Human Services (CHHS) College Curriculum Committee began creating a policy for AI use in the classroom in spring 2023. They used ideas from the Center for Teaching and Learning at UNC Charlotte (2023) and statements from other

universities to create a policy that was inclusive for instructors who would have GAI permissible in their coursework and for those who would not. Fortunately, the university Office of Legal Affairs (2023) created an approved “AI use” policy during the summer of 2023 that CHHS was encouraged to adopt on all syllabi.

Despite a written policy, copious challenges face both faculty and students when navigating the use of AI in higher education, including its safe and proper use. Discussion of those subjects is outside of the scope of this paper. Yet, there are benefits to both faculty and students using GAI to support learning. Table 1 focuses on the common challenges and opportunities of GAI use raised by students and colleagues at UNC Charlotte. Following the table are applications of how GAI was adopted in classrooms, proposals of its usage in various courses by discipline, thoughts of GAI from faculty and students’, and the future directions for continued forward movement with GAI in education and research.

**Table 1**

Challenges and Opportunities of GAI

Type	Challenges	Opportunities
Faculty	<p>Bias &amp; Accuracy</p> <p>Inherent bias in the GAI algorithm may perpetuate harmful/inaccurate human biases.<sup>a</sup></p> <p>Faculty must encourage critical evaluation of GAI output.<sup>b</sup></p>	<p>Personalized learning</p> <p>A “one size fits all” approach to learning does not adequately meet student needs.</p> <p>Faculty can use GAI to facilitate an individualized approach to teaching, developing resources, and providing feedback for each student</p>
Faculty	<p>Privacy</p> <p>Information entered into GAI becomes part of its learning algorithm.<sup>c</sup></p> <p>Intellectual property and sensitive information should not be entered into GAI. This lesson is critical for students in healthcare professions.</p>	<p>Efficiency &amp; Engagement</p> <p>Faculty lack time to create a personalized learning environment for every student.</p> <p>GAI tools can efficiently create engaging and effective learning media to reach students across all learning styles. Increased efficiency in grading and providing feedback<sup>d</sup> can allow for more time spent on meaningful interaction with students.</p> <p>GAI tools can stimulate ideas for development of test items, revision of assignments, and generation of case scenarios</p>
Faculty	<p>Lack of familiarity</p> <p>More students are using GAI than faculty.<sup>e</sup></p>	<p>Faculty development offerings</p> <p>Webinars</p> <p>Workshops and seminars within institution</p> <p>Peer to peer learning</p>

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Faculty can choose to increase their knowledge and use of GAI and innovate their teaching.

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Students	Ethical use	Support services
	Students may try to plagiarize GAI outputs.	Students often need help outside of business hours.
	Students need to be taught how to responsibly use GAI to facilitate learning without compromising ethics.	GAI may provide on demand help for students when faculty are not available.
	Faculty may need to shift modes of assessment from out-of-class written work to in-class assignments, activities, and exams <sup>f</sup>	

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Students	Learning curve	Adaptive learning
	Technologically [unskilled]students may be intimidated by using GAI as an educational tool.	GAI can learn a student's strength and weaknesses on a topic.
	Time in class, or dedicated classes, dedicated to teaching responsible GAI use may be beneficial.	Students can leverage GAI to develop a personalized learning plan.

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Students

Digital literacy

Students need to be literate in technology and GAI.<sup>g</sup>

Teaching responsible use of GAI in higher education may empower students as they enter a workforce and society rife with GAI tools.<sup>12</sup>

*Note.* Data are from Harrer (2023)<sup>a</sup>, Lubowitz (2023)<sup>b</sup>, U.S. Government Accountability Office (2023)<sup>c</sup>, Chan and Hu (2023)<sup>d</sup>, Bharadwaj (2023)<sup>e</sup>, Gleason (2022)<sup>f</sup>, and Bender (2024)<sup>g</sup>

## **Applications of GAI Use**

### ***Nursing***

Use of GAI creates an abundance of opportunities for students and faculty. For example, alternative clinical assignments can be provided that simulate the clinical experience. One such example, the case scenario of “Becky,” is provided in Appendix A. This assignment originated from a question a student raised in a psychiatric nursing practicum course about the presentation of mania in a child. After the faculty member identified a brief online video depicting an interview between a therapist and pre-teen girl demonstrating mania, the faculty used ChatGPT to construct dialogue to match “Becky” from the video. An online GAI tool created a picture of “Becky” which was placed with a video link and her narrative. A series of clinical activities and events, including a peer role play, and documentation on a nursing flow sheet stimulating an electronic medical record (in a Google doc) were constructed. This learning activity took less than one hour to create and provides the opportunity for experience from viewing the video, reading Becky’s comments, entering an electronic nursing note on the client, role-playing a conversation with a peer, and recording a telephone call to the provider about Becky’s care.

Both students and faculty found the use of ChatGPT for creating the nursing mental health case study of "Becky" to be highly beneficial. The AI-generated dialogue and associated activities provided a realistic, engaging, and practical learning experience that enhanced the educational process while saving time and resources. Students produced high-quality, innovative assignments. For example, several decided to demonstrate principles of therapeutic communication via role play. This also allowed the instructor to assess their understanding of symptoms of mania, as evidenced by the student role-playing Becky (they were not specifically instructed to do this, but chose to on their own, rather than listing or verbalizing techniques they would use). Use of multiple modalities, including viewing an AI graphic representation of "Becky"; a video vignette; reading and responding to a (ChatGPT) tailored excerpt of Becky's conversation; reading and charting in a simulated electronic medical record where they could chart and read others' shift notes; and recording a simulated phone call update to the provider and to Becky's mother, stimulated innovative responses that previous students did not produce when presented with a traditional written case study instructing them to document a problem list and care plan.

Due to the increasing demands imposed by accreditation organizations, bedside nurses find themselves devoting an unprecedented amount of time to clinical documentation and quality improvement (QI) projects. Hindered by demanding schedules and a surge in administrative tasks, nurses may have limited opportunities for direct patient care. This leads to decreased involvement in QI projects or opportunities for assuming leadership roles in QI initiatives for project development. To alleviate this burden and empower bedside nurses to prioritize patient-provider interactions and QI efforts, there is an opportunity to integrate practical tools, such as ChatGPT, into their continuing education programs. Utilization of ChatGPT as a tool for

outlining and drafting QI proposals and plans may equip nurses with skills necessary to navigate the intricacies of project development, while instilling confidence for future leadership roles, enhancing intervention implementation fidelity, and securing nurse input and buy-in throughout the QI process, thereby fostering tangible improvements in patient care quality (Appendix B). As a result, both bedside nurses and nurse managers have found ChatGPT to be a valuable tool for supporting QI projects. It helps alleviate the administrative burden, enhances skill development, fosters greater involvement and leadership among nurses, and leads to more effective and impactful QI initiatives. This integration not only improves the quality of patient care but also promotes professional development and leadership training among the nursing staff.

### ***Social Work***

Social Work is a broad discipline concerned with the well-being of individuals, families, groups, communities, and organizations. Thus, GAI could be used in several ways in the classroom. For instance, sometimes students may be anxious about working with real clients and struggle to ask the right questions. GAI can be prompted to “act like a client” and then engage in a bidirectional conversation providing swift feedback to the student. For example, if a student was assessing a client for a possible anxiety disorder, the student could request that GAI tool act as a client to respond to questions using the Generalized Anxiety Disorder 7 (GAD-7) (Spitzer et al., 2006) assessment. Students can ask their questions and then gauge how to score the client. An example is provided in Appendix C.

In courses with a larger macro focus, GAI can be used to analyze social programs and policies from a diversity and equity lens. For instance, students can use GAI to ‘chat with a famous/significant person’ to get a glimpse into their perspectives and build their critical thinking skills. Appendix D provides an example of a conversation between a notable Social

Worker, Jane Addams. The GAI used public information about Jane Addams and provided a response. Students can then agree or challenge the perspective through a class discussion.

### ***Exercise Science***

Within Exercise Science fields, young professionals may find it challenging to develop comprehensive care or training plans for their athletes. Additionally, seasoned professionals may need assistance being creative in their planning to keep athletes engaged. GAI can be used for both cases while teaching students important critical thinking skills (Ha et al., 2024). For example, we have used GAI to build exercise plans or injury risk reduction interventions for athletes. The faculty member asked the students to pick an injury they wanted to prevent and then had ChatGPT develop an injury risk reduction plan for “Sarah,” a 14-year-old female soccer player. Once the plan was built, students realized it did not fully meet the needs of the athlete and lacked detail in certain areas. So, they interacted with ChatGPT to build in more detailed information (e.g., sets and repetitions of an exercise), account for previous injury history, and develop a rationale for the inclusion of certain exercises. This in-class activity was well-received by the students and taught them to critically appraise the GAI output while providing practice developing treatment plans.

### ***Public Health***

Public Health may use GAI to assist in the development of improved healthcare communication, education, and system efficiency. Coursework dedicated to the use of AI in healthcare is an effective way to prepare students for their work in the field and it can focus on an array of topics from disease management, ethics (i.e., patient privacy), to mental health support. For instance, in a Spring 2024 Health Policy and Leadership course where students practice their science communication skills by writing an opinion editorial (i.e., an op-ed),



preliminary findings found that 21% of students endorsed using GAI on the assignment when permitted to do so by the instructor. For further application of learning, we asked faculty and students their thoughts on the use of GAI in the classroom. Having a base understanding of their use of GAI may help us better formulate how we can move forward in our continuous cycle of learning.

Overall, the feedback from students and faculty across various disciplines, including nursing, social work, exercise science, and public health, had mixed responses, ranging from “not using. . . have no real reason at this point,” to “I have started to use it” while others provided detailed examples. These include generating videos, creating lectures, having students use them to create study guides, and creation of clinical decision cards for students. Students in a communications course and a healthy aging course discussed their reasons for using GAI including using it as a teaching resource for subject comprehension (e.g., accounting, coding) and assistance in enhancing previously written work. Other students mentioned their non-use of using GAI because it has either been discouraged by their professors or having paranoia of using it and “being caught.” More than half (59%) of students admitted to using GAI when they were not given permission.

### **Next steps**

The approval to transition to an accredited school of public health status prompted our college to consider how we coalesce our ideas of GAI into a more positive understanding of the language and its effectiveness for the Applied Physiology, Health, and Clinical Sciences; Nursing; Public Health Sciences; and Social Work Departments. We have varying ways of assimilating and processing information based on personal learning styles and learned applications by discipline. Next steps must involve the establishment of clear governance related

not only to teaching, but also other areas such as advising, student and employee support services, research, faculty and staff service, and administration. Clear governance allows for maximum utilization and benefit of GAI to create more efficient and productive protocols in higher education. For instance, explicit guidance related to GAI can assist in tasks such as writing letters of recommendation, staff scheduling, and responding to standard emails.

### **Future plans for Generative AI work group**

Our work group aims at advancing research, education, and collaboration in the field of GAI and the multi-faceted approach focuses on the following key areas:

***Pilot project(s):*** We will utilize internal funding to support pilot studies aimed at examining faculty and students' attitudes and perceptions regarding the use of generative AI in both research and education. These studies will provide valuable insights into the current landscape and inform the development of effective strategies for integrating generative AI into various academic contexts.

***Collaboration expansion:*** In parallel, we will actively seek potential collaborators from other colleges and academic institutions. By fostering collaborative relationships, we aim to leverage diverse expertise and resources to advance our understanding and application of generative AI across disciplines.

***External funding:*** Building upon the insights gained from our pilot studies and collaborative network, we will pursue external funding opportunities to further support our research efforts. By demonstrating the potential impact of generative AI through our pilot work and collaborative efforts, we aim to secure external funding to expand our research initiatives and scale our impact.

***Curriculum development:*** Recognizing the importance of education in shaping the future of AI, we will develop a comprehensive curriculum around generative AI. This curriculum will be

designed to equip students with the necessary knowledge and skills to understand, develop, and ethically deploy generative AI technologies across various domains.

***Publications:*** Lastly, we will continue to prioritize publications within our work group to build a strong track record of research contributions in the field of generative AI. By disseminating our findings through peer-reviewed journals, conferences, and other scholarly outlets, we aim to contribute to the broader academic discourse and drive innovation in the field.

Through these strategic initiatives, the GAI work group is committed to advancing knowledge, fostering collaboration, and shaping the responsible development and application of GAI technologies for health service research and education.

***Institutional expectations:*** Expectations regarding the use or prohibition of GAI use in teaching and research still need to be clarified. Although UNC Charlotte has provided syllabus language for using AI in the classroom, it is left to individual instructor discretion. This can be confusing to students who must navigate how each professor enforces these policies. While a one-size-fits-all approach (i.e., a GAI ban) is not recommended, as there can be areas where AI use can be beneficial, further discussion on the scope of GAI use and ethics is needed. UNC Charlotte and the UNC System should continue to examine how students and faculty use AI and continue to navigate the ethics of using GAI. Further, plagiarism policies need to be modified to account for how to navigate issues related to GAI.

## **Conclusion**

The steps the college started taking are what will prompt our next steps. The AI summer teaching led to faculty to learn more through CTL and outside entities, like the Cooperative for Educational Technologies of the Western Interstate Commission on Higher Education, which focuses on AI. There were opportunities created for nurses to learn about communication skills

to use with patients, adverse dangerous medication effects. We had more open conversations with students and faculty about their thoughts. It is this type of open communication that needs to continue so that we can better prepare our students for the changes that are occurring in the world with respect to GAI.

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## Appendix A

### The Case of Rebecca

#### Meet Rebecca



- View the video of [Rebecca - "The Manic Child"](#)
- Document your assessment findings, including Rebecca's mood, affect, thought content, and behavior [here](#). Download and submit your documentation to *flow sheet* dropbox in assignment module.

*\*Checkpoint:* Did you document thoroughly all pertinent information and sign?

#### The Case of Rebecca



- Identify defining characteristics of bipolar disorder in the adolescent patient.
- Document assessment findings from observation of an adolescent patient.
- Develop a collaborative care plan for an adolescent patient with bipolar disorder.
- Assemble an education plan for parents and a an adolescent with bipolar disorder.



## Therapeutic Communication with Rebecca



You go into the dayroom to meet Rebecca. Below is part of her conversation:

*Hey there! I'm Rebecca, and I'm like, totally buzzing with energy all the time! Woo! Let's go climb trees, ride bikes, and maybe even try to fly like superheroes! I've got so many ideas racing through my brain, it's like a roller coaster in there! Whee! Life is one big adventure, and I'm ready to take it on with a big ol' grin on my face! Who's with me? Let's make some memories that'll last forever!*

- Describe and document your use of therapeutic communication techniques with Rebecca. Submit to *therapeutic communication* dropbox in assignment module.



## Staff Communication with Rebecca



You enter the dayroom and notice a staff member interacting with Rebecca;

Nurse: Good morning, Rebecca. How are you today?

Rebecca: What's it to you? Can't you see I'm fine?

Nurse: Just checking in. It's my job to make sure you're doing okay.

Rebecca: Well, I don't need your checking in. I'm perfectly capable of taking care of myself.

Nurse: I know you think that, but if it were true you wouldn't be here, right?

Rebecca: Feeling? I feel like you're just here to annoy me. Can't you go bother someone else?

Nurse: I'm here to help you, Rebecca. Whether you like it or not.

Rebecca: Help me? Yeah, right. You think you can fix me with your stupid questions and pills?

Nurse: Your attitude and behaviors are inappropriate, Rebecca.

Rebecca: Support? More like control. You just want to keep me locked up and quiet.

Nurse: That's not true, Rebecca. I want to see you get better.

Rebecca: Better? I'm not the one who needs fixing. You are!

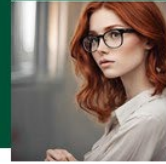
Nurse: I disagree, You need help and I can do that. I am not the enemy here

Rebecca: You're not my friend either. So why don't you just leave me alone?





## Staff Communication with Rebecca



What might have gone better with the communication? Recreate the conversation between the nurse and Rebecca, by role playing with a classmate. Record your 3-5 minute conversation and submit to the dropbox, *therapeutic communication recording*, in the module.

- After your role play, comment on:
- What communication techniques did you use?
- How did Rebecca respond?



## Rebecca and the Code!!!

Rebecca does not respond well to the nurse. She becomes more agitated, jerking away from the nurse, when he/she approaches. “I said I don’t need your help!” Rebecca shouts. She then grabs a chair and throws it at you. What do you do?

- Document your actions, including rationale in the dropbox, *Code Rebecca*.
- Call the provider to notify him or her of what has happened. Be sure to include any request for orders and submit a recording of your call in the dropbox, *Call to Provider*.

## Appendix B

Project Proposal Title: Improving Patient Education about Advance Care Planning

### Introduction:

Advance care planning (ACP) is a crucial aspect of patient-centered care, allowing individuals to express their preferences for medical treatment and end-of-life care in advance. However, studies show that many patients lack adequate knowledge about ACP, leading to suboptimal decision-making and outcomes. This project aims to enhance patient education about ACP to promote informed decision-making and improve patient satisfaction.

### Objective:

To improve patient education about advance care planning by implementing the Plan-Do-Study-Act (PDSA) model.

### Plan:

1. Identify Current Practices:
  - a. Review existing patient education materials on advance care planning.
  - b. Assess the current process of delivering ACP education to patients.
2. Set Goals and Objectives:
  - a. Develop clear objectives for improving patient education about ACP.
  - b. Set measurable goals, such as increasing the number of patients who complete advance directives or express their preferences for end-of-life care.
3. Develop an Action Plan:
  - a. Update or create patient education materials that are clear, concise, and culturally sensitive.
  - b. Train healthcare providers on effective communication techniques for discussing ACP with patients.
  - c. Implement a systematic approach to offer ACP education during patient encounters, considering factors such as timing and patient readiness.

**Do:**

## 1. Pilot Implementation:

- a. Implement the revised patient education materials and communication strategies in a pilot phase.
- b. Solicit feedback from healthcare providers and patients regarding the effectiveness and accessibility of the educational resources.
- c. Adjust the implementation plan based on feedback and lessons learned during the pilot phase.

**Study:**

## 1. Evaluate Outcomes:

- a. Assess the impact of the revised patient education materials and communication strategies on patient knowledge and engagement in ACP.
- b. Measure the number of patients who complete advance directives or engage in discussions about their end-of-life preferences.
- c. Gather feedback from patients and healthcare providers regarding their satisfaction with the improved ACP education process.

## 2. Data Analysis:

- a. Analyze quantitative data (e.g., completion rates of advance directives) and qualitative feedback to identify areas of improvement.
- b. Identify any barriers or challenges encountered during the implementation phase and propose solutions.

**Act:**

## 1. Implement Changes:

- a. Incorporate insights gained from the evaluation phase to refine the patient education materials and communication strategies further.
- b. Address any identified barriers or challenges by adjusting the implementation process or providing additional support to healthcare providers.

## 2. Sustain and Spread:

- a. Develop a plan for sustaining the improved ACP education process long-term, including ongoing training for healthcare providers and regular review of patient education materials.
- b. Share successful strategies and best practices with other healthcare teams within the organization to promote widespread adoption.

### **Conclusion:**

By utilizing the PDSA model, this project aims to systematically improve patient education about advance care planning, ultimately empowering patients to make informed decisions about their healthcare preferences and goals. Through continuous evaluation and adaptation, we strive to enhance patient-centered care and improve patient outcomes in our healthcare setting.

## Appendix C

### Portion of the Conversation for Anxiety Assessment

**Student:** Can you pretend to be a client with anxiety so I can practice assessing using the GAD-7?

**GAI Tool:** Of course, I'm here to help. Let's proceed with the assessment.

**Student:** So what brings you in today?

**Client (GAI Tool):** Thank you for asking. Lately, I've been feeling quite overwhelmed by my anxiety. It seems like no matter what I do, I can't shake off this feeling of worry and unease. It's been affecting my ability to focus on tasks, and I often find myself feeling restless and on edge. Additionally, I've been having trouble sleeping at night because my mind just won't seem to quiet down. Overall, it's been quite distressing, and I'm hoping to find some guidance on how to cope with these feelings.

**Student:** I'm sorry to hear about that. In the last 2 weeks how often have you felt on edge?

**Client (GAI Tool):** Over the past two weeks, I've been feeling on edge quite frequently, I'd say around 5 or 6 days out of the week. It's been a persistent feeling that's been hard to shake off.

**Student:** How's your sleep?

**Client (GAI Tool):** My sleep has been quite disrupted lately. I've been having trouble falling asleep, and even when I do manage to drift off, I often wake up multiple times during the night. It's been leaving me feeling tired and groggy during the day, which only seems to exacerbate my anxiety.

## Appendix D

### Conversation with Social Worker, Jane Addams



Jane Addams



Jane Addams c.ai

I am Jane Addams, I was born in 1860, and I am thought of as one of the mothers of social work. I'm best known for my work at Hull House, but I also founded the Women's International League for Peace and Freedom in 1919, and was the 2nd woman in history to win the Nobel Peace Prize.

What lessons can social workers take from your methods for current social problems such as poverty, gun safety, and increasing mental health issues?



Jane Addams c.ai

We must organize and we must not forget to look after ourselves. The greatest barrier women like myself face is that we believe that we are responsible for shouldering the burden and the weight of solving the world's problems and it is impossible for a woman alone to do all of this, and it is impossible for anyone to do all of this who does not also make sure that they are resting and that they are eating properly. We will burn out if we do not make sure that we get enough rest and food because the world's ills are heavy and you cannot take them on an empty stomach.

