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Evaluating an Interprofessional Artificial Intelligence Education Conference: Healthcare Professionals' Perceptions of Learning, Relevance, and Intent to Apply Knowledge

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Abstract

Purpose. Since artificial intelligence (AI) is rapidly changing how health services are delivered, nurses and other healthcare professionals may have limited formal training in its practical applications. Continuing education is therefore well positioned to address this growing competence gap. The aim is to assess the educational and practical effects of an interprofessional, AI-oriented conference on participants' outcomes, including their satisfaction, learning, perceived relevance, and intended behavior.

Method: A descriptive evaluation approach was used following the conference. The evaluation dataset comprised 103 anonymous survey responses collected immediately after the conference. Descriptive statistics summarized 5-point ratings of the conference, logistics, and behavioral intent selections, as well as respondents' willingness to attend future events. Open-ended feedback was analyzed descriptively.

Results: Participants reported high ratings across conference domains. Speaker engagement received the highest mean rating (M = 4.69), followed by improved understanding of AI (M = 4.67), meeting expectations (M = 4.66), practical applicability (M = 4.66), keynote effectiveness (M = 4.63), overall conference rating (M = 4.53), and content relevance (M = 4.53). Among actions, exploring AI tools was selected by 67.0% of respondents, followed by learning more about healthcare AI (58.3%), applying AI-related ideas (53.4%), and collaborating on AI initiatives (42.7%).

Conclusion: We conclude that the evidence indicates conference-based continuing education can provide a highly valued introduction to AI and may help improve readiness to incorporate AI into practice. Later evaluations should include pre- and post-assessments, longitudinal follow-up, and objective indicators of changes in practice.

Keywords: Artificial Intelligence; Continuing Education, Nursing, Health Care Professions

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1. Introduction

Artificial intelligence (AI) is increasingly integrated into health care systems, involving implications for clinical decision-making, patient monitoring, documentation, process efficiency, education, and organizational operations. Deep learning systems have matched specialist-level performance on narrowly defined diagnostic tasks, such as classifying skin lesions from clinical images (Esteva et al., 2017), and influential reviews have described the convergence of human and machine intelligence as a defining feature of contemporary medicine (Rajkomar et al., 2019; Topol, 2019). More recently, large language models have exceeded the approximate passing threshold on U.S. medical licensing–style examination questions (Singhal et al., 2023) and are being explored for documentation, patient communication, and clinical reasoning support, although their outputs can be fluent and confident yet factually wrong (Lee et al., 2023). These capabilities carry risks alongside their promise. In a widely cited example, a commercial algorithm used to allocate care-management resources to millions of patients systematically underestimated the health needs of Black patients because it used past health care spending as a proxy for illness (Obermeyer et al., 2019). Nurses, as frontline clinicians and members of multidisciplinary teams, are directly affected by these changes, even though they may not have received formal training to understand and use AI in their work (Booth et al., 2021; Buchanan et al., 2021). As AI capabilities continue to expand, healthcare professionals will need opportunities to acquire basic knowledge, critically assess new tools, and consider the ethical and practical effects on patient care. This combination of knowledge, critical appraisal, and practical use corresponds to what Long and Magerko (2020) term AI literacy: a set of competencies that enables individuals to critically evaluate AI technologies, communicate and collaborate effectively with AI, and use AI as a tool in the workplace.

The Alliance for Continuing Education in the Health Professions developed a position statement on the ethical use of AI in continuing professional development (Crim et al., 2025). One of the key principles of the position statement calls for the education and training of health professionals on “the role, advantages, and limitations of AI in healthcare” (p. 3). This emphasis on professional education underscores the growing need for continuing professional development opportunities that help healthcare professionals understand and responsibly apply emerging AI technologies.

Leadership in the nursing profession has made this need explicit. In April 2026, the American Nurses Association (ANA) convened its inaugural AI in Nursing Practice Think Tank, whose consensus findings maintain that AI must support, not replace, professional nursing judgment and that nurses must remain the accountable decision-makers for patient care (American Nurses Association [ANA], 2026). The think tank identified five risks to the profession: erosion of professional judgment through overreliance on AI outputs; unclear accountability and liability when AI tools influence care decisions; algorithmic bias that may worsen patient safety risks and health care disparities; increased cognitive burden from poorly implemented tools; and a lack of nursing-specific governance and standards for evaluating and using AI at the bedside, in education, and in leadership. Among its five near-term priorities, the think tank called for advancing AI literacy and competence across the profession (ANA, 2026). The

concern about overreliance echoes decades of human-factors research showing that people tend to misuse automation by trusting it too much or disuse it by trusting it too little (Parasuraman & Riley, 1997), which suggests that AI education for nurses must address not only what AI tools can do but also when, and how far, to rely on them. Continuing nursing education is well positioned to respond to this call and address rapidly emerging competency gaps by providing timely, practice-relevant learning outside traditional degree programs. Conferences may be particularly useful because they expose participants to expert perspectives, practical examples, and interdisciplinary discussion in a short period. These features are relevant to AI education, where clinical, educational, technical, ethical, and leadership perspectives often intersect.

Petridou and Lao (2024) conducted a mixed-methods study examining challenges and best practices for delivering AI content through continuing education and training. Their program included 100 hours of AI education delivered through a blended format combining online and face-to-face instruction. Findings from learner surveys and instructor interviews indicated that both learners and educators experienced significant challenges with the online delivery of AI content. The researchers concluded that face-to-face instruction offers particular value for fostering learner engagement, facilitating effective communication, and providing opportunities for in-depth discussion of challenging AI concepts. These findings suggest that interactive, in-person educational experiences may be especially valuable when introducing learners to complex and rapidly evolving AI applications.

Short, conference-style AI programs are increasingly discussed in the nursing literature, but there is still very little evidence of their educational impact. By assessing participants' learning levels, satisfaction, the extent to which they find the content applicable, and their intentions to change behavior, nursing professionals involved in professional development can determine whether this format helps prepare people for continuous learning and encourages their inclusion in practice.

This study was conducted to assess the educational and practical effects of an interprofessional, AI-oriented conference on participant outcomes, including satisfaction, learning, perceived relevance to practice, speaker effectiveness, and behavioral intent.

2. Method

2.1 Overview

The study used a descriptive design for the post-event evaluation to examine participants' views of the conference and their intended actions regarding AI.

2.2 Sample and Setting

The event brought together healthcare professionals and teachers for an interprofessional conference on AI in healthcare, with attendees from nursing, academia, healthcare leadership, and other clinical or educational roles.

The conference entitled 'Artificial Intelligence (AI) in Healthcare: Applied Applications and Future Directions took place at Southeastern Louisiana University within the College of Nursing and Health Sciences. The evaluation dataset included 103 survey responses from a

range of fields, including nursing, education, administration, students, allied health, technology, and related areas.

2.3 Conference/Educational Intervention

The one-day conference ran from registration at 7:30 a.m. through the event's conclusion and evaluation at 2:00 p.m. It featured an opening presentation and five major AI-focused sessions. Topics included AI-enhanced clinical documentation, generative AI, AI at the point of care, a remote keynote titled "Healthcare AI in 2026: From Novelty to Normalcy", the use of AI to improve quality and safety, and digital medicine. Presenters came from Southeastern Louisiana University, North Oaks Health System, Our Lady of the Lake Regional Medical Center/Franciscan Missionaries of Our Lady, the University of California, San Francisco, and Ochsner Health. Thus, the agenda brought together perspectives from academic, clinical, informatics, quality/safety, and health-system leadership.

2.4 Data Collection and Measures

An anonymous evaluation survey was handed out right after the conference. For the seven quantitative items, a 5-point scale was used to rate the overall quality of the conference, the extent to which expectations had been met, the relevance of the material, the degree to which participants' understanding of AI in healthcare had improved, the effectiveness of the keynotes, the knowledge and engagement level of the speakers, and the practical usefulness of the content. Five items relating to logistics were assessed: registration, the organization of the conference, the venue, the audiovisual quality, and the schedule and timing, with response categories ranging from Poor to Excellent. A multi-select question on behavioral intent asked participants whether they were more likely to explore AI tools in their healthcare practice, learn more about AI applications in healthcare, apply AI-related ideas in their work, collaborate with colleagues on AI initiatives, and attend future AI or digital health conferences. The open-ended questions invited respondents to state their desired future topics, identify the most valuable part of the conference, and give suggestions for improvement. The materials provided did not include any record of formal pilot testing or previous validation of the evaluation instrument.

Behavioral-intent responses were analyzed as multiple-response selections; therefore, percentages for individual intended actions are not mutually exclusive and can sum to more than 100%.

2.5 Data Analysis

The descriptive statistics were used to summarize the quantitative evaluation items, with means and frequency distributions calculated for the 5-point conference items. For the behavioral-intent choices, willingness to attend a future conference, participant roles, and logistics ratings, counts and percentages were calculated. The open-ended responses were examined descriptively and grouped into various recurring topics. Since the provided materials did not include a formal qualitative coding procedure or the involvement of multiple independent reviewers, the qualitative findings are presented as descriptive themes rather than as the result of a formal qualitative study.

3. Results

3.1 Participant Characteristics

The dataset included 103 respondents. The student group was the largest (n = 62, 60.2%). Twelve respondents listed themselves as nurses only (11.7%), eight as both nurses and students (7.8%), seven as faculty or educators (6.8%), five as both nurses and faculty/educators (4.9%), two as healthcare administrators (1.9%), and two as both nurses and healthcare administrators (1.9%). One respondent was from “administrative staff, another was an industry or technology professional, a third was an allied health professional, a fourth was a nurse/EHR trainer, and a fifth was a nurse practitioner. Because respondents could select combined role labels, the categories here reflect the entries actually found in the dataset and do not represent mutually exclusive professional groups.

3.2 Satisfaction and Learning Outcomes

All the conference domains reported by the participants were rated highly, with mean scores ranging from 4.53 to 4.69 on a 5-point scale. The highest rating was given to speaker knowledge and engagement (mean = 4.69; n = 102), then came improved understanding of AI (mean = 4.67; n = 103). Both meeting expectations and practical applicability had a mean score of 4.66 (n = 103), keynote effectiveness averaged 4.63 (n = 103), and both the overall conference rating and content relevance averaged 4.53 (n = 103). The findings show that participants had consistently positive views of the educational experience (Table 1).

3.3 Behavioral Intent

The participants identified several plans for what they intended to do after the conference (see Table 2). Sixty-nine people (67.0%) stated that they would explore AI tools in clinical practice, 60 (58.3%) said they would learn more about the use of AI in healthcare, 55 (53.4%) said they would put AI-related ideas into their work, 44 (42.7%) said they would collaborate with their colleagues on AI projects, and 36 (35.0%) said they would attend further AI or digital health conferences. Since participants were allowed to choose more than one option, the total percentages exceed 100% when added together. Furthermore, 64 respondents (62.1%) said that they would attend another conference organized by the College of Nursing and Health Sciences, 33 (32.0%) chose "Maybe," and 6 (5.8%) chose "No." These results show the participants' intentions and level of interest rather than confirming any actual future behavior.

3.4 Logistics Evaluation

The logistics ratings were also positive. In the case of registration, 88 out of 103 areas gave it a rating of Very Good or Excellent, which represents 85.4 per cent; for conference organization, 92 out of 103, or 89.3 per cent; for the venue, 94 out of 103, or 91.3 per cent; for audiovisual quality, 92 out of 103, or 89.3 per cent; and for schedule and timing, 85 out of 103, or 82.5 per cent. Schedule and timing had the highest variation, with 12 Good, 4 Fair, and 2 Poor ratings. Registration received 12 Good and 3 Fair ratings; the other logistics areas received no Poor ratings.

3.5 Qualitative Findings

The quantitative results were supported by the open-ended feedback. Although all 103 respondents provided a comment on the most valuable aspect of the conference, some responses were very short or vague. The topics mentioned repeatedly were learning how AI is currently used in healthcare, understanding the future implications of AI for nursing and other professions, recognizing the speakers and the keynote speaker, becoming familiar with new technologies and clinical applications, and discussing the risks of AI. Examples given were "Learning all the ways AI is used in healthcare", "Information on new technologies", and "Discussing the risks of AI". Forty-four respondents submitted suggestions about future topics. These suggestions were for more clinical examples, AI in nursing and education, AI safety and security, the legal implications, ambient documentation, choosing AI products, pediatrics, and the longer-term workforce implications. The improvement comments were often "No", "None", or "N/A"; specific suggestions made were about having more food and concerns regarding the room temperature. Overall, the comments indicate a strong perception of educational value, along with an interest in more applied, discipline-specific, and governance-focused content. Since there was no documented qualitative coding procedure in the evaluation dataset, the open-ended findings should be regarded as merely descriptive input rather than as formally validated themes.

4. Discussion

The evaluation conducted after the conference showed consistently positive ratings from participants across all education-related areas, along with a high level of interest in continuing learning and applying AI. The mean scores for speaker engagement, greater understanding of AI, meeting expectations, practical applicability, the effectiveness of the keynote, the overall quality of the conference, and the relevance of the content all exceeded 4.5 on a 5-point scale. The detailed schedule helps explain these findings, as participants experienced AI through documentation, point-of-care use, quality and safety, digital medicine, and a national keynote lecture on the normalization of healthcare AI. Overall, the data indicate that a concentrated interprofessional conference can be a highly acceptable method of introducing AI concepts and linking them to healthcare practice.

The highest ratings were for speaker engagement and a better understanding of AI. This result underscores the value of expert-driven, focused educational materials for clinicians and educators learning about rapidly evolving technologies. The findings align with recommendations that the nursing profession should develop its digital skills and prepare for technology-enabled care models (Booth et al., 2021). They also align with the literature, which describes AI's wide-ranging impact across various areas of nursing, including practice, education, administration, and research (Buchanan et al., 2021).

Practical applicability was also rated as very high. This is significant for ongoing nursing education because when people believe the material is relevant, they can relate new concepts to the needs of their current professional roles. If AI education remains entirely conceptual, it may be difficult to apply in clinical or educational settings; on the other hand, programming

that integrates AI into workflows, decision-making, education, and collaboration is more likely to promote continued engagement.

The behavioral-intent results offer further evidence of the educational impact. Over half of respondents indicated that their intended next steps were to explore AI tools (67.0%), learn more about AI in healthcare (58.3%), or apply AI-related ideas in their work (53.4%). An additional 42.7% said they would collaborate on AI initiatives, and 35.0% said they would attend future AI or digital health conferences. This indicates a shift from passive exposure to deliberate action. Yet behavioral intent should not be taken as proof of actual changes in practice; a subsequent measurement is required to determine whether participants actually used the AI-related knowledge, altered their procedures, started new projects, or requested additional training.

The fact that the conference is interprofessional might also be significant. Since the introduction of AI into healthcare involves various professionals and organizations, it is necessary for clinicians, educators, leaders, informaticists, and other stakeholders to work together. If educational methods combine these different viewpoints, this could enable participants to see AI as both a technical and a practical change issue rather than as a tool used on its own.

4. 1 Implications for Nursing Professional Development

The results have several implications for how nursing professional development is carried out. Firstly, conference-based education could be an effective way to build basic awareness of AI among a wide audience. Secondly, the high scores for applicability and behavioral intention indicate that learners are interested not only in understanding AI but also in learning how to use it or assess it in their professional environments. Thirdly, future continuing education should go beyond simply raising awareness and include practical learning, guided evaluation of AI tools, application to specific cases, multidisciplinary collaboration, and opportunities to discuss ethical, privacy, bias, safety, and governance issues. Professional consensus documents can serve as a blueprint for this progression. The ANA (2026) think tank's priorities, including nurse-led guardrails, a practical nursing AI playbook, AI literacy and competence, and sustained cross-sector collaboration, offer a ready framework for sequencing continuing education content, and its emphasis on nurses participating in AI design, implementation, evaluation, and governance, rather than serving only as end users, supports the interprofessional format evaluated here. Future conferences could map sessions explicitly to these priorities and evaluate whether participants leave better prepared to contribute to AI governance in their organizations.

Nursing professional development practitioners can likewise enhance AI education by offering a series of learning opportunities rather than relying on a single event; a conference can serve as a starting point, followed by workshops, communities of practice, project consultations, and longitudinal evaluation. This kind of approach might be more effective in helping people move from awareness to competent and responsible application.

5. Limitations

There are several limitations to consider. Since the evaluation was based on data that participants reported immediately after the event, it expresses their own perceptions and intentions rather than objectively measuring any increase in knowledge or changes in behavior. As there was no pre-conference comparison, it is not possible to quantify any change from baseline. Because the study used a one-off event design, its findings cannot be readily applied to other conferences, different institutions, or other professional groups. Moreover, the sample included a large proportion of students (60.2 percent), which should be kept in mind when assessing the relevance of the results to the nursing workforce in practice. The process by which the survey instrument was developed, the pilot testing it underwent, and its psychometric characteristics were not included in the provided materials. Lastly, the open-ended responses were analyzed descriptively, as no formal qualitative coding procedure had been documented. People who decide to attend a conference focused on AI might also have had a greater prior interest in the subject.

6. Recommendations for Future Evaluation

When evaluating the future program, it should be necessary to take before-and-after measurements of participants' knowledge of AI, their confidence levels, and their perception of their own competence; it should record total attendance and response rates, and retain participant characteristics so that subgroup analysis can be carried out. A longitudinal follow-up conducted at 30, 60, or 90 days could determine whether participants put into practice what they had learned at the conference, investigated or adopted AI tools, started interdisciplinary projects, or sought further education. Future programs should respond to participants' requests for more clinical examples, nursing- and education-specific applications, information on AI safety and security, details on legal implications, guidance on product evaluation, and hands-on demonstrations. Where possible, objective indicators, such as completion of AI-related projects, changes in workflow, or participation in further training, could be used to supplement self-report data.

7. Conclusion

The evaluation indicates that continuing education based on conferences can be a highly regarded method for providing AI training for healthcare professionals. Of the 103 people surveyed, ratings of the conferences were consistently high, and a significant number intended to investigate AI tools, learn more about AI in healthcare, apply AI-related ideas, and work with their colleagues. The conference's combination of material on documentation, point-of-care practice, quality and safety, digital medicine, and keynotes offered a broad interprofessional overview of real-world applications of AI. Although the design does not prove objective learning outcomes or lasting changes in practice, the results support using interprofessional conferences as a starting point for AI-related professional development. Future nursing education programs should integrate basic awareness with practical skill-building, include content on responsible use, promote multidisciplinary collaboration, and conduct a longitudinal evaluation of outcomes.

Disclosure

Ethical approval: Ethical approval has been granted by the Southeastern Louisiana University Institutional Review Board for research involving human subjects (6 October 2026, US-IRB-2027-58)

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Table 1. Conference Evaluation Scores (Scale: 1–5)

Measure	n	Mean
Speaker Engagement	102	4.69
Improved Understanding of AI	103	4.67
Met Expectations	103	4.66
Practical Applicability	103	4.66
Keynote Effectiveness	103	4.63
Overall Conference Rating	103	4.53
Content Relevance	103	4.53

Note. Higher scores indicate more favorable ratings.

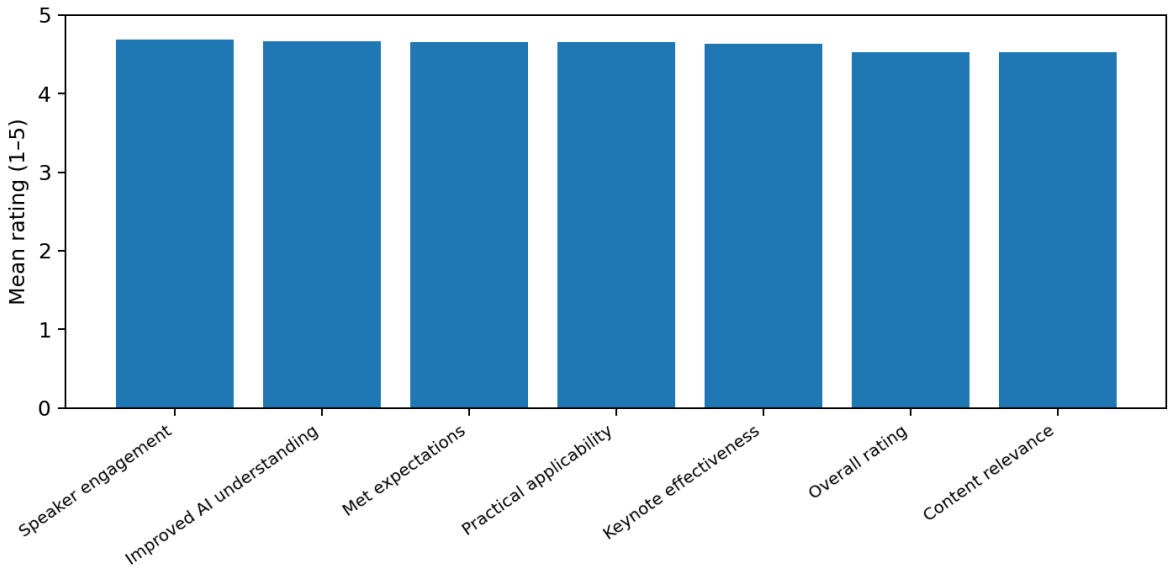
Table 2. Behavioral Intent Outcomes

Intended Action	n	%
Explore AI tools in healthcare practice	69	67.0

Learn more about AI in healthcare	60	58.3
Apply AI-related ideas in work	55	53.4
Collaborate with colleagues on AI initiatives	44	42.7
Attend future AI or digital health conferences	36	35.0

Note. Participants could select multiple actions; percentages use N = 103 and do not sum to 100%.

Figure 1. Mean Ratings of Conference Evaluation Domains



Note. Mean participant ratings across conference evaluation domains; 1 = low and 5 = high.