

GoldNet Research Network Event

The **GoldNet Research Network** is pleased to invite you to our upcoming research networking event held at **Bond University, Gold Coast**. We invite you to join our discussion on the use of **Artificial Intelligence (AI) in Primary Care**.



Associate Professor Conor Gilligan

Associate Professor in Social Sciences (Medical Program), Faculty of Health Sciences and Medicine, Bond University



Professor Liz Sturgiss

Local GP and Professor of Community Medicine, Faculty of Health Sciences and Medicine, Bond University



Dr Kristy Bayliss

Local GP, MBBS FRACGP
Co-Chair - GPGC
Chair GCPHN Clinical Council



Professor Nick Zwar

Executive Dean, Faculty of Health Sciences and Medicine, Bond University. Chair of GoldNet Research and local GP

Artificial Intelligence in Primary Care

Presentations to commence at 6:30 pm



GoldNet Research


Welcome

*AI in
Primary Care*

Professor Nick Zwar

*Chair of GoldNet Research Steering Committee
Executive Dean of Faculty of Health Sciences and Medicine,
Bond University*





We acknowledge the Kombumerri clan
of the Yugambah language group as the
traditional custodians of this land.

We pay respect to their Elders –
past and present for their wisdom,
teaching and cultural knowledge.

Artwork *by* Narelle Urquhart 2018

Time	Detail	Who
6:30 pm	Welcome and Introduction	Professor Nick Zwar – Chair
6:35 pm	GPs experience of use of AI in clinical and admin applications	Dr Kristy Bayliss
6:50 pm	AI note-taking in General Practice – exploring the opportunities and challenges	Associate Professor Conor Gilligan & Professor Liz Sturgiss
7:00 pm	Q&A Panel	Chaired by Nick All presenters Assistant Prof Kieran Le Plastrier Dr Ye Chen (Albert) Ding Dr Mayur Raniga
7:55pm	Close	Nick



GoldNet Research

Dr Kristy Bayliss

*Chair of GoldNet Research Steering Committee
Executive Dean of Faculty of Health Sciences and Medicine,
Bond University*



The background is a dark charcoal grey with several large, organic, overlapping shapes in teal, olive green, and brown. The teal shape at the bottom contains a grid of small white plus signs. The brown shape on the right contains a circular pattern of small white dots. The olive green shape on the left contains a pattern of small white dashes. There are also several small, white, wavy lines scattered throughout the background.

AI IN GENERAL PRACTICE

DR KRISTY BAYLISS

WHAT FORMS
OF AI DO I USE?

Scribe software

Productivity/scheduling

ChatGPT

Single task tools

Sessions

Q Search

Schedule

Past

Untitled session

24/03/2025 2:22pm

Vertigo, Breast CA Tx

24/03/2025 1:47pm

Untitled session

24/03/2025 1:47pm

Annual check, anxiety, cor

24/03/2025 1:05pm

Vaginal bleeding, pain

24/03/2025 12:09pm

Adverse rxn, sertraline

24/03/2025 11:56am

Breast pain, Hearing issue

24/03/2025 11:12am

Post-op assessment, nig

24/03/2025 10:22am

[Redacted]

24/03/2025 9:37am

ADHD, anaemia check

24/03/2025 9:27am

DSP application, Mental h

24/03/2025 8:37am

Post-op assessment, night sweats

Create

Resume

Yesterday 10:22 am

English

Try Pro for free

21:46

Transcript

Context

Note

+

Issues List

Detailed

L

...

↶ ↷

Copy

- Platelet level slightly low at 117 (previously 134 in October, normal range >150)

- Iron level dropped from 159 in October to 63 in recent test

- Haemoglobin remains good, no sign of significant blood loss

- Liver function improving

- Cholesterol levels improved: HDL increased, LDL decreased

- Cholesterol HDL ratio improved from 4.7 to 3.3

- Blood sugar slightly high but not progressing

- HbA1c trending downwardsngb, indicating reduced diabetes risk

Plan: Repeat iron and blood count in 6 weeks to monitor trends

- If levels continue to decline, further investigations (stool sample for blood, colonoscopy) may be considered

3. Dietary changes

- Implementing Mediterranean-style diet

- Increased consumption of green vegetables

- Primarily eating white meat (chicken and pork)

- Reduced red meat intake

- Fish consumption approximately once a week



Male

19/03 11:23am

Dictate

Write document

Resume consult

Notepad | Transcript | ✓ Kristy's Review Template +

Examination:

- BP 98/60
- Pulse 66bpm
- Heart rate strong, not terribly fast
- Height and weight measured today, showing growth and weight gain
- No significant impact on growth chart despite medication

Ongoing plan:

- Continue with current medication, but consider switching to Vyvanse for smoother effects and fewer side effects
- Start Vyvanse at 5 or 10 mg, adjusting as needed; mix with yoghurt or other preferred food
- Monitor for palpitations and other side effects; report any concerns
- Follow up with blood tests and inform the doctor of the results
- Schedule a follow-up appointment in a couple of months to assess progress
- Pharmacist to call in a couple of weeks to check on Vyvanse effectiveness
- Plan for another check-in at the 4-month mark to evaluate overall progress and consider allied health team assessments

This consultation was supplemented with ambient listening technology and verbal consent was obtained by the

AI edit

Feedback




Copy notes



Select documents to write

- Email to school (Request more info)
- MDT Report Template
- Dietician Referral
- AO_Email to Family
- AO_Email to therapist (request more info)
- Email to Family
- AO_Email to school (Request more info)
- Team Report
- AO_Letter to GP New
- AO_Letter to GP Review

 Write document

Save selections for next time

ChatGPT ▾

write a factsheet for a patient about the mediterranean style diet, written at a level of a tertiary educated person

patient factsheet on the mediterranean-style diet, written for a tertiary educated audience.

Mediterranean Diet

in chat instead >

ed a patient factsheet on the mediterranean-style diet, tailored for a tertiary educated audience. Let me know if you need any modifications or additional information. Thank you!

✕ Mediterranean Diet ▾



Patient Factsheet: The Mediterranean-Style Diet

What is the Mediterranean-Style Diet?

The Mediterranean diet is an evidence-based eating pattern inspired by traditional dietary habits in countries such as Greece, Italy, and Spain. It is associated with numerous health benefits, including reduced risk of cardiovascular disease, improved metabolic health, and better cognitive function.

Core Principles of the Mediterranean Diet

1. Abundance of Plant-Based Foods

- High intake of vegetables, fruits, whole grains, legumes, nuts, and seeds.
- Provides essential vitamins, minerals, fibre, and antioxidants.

2. Healthy Fats

- Predominantly unsaturated fats from sources like extra virgin olive oil, nuts, and fatty fish.
- Limited intake of saturated and trans fats.

3. Moderate Consumption of Protein

ChatGPT ▾

× Mediterranean Diet ▾



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any modifications or additional

thing



Health Benefits of the Mediterranean Diet

- **Heart Health:** Lowers LDL cholesterol, reduces blood pressure, and decreases cardiovascular disease risk.
- **Weight Management:** Supports a healthy weight through high fibre and nutrient-dense foods.
- **Diabetes Prevention & Management:** Improves insulin sensitivity and blood sugar control.
- **Brain Health:** Associated with reduced risk of dementia and cognitive decline.
- **Gut Health:** High fibre intake promotes a healthy gut microbiome.

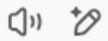
Practical Tips for Adopting the Mediterranean Diet

- Use olive oil as your **primary cooking fat** instead of butter or margarine.
- Eat a variety of **vegetables** with every meal, aiming for different colours.
- Choose **whole grains** such as brown rice, quinoa, and whole wheat bread.
- Include **nuts and seeds** as snacks or meal toppings.
- Prioritise **fish and legumes** over red meat.
- Reduce **processed foods and added sugars**.
- Stay **hydrated with water**; limit sugary drinks.

How can you rewrite it aimed at a person with literacy level of a 12 year old

What instead >

edit the factsheet to match a literacy level of a 12-year-old while keeping the information intact. Let me know if you need any further changes!



ing



?

AI can make mistakes. Check important info.

Patient Factsheet: The Mediterranean-Style Diet

What is the Mediterranean Diet?

The Mediterranean diet is a healthy way of eating based on the traditional foods of countries like Greece, Italy, and Spain. It can help lower the risk of heart disease, improve overall health, and keep your brain sharp as you age.

Main Principles of the Mediterranean Diet

1. Eat Lots of Plant-Based Foods

- Fill your plate with vegetables, fruits, whole grains, beans, nuts, and seeds.
- These foods provide important nutrients, fibre, and energy for your body.

2. Choose Healthy Fats

- Use olive oil instead of butter or margarine.
- Eat nuts, avocados, and fatty fish like salmon.
- Avoid unhealthy fats from fried and processed foods.

3. Eat Some Protein, But Choose Wisely

- Eat fish and seafood at least twice a week.

- Stay active with regular exercise like walking or swimming.

Health Benefits of the Mediterranean Diet

- **Good for Your Heart:** Helps lower bad cholesterol and blood pressure.
- **Helps with a Healthy Weight:** High-fibre foods keep you full longer.
- **Good for Blood Sugar:** Helps prevent and manage diabetes.
- **Boosts Brain Health:** Can lower the risk of memory problems as you age.
- **Supports Digestion:** High-fibre foods help keep your gut healthy.

Simple Ways to Start the Mediterranean Diet

- **Use olive oil** instead of butter.
- **Eat more veggies** at every meal.
- **Pick whole grains** like brown rice and whole wheat bread.
- **Snack on nuts and seeds** instead of chips or candy.
- **Eat fish and beans** more often than red meat.
- **Drink water** instead of sugary drinks.

Final Thoughts

The Mediterranean diet is a simple and healthy way to eat. It focuses on natural, unprocessed foods and can be adjusted to fit your lifestyle. You don't have to



K Kristy Bayliss
kristy.bayliss@healt...
Workspace to Join

- Home
- Otter AI Chat **NEW**
- Search
- Apps
- CHANNELS
- DIRECT MESSAGES
- FOLDERS

Basic (Free)

0 of 300 monthly minutes used.
Minutes reset in 17 days

[Get Otter Pro](#)

Community of Practice | ADHD Shared Car...

Jun 12, 2024 at 9:00 am | 1 hr 1 min | 1 Screenshot | Copy Summary

Shared with: Sarahn, Shannon, Lawrence, Rona, Angela, Bradley, Francoise, Jennifer, KK, Nicole, christine.ferlazzo, jane.le, jess.dally, katherine.graham, lawrence.gray, paedspfarmclinic, sarahn.lovett, scott.parsons, alison.poulton, daryl.efron, david.fuller,...

Summary Transcript

Overview

The conversation centered around improving pediatric healthcare services, particularly for children with ADHD. Strategies discussed included enhancing access to care, managing demand, and measuring outcomes. Collaboration and knowledge sharing were emphasized as key to providing the best possible outcomes for children. The group also discussed the design of a shared care model for ADHD children in the Northwest Metro region, involving GPs and families in the co-design process. Challenges and opportunities in GP prescribing were also discussed, including the importance of providing dose ranges for medications prescribed to children with ADHD.

Action Items

- Look into Medicare codes that could support telephone or video case conferences
- Connect Angela Owens with the project team to share education materials from

A

Formalizer

Turn the chaotic thoughts into classy ones, or vice versa

Dear Junior Doctor,
I have received your correspondence asking the GP to "chase" Mr X's results. It is frustrating and time consuming to try to get results from the hospital clinical records department. In future, please consider CC'ing the patients GP into any results so that the results are sent to me directly. I am not a community intern, nor a dog that likes to play Chasey.
Sincerely,
Grumpy GP



Make my text:

Less snarky



Convert



Thank you for reaching out about Mr. X's results. I understand that it can be challenging to get timely information from the hospital clinical records department. In the future, it might be helpful to CC the patient's GP when corresponding about results, as this could streamline the process and ensure we receive the information more directly.

I appreciate your understanding and collaboration.

Best regards,
Friendly GP

GPGC
Healthy General Practice *Healthy* Gold Coast





GoldNet Research

Associate Professor Conor Gilligan

*Faculty of Health Sciences and Medicine,
Bond University*

Professor Liz Sturgiss

*Faculty of Health Sciences and Medicine,
Bond University*





AI note-taking in General Practice – exploring the opportunities and challenges

Conor Gilligan & Liz Sturgiss



Acknowledgement of Country

Bond University acknowledges the Kombumerri people, the traditional Owners and Custodians of the land on which the University now stands.
We pay respect to Elders past, present and emerging.



Our plan & focus

- Some disclosures
- Key considerations for communication
- How does it work? (Heidi example)
- Questions and directions for research

Images from [unsplash Beautiful Free Images & Pictures | Unsplash](#)





—
We're new to this but
curious about from a
research and practice
perspective



Communication in GP

- All about relationships
- Multiple purposes and levels
- AI offers improvements in efficiency etc
- What might it do to relationships?



Let's look at Heidi

- Transcripts
- Notes
- Referrals and other documentation
- Patient explanations

 Transcript

 Note

So, just to check.

Um, so just check and confirm, just saying it because we're we are recording this 1

Um, and that just helps me with my day and my my typing and stuff.

Is that that's okay?

Yeah, that's fine.

Okay.

Yeah, so what are we up to today?

Um, just really this one knee, just maybe.

Okay.

Tell me a bit more about that.

Um, I just noticed it's kind of **right in** behind the kneecap.

Um, yeah, it's a bit weird, it just it comes on it's it's on and off.

Yeah.

Sort of, yeah.

How long for?

Um, it's been on and off for maybe a month.

maybe a month.

But yeah.

Yeah, sometimes it's okay and then sometimes it's really quite sore.

Yeah, when is it worst?

Um, yeah, that it's hard to know because sometimes when I like do a gym session walking down the stairs at home and I kind of go, oh, that's really catchy.

Catchy there.

Subjective:

- **Right knee** pain: behind kneecap, on and off for 1 month
- Pain characteristics: variable, sometimes worse after gym, other times with simple activities like stairs
- No specific precipitating event
- Morning stiffness
- No night pain
- No other joint issues
- No rashes
- No night sweats

Objective:

- Examination findings not provided

Assessment & Plan:

1. Right knee pain

- Assessment: **Patellofemoral pain syndrome**
- Investigations: Nil
- Treatment: **Advised rest, ice, and anti-inflammatories**
- Referral: **Physiotherapy for strengthening exercises**



Future questions

- Impacts on relationships
 - Opportunities for communication coaching
 - Accuracy and hallucinations?
 - Dealing with challenges – diversity, accents, mental health conditions, legal implications
-

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Panel Discussion

Our Panel:



**Associate Professor
Conor Gilligan**



Professor Liz Sturgiss



Dr Kristy Bayliss



Dr Alfred Ding



Dr Mayur Raniga

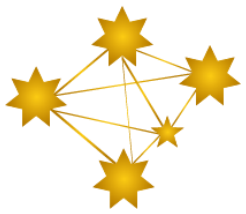


**Assistant Professor
Kieran Le Plastrier**

Chair:



Professor Nick Zwar,
Executive Dean, Faculty of
Health Sciences and Medicine,
Bond University
Chair of GoldNet Research
Steering Committee



Targeting Treatable Traits in COPD to Prevent Hospitalisations (TERRACOTTA)

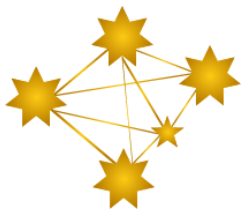
- In the TERRACOTTA trial, disease management targeting treatable traits will be delivered by an **interdisciplinary team** of GPs, PNs, pharmacists, physiotherapists and other allied health professionals.
- This **cluster randomised trial** will offer tailored interventions targeting treatable traits in COPD in individuals at risk of exacerbations, to improve quality of life and avoid hospitalisations.
- Investigators are seeking expression of interest from general practice clinics with at least **500 patients** in their database and that have a **practice nurse** or are able to accommodate a practice nurse, to deliver the tailored intervention targeting treatable traits in COPD or provide usual care.



Scan the QR code for more



Current Projects



Cancer Survivorship Care in General Practice: a national survey

- This anonymous survey aims to assess **GP** and GP trainee **comfort** with providing **cancer survivorship care** in adult cancer survivors.
- The survey should take no more than 12-15 mins to complete
- All participants are offered the chance to win one of three **\$100 gift vouchers** of their choice.



Scan the QR code for more



Flinders
University



Caring
Futures
Institute

To get involved in the
PBRN, please scan the QR
code to register for our
email list

