

Studying with AI, Safely

AI chatbots can explain, quiz, and organize your studying. They can also be confidently wrong about a dose or a lab value. This guide shows you how to get the help without picking up the errors.

Free · 4 printable pages · Reviewed October 29, 2026

The one rule

Use AI to help you **think and practice**. Don't use it as the final word on **facts**. Any fact you plan to remember, and especially any number, gets checked against a credible source first.

This matches how nursing treats AI at work. The American Nurses Association's position on AI says it doesn't replace a nurse's judgment, critical thinking, or assessment, and that nurses stay accountable for their decisions even when technology fails. Building that habit as a student is good practice for your career.

How NCLEXSim uses AI

We use AI to help draft and fact-check practice questions. Every question still has a cited source and goes through a separate review against current references before it's published. That's the same check this guide teaches you.

Good uses and risky uses

Good uses

- Explaining a hard concept in simpler words, or in a different way than your textbook
- Quizzing you on a topic, one question at a time
- Turning **your own notes** or a credible source you paste in into flashcards
- Explaining why each wrong answer choice is wrong (then you check the facts)
- Building a study schedule around your test date
- Practicing therapeutic communication: ask it to play a patient and you respond

Risky uses (always verify)

- Drug doses, hold parameters, and any other number
- Lab value ranges
- "Current" guidelines: chatbots learn from older data and may not know about recent changes
- Citations: AI can invent articles and books that don't exist
- Anything about a real patient (don't do this at all; see below)
- Questions that people say came from the real NCLEX

How AI gets things wrong

Problem	What it looks like	What to do
Made-up facts	A confident, detailed answer that is simply false. This is often called a hallucination.	Confidence isn't evidence. Check the fact in a source you trust.
Made-up sources	A real-sounding journal article, author, or link that doesn't exist.	Search for the exact title. If you can't find it, the claim has no source.
Out of date	Advice that was right years ago, before a guideline changed.	Check the date on the guideline or label you verify against.

Problem	What it looks like	What to do
Agreeing with you	Ask "Isn't the answer B?" and it may say yes even if it isn't.	Ask neutral questions: "Which answer is correct, and why?"
Mixing things up	Look-alike or sound-alike drugs, or adult and pediatric values blended together.	Check the drug name, the population, and the units.
Missing the test's approach	A real-world answer that ignores how the NCLEX expects you to prioritize.	Compare against NCLEX-style rationales and your prioritization rules.

Never paste these into a chatbot

Stop: keep these out of AI tools

- **Anything about a real patient.** Names, dates, room numbers, record numbers, photos, or details that could identify someone. Health privacy law (HIPAA) and your school's clinical policies apply to you as a student. "De-identifying" it yourself is easy to get wrong, so leave patients out entirely.
- **Graded schoolwork or exams,** unless your program's AI policy allows it. Rules differ by school and course, so check the syllabus.
- **Real NCLEX questions.** The NCLEX candidate rules forbid sharing or reconstructing exam items, before or after the exam, including online. That covers typing remembered questions into a chatbot.
- **Passwords, login codes, or account details** for school, clinical sites, or exam scheduling.

On test day, no AI is allowed at all. The 2026 NCLEX candidate rules ban phones, smartwatches, smart glasses, smart rings, and every other electronic device from the exam room, with zero tolerance.

Check anything in 4 steps

This method is based on SIFT, a fact-checking approach created by digital literacy researcher Mike Caulfield and taught by many university libraries.

- 1 Stop**
Before you study or share it, pause. Ask: do I know where this came from? Strong reactions ("wow, I never knew that") are a reason to slow down.
- 2 Investigate the source**
Who is behind this information? A board of nursing, a drug label, or a professional society is different from a content creator or a chatbot with no source.
- 3 Find better coverage**
Look the fact up in one or two trusted sources (see the source ladder below). If they agree, you're good. If they don't, trust the better source.
- 4 Trace it to the original**
Follow the claim back to where it started: the guideline, the drug label, the study. Read what it actually says, including the population and the date.

The source ladder

When sources disagree, the one higher on the ladder usually wins. On a real unit, the prescriber's order and your facility's policy decide.

Level	Examples	Use it for
Top: go here first	NCSBN and nclex.com (exam rules and test plan); FDA drug labels on DailyMed; CDC; professional guidelines such as the American Heart Association or the American Diabetes Association; your assigned textbooks and nursing drug guide	Facts you'll be tested on and numbers you'll use

Level	Examples	Use it for
Middle: solid, check the date	Peer-reviewed journals (search PubMed); MedlinePlus; other .gov health sites; open nursing textbooks from universities	Background, deeper explanations, recent evidence
Bottom: use with care	Prep company blogs; YouTube and TikTok creators; Reddit and study groups; AI chatbots	Ideas, memory tricks, and motivation. Verify facts before you keep them.

Red flags

- No source given, or a source you can't find
- A number that doesn't match your textbook or drug guide
- "Always" and "never" rules for clinical care with no exceptions mentioned
- A guideline year older than the one your course uses
- Only one place makes the claim
- The source is selling something related to the claim
- Real NCLEX questions offered for study (they aren't legitimate, and using them breaks the rules)

Prompts that work better

Ask for help with thinking, and build checking into the request.

Instead of this	Try this
"What's the dose of metoprolol?"	"Explain how beta blockers work and what I should assess before giving one. List anything I should confirm in my drug guide."
"Give me NCLEX questions."	"Quiz me on heart failure with 5 questions, one at a time. Wait for my answer, then explain the rationale."
"Summarize heart failure."	"Here's a section from my textbook. Make 10 flashcards using only this text."
"Isn't the answer B?"	"Which answer is correct and why? Then tell me why each other choice is wrong."
"Is this right?"	"What's the source for that? Give me the name of the guideline or label so I can check it myself."

Worked example

An AI answer, checked

The AI says: "Hold digoxin if the apical pulse is below 70 beats per minute."

1. **Stop.** This is a number, so it gets checked.
2. **Investigate.** The chatbot didn't give a source.
3. **Find better coverage.** Nursing drug guides commonly teach holding digoxin and notifying the prescriber when an adult's apical pulse is below 60, unless the order gives a different parameter. Pediatric cutoffs are different and age-based.
4. **Trace it.** Your drug guide and the order are the authority. The chatbot's 70 was wrong for an adult, possibly blended with a pediatric value.

Fix your notes: adult apical pulse below 60, count a full minute, hold, and notify, unless the order says otherwise.

Before you trust an AI answer

1. Is this a fact or a number I'll rely on? If yes, check it.
2. Do I know the source, and can I find it myself?
3. Does it match my textbook, drug guide, or a guideline?

4. Is the source current?
5. Did I keep every patient detail out of the chat?

Want the short version? Print the one-page 60-second fact-check card and keep it with your notes.

Sources

1. American Nurses Association. The Ethical Use of Artificial Intelligence in Nursing Practice (position statement, 2022; published in OJIN, May 2025).
2. NCSBN. 2026 NCSBN Examination Candidate Rules ([nclex.com](https://www.nclex.com)).
3. U.S. Department of Health and Human Services. HIPAA Privacy Rule and guidance on de-identification of protected health information ([hhs.gov](https://www.hhs.gov)).
4. Caulfield M. SIFT (The Four Moves); as taught in university library guides.
5. Digoxin: FDA prescribing information (DailyMed) and standard nursing drug handbooks, for assessment before administration.

For exam study only. In clinical practice, follow your facility's policies, the prescriber's orders, and current references. Free to print and share for personal and classroom study; not for resale. NCLEX® is a registered trademark of NCSBN, which does not endorse NCLEXSim.