The Study Machine

You are a professional student for life, and the literature grows faster than your reading time. The formats that actually stick, like audio on a commute, flashcards, or a two-page brief, used to require a production team. Now they require a PDF and a simple sentence. Everything here is free. Use published papers only, never anything with patient information.

WHERE AI CAN HELP

The browser tab. A guideline update has been open for three weeks. You have read the abstract twice. By now you have learned to ignore it.

The photo. A conference slide you shot with every intention of studying. It lives in your camera roll between a receipt and a picture of your lunch.

The 11pm journal club. You present tomorrow, the paper is dense, and you are building a summary by hand like it is residency again.

THE ACCUMULATOR

Make one folder or project for each topic you follow, and drop in every paper or public document you come across. By month three you can ask "what do my papers say about JAK inhibitor safety?" and get an answer drawn only from papers you chose. That matters because AI is good at summarizing papers you hand it, but when it answers from memory it can make up citations that sound real.

PASTE THIS IN, THEN FILL IN YOUR INFO

WHAT CHANGED

"Here is the new guideline and the prior version. List only what changed, why, and what I should do differently Monday."

THE FLASHCARDS

"Make ten flashcards from this paper, question then answer, focused on what changes clinical decisions."

THE SKEPTIC DRILL

"Read this industry slide deck like a methodologist. What would you attack first?"

FIVE THINGS TO DO TODAY

1. **Turn one guideline into a podcast.**
   Upload the PDF to Gemini Notebook (formerly NotebookLM), generate the audio overview, put it where your podcasts live. Tomorrow's commute is spoken for.
   10 minutes

2. **Turn one paper into flashcards.**
   Ten cards, decision-focused. Quiz yourself Friday. Quizzing beats rereading.
   5 minutes

3. **See what changed.**
   Give it the new and old versions of a guideline. It lists only what changed. The prompt that respects your time.
   5 minutes

4. **Build the journal club one-pager.**
   Design, endpoints, effect sizes, the limitations the authors underplay, three discussion questions. Then edit it. You present better from a page you fixed.
   10 minutes

5. **Start the accumulator.**
   One topic folder that every future paper falls into. The one habit on this page that gets more valuable every month.
   5 minutes

This handout is general information, not medical or legal advice. Published literature only. No patient information enters any tool without a signed BAA.

DEEPER DIVE

Why each one works, and the honesty rules

Know why each move works, and you will absorb reading you were never going to do. Each one has an honesty rule attached.

1. The podcast DEAD TIME RECLAIMED

The commute, the gym, the school pickup line. Those are hours your eyes are busy and your ears are free. An audio overview converts a document you were avoiding into a conversation you can follow at 65 miles an hour. Think of it as a primer. Listening once makes the real read twice as fast because the structure is already in your head. Anything that changes how you treat still gets a real read of the source section.

2. The flashcards QUIZ YOURSELF

Quizzing yourself sticks far better than rereading. The struggle to remember is what locks it in, which is why question banks work for boards. Flashcards used to cost an evening to make, which is why nobody made them after residency. Now they cost five minutes, which changes the calculus for board recertification, MOC, and teaching. Point the same trick at your fellows. Try "write five quiz questions on this topic, then grade my resident's answers against the source."

3. What changed READ ONLY THE CHANGES

Guideline updates are mostly restatement. The part that matters clinically is the handful of changed recommendations. Asking only for what changed, plus why it changed and what to do differently Monday, aims your scarce attention exactly where the yield is. It is also the fastest way to sound current at tumor board level discussions, because you know what moved and why.

4. The one-pager LEARN BY EDITING

The editing is where the learning happens. Fixing a machine's summary forces you to engage with the argument at a level passive reading never reaches, and you walk into journal club owning the page instead of reciting it. Ask specifically for the limitations the authors underplay. That section makes the discussion worth having, and the machine is usefully blunt about naming them.

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5. The accumulator YOUR OWN LIBRARY

An AI answering from the open internet draws on everything, good and bad. An AI answering from your folder sticks to the papers you picked. That is the point. Each answer shows which paper it came from, and when the answer is not in your papers, it is far more likely to say so than to make something up. It also grows in value. Every paper you add makes the next answer better, and by year's end you have a personal library you can ask questions of, on exactly the topics you care about. Start with this prompt and edit what it gives you.

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Summarize this paper for a journal club of
rheumatologists. Cover study design,
endpoints, effect sizes with confidence
intervals, the limitations the authors
underplay, and three discussion questions that
would start a real argument.
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Also on the horizon

Journal and society apps are adding built-in AI summaries. The workflow here still wins because it is yours and cross-source. AI scribes are a separate topic. They handle patient audio, so they fall under BAA and read-before-you-sign rules. And conference debriefs are an easy upgrade: slide photos plus voice memos in, one organized brief out, within 48 hours of flying home while it still matters.

The honesty rules

Verify before you cite. Any reference that leaves your hands gets checked against the actual source first. The machine invents citations with total confidence. **A summary is only a starting point.** Treatment-changing content earns a real read of the real section. **Papers only.** Published papers go in, patient cases never. Keep studying and charting in separate worlds. **Do the hard thing on purpose once a week.** The deskilling risk is real, and the fix is deliberate practice.

Sources worth your time

Gemini Notebook (notebook.google.com), free tier is enough to start · Your own society's guideline library, which is the raw material · The Self-Defense handout from this workshop for the practice AI policy that keeps study and charting separate.