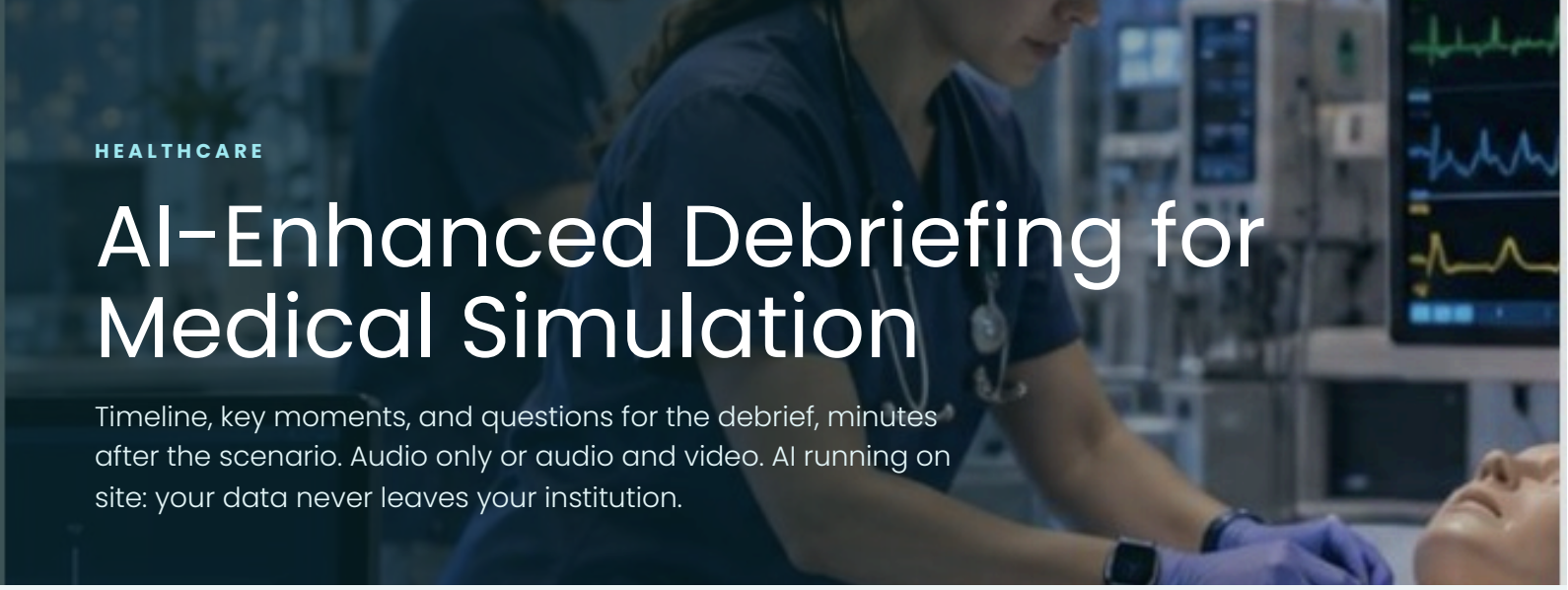


HEALTHCARE

AI-Enhanced Debriefing for Medical Simulation

Timeline, key moments, and questions for the debrief, minutes after the scenario. Audio only or audio and video. AI running on site: your data never leaves your institution.

AI reads the data, not the person. Faculty remain at the center.

An AI running on your own infrastructure captures what people say and, if you choose, where they look, how they interact, and signals from wearable augments. It aligns everything with the timeline, flags the moments worth exploring, and prepares a question for each, in the spirit of debriefing with good judgment. It can also check your protocols and checklists item by item. It never issues a verdict: the facilitator decides what to examine and leads the conversation. Developed through field research with Jenny Rudolph and Roxane Gardner of the Center for Medical Simulation, Boston.

100%
PROCESSING ON SITE: NO DATA LEAVES YOUR NETWORK

3
CAPTURE LEVELS: AUDIO · AUDIO + VIDEO · WEARABLES

1
FACILITATOR LEADING EVERY DEBRIEF

THE PROBLEMS WE SOLVE FOR SIMULATION CENTERS, HOSPITALS, AND MEDICAL SCHOOLS

01 — HOURS OF VIDEO, MINUTES TO DEBRIEF

Facilitators cannot rewatch the whole scenario before the conversation

Key moments, protocol items, and suggested questions are ready on the timeline minutes after the scenario: attention away from the patient, overlapping voices, a delayed escalation, a missed check. The debrief starts from them.

02 — SCORES WITHOUT THE REASONING

A checklist says what was omitted, not why the learner did what they did

Each moment comes with a neutral, data-informed prompt that opens the learner's frame: what was drawing your attention at that point? Advocacy-inquiry and PEARLS are supported; the facilitator chooses, adapts, or discards every prompt.

03 — DATA THAT LEAVES THE BUILDING

Cloud tools send recordings of students, staff, and standardized patients to a vendor

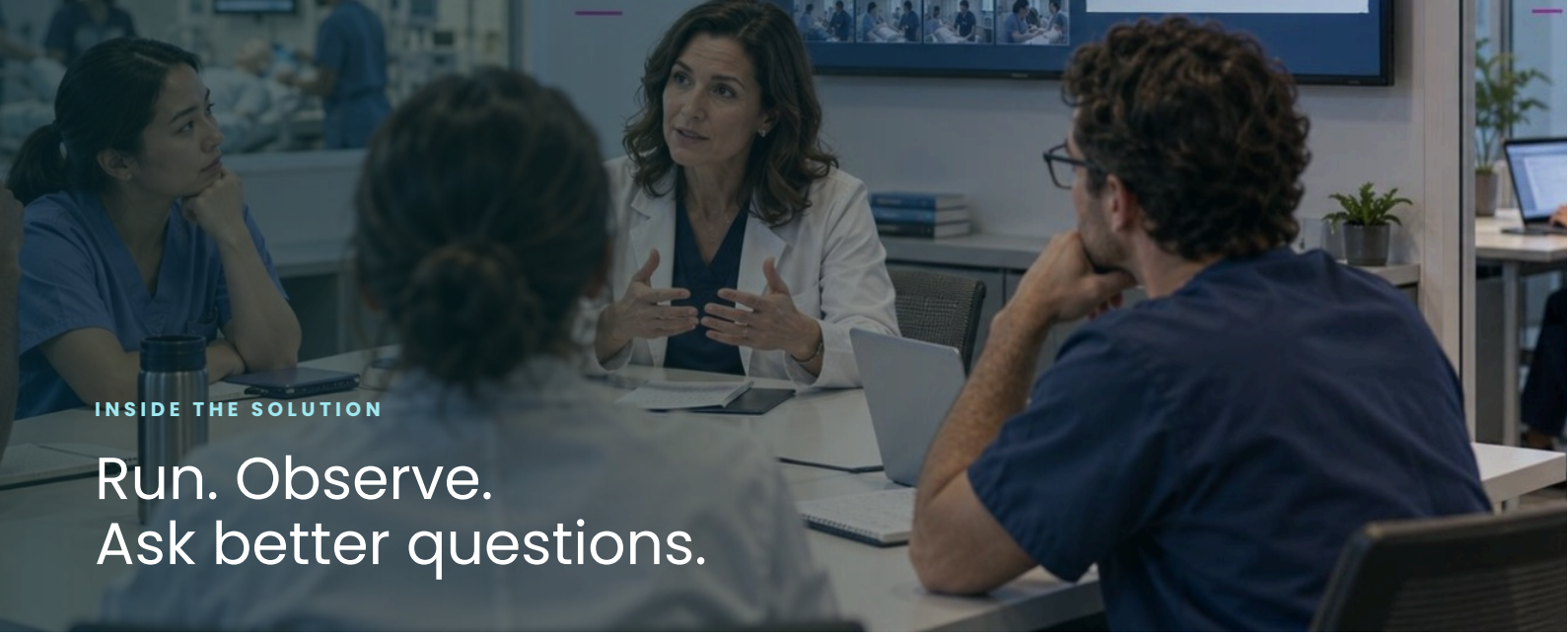
The AI runs on your servers or on an e-REAL appliance in your center. Recordings, transcripts, and analytics stay in your network, under your data rules, and the model is tuned to your protocols, your language, and your rubrics.

FOR WHOM

Simulation centers and skills labs; medical, nursing, and allied health schools; EMS academies; hospital education, patient safety, and clinical governance; simulation faculty and debriefing instructors.

FORMAT

Your simulation room or an e-REAL immersive room. Start with audio only (room microphones, no cameras); add video, gaze tracking, and wearable augments (heart rate, HRV, arousal) where appropriate and consented. Works with the AV you already run, in any browser. Scenarios, checklists, rubrics, signals, and data rules set with your faculty.



INSIDE THE SOLUTION

Run. Observe. Ask better questions.

01 Run the scenario

Realistic scenarios with manikins, standardized patients, or conversational avatars; real teams, real behavior. Voice and, if you choose, attention, interaction, and physiological signals are captured as it unfolds, on site.

02 Let the AI observe

Signals are aligned with the timeline. The system marks the moments that stand out, checks your protocol items, and prepares a question for each: evidence for the facilitator, never a score for the learner.

03 Debrief with good judgment

The facilitator reviews the moments, picks what matters for the learning goals, and asks, within PEARLS, advocacy-inquiry, or your own framework. Learners explain their reasoning, compare alternatives, and decide what to do differently.

04 Govern with your data

Criteria missed by cohort, station, and period; readiness across a rotation; training needs by team. Aggregated in your institution's own data, for education, patient safety, and clinical governance.

WHAT YOU GET

A debriefing dashboard
Timeline, key moments, checklist items, suggested questions.

On-site AI, tuned to you
Your protocols, your language, your rubrics; your servers.

Data for governance
Cohorts, stations, criteria, readiness: yours to keep.

Faculty development
Good-judgment and PEARLS debriefing with AI support.

Start with one scenario

Choose one scenario your center runs often, such as failure to recognize patient deterioration. We install the AI on site, set up capture and questions with your faculty, run it with three groups, and measure agreement between the AI's key moments and your instructors' observations. Then decide how far to go.

RESEARCH WITH THE CENTER FOR MEDICAL SIMULATION

Field studies and research conducted with Jenny Rudolph and Roxane Gardner of the Center for Medical Simulation, Boston, on debriefing with good judgment and AI-supported reflection, presented at international simulation conferences.

PART OF THE HEALTHCARE OFFER

One of the e-REAL Healthcare solutions, with Clinical Reasoning with Simulated Patients, Difficult Conversations, Team Readiness and Emergency Practice, Artificial Intelligence in Healthcare, and Preparing to Give Evidence.

LET'S TALK

Book a demo on www.e-real.net
or propose a scenario for a pilot.

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