

HEALTHCARE

Clinical Reasoning with Simulated Patients

Virtual patients, reasoning maps, and a coach that asks instead of telling. Make the path to a clinical decision visible, and repeatable.

The diagnosis is the last step. The questions before it are what we train.

Learners talk with a simulated patient, explore symptoms and history, and decide when to request tests. They then organize evidence, hypotheses, and alternatives in a reasoning map and revisit first impressions when new findings appear. An AI coach asks focused questions without giving away the answer. Educators set objectives, learner level, case data, and observation criteria; feedback on the decision path is reviewed by them, never by the system alone.

1:1

A PATIENT FOR EVERY
LEARNER

4

THINGS TO
OBSERVE IN
EVERY CASE

40+

LANGUAGES

THE PROBLEMS WE SOLVE FOR HOSPITALS, MEDICAL SCHOOLS, AND HEALTHCARE ORGANIZATIONS

01 — REASONING NOBODY SEES

A learner reaches a diagnosis; nobody knows which questions led there

The reasoning map records evidence, hypotheses, and alternatives in the order they were considered. Educators see where a hypothesis was formed, revised, or kept despite the evidence.

02 — FEW PATIENTS, MANY LEARNERS

Clinical exposure depends on who walks through the door

Simulated patients cover the cases a year of study needs, at the chosen difficulty, as many times as useful. The same case can be repeated to compare approaches.

03 — FEEDBACK THAT ARRIVES LATE

The debrief comes days after the encounter, if at all

Feedback on the dialogue and the decision path is available right after the case, with a coach to talk it through; the educator decides what to bring to the group.

FOR WHOM

Medical schools and nursing schools; residency and specialty training programs; teaching hospitals and simulation centers; continuing education for physicians, nurses, and allied health professionals.

FORMAT

Online or in an immersive lab, individually or in small groups; desktop, tablet, projected walls. Cases, difficulty, objectives by year of study, consultation format, available tests, rubrics, and feedback configured with your faculty. Integrated with your learning platform.



INSIDE THE SOLUTION

Ask. Explain. Revise. Repeat.



01 **Meet the patient**

Natural-language conversation with a simulated patient: symptoms, history, and the decision of when to request tests. The patient answers what is asked.

02 **Build an explanation**

Evidence, hypotheses, and alternatives in a reasoning map; first impressions revisited when new findings appear.

03 **Reflect and repeat**

Feedback on the decision path, discussed with a coach. Questions and listening, use of evidence and differential diagnosis, revision of hypotheses, communication with the patient.

04 **A case: Marco, 19**

Fatigue and breathlessness on exertion. Conversation, clinical data, reasoning map, dialogue feedback, reflection with the coach. One of the design cases used to configure yours.

WHAT YOU GET

Configured cases

Your cases, at the difficulty and year of study you choose.

Reasoning maps

The decision path, visible to learner and educator.

An AI coach

Focused questions, never the answer.

Faculty review

Feedback reviewed by educators, with your rubrics.

Start with one course

Choose one course and the five presentations students find hardest. We configure the patients and the rubrics with your faculty, a cohort works through the cases for a month, and we look together at the reasoning maps and at what changed between the first case and the last.

WORKS WITH DIFFICULT CONVERSATIONS

The same simulated patient can carry the conversation further: explaining the diagnosis, managing uncertainty, answering a worried relative.

PART OF THE HEALTHCARE OFFER

One of the five e-REAL Healthcare solutions, with 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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