

HEALTHCARE

Team Readiness and Emergency Practice

Immersive scenarios in which a team assesses, acts, coordinates, and communicates under pressure, then reviews its decisions in a guided debrief.

An emergency is carried by a team. So is the training.

Real participants, tools, and virtual counterparts share one immersive scenario, without headsets. Virtual colleagues, patients, and families introduce demands and new information; roles, handovers, and communication are part of the action. The scenario can be repeated with different roles or information, then discussed in a debrief led by a facilitator. Where AI signals are used, they suggest moments to explore; they never judge the team.

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**HEADSETS: GLASSES-FREE
IMMERSION**

4

**THINGS TO
OBSERVE IN
EVERY SCENARIO**

1

**FACILITATOR
LEADING EVERY
DEBRIEF**

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

01 — SKILLS TRAINED ONE AT A TIME

Procedures are practiced in isolation; the emergency arrives all at once

The scenario asks for assessment, action, coordination, and communication together, as the picture changes. The team trains what the emergency will demand: integration, not a sequence of tasks.

02 — A SIMULATION WITH NO ONE TO TALK TO

Manikins do not ask questions, and families do not wait outside

Virtual patients, colleagues, and relatives add the relational load: they interrupt, ask, worry, and need an answer while the team works.

03 — A DEBRIEF THAT BECOMES A VERDICT

Recordings are reviewed to find who was wrong

AI signals, where used, point to moments worth exploring; the facilitator decides what to examine and links it to the goals. The debrief is about the next emergency, not about blame.

FOR WHOM

Emergency, critical care, surgical, and obstetric teams; pre-hospital and rescue services; hospitals and simulation centers; nursing and medical schools; organizations training distributed or multidisciplinary teams.

FORMAT

e-REAL immersive rooms, your simulation center, or online for distributed teams; physical and digital objects where the scenario calls for them; no headsets. Groups, goals, roles, debrief format, and use of AI signals adapted with you.





INSIDE THE SOLUTION

Assess. Coordinate. Debrief. Again.

01 **Assess and stabilize**

Information, priorities, and the interventions to perform as the scenario unfolds and the picture changes.

02 **Coordinate**

Virtual colleagues, patients, and families introduce demands and new information. Roles, handovers, and communication under pressure are part of the action.

03 **Debrief**

Decisions and critical moments reviewed with a facilitator: clinical priorities and situational awareness, roles and handovers, communication and empathy under pressure, review of decisions.

04 **Hiker Rescue**

A team assesses and stabilizes an injured hiker in a simulated outdoor emergency, with avatars as patient, colleague, and family member and an AI mentor for cognitive support.

WHAT YOU GET

A designed scenario

Yours or one of ours, with roles and information you can vary.

Virtual counterparts

Patients, colleagues, and relatives who add the relational load.

Guided debrief

A facilitator, your goals, alternative approaches.

AI signals, if you want them

Moments to explore, never a judgment.

Start with one team

Choose one team and one emergency it needs to handle better. We adapt the scenario with your clinical leads, the team runs it twice with different roles, and we look together at the debriefs and at what changed between the first run and the second.

WORKS WITH DIFFICULT CONVERSATIONS

The relative who waits outside the scenario can become the next exercise: the same avatar, now in a one-to-one conversation about what happened.

PART OF THE HEALTHCARE OFFER

One of the five e-REAL Healthcare solutions, with Clinical Reasoning with Simulated Patients, Difficult Conversations, 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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