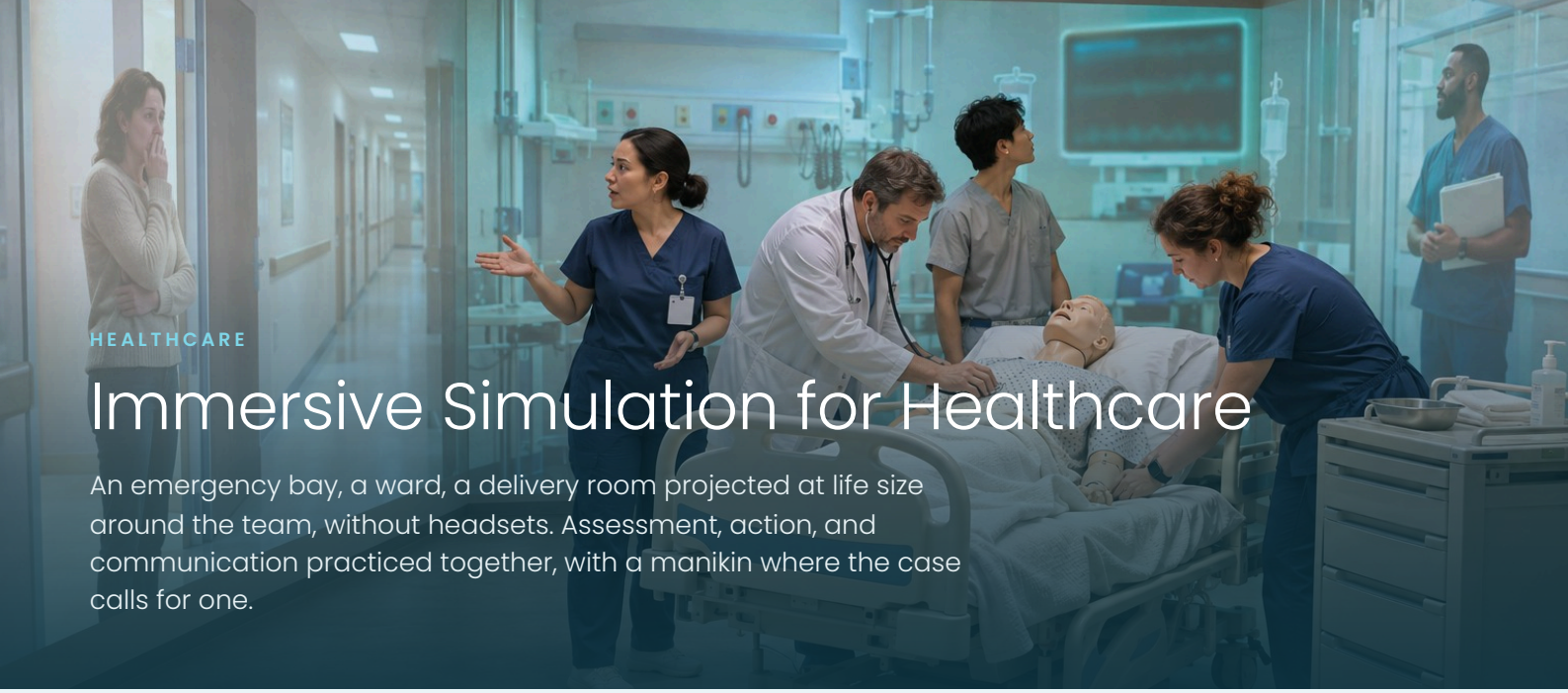


HEALTHCARE

Immersive Simulation for Healthcare

An emergency bay, a ward, a delivery room projected at life size around the team, without headsets. Assessment, action, and communication practiced together, with a manikin where the case calls for one.

An emergency is carried by a team. The room is a situation, not a backdrop.

Immersive Simulation for Healthcare puts an interprofessional team inside a clinical environment projected on the walls of an e-REAL immersive room. The environment reacts: a monitor changes, a relative avatar asks a question, a colleague avatar brings a result. A manikin or a standardized patient can stand at the center, connected to the scene. Educators set the objectives and the case; a facilitator leads the debrief.

0
HEADSETS: THE TEAM SEES ONE ANOTHER

1
FACILITATOR-LED DEBRIEF, EVERY RUN

4
OBSERVATION CRITERIA SET BY YOUR EDUCATORS

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

01 — SKILLS TRAINED IN ISOLATION

Procedures get practiced; coordination does not

Recognizing deterioration, handover under pressure, escalation, closed-loop communication: the team practices them in the same scene, observable by the facilitator against your criteria.

02 — FLAT SCENARIOS

A slide cannot interrupt you

In the room, a worried relative appears at the door while the patient changes; a consultant calls; a second patient arrives. Situational awareness becomes part of the action.

03 — DEBRIEFS THAT START LATE

By the time the team reviews, the moment has faded

The facilitator leads the debrief right after the run. Where AI-Enhanced Debriefing is used, a timeline of key moments is ready minutes after the scenario; judgment stays with the facilitator.

TARGET AUDIENCE

Simulation centers, emergency and critical-care departments, obstetric and surgical teams, nursing and medical schools, interprofessional education programs. For team readiness, crisis resource management, and communication with patients and families.

FORMAT

e-REAL immersive rooms, your simulation center, or a room set up at your institution; without headsets. Connected manikins and sensorized objects in the e-REAL rooms. Cases, roles, clinical data, timing of information, and rubrics built with your clinical and educational leads.



INSIDE IMMERSIVE SIMULATION FOR HEALTHCARE

Set the case. Act. Coordinate. Debrief.

01 Set the objectives and the case

With your educators we define what the team should practice and write the case, the roles, the clinical data, and the timing of new information around those objectives.

02 Assess and act

The team enters the projected environment. Patient, relatives, and colleagues respond as avatars; the manikin, where used, is part of the same scene. The team gathers information, sets priorities, and intervenes.

03 Coordinate and communicate

New demands arrive while the situation evolves. Roles, handovers, and closed-loop communication become observable, not assumed.

04 Debrief and repeat

The facilitator leads the debrief on the sequence of decisions and the critical moments. The scenario can run again with changed roles or information.

WHAT YOU GET

A clinical scenario
Your case, your rubric, reusable with every cohort.

Observed team behavior
Priorities, handovers, communication, situational awareness.

A guided debrief
Led by your facilitator; AI signals only where you choose.

Ready scenarios
Hiker Rescue and other cases available for pilots.

Start with one scenario

Choose one department and one case: a deteriorating patient on the ward, an obstetric emergency, a handover gone wrong. We build it with your clinical leads, two teams run it with a debrief, and we look together at what the facilitator observed and which case comes next.

WORKS WITH AI-ENHANCED DEBRIEFING

Audio, or audio and video, from the run becomes a timeline of key moments and questions for the facilitator, minutes after the scenario, with AI running on site.

PART OF THE HEALTHCARE OFFER

One of the e-REAL Healthcare solutions, with Clinical Reasoning with Simulated Patients, Difficult Conversations, AI in Healthcare, Preparing to Give Evidence, AI-Enhanced Debriefing, and Reflective Intelligence.

LET'S TALK

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

CONTACT

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