

CLINICAL ENGINE

KopiKoders

Coroner warns about NHS physician associates after misdiagnosis and death of woman

Pamela Marking, suffering severe stomach issues, diagnosed in hospital with nosebleed and sent home by PA



The Surrey assistant coroner says there are concerns physician assistants 'lack basic clinical skills and do not fully understand their capabilities'. Photograph: Jeff Moore/PA

How Much Does a Human Patient Simulator Cost?

March 18, 2021

 Nathan Costiuc
MSN, APRN, FNP-BC



A [human patient simulator](#) typically ranges in price from \$10,000 to \$100,000 depending on the type, brand, features, and included support services. Since dollars spent in the healthcare industry have a direct impact on patient lives, the clinical simulationist must carefully consider which [manikin](#) is best suited for their desired

Study Shows Unsolved Patient Safety Events are Due to Lack of Training and Education



YES! Please guide with co-authors and mentors

Program of interest

First name*

[Abstract](#) [PDF](#)



Abstract

BACKGROUND: Simulation activities are used increasingly in nursing education to augment or replace traditional clinical experiences. Educators and regulators are called to make evidence-based decisions about the use of limited clinical and simulation resources.

METHOD: This cost-utility analysis addresses the final aim of a study comparing cognitive learning, patient care performance, and self-perceptions of how well learners' needs were met among students who were exposed to 4 hours of traditional clinical experience, 2 hours of manikin-based simulation, or 2 hours of screen-based virtual simulation. The costs for each activity were calculated and divided by a composite measure of the utility of each activity.

RESULTS: The cost-utilities for 4 hours of traditional clinical experience, 2 hours of manikin-based simulation, and 2 hours of screen-based virtual simulation were \$0.62, \$0.62, and \$0.38, respectively, in U.S. dollars per unit of utility.

AAMCNEWS

So many medical students, so few clerkship sites

Hands-on clinical experience is essential to produce competent physicians. But some schools have been struggling to find enough clerkship sites and preceptors. Now, COVID-19 has only worsened their worries. We look at the problem — and possible solutions.



Adtalem CEO Looking to Invest in Organic Growth, Particularly in Nursing Education

By [Josée Rose](#) [Follow](#)

March 1, 2025 10:11 am ET



Share



Resize



Listen (2 min)

Related Webinars

Solution

Clinical Engine

Patient: John Doe, 55M Difficulty: easy Specialty: Cardiology New Case Selection

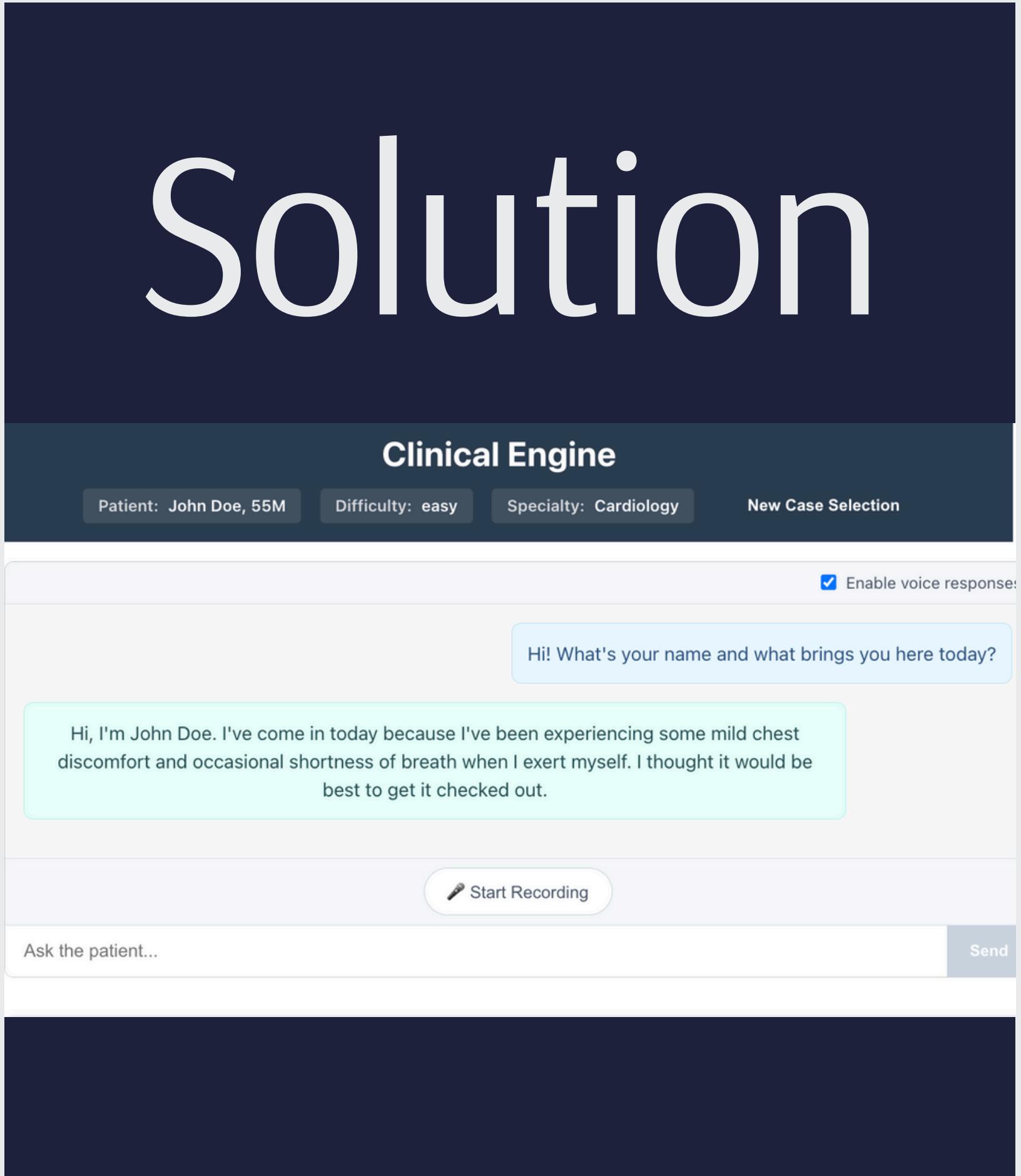
Enable voice responses

Hi! What's your name and what brings you here today?

Hi, I'm John Doe. I've come in today because I've been experiencing some mild chest discomfort and occasional shortness of breath when I exert myself. I thought it would be best to get it checked out.

 Start Recording

Ask the patient... 



- Unlimited case scenarios at fraction of traditional costs
- Voice & text interaction with AI patients
- Real-time feedback on diagnostic decisions

How It Works

Case Selection

Select Case Parameters

Medical Specialty:

-- Select Specialty --

Difficulty Level:

-- Select Difficulty --

Generate Case

Virtual Patient Interaction

I'm here because I've been experiencing some mild chest discomfort and occasional shortness of breath, especially when I exert myself a bit. I thought it would be best to get it checked out.

Don't worry! You are in good hands

Thank you, I appreciate that. It's just been a little concerning for me, so I'm glad to be here.

 [Voice message]

Sure. The chest discomfort is mild, and it feels more like a pressure or tightness rather than sharp pain. It usually happens when I'm active, but it goes away when I rest. It's not something I've felt all the time, just occasionally.

 Start Recording

Ask the patient...

Send

Clinical Procedures

Order Tests & Imaging

Lab Tests Imaging & Procedures

Select Lab Test:

Cardiac Enzymes

Order Test

Physical Examination

Enter examination name and procedure steps in the correct order

Current Vital Signs

BP: 130/85 mmHg HR: 78 bpm RR: 18 breaths/min Temp: 98.6 °F

Examination Name:
Cardiac Auscultation

Step 1:

Preparation and Environment

- * Quiet Setting: Ensure the examination room is quiet to minimize background noise.
- * Patient Comfort: Have the patient in a comfortable position (usually supine or sitting) to allow optimal acoustic transmission.
- * Proper Lighting and Equipment: Confirm the stethoscope is working well (clean, properly functioning diaphragm and bell).

Add Step Verify & Perform Examination

Select Imaging Study/Procedure:

Echocardiogram

Order Study/Procedure

Results:

FINDINGS

- A small, echogenic focus is noted in the right kidney, likely representing a benign renal cyst. This finding is incidental and does not appear to be related to the cardiac assessment.

IMPRESSION

1. Normal left ventricular size and function with an estimated ejection fraction of approximately 60%.
2. Mild left atrial dilation, potentially indicative of underlying diastolic dysfunction or chronic pressure overload; clinical correlation is recommended.
3. Normal right heart structures with no evidence of pulmonary hypertension.
4. Incidental finding of a small echogenic focus in the right kidney, likely a benign renal cyst.

AI Evaluation

Medical Diagnosis

Submit your final diagnosis based on your evaluation

 **Correct Diagnosis!**

Your diagnosis: Stable Angina
Correct diagnosis: Stable angina

Feedback:

Your diagnosis was correct. Your communication with the patient was excellent. Your physical examination approach needs significant improvement. Your clinical reasoning needs significant improvement. Key observations: Strengths in patient interaction: - Clear and direct questions that facilitate patient responses. - Reassuring language used to comfort the patient. - Good follow-up question that encourages the patient to elaborate on symptoms. Areas to improve in patient interaction: - Could ask more open-ended questions to gather more information. - Could demonstrate more empathy by acknowledging the patient's concerns more explicitly. - Could improve the organization of questions to cover all relevant aspects of the patient's symptoms. Missed important physical examinations: - general - cardiovascular Missed critical tests/studies: - ECG - Cardiac Enzymes Unnecessary tests that could have been avoided: - CXR

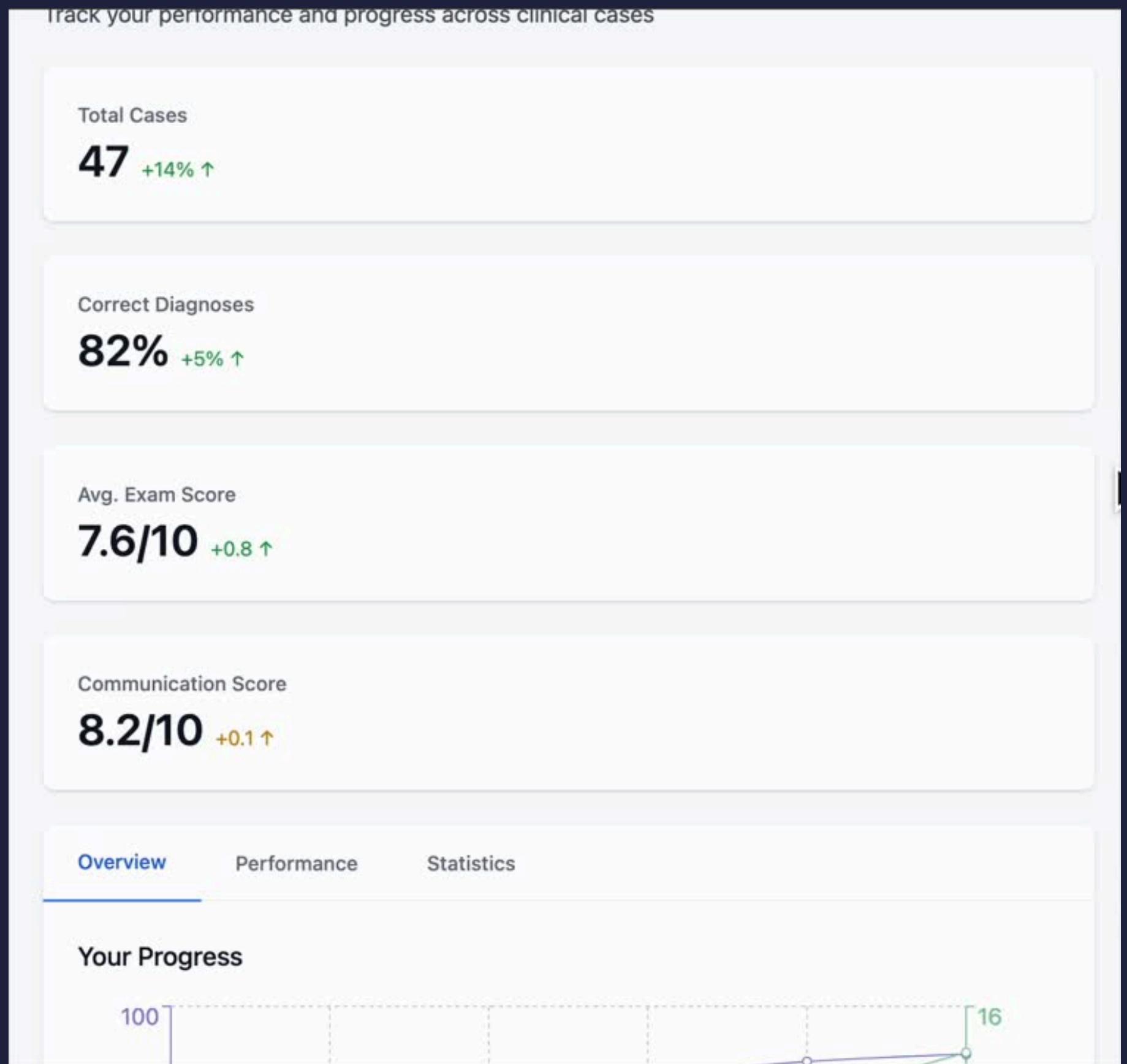
Performance Summary:

- Ordered unnecessary tests: CXR
- Failed to order critical tests: ECG, Cardiac Enzymes

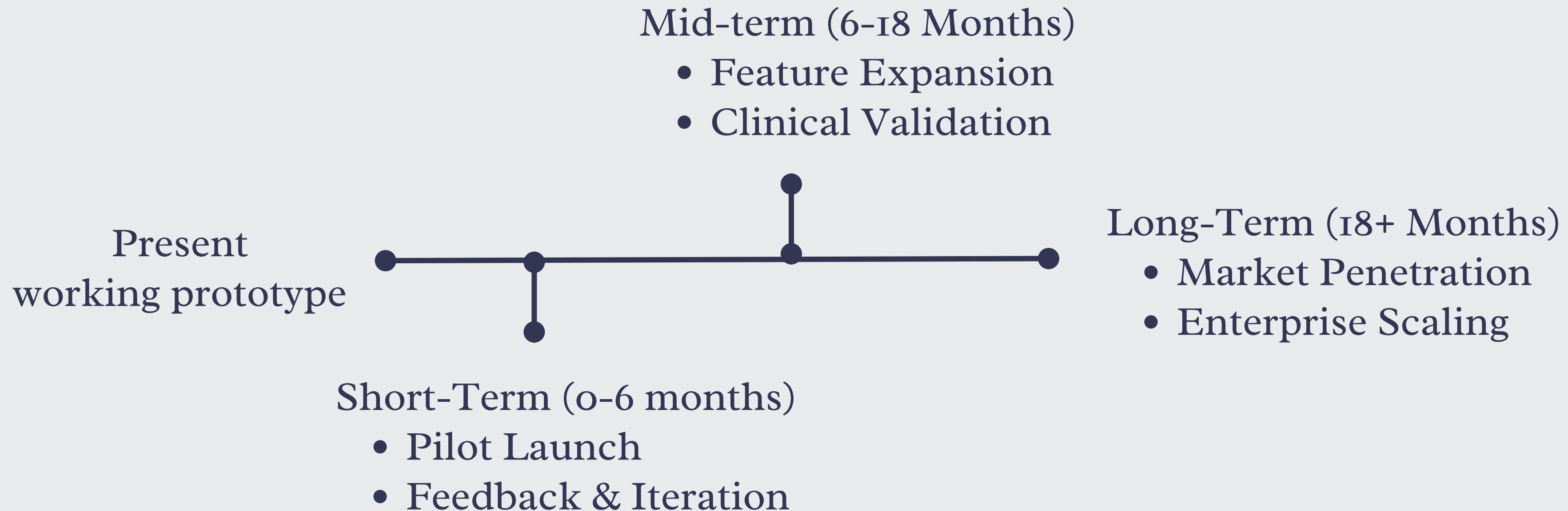
[Start New Case](#)

[Return to Case Selection](#)

Personalized Learning Dashboard



Future Plans



Market Opportunity

Target Market

Medical education institutions,
universities, and hospitals
seeking to enhance learning and
training outcomes.

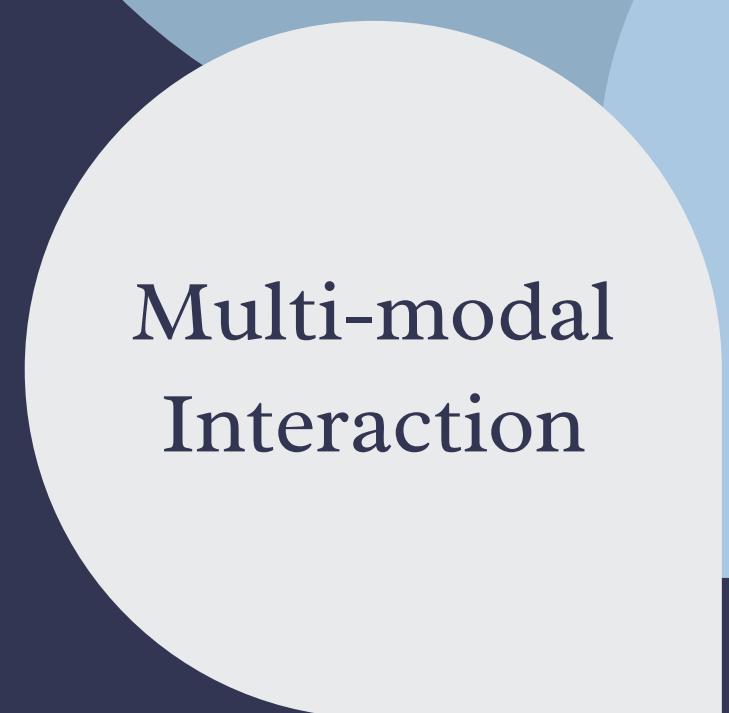
Extends to

Adoption in continuing medical
education programs and
streamlined processes for
medical licensing boards.

Our USP



Agentic AI
Evaluation Engine



Multi-modal
Interaction



Real-Time,
Adaptive
Feedback

Business Model

Subscription based model

Tiered pricing based on user type (individual students, universities, hospitals).

Team

-
- 1. Sparsh Jain
 - 2. Veer Dosi
 - 3. Riddham Agarwal