

WEEK 44 DEBRIEF

Three universities moved closer to a paid pilot, and the teacher dashboard went into build.

PIPELINE	A leading European university hospital, a private medical school in Istanbul and a university near São Paulo each took a step toward a paid pilot.
PROPOSALS	Two priced proposals are out. The first decision is due on 4 December.
PRODUCT	The teacher dashboard went into build and goes live at the end of November. The student platform now responds instantly.
RESEARCH	Our partner university in Brazil signed the data processing agreement for our first randomised study.

KEY NUMBERS

Same numbers, every week

Institutions in pipeline	Priced proposals out	Changes shipped since July
14	**2**	**185**
in 11 countries	first decision on 4 December	3 this week

The line at the top counts the commits inside the changes merged to production each week, from GitHub. Dependency updates are left out.

FROM MEL

In October we narrowed our sales focus to fewer and stronger institutions, approached through our Medical Director's network. This week three of them moved closer to a paid pilot.

On the product side, the priority until the end of November is the teacher dashboard. A faculty needs it to run ALYT across a whole year group.

Mel Jacobs Founder and CEO

→ Our door is open

Anyone we should meet, or anything we should know, is always welcome. Reply to this message or write to **mel@alyt.ai**.

01 Pipeline

14 institutions in 11 countries

Europe Leading university hospital	The vascular surgery department named two project leads this week, after asking for our price in September. Next: a call, then a tailored, priced proposal.
Istanbul Private medical school	English-taught, with a simulation centre. A professor of infectious diseases asked for four cases to evaluate ALYT. We deliver next week, then send a priced proposal.
São Paulo University	Proposed a joint study that compares ALYT with patients played by actors. We sent the first shared case and a short protocol on 29 October. The proposal will include a yearly licence.
Asia National medical university	Reviewing our priced pilot proposal with its deans and medical education unit. Decision due on 4 December.

02 Product

Teacher dashboard Live end of November	Cases assigned to a whole year group with deadlines, progress per student and export of results. It is what a school needs to run ALYT for a full cohort, and the biggest gap in our review of the market leader.
Speed Live 26 October	Every screen in the student platform responds instantly: 11 to 22 ms on production, well under our 100 ms target.
Design Live 28 October	All student pages share one design system and work cleanly on phones.
Patient encounter Next week	The redesigned case screen was built on 30 October and is in final review.

03 Against plan

Four of five done, one moved.

Make the student platform instant	Done	Live 26 October. 11 to 22 ms on production.
One design across all student pages	Done	Live 27 and 28 October.
Start building the teacher dashboard	Done	Started 29 October. On track for the end of November.
Plan the patient encounter redesign	Done	Planned, and already built. In final review.
Record the student instruction video	Moved	Script ready in English and Portuguese. Recording in week 45.

04 Priorities for week 45

1. Deliver the four cases to the medical school in Istanbul, then send a priced proposal.
2. Follow up with the European university hospital: a first call, then a tailored proposal.
3. Meet a dental school in Ecuador that wants to build cases with us, and send a priced plan within 48 hours.
4. Release the redesigned patient encounter.
5. Continue the teacher dashboard, on track for the end of November.
6. Record the student instruction video in English and Portuguese.

CATCH-UP 1 OF 4

Educational 2.0: rebuilt from the ground up in four months.

On 1 July we decided to rebuild ALYT Educational from the ground up. The first version ran in production four days later, and on 22 September our pilot schools switched to it. In 1.0 a student chatted with a patient and filled in a form, and AI produced the score. In 2.0 the patient lives on a clock and changes with every decision, and code computes the score.

4 days
from decision to the first version in production

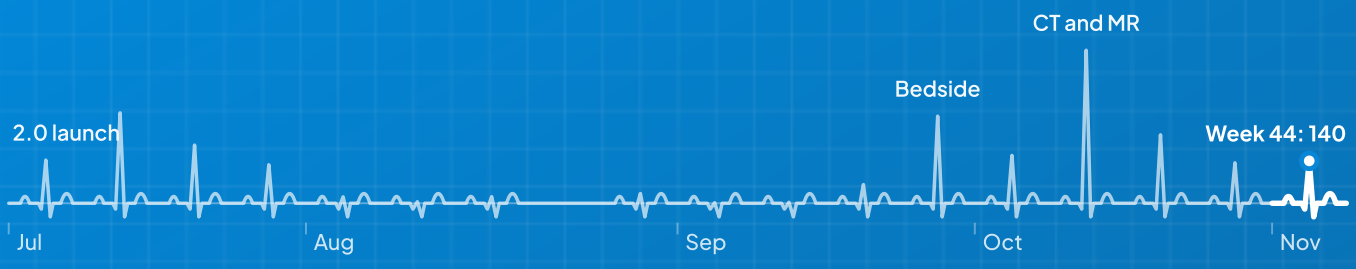
160
changes shipped to the 2.0 platform

12,300
automated tests on every change, up from 1,743

214
diagnoses in our clinical catalog, up from 150

IN THIS CHAPTER

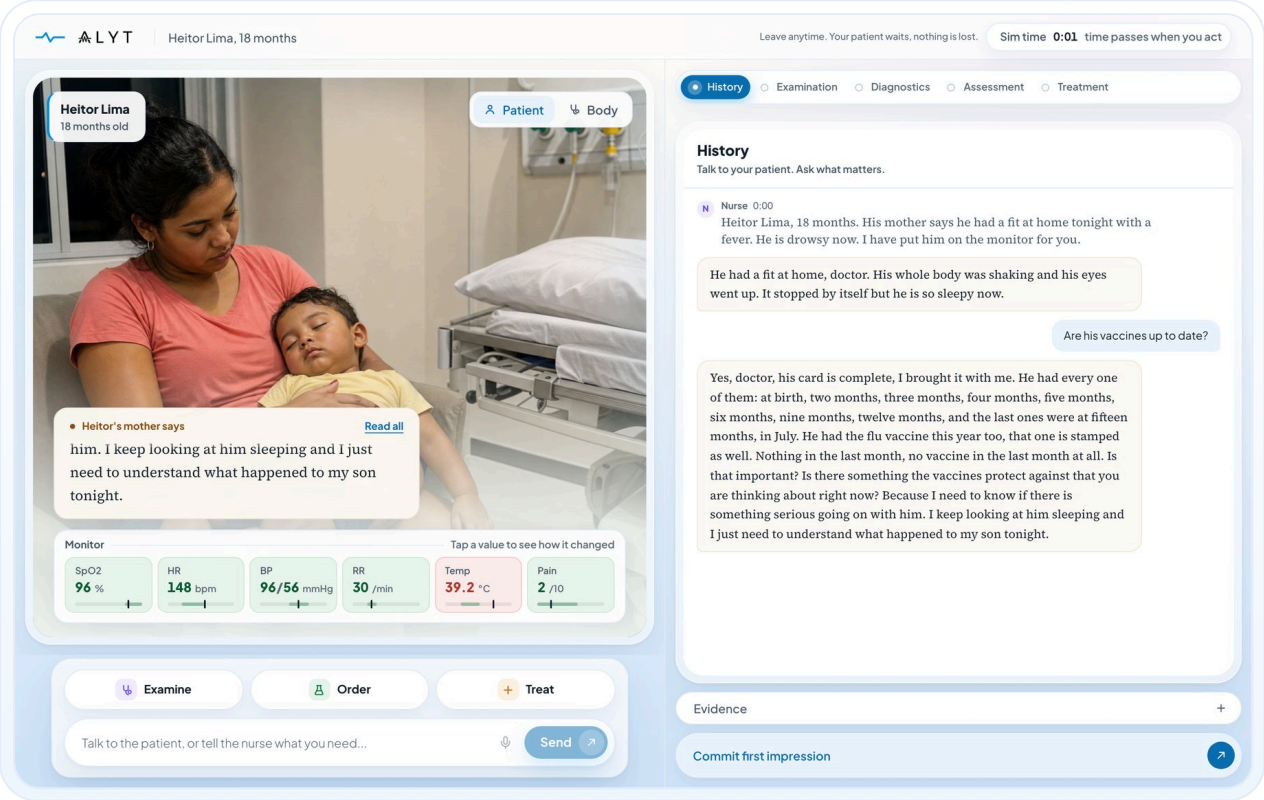
01 A patient who lives
02 Reasoning first, and an honest score
03 Feedback on the thinking itself
04 Orders, imaging and treatment
05 A shift, not a list of cases
06 Learning that adds up
07 Built for schools
08 Fast, private and built to last



Commits to production per week, from 1 July to 1 November 2026.

01 A patient who lives

In 1.0 a case was a form. In 2.0 the patient is alive: time runs, findings have to be earned, and the patient gets better or worse with every decision.



History taking with a parent, in the redesigned encounter that releases next week.

Earned findings — Live since July

A finding exists only once the student examines the right place or orders the right test. Nothing is listed in advance.

A clock that moves when you act — Live since July

Thinking is free, acting costs time. Results return after their real turnaround, and the patient worsens or recovers by state.

A patient you see change — Live since July

Photorealistic portraits follow the patient's condition. Students only see images a physician approved.

The monitor answers — Live since 24 Oct

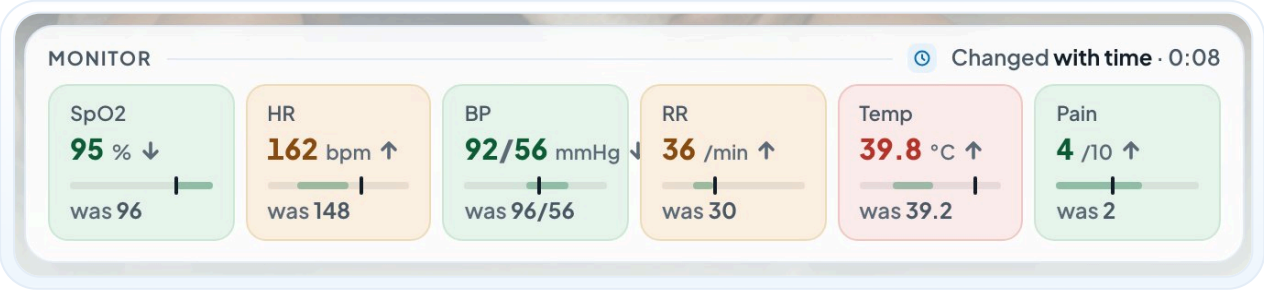
Every vital sign shows what it was, what changed it and its normal range for the patient's age.

Examine on the body — Live since 24 Oct

The student picks a body part, then a technique, on an adult in bed, a child, or a baby in a cot.

Children — Live since 2 Oct

A parent speaks for a young child, with ages in weeks and months and alarms set by age.



The monitor: every value shows what it was and which way it moved.

02 Reasoning first, and an honest score

The core of 2.0 is a loop that measures how a student thinks: commit first, live with the consequences, and get a score that code computes the same way every time.

Commit first — Live since July

Before any test result, the student commits a first impression with a probability on each diagnosis.

Consequences — Live since July

After the final plan, the case plays out the path that plan earned: recovery, or the complication it missed.

A score computed by code — Live since July

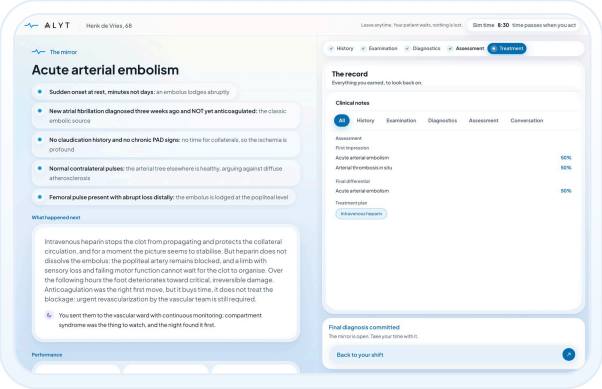
Seven dimensions, from information gathering to aftercare, computed by versioned code from what the student did. AI writes the words; it does not produce the score.

The answer stays on the server — Live since July

The diagnosis never reaches the student's browser before the case is finished. Automated tests check this on every change.

Rules learned from real cases — Live since August

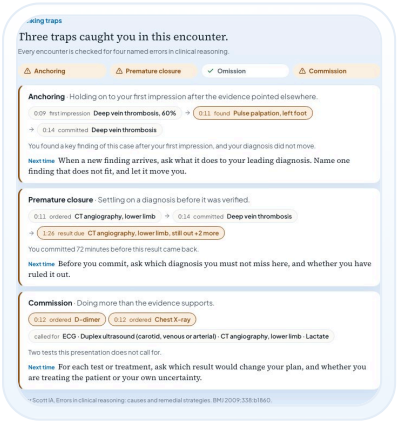
Tests are scored against what was indicated, a harmful act never starts the treatment clock, and no test can be the right answer.



The debrief: the reveal, the evidence and what happened next, in the redesigned encounter.

03 Feedback on the thinking itself

After every case the student sees not only what went wrong, but which reasoning error caused it, and what to do differently next time.



Thinking traps, traced through the student's own actions.

Thinking traps — Live since 28 Sep

The debrief names which of four classic reasoning errors the student fell into (anchoring, premature closure, omission, commission), shows the path through their own actions and gives a strategy for next time. Teachers see how often each occurs. We have not seen this in a competing product.

The Mirror — Live since July

The debrief: the reveal, the seven scores, what the student never found, and a professor's narrative written around the computed numbers.

The plan forward — Live since 11 Jul

After the diagnosis the student decides where the patient goes and what to watch overnight. The night passes and one morning consequence follows.

Lock it in — Live since 11 Jul

Short questions after each case, approved together with the case, then spaced review after 1, 3, 7 and 21 days.

04 Orders, imaging and treatment

Students order and treat the way they would on a ward, and read the results themselves. Participants of the 2026 European Vascular Course asked for real CT and MRI; since 11 October it is in the product.

Treat and Order as sheets
Live since 24 Oct

Treatments grouped by ABCDE, tests by the question the student wants answered. Search also understands Portuguese and Dutch.

Real CT and MR series
Live since 11 Oct

Students scroll slices, set the window, zoom and measure in millimetres, with coronal and sagittal views. A light version runs on weak laptops.

Operation videos
Live since 11 Oct

If the student chose a procedure, the video of that procedure appears after the case.

Anonymised on the teacher's computer
Live since 11 Oct

Teachers can add their own scans and videos. Personal data are removed in their own browser before anything is uploaded.

The nurse as a teammate
Live since 17 Oct

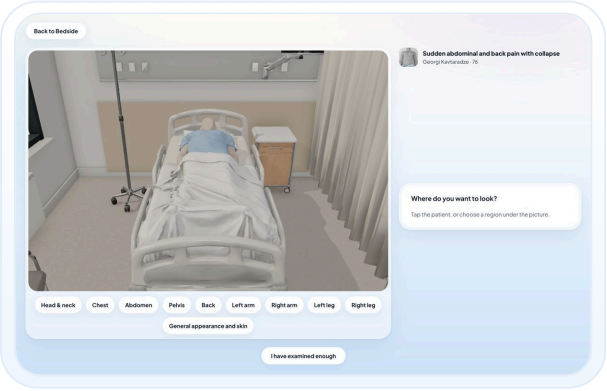
The student gives several orders at once; the nurse carries them out in order and reads them back. Her model was chosen on a measured test: 92.5% exact on 165 sentences.



Real CT in the series viewer. Images: TCIA C4KC-KiTS, CC BY 3.0.

05 A shift, not a list of cases

Students do not browse for a case. They start a shift and the next patient is waiting, chosen for what they need to practise.



The 3D patient in bed: a prototype, on ALYT's own workspace.

A patient is waiting for you
Live since 12 Jul

The shift picks the next patient, with a difficulty ramp and a spread across specialties.

Adaptive duty
Live since 12 Aug

The next patient targets the student's weak spots, and the mentor explains why in one line.

The Shift home
Redesigned 28 Oct

A workday start: the day on the ward, the arriving patient's portrait, the review queue and the mentor's line.

Bedside and the 3D patient
Prototype

Examine the patient on physician-approved close-ups, or in a 3D hospital bed on capable devices.

06 Learning that adds up

Every patient a student treats builds a record of how their reasoning grows, and that record shapes what comes next.

The logbook
Live since 16 Jul

Every patient as a story card: what the student committed, what it was, what they missed, and the scores.

A mentor that remembers
Live since July

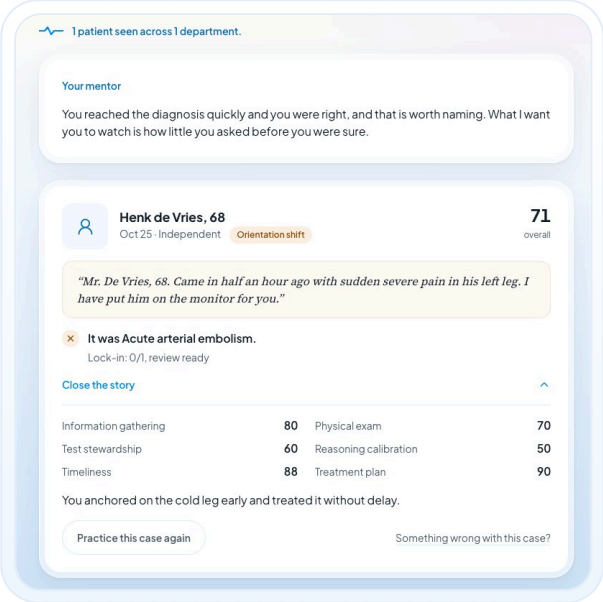
A short remark after each case, built on a competence model. It follows up on its own advice and writes a growth chapter every five cases.

Error patterns
Live since 17 Jul

A repeated mistake is confirmed only on enough evidence, and then shapes the mentor and the choice of the next patient.

Mini-CEX view
Live since 16 Jul

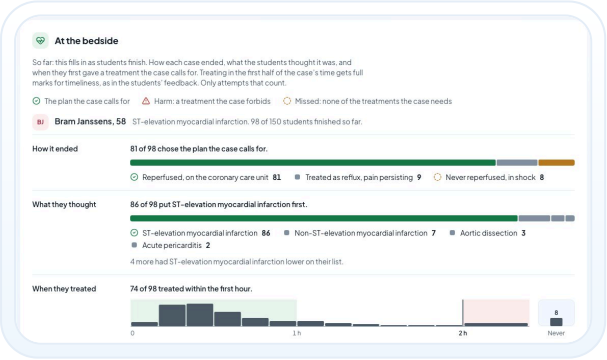
The simulation's scores in the Mini-CEX vocabulary that schools use for bedside assessment.



The logbook, with the mentor's remark.

07 Built for schools

2.0 is built to be licensed by schools: one physician-reviewed library, cases built to a school's own curriculum, and teacher tools on the same data.



Design of the teacher dashboard, in build. Sample data.

One library, licensed per school
Live since 22 Sep

ALYT keeps one physician-reviewed library. Each school licenses all of it or chosen patients, and owns the cases it authors.

AI case authoring
Live, used by ALYT

From source material and a level, the AI drafts a complete living case in minutes. The author plays it in the student view and steers it in plain language.

Physician review gate
Live since 9 Jul

No case is published until a physician who did not write it approves that exact version on a 15-item checklist, after an AI critic checks 17 points.

Built to a curriculum
Live since October

Fifteen paediatric cases built on topics chosen by partner faculty, the first five live. A new school's pneumonia case went from request to publication in three days.

Teacher dashboard
In build, end of November

Assignments with deadlines, each student's reasoning path, the week's teaching findings, and export.

08 Fast, private and built to last

Schools buy trust. 2.0 is fast on a cheap laptop, hosted in the EU and guarded by more than 12,000 automated tests.

Instant Live since 26 Oct

Every click in the student platform answers in 11 to 22 ms on production, down from 112 to 253 ms before the speed work.

Hosted in the EU Live since 20 Oct

Database, storage and servers in Dublin. The AI and login providers process data in the US under processing agreements.

Privacy by design Live since July

Consent inside the platform, pseudonymised study exports, and the answer key kept on the server.

Security documentation Since 24 Jul

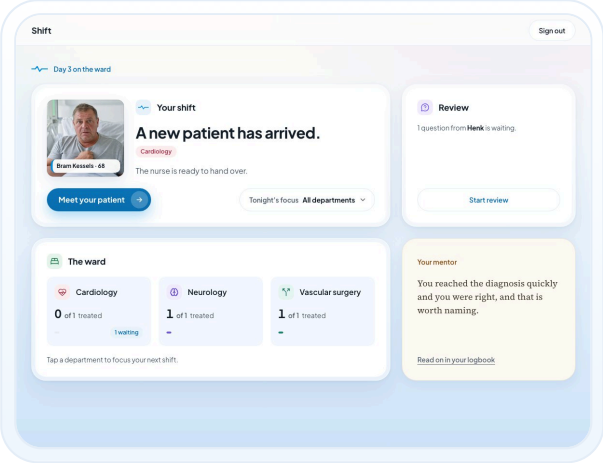
52 documents for an information security management system, aligned to ISO/IEC 27001:2022.

12,300 automated tests Live

Up from 1,743 when 2.0 started. They run on every change before it reaches production.

One design system Live since 28 Oct

One raster, six type sizes and one card anatomy across every student page, built for phones.



The Shift home after the design work of 28 October.

→ What comes next

Next week Release	The redesigned patient encounter, with clearer photos, new child and baby figures and a new debrief opening.
End of November Launch	The teacher dashboard for the first schools.
After that Planned	The 3D patient in bed as the examination surface in every encounter, on capable devices.

Next week, catch-up 2 of 4: customers, from the first pilots to 14 institutions.