



Bedside Coach

PRACTICE. REFLECT. TEACH.

Complete Guide

Practice patient care, rehearse communication, teach consistently, and turn evidence into a useful next attempt.



Actual simulator screen with synthetic patient content, captured September 19, 2026. Current instructions were checked against the 2.2 source.

BEDSIDE & TELEHEALTH

MEDICATIONS & PUMPS

TEACHING & FEEDBACK

Bedside Coach 2.2 (1) | October 10, 2026

iOS / iPadOS 27+ | visionOS 27+ | Apple Intelligence for model-powered features

Speak, act, reassess and reflect. Use fictional patient information.

For simulated education only

Easy Start

Start with one learning goal and one prepared device.

Prepare before practice

Use fictional patient information. Enable Apple Intelligence and let required models finish downloading. Allow microphone access for spoken practice. Follow your course directions and confirm the selected role before starting.

LEARNER PATH

- 1 Set your learning context**
Open Profile, choose RN or LVN/LPN and the assigned Practice standard. Read the activity your instructor assigned.
- 2 Start one patient**
Choose Practice > Patient Scenarios, select a case and Start. Complete Audio Check, then receive the previous nurse's report when offered.
- 3 Speak and check your work**
Introduce yourself aloud. Use Records, Take BP, Call and Pump for their controls. Review the transcript and findings, then reassess after an intervention.
- 4 Finish and learn**
End Session, add your note or reflection when offered, and review the evidence with one next-attempt goal. Save PDF when you need a bedside report.

FACULTY PATH

- 1 Choose the teaching format**
Use a patient case for independent practice, Skills & Competency for observation/proctored assessment, or Instructor Session for a three-device mannequin scenario.
- 2 Prepare one clear objective**
For a first checkoff, open Teach & Assess > Skills & Competency > Proctor Mode > Skills Observation. Enter the learner details and review the selected rubric.
- 3 Observe and record evidence**
Prepare the observation, then start from the dashboard. Select explicit criterion scores, record prompts and add evidence notes. Keep supplied cues distinct from learner actions.
- 4 Review and return feedback**
End the assessment, resolve outstanding criteria and save errors, then attest and Lock Scoring & Sign. Share the PDF through your approved course process.

For the connected mannequin session

Open Practice > Patient Scenarios > Instructor Session in Bedside Coach. The mannequin-side iPad runs the patient. A second Bedside Coach iPad controls instruction; the student joins from ChartSlate. Use the dedicated setup chapters before a group session.

Use the linked contents or PDF bookmarks for full steps. Dated screenshots are orientation aids; follow the written steps for current controls. The HTML edition provides semantic headings, lists and alternative text for accessible reading.

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Easy Start: page 2. Follow each route label to find the same workflow in the app.

Choose your practice workflow

Match the learning goal to the workspace before you begin.

HOME > PRACTICE / STUDY / TEACH & ASSESS

- 1 Practice bedside care**
Patient Scenarios combines handoff, patient conversation, assessments, records, calls, medication workflows, pumps and end-of-run review.
- 2 Focus on one skill**
Therapeutic Communication rehearses interpersonal exchanges. Telehealth simulates a remote visit. IV Pump Practice isolates console and line-setup decisions.
- 3 Study a clinical topic**
Study Buddy links activities around one goal. Trivia offers question practice. Case Studies unfolds one patient across six clinical-judgment decisions.
- 4 Teach or assess**
Skills & Competency provides evaluator-led observations and connected proctored scenarios. Custom Case Creator supports authored cases. Debrief Coaching reviews faculty facilitation after recording.
- 5 Run a mannequin team session**
Instructor Session uses a bedside host, a separate instructor console and a ChartSlate student chart. It is formative practice for one patient and one learner/team.

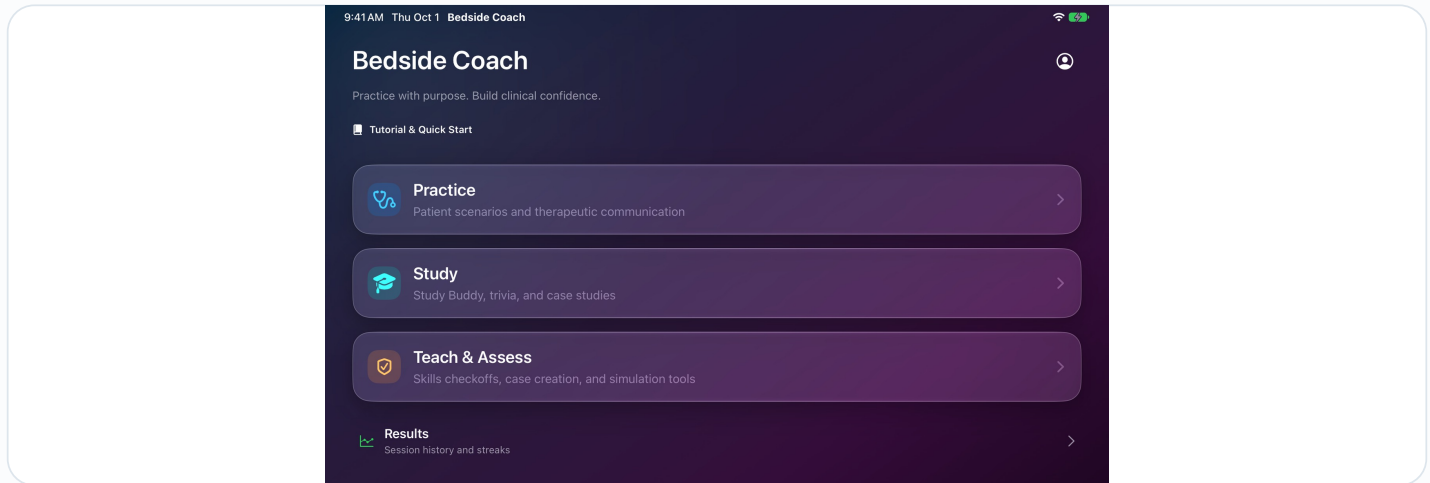
Separate histories and reports

Each activity keeps its own results and available export controls. A report option in one activity does not mean every activity exports the same file.

Find your way around Home

Three activity groups keep the front screen focused.

HOME



Home has Practice, Study, Teach & Assess, and Results. Cropped simulator capture, October 1, 2026.

- 1 Practice**
Open Patient Scenarios, Therapeutic Communication, Telehealth or IV Pump Practice.
- 2 Study**
Open Study Buddy, Trivia or Case Studies. These are study activities rather than proctor-controlled assessments.
- 3 Teach & Assess**
Open Skills & Competency, Custom Case Creator or SP Cue Control. Debrief Coaching is available on iPhone and iPad.
- 4 Results**
Choose the activity history you want to review. Telehealth also keeps Call History inside its own library.
- 5 Profile and learning help**
Open the profile icon to set your role and practice standard, adjust accessibility, and revisit Tutorial & Quick Start. Patient Scenarios opens a screen titled Practice.

What changed

Shift Commander is no longer a Home activity. Multiple Patients remains available inside Patient Scenarios for a two- or three-patient practice assignment.

Prepare the device

Check readiness before learners arrive or before going offline.

SYSTEM SETTINGS > BEDSIDE COACH

1 Use the intended version

Bedside Coach 2.2 (1) requires iOS/iPadOS 27 or visionOS 27. Update the app and system on devices used together and check the available features on each platform.

2 Prepare Apple Intelligence

Model-powered practice needs compatible hardware, Apple Intelligence enabled, a supported configuration and a downloaded, available model. Resolve the app readiness message before starting a patient conversation.

3 Check sound and permissions

Allow microphone and speech access when requested. Complete Audio Check where offered and test one spoken turn with the intended speaker, room and device position.

4 Allow only the permissions needed

Camera supports iPhone/iPad barcode or QR scanning and Telehealth self-view. Local Network supports nearby sessions; Bluetooth supports relevant companion devices. Permission access can be changed in system Settings.

5 Download and rehearse first

Keep assigned files and media available locally. Model or language downloads, App Store services and some sharing destinations need connectivity even when local practice can work offline.

Readiness is feature-specific

The model that reasons about a conversation and the voice that speaks the reply are different components. The app selects the available Apple model; it does not offer a guaranteed Advanced-model switch.

Choose your role and practice standard

Set the learning context before starting a patient.

Home > Profile > Account

1 Open Profile

Open Profile from Home. Review Display name and Avatar. Use the learner identity your instructor expects if you intend to share a report; the report can include your display name.

2 Choose Role

Select RN or LVN/LPN. RN practice emphasizes independent assessment, planning, and appropriate escalation. LVN/LPN practice emphasizes focused assessment, direction, and prompt escalation within the app's practical-nursing learning model.

3 Choose Practice standard

Select the available state standard requested by your program. Read the explanation beneath the selection. Keep this choice consistent across attempts when you want to compare feedback meaningfully.

4 Check before the next run

Select Done when finished. Begin a new patient case with your intended role and standard, then check the role and standard displayed in its results before interpreting or sharing the score.

A simulation setting

These choices configure app coaching and grading; they are not a legal scope determination. The current LVN/LPN mode uses conservative IV-medication restrictions. Follow your instructor's expectations and applicable program policies.

Keep helpful prompts within reach

Use coaching tips and accessibility options without repeating onboarding.

Home > Profile > Accessibility Options

1 Adjust readability

Open Accessibility Options. Review Enhanced Readability and Reduce Motion. Automatic follows supported device settings; choosing an app preference adds support within Bedside Coach when you need it.

2 Add visible support

Consider Larger Touch Targets, Always Show Captions, and Show Status Text With Color. Choose the supports that help you follow conversation and operate controls comfortably during a practice session.

3 Keep Contextual Coaching Tips enabled

Turn on Contextual Coaching Tips for brief reminders about speaking and using bedside controls. In a case, Tips on and Tips off provide a quick way to change the same saved preference.

4 Dismiss one reminder or revisit the guide

Use the close control on a Quick tip to dismiss only that reminder. For a fuller refresher, reopen Tutorial & Quick Start from Profile or Practice Guide from the patient case list.

Tips are optional

Dismissing one tip keeps other tips enabled. Turning tips off is remembered. On Vision Pro, tutorial entry labels include Spatial Guide, Spatial Bedside Guide, and App Basics Guide.

Choose a patient scenario

Begin with a case that matches your current learning goal.

[Home](#) > [Practice](#) > [Patient Scenarios](#)

1 Find Single Patient

Open Patient Scenarios. The next screen is titled Practice. Find Single Patient and expand the specialty that fits your assignment or the assessment skills you want to rehearse.

2 Select a specialty

Available groups include Introduction, Intermediate, and Advanced Medical Surgical, Triage, Mental Health, Pediatrics, and Obstetrics. Read the case description before choosing; a later or continuation case may assume earlier context.

3 Use Preview when offered

Select Preview to inspect the available case information. Notice the patient's identity and clinical context, then decide what you need to clarify through conversation and assessment during the actual run.

4 Select Start

Choose Start on an accessible case. Follow the preparation prompts before the monitor opens. If the case is locked, Get Pro describes access; choose an available case if you are not upgrading.

Cases disclose different information

Triage is intentionally presented as a mystery with limited starting information. Do not expect the same preview or chart detail in every case. Instructor Session and Multiple Patients are separate choices on the Practice screen.

Prepare the audio before you begin

A clear conversation makes the recorded evidence more useful.

Patient Scenarios > Start > Audio Check

1 Follow Audio Check

When Audio Check appears, follow the current prompt and watch its level and progress indicators. Use your intended practice position so the check represents the way you will actually speak.

2 Review the environment

Read the result before continuing. If the room is noisy, move closer to the microphone or use suitable headphones, then choose Recalibrate to repeat the check under better conditions.

3 Continue when ready

Choose Continue after the check finishes. Skip is available during the check, but skipping does not establish that your microphone placement or room noise will support clear recognition.

4 Resolve a readiness prompt

If the app presents Apple Intelligence or speech readiness information, follow that prompt before expecting generated conversation. If speech later becomes unavailable, use the displayed recovery control and confirm listening has returned.

One voice at a time

Leave a brief pause for the patient's response, then speak clearly. Check the transcript rather than assuming every sentence was captured. If other people are speaking nearby, move to a quieter position before continuing.

Receive report from the previous nurse

Practice listening, clarification, and preparation before entering the case.

Patient Scenarios > Start > Previous-nurse report prompt

1 Accept the handoff

At “Do you want to receive report from the previous nurse?”, choose Yes. The Shift Handoff screen identifies the previous nurse and presents the case context and conversation.

2 Listen before clarifying

Read or listen to the report. Identify the patient’s current concerns, recent events, outstanding work, and information you still need. Allow the nurse’s response to finish before asking another question.

3 Ask a focused question

When Mic is active appears, speak your clarification aloud. Use the Heard text and transcript to confirm your question was captured; use the recovery banner if voice recognition needs attention.

4 Start the scenario

Choose Start Scenario when it becomes available and you are ready to assume care. The control waits during loading or a response. Skip lets you proceed without completing this handoff interaction.

Handoff is preparation

The previous nurse’s report is context to verify through your own patient care. Do not treat everything mentioned in report as an assessment you personally completed or as a substitute for reviewing the current chart.

Talk to the patient and narrate care

Make your words specific enough to support useful feedback.

Patient scenario > Bedside monitor



Bedside monitor and controls. Synthetic scenario; simulator capture, September 19, 2026. Later tips are described in the text.

1 Introduce yourself aloud

Begin with a natural introduction, such as “Hi, I’m your nurse. How are you feeling?” The patient conversation is spoken; the normal bedside monitor is not a typed chat screen.

2 Describe the specific care

State the assessment or care you are performing in clear, specific terms. Ask relevant follow-up questions. Avoid relying on a broad phrase such as “I assess everything” to represent distinct observations.

3 Check what appeared

Watch the conversation transcript and assessment cues. Review documented findings in Records when needed. If an important statement was not captured, clarify it naturally rather than assuming the system understood it.

4 Use the separate bedside controls

Open Records, select Call, use Take BP, and program Pump through their controls. Voice On and Voice Off change audible responses; they should not be mistaken for the Instructor Session’s microphone controls.

Conversation and actions have context

Discussing an action in a phone report is not the same as performing it at the bedside. Some monitoring actions are recognized from speech, but speaking does not open the chart, place a call, or program pump keys.

Obtain findings and reassess

Distinguish a newly measured value from an earlier displayed observation.

Patient scenario > Bedside monitor > Records

1 Describe monitoring actions

Narrate attaching the ECG or pulse oximeter when appropriate to the scenario. Recognized bedside speech can reveal their simulated readings. Check the monitor to confirm the intended measurement or attachment appeared.

2 Take a blood pressure

Select Take BP and wait while Inflating... is displayed. Read the completed result. An unfinished measurement is not a completed observation, so allow it to finish before interpreting the value.

3 Check temperature and assessment findings

Describe taking the temperature to initiate its first measurement. Tapping the temperature tile changes Celsius or Fahrenheit. For other assessments, narrate the specific examination and review captured findings under Records > Assessment > Documented.

4 Reassess after care

Repeat the relevant patient questions and measurements after an intervention. Explain what you are reassessing and compare with the earlier findings. Review Vitals and documented assessments to support your next decision.

A displayed value may be an earlier measurement

Temperature and blood pressure are measurements rather than continuously updated observations. Use the controls and captured chart evidence to establish what was actually obtained. Reporting a value during a call does not perform a new bedside measurement.

Read the patient record

Use the chart to connect patient statements, findings, and current orders.

Patient scenario > Records

1 Start with Patient

Open Records and select Patient. Review the displayed identity and available background before acting. Compare the chart with what the patient tells you and clarify discrepancies during the simulation.

2 Separate baseline and documented assessments

Open Assessment. Overview and Systems organize available starting information; Documented shows findings captured during the scenario. Use these distinctions when explaining what you knew initially and what you personally assessed.

3 Review current treatment information

Use Orders and MAR to review the available treatment and medication information. Check Labs/Diagnostics for released results. Return to these tabs after important calls or scenario updates instead of relying on memory.

4 Review the vitals timeline

Open Vitals and inspect the Vitals Flowsheet when available. Connect measurements with their timing and interventions. Close the record to return to the bedside conversation and continue your care sequence.

Information depends on the scenario

The chart may be sparse or intentionally reveal information over time. An empty section does not mean you should invent a finding. Connected Instructor Sessions place the student's charting workflow on ChartSlate instead of this ordinary Records workflow.

Call a provider or another team member

Practice a focused report and a clear request.

Patient scenario > Call

1 Prepare the relevant facts

Review the patient's identity, current concern, measured findings, and chart before calling. Decide what you need from the recipient so your report ends with a clear question or recommendation.

2 Choose the recipient

Select Call. In Who would you like to call?, choose Healthcare Provider, Charge Nurse, or an available case-specific contact. Family Member and additional team members appear only when supplied by the case.

3 Give a concise report

Introduce yourself and the patient, then organize the situation, background, assessment, and recommendation or request. Speak the findings you actually obtained. Listen to questions and clarify missing information before moving on.

4 Close the loop

Review the response and any updated chart information. Select End Call to return to the patient. For an incoming call, use Accept or Decline, then manage the conversation in its displayed context.

Call reporting is separate from bedside action

The app suppresses bedside monitoring-action detection during a call. Telling the provider what you did should not be used as a replacement for performing and documenting that care in the scenario.

Prepare simulation barcode labels

Generate labels from the case that learners will actually use.

Patient Scenarios > Case Preview > Generate Barcodes

1 Open the intended case preview

Choose Preview for the case you are preparing. Confirm the patient identity and available medication information before producing labels, especially when a custom case has recently been changed.

2 Choose Generate Barcodes

Open Generate Barcodes and select the export scope. Patient Only produces the patient label; Patient Plus Medications includes both; Medications Only limits the output to the available medication labels.

3 Save or print the output

Wait for label generation, then use the system sharing options for your intended destination. Keep the resulting labels associated with this specific simulation and the correct patient or medication prop.

4 Check the learner workflow

Before class, verify that the printed or displayed label is readable on the intended device. During practice, compare the scan result with the expected identity and current order instead of trusting the physical label alone.

Simulation labels only

Use synthetic patient and medication information. Print clearly, keep labels readable, and check camera focus or the hardware scanner's connection before class. Compare every scan result with the patient or medication you intended to verify.

Verify the simulated patient

Make identity verification a visible, deliberate step.

Patient scenario > Scan or patient verification badge

1 Compare the expected identity

Review the simulated patient's name and date of birth. Use the information in Records and the expected identity shown by the verification prompt to ensure you are working with the correct case.

2 Scan on iPhone or iPad

Select Scan in the monitor's top row to open Scan Patient Barcode. Present the matching simulation label to the camera or use the supported hardware-scanner capture path for your setup.

3 Read the result

Confirm that the patient badge changes from Not Verified to Verified. A mismatched scan shows an explanation. Resolve the mismatch by checking the correct case and label before continuing medication verification.

4 Use manual verification deliberately

If scanning is unavailable, open the patient verification badge and choose Manual Verify Patient when appropriate to your exercise. Re-verify Manually and Mark Unverified are available for an already verified patient.

Vision Pro differs

The ordinary Vision Pro monitor uses Verify rather than the iPhone/iPad camera Scan control. Manual verification is a distinct fallback, not proof that a physical barcode was scanned. Agree on acceptable verification methods with your instructor.

Verify medication information in the MAR

Keep identity, verification, administration, and response distinct.

Patient scenario > Records > MAR

1 Verify the patient first

Complete patient verification, then open Records > MAR. Review the current medication row and corresponding order. Confirm that you are comparing the intended medication rather than a similar or outdated label.

2 Use that medication's scan control

Select the scan control beside the intended MAR item. Present the simulation medication label and read the scan result. Keep the MAR context open when using its medication verification workflow.

3 Resolve a mismatch

If the label or active order does not match, review the explanation and current record. Do not substitute a different row merely to obtain a verified badge. Changed orders may require verification again.

4 Continue the appropriate care workflow

For a structured infusion, separately review and link the order in Pump, then program the device. For other scenario care, narrate the specific action and inspect captured evidence and documentation before assuming it was recognized.

Verified is not Given

Verified confirms a verification step; Given and Completed are separate displayed administration states. A manual fallback is labeled Override and Verify Medication. Ordinary Bedside MAR does not provide ChartSlate's structured Given, Held, or Refused workflow.

Review and link an infusion order

Check the prepared infusion before programming the pump.

Patient scenario > Pump > View Current IV Pump > Pump Order Review

1 Review the chart and verification

Read the current order and MAR, then verify the patient and relevant medication. Open Pump > View Current IV Pump. Review the displayed linked-order information before selecting or changing a program.

2 Open the order review

Select Review primary order, Review secondary order, or Review selected line order as appropriate to the layout. In Pump Order Review, use Link to order and check the current order's details and revision.

3 Enter what you checked

Under Verify the prepared infusion, enter the requested label and order details. Depending on the order, fields include route, medication identifier, concentration, dose and time units, and the weight used for dosing.

4 Link, then program

Select Link this order. Program the rate and VTBI with the pump's own controls afterward. Read any blocking message at Start or Resume and review the order again when its status or revision changes.

Linking is not scanning

Linking an order does not count as medication barcode verification. Legacy cases may provide only volumetric settings. These checks do not supply a facility drug library, complete clinical dose limits, or physical infusion verification.

Operate a scenario pump and return to care

Use the device controls, then reassess the patient.

Patient scenario > Pump

1 Open the correct pump

Choose View Current IV Pump or View Current Feeding Pump. If necessary, use Switch Styles to select the intended training layout. Read the current program and whether it is already running on arrival.

2 Program through the device face

Use the displayed keys, prompts, and confirmation sequence to enter the intended program. Review rate, volume, and applicable device settings before starting. On narrow screens, use the console navigation controls or swipe across the pump.

3 Respond to the actual state

Watch running, stopped, delivery, and alarm information. Use the pump's controls to acknowledge and resolve an alarm. Silence alone is temporary; return to the underlying simulated cause before resuming delivery.

4 Return to the patient

Select Back to Patient after programming. Reassess the relevant patient response and review the recorded pump information. At the end of the case, inspect Pump Programming feedback alongside the overall action evidence.

Pump workspace changes conversation

Opening the pump workspace ends an active call and suspends patient listening and dialogue until you return. Pump Override disables pump programming and administration grading for physical-pump practice. Training layouts and sample libraries do not certify equipment competency.

Build a multiple-patient assignment

Practice prioritizing across two or three patients.

[Home](#) > [Practice](#) > [Patient Scenarios](#) > [Multiple Patients](#)

1 Open Multiple Patients

In the Practice patient list, expand Multiple Patients. Read the assignment explanation and choose whether you want the app to propose a realistic mix or whether you want to select the cases yourself.

2 Use a pre-selected assignment

Choose Pre-Selected Patient Assignment to let the app build a two- or three-patient mix from cases you can currently access. Review that assignment before deciding which patient needs attention first.

3 Or build your own

Under Build Your Own Assignment, choose 2 Patients or 3 Patients. Select each patient's Category and Case from eligible choices. Use Clear Category or Clear Case if you need to revise a selection.

4 Build and review

Select Build Assignment when the selections are complete. Review the patient mix and available context, then enter the appropriate room. The app limits eligible combinations and access; choose from the options actually shown.

Different from Instructor Session

Multiple Patients is an app-managed practice assignment with several patient rooms. It does not mean multiple connected ChartSlate clients. Connected Instructor Session currently organizes one patient and one student or team across device roles.

Move between rooms without losing priorities

Use the assignment board to coordinate your practice run.

Multiple-patient assignment > Room menu > Open Assignment Board

1 Read the assignment board

Review each room's current priorities, trend, and any delegable task. Decide which patient to visit first using the information available, then select Switch to Room for that patient.

2 Deliver focused bedside care

Use the patient's conversation, Records, monitoring, calls, and pumps as appropriate. Keep your assessment and interventions specific to the current room rather than assuming one patient's findings belong to another.

3 Switch through the room menu

Use the room menu to choose another patient or Open Assignment Board. The app saves the current bedside state while changing rooms. Attend to update indicators when a room has new information.

4 Delegate and review

Use Delegate CNA or Clear CNA where offered for the simulated assignment. Continue monitoring patient priorities. After the run, review Assignment Performance, assignment objectives, and the timeline alongside patient-specific evidence.

Delegation still needs follow-through

A delegation control records a simulation decision; it does not remove your responsibility to review what happened next. Use the board's available updates and each room's findings when deciding where to return.

Finish the case and write a progress note

Document what happened while the encounter is fresh.

Patient scenario > End Session > Progress Note

1 End when ready

Choose End Session after completing the intended care and reassessment. Read the confirmation. The Yes control unlocks after three seconds, giving you time to avoid ending the run accidentally.

2 Choose whether to write

At “Would you like to write a nursing progress note?”, select Yes to document the encounter or No to continue. The note window allows five minutes before results are generated.

3 Write from the encounter evidence

Describe the patient’s relevant presentation, your actual findings, care, response, and follow-up. Separate reported information from observations. Keep the note consistent with the scenario rather than inventing undocumented values or actions.

4 Submit or acknowledge the timeout

Choose Submit Progress Note when ready. Submission requires at least eight words and about forty characters. If time expires, the app preserves the typed text, records the timeout, and offers Continue to Results.

Retry is a different action

Retry > Yes, Restart discards the current session’s progress. Use End Session when you want the completed run reviewed. Instructor-controlled and proctored sessions have their own lifecycle controls and may require faculty action.

Save a useful reflection

Choose one concrete improvement for your next attempt.

End-of-session prompt > Reflect

1 Open the reflection

When asked whether to add a brief reflection, choose Reflect. Choose Not Now if you need to continue directly. Reflection is separate from the progress note and serves a different learning purpose.

2 Answer each prompt

Describe what you noticed, what mattered, and what you will apply next time. Use a concrete example from this attempt and a practical change you can demonstrate on the next run.

3 Choose PDF visibility

Review “Would you like this reflection to be saved into your PDF report?” Turn it on only if you want the reflection included in the shareable PDF, not merely saved with the local session.

4 Save and continue

Select Save & Continue after answering the prompts, or Skip Reflection to proceed. Review your later feedback with the reflection in mind and choose a focused follow-up practice goal.

Local saving and sharing differ

A saved reflection remains part of the session even when excluded from the PDF. Review your report before sharing and use the visibility choice intentionally, especially when the reflection includes personal learning concerns.

Turn results into a next-attempt plan

Read the evidence behind the score and coaching.

Completed patient scenario > Results

1 Start with the coaching priorities

Read Your coaching plan and the displayed strengths, priority, and next-attempt guidance. Connect each suggestion to the run rather than treating a percentage as the entire explanation of your performance.

2 Inspect the captured evidence

Expand relevant sections such as Documented During Scenario, Pump Programming, Learning objectives, and Conversation Transcript. Compare the evidence with what you intended to do, noting missed recognition or incomplete actions for review.

3 Read scoring and assessment method

Open Scoring details (CJMM + rubric) and the available provenance information. Expectation review informs coaching without changing scenario points. If a structured fallback is shown, do not describe it as accepted model-generated ratings.

4 Review the note and practice again

Use Progress note rubric (AI) and Analyze when available. Read its evidence and limitations. Select Practice This Case Again when ready, choosing a specific improvement you can demonstrate rather than chasing a score alone.

Interpret feedback with an instructor

Model-assisted feedback is a learning aid, not independent competency certification. Older attempts may lack full artifacts, and a very short session may not score. An alternative regraded view does not replace the original framework's coaching plan.

Revisit an attempt and share its report

Check the selected run and its contents before exporting.

[Home](#) > [Results](#) > [Practice Case Studies](#) > [Completed Sessions](#)

1 Open the correct history

From Home, select Results > Practice Case Studies. Review Completed Sessions and open the intended attempt. Confirm the case and date so you do not share a different run.

2 Check the report content

Review the learner name, role, practice standard, feedback, transcript, and reflection visibility. If an older attempt lacks stored artifacts, read its limitation message rather than assuming missing sections can be reconstructed.

3 Save PDF or copy feedback

Select Save PDF when the generated report is available and choose your destination in the system share sheet. Copy feedback copies a summary. Regraded views instead offer Save Regrade PDF and Copy regrade feedback.

4 Verify the saved file

Open the exported report in its destination and confirm it is complete and readable. Follow your program's submission instructions separately; exporting a file does not automatically submit an assignment or synchronize an LMS gradebook.

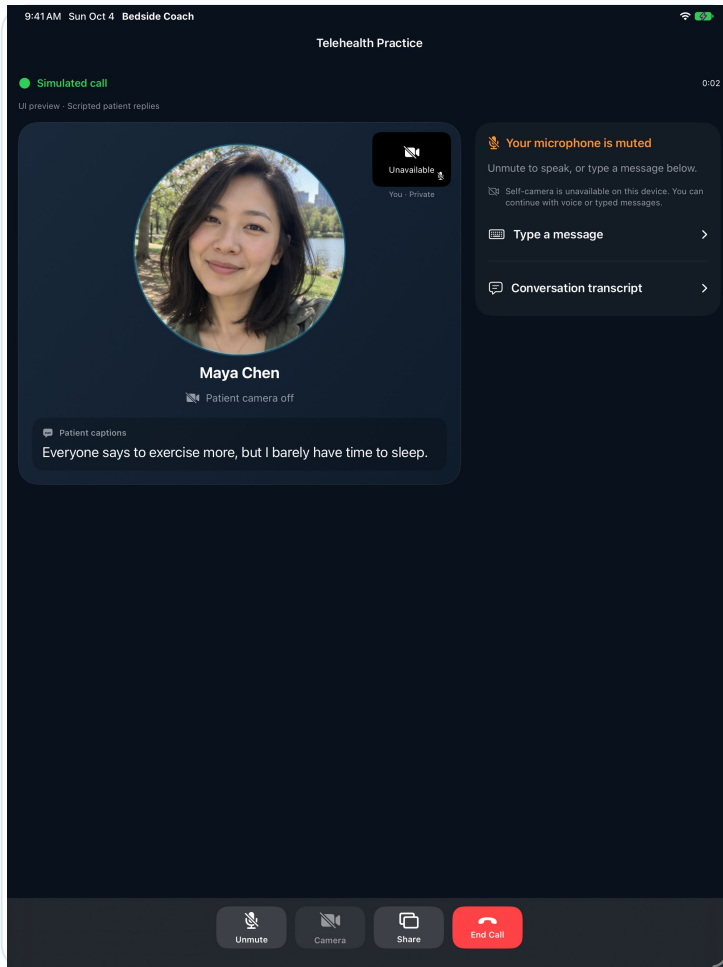
Share intentionally

The report can contain a learner name, conversation, note, and selected reflection content. Use approved destinations. Vision Pro can offer AirDrop Result or Prepare AirDrop for its result package; this is distinct from saving the PDF.

Start a telehealth practice call

Meet a fictional patient and practice a remote nursing conversation.

Home > Practice > Telehealth



Patient portrait and private learner tile. Synthetic UI-test capture, October 4, 2026; camera preview is unavailable in this simulator.

This is a simulated call

No real patient or emergency service is connected. On Vision Pro, the private self-camera is unavailable; voice and typed participation can continue. Another open Telehealth call may need to end before the shared microphone becomes available.

1 Choose a patient

Browse the patient list, select a Specialty, or use Search patients or concerns. Open a case and read its setting, chief concern, and Practice focus before joining.

2 Join when ready

Read Before you join, then select Join Practice Call. Speak aloud as the nurse and pause for the patient's reply. The large profile picture represents a patient whose camera is off.

3 Use the call controls

Mute or Unmute controls spoken input. Camera Off and Camera On control your private self-view. Your camera picture is not recorded, analyzed, or used to grade your performance.

4 Type when useful

Expand Type a message, enter your words in Type to your patient, and select Send Message. Typing remains available while muted; wait for the current patient response before sending again.

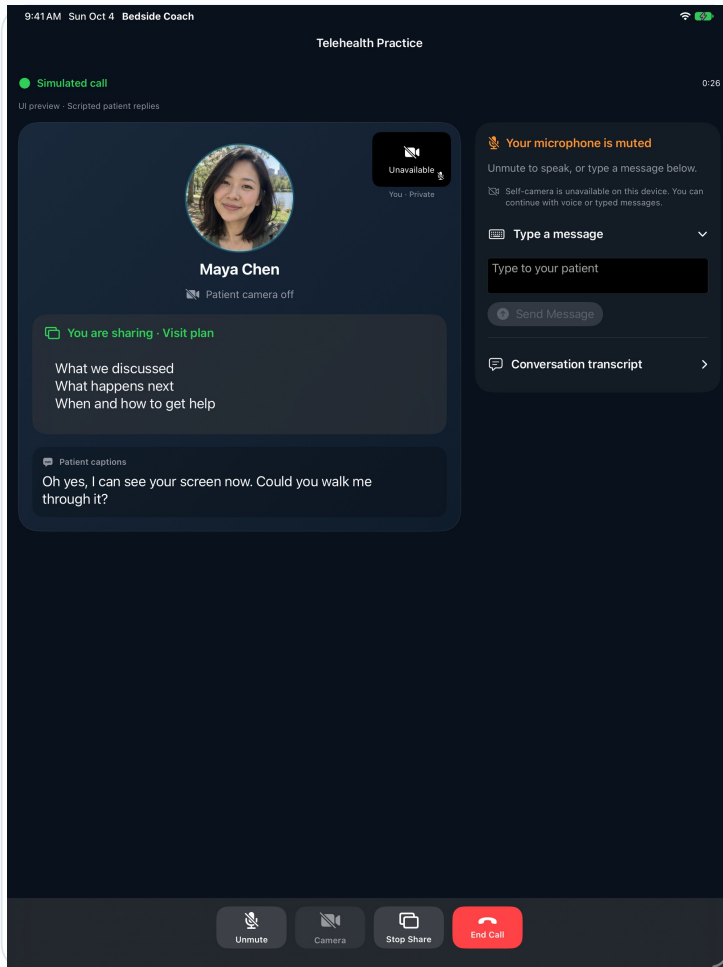
5 Check what was captured

Read Patient captions and expand Conversation transcript when needed. If you leave the app, the call pauses. Return and select Resume Call when you are ready to continue.

Share teaching material during a call

Use a teaching card, picture, or PDF to practice explanation and teach-back.

Telehealth practice call > Share



A shared teaching card with a scripted test acknowledgement. Simulator capture, October 4, 2026; this is an interface example.

Sharing has a specific meaning here

This shares material inside the simulation, not your device's live screen. The model does not inspect file pixels or unseen PDF pages. Imported media is not retained in call history, and pressing Share alone earns no communication credit.

1

Open sharing

Select Share in the call controls. Enter a Material title and Describe the content for the patient. Include the facts the patient should discuss and what you want them to notice.

2

Choose the material

Select Use teaching card, Choose photo, or Choose image or PDF from Files. Review the preview before proceeding. Imported media must be smaller than 15 MB; PDFs must be unlocked and contain 1-100 pages.

3

Explain the content

Select Start Sharing and explain the relevant information aloud or by typing. The simulated patient uses your written description, so do not assume it can read details you have not described.

4

Check understanding

Ask whether the patient can access the material, then invite them to explain the plan in their own words. Respond to their answer and clarify misunderstandings before selecting Stop Share.

Respond to a realistic communication challenge

Practice a calm response when a remote visit becomes less predictable.

Telehealth > Patient > Prepare for your call

1 Choose whether to include challenges

When the case offers Realistic communication challenges, leave it on to allow a brief authored interruption or turn it off for an uninterrupted attempt. Only one optional challenge can occur during the call.

2 Listen to the actual concern

The patient may request a pause, mention another person, miss information, or raise a camera concern. Respond to what the patient actually says rather than assuming new symptoms or family circumstances.

3 Agree on a way forward

Acknowledge the concern, check readiness or privacy, and repeat or rephrase missed information as appropriate. For a camera concern, explain honestly and agree on an acceptable way to continue.

4 Review your response

After ending the call, inspect feedback and its nurse evidence. An opportunity to respond must exist before the challenge can be assessed; the patient's interruption is context, not evidence that you performed a skill.

Camera use is not a performance requirement

A respectful audio-only agreement can meet the communication goal. Technical camera failures do not count as misconduct. Optional challenges are excluded from emergency and crisis-support cases; a simulated connection complaint does not intentionally break real audio.

Finish a call and review your learning

Save the conversation, document the visit, and examine feedback with its evidence.

Telehealth practice call > End Call > End and Review

1 Keep a private note

During the call, expand Private visit note to document your assessment and plan. The patient cannot see this note. After End and Review, you can complete the Visit note before requesting feedback.

2 Generate feedback

Keep the note within 4,000 characters and select Generate Feedback. Cancel Analysis stops a review in progress. Read any capacity or save message before assuming that feedback has finished and been stored.

3 Use the coaching

Read What worked and Practice this next. Open Rubric, evidence and scoring details to inspect quotations, uncertain evidence, and safety findings. Compare the interpretation with your original words and discuss disagreements with an educator.

4 Return to saved calls

Select Done, then open Call History from the Telehealth library. Completed calls without feedback can be analyzed later. Recovered incomplete calls preserve conversation evidence but do not receive a complete-session score.

5 Handle save or capacity problems

Use Save Again when offered. If the complete conversation exceeds assessment capacity, retain it for educator review. Do not interpret missing or unassessed feedback as an automatic failure.

Formative feedback, not certification

The custom rubric requires educator review. Exact quotations verify the source, not the clinical interpretation. Earlier saved rubric results remain unchanged. This Telehealth view does not currently provide a report-PDF export button.

Create a custom telehealth case

Author a conversation the learner can assess safely and meaningfully.

[Home](#) > [Practice](#) > [Telehealth](#) > [Create Telehealth Case](#)

1 Start fresh or from a template

Select Create Telehealth Case, or open a bundled patient and choose Use as Custom Case Template. Enter the case title, specialty, call setting, patient name, age, and pronouns.

2 Choose the profile picture

Use Upload Profile Picture for a fictional or appropriately permitted image, or expand Choose a Default Portrait. The profile picture represents the patient with their camera off; it is not a live patient video.

3 Write the patient facts

Complete Chief concern, Background and context, Patient's opening line, and Patient facts. Include fictional identity, location, callback, privacy, caregiver, and disconnection details. Review any generated identity template after changing names or age.

4 Define the learning and safety goals

Write observable Learning objectives, Red flags, and Escalation and follow-up guidance. Red flags are assessment targets; put symptoms actually present into Patient facts. Enable Emergency Escalation Expected only when the facts require immediate response.

5 Review and save

Optionally author Communication and challenges, including patient wording and support response. Select Save and resolve validation messages. Edit Custom Case updates an existing case; Save as New Case preserves the original separately.

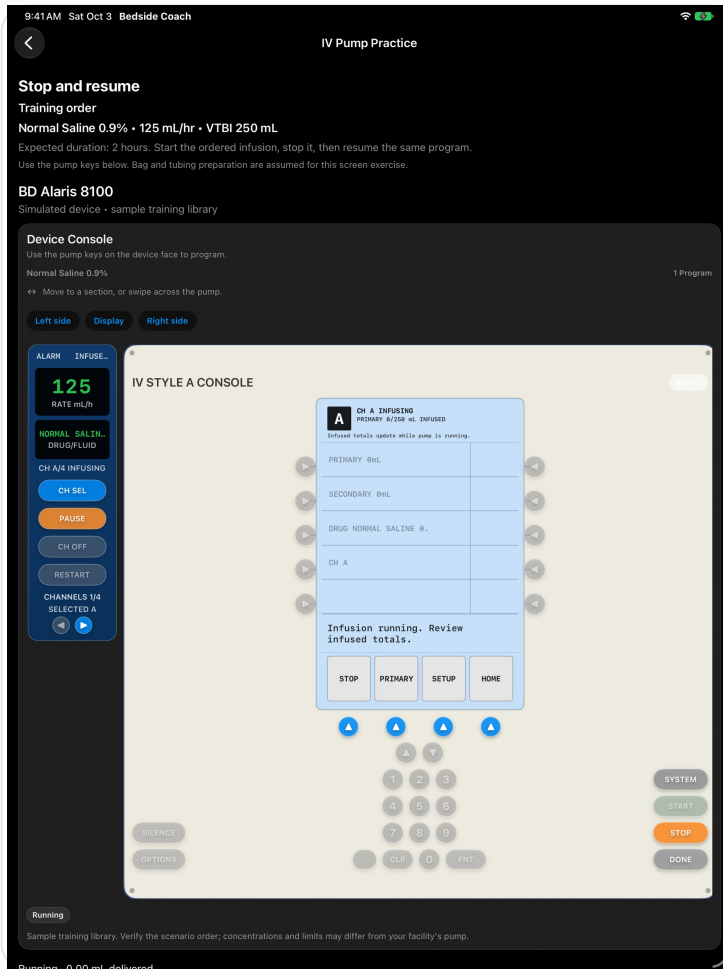
Review the whole case after copying

Check caregiver names, dates, urgency, privacy, and challenge context together. Generated connection details use a fictional October 4, 2026 encounter. Telehealth custom cases do not currently have the portable case-file import/export workflow used by other case types.

Practice an IV pump without a patient case

Rehearse programming, stopping, resuming, and alarm response at your own pace.

Home > Practice > IV Pump Practice



Alaris-style console with a synthetic training order. Simulator capture, October 3, 2026.

1 Choose a layout

Open Pump layout and select BD Alaris 8100, B. Braun Infusomat Space, or Hospira Plum A+. Choose Program an infusion, Stop and resume, or Respond to an alarm.

2 Read the training order

The console drill uses Normal Saline 0.9% at 125 mL/hr with VTBI 250 mL, an expected two-hour infusion. Follow the displayed order and use the selected device console to enter the program.

3 Perform the selected exercise

Start the programmed infusion. For stop/resume practice, stop and resume the same program while preserving its delivered volume. For alarm practice, select Introduce Occlusion only after delivery is running.

4 Work through the alarm

Use the console's alarm controls, record correction of the simulated cause, and clear or resume as prompted. Acknowledge the difference between silencing an alarm and resolving its cause before restarting delivery.

5 Review your recorded actions

Select Review Practice to inspect Practice goals and Action log. Return to Pump continues the drill. The review checks executed on-screen actions rather than merely opening the pump or editing a draft.

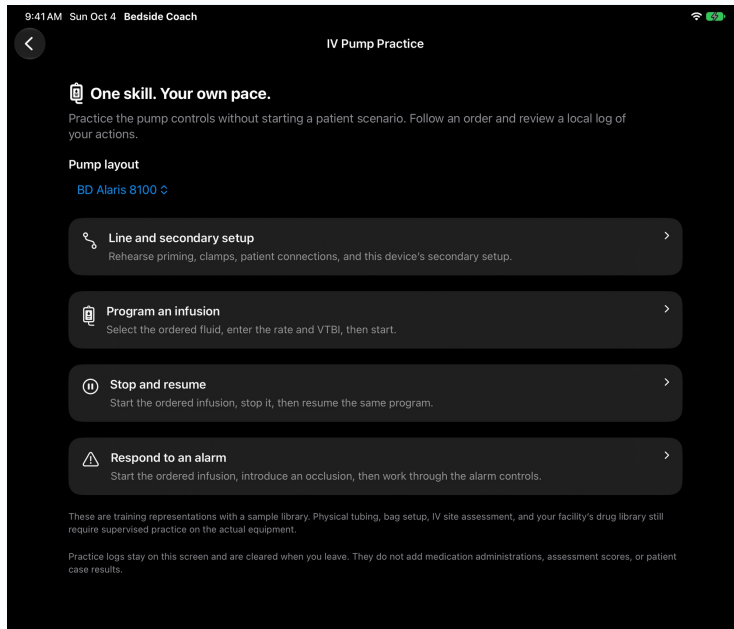
A temporary equipment drill

Leaving clears this practice log. The drill does not add medication administrations, patient results, or competency signoff. The console assumes bag and tubing preparation; physical equipment, facility drug libraries, and supervised skill assessment remain separate.

Rehearse primary and secondary line setup

Make setup decisions before moving to the infusion-programming exercise.

IV Pump Practice > Line and secondary setup



IV Pump Practice includes Line and secondary setup. Cropped iPad simulator capture, October 4, 2026.

1 Select the rehearsal

Choose your Pump layout before opening Line and secondary setup. In IV Line Setup, use Setup rehearsal to choose Primary setup or Secondary setup and read the scenario's assumptions.

2 Choose the next action

Read each prompt and select the next decision. The schematic tracks simulated container preparation, priming, loading, clamp state, connection, and patient/site review. Its drawings do not inspect real tubing or measure height.

3 Use decision feedback

Read Step recorded or Review this decision after each choice. An unsuitable decision is not applied. Expand Review selected actions to inspect the sequence and reasoning as you work.

4 Check the device-specific notes

Open Device-specific notes and references. Alaris, Infusomat, and Plum use different secondary arrangements. The Infusomat example includes manual return; Plum distinguishes Piggyback from Concurrent delivery and uses separate cassette inlets.

5 Repeat or move to programming

Select Start Again for a fresh rehearsal; changing setup type also resets it. After Setup rehearsal completed, return to IV Pump Practice for the separate rate and VTBI console exercise.

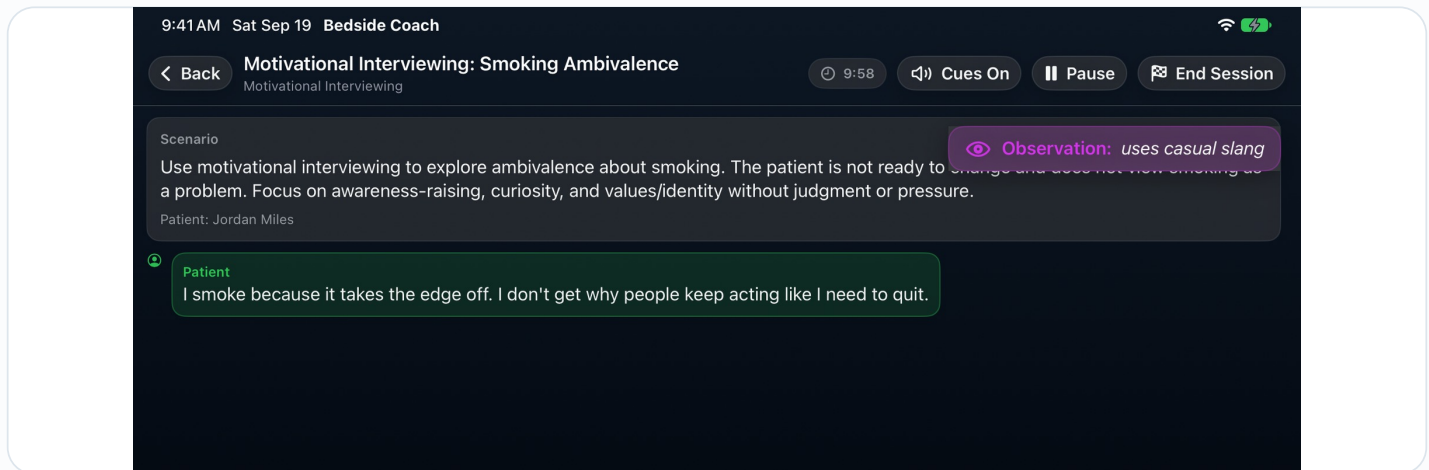
No fluid delivery is simulated here

This schematic ends before programming. It cannot verify asepsis, air removal, actual clamps, IV-site assessment, or competence. It writes no medication record or case score, and leaving clears its local log. Follow current equipment instructions during supervised physical practice.

Practice a therapeutic conversation

Focus on your words, the person's response, and the relationship you build.

Home > Practice > Therapeutic Communication



A synthetic therapeutic conversation and session controls. Cropped simulator capture, September 19, 2026; dialogue is scripted.

- 1 Choose a category**
 Expand a category under Browse by Category. Options include Grief, Motivational Interviewing, Trauma Response, Incivility, End of Life, Crisis (De-escalation), and Survey Readiness. Read the case description before starting.
- 2 Preview the situation**
 Select Preview to review the case, then Start when ready. Pro-marked and custom communication cases require Pro. Complete any Apple Intelligence readiness or Audio Check prompts that appear.
- 3 Speak naturally**
 Talk to the simulated counterpart and pause for a reply. Watch the heard-text and microphone indicators to confirm capture. Survey Readiness may use an interviewer rather than a patient; follow the scenario's role.
- 4 Control the session**
 Use Cues On or Cues Off to control cues, and Pause or Resume when you need a break. Select End Session when finished rather than assuming that leaving is a completed full-length conversation.
- 5 Reflect before the next attempt**
 When offered, choose Reflect to record a brief reflection or Not Now to continue. An early ending is identified as a partial session so the review can be interpreted in that context.

Use the scenario's communication goal

These sessions provide practice and coaching, not proof of professional competence. Speak only fictional learning content. If microphone recovery is needed, follow the displayed recovery message before assuming that your spoken response entered the transcript.

Turn communication feedback into a next attempt

Inspect the evidence, select one improvement, and control what you retain or share.

Therapeutic Communication > End Session > Session Results

1 Read the result in context

Check whether the run is marked Partial Session and review its assessment provenance. Open the rubric and transcript evidence. Not enough evidence yet to score means the app has insufficient support, not a verified failing performance.

2 Choose one practice goal

Read What You Did Well, Practice This Next, Required Skills, and Watchouts. Compare quotations with their surrounding conversation. Use Practice Again to retry the case with one concrete target.

3 Prepare a report deliberately

Select Prepare PDF when available, then Share PDF. Review the report before sending it. Check whether a reflection is marked included or private rather than assuming every reflection appears in the export.

4 Review history and retention

From Home's Results view, open Therapeutic Communication Cases to revisit completed sessions. Transcript Storage offers Full or Summary. Full retains transcript lines; Summary retains results and reflections without transcript text.

5 Manage local records carefully

Use individual Delete or Clear All only when you intend to remove the selected history. Read the confirmation and any History recovery message; recovery copies may contain original transcript material.

Evidence needs interpretation

A score or quoted line does not replace educator judgment. Summary retention limits later transcript review. Before sharing, consider the learner's reflection preference and inspect the actual generated PDF for the content your recipient should receive.

Follow a practice case on Apple Watch

Receive wrist updates and acknowledge alerts while continuing bedside care.

Patient Scenario > Monitor toolbar > Watch Companion; Apple Watch > Learner Practice

1 Choose the learner mode

Open Bedside Coach on Apple Watch and select Learner Practice. Check the connection status. Resolve Bluetooth off or Bluetooth permission needed before relying on case updates.

2 Check the host connection

In the patient scenario, select the Watch icon labeled Watch Companion in the Monitor toolbar. Review Bluetooth and Connected Learners. Select Start Watch Link if offered, and confirm the Watch is listed.

3 Follow the active case

The Watch shows Waiting for a practice case until a case event arrives. During the scenario, read the case title, Case in progress status, and the latest update, including its detail and priority.

4 Replay or acknowledge an alert

Select Replay to repeat the alert haptic. If the event requests acknowledgment, select Acknowledge; the label changes to Acknowledged. Continue the necessary assessment or intervention in the main patient scenario.

5 Review status after an interruption

Check the Watch connection and case status before relying on updates. Recent shows earlier alerts; the host Watch Companion panel lists Recent Watch Events and whether a Practice Case is active.

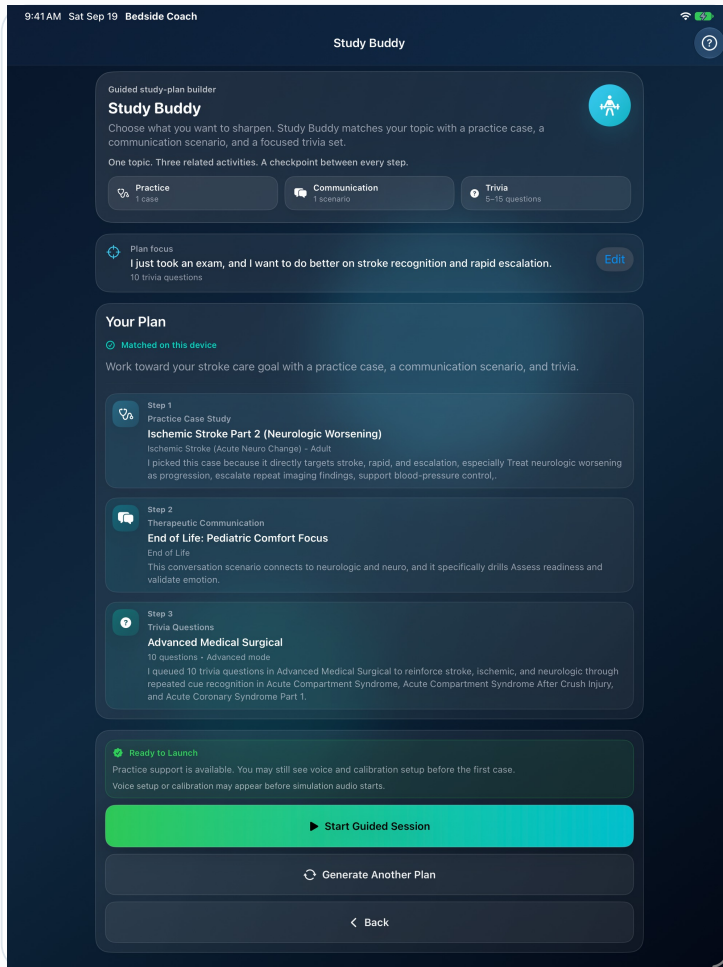
Learner updates are separate from SP acting cues

Use Learner Practice for case updates, not SP Simulation. Acknowledging an alert records acknowledgment, not completion of the clinical action. Vision Pro uses an iPhone Watch relay; keep Bedside Coach open on the paired iPhone for that connection.

Build a focused Study Buddy session

Connect a patient scenario, communication practice, and trivia around one learning goal.

Home > Study > Study Buddy



A three-activity Study Buddy plan. Synthetic simulator capture, September 19, 2026.

1

Choose what to sharpen

Enter a topic, diagnosis, setting, or communication challenge in Study focus, or choose a suggested starting prompt. Use learning topics only; do not enter real patient identifiers or clinical records.

2

Build and inspect the plan

Choose 5, 10, or 15 trivia questions, then select Build My Plan. Review the selected patient scenario, therapeutic communication case, and trivia focus before accepting the proposed combination.

3

Start the guided sequence

Select Start Guided Session. Readiness is checked before the patient scenario starts. Generate Another Plan offers a different complete match when you want another learning path.

4

Use the checkpoints

After each activity, return to the Study Buddy checkpoint and continue to the next step. Pause for Later preserves the guided session; End Study Session ends it after confirmation while completed activities retain their individual histories.

5

Use the combined recap

Review how the three activities went and select Build My Next Plan to continue studying. The combined recap remains available until you choose Done, so review it before closing the session.

Matching and access

Plan matching happens locally and may be refined by the ready on-device model. The selected activities still follow their own access and readiness requirements. A saved Pro activity needs restored Pro access if that entitlement is no longer available.

Run a focused trivia session

Choose the question style and session length that suit today's study goal.

[Home](#) > [Study](#) > [Trivia](#)

1 Select the mode

Introduction is the free, single-category mode with Recognize and Analyze multiple-choice questions. Advanced uses mixed formats within one category. Ultimate mixes formats across supported categories; Advanced and Ultimate require Pro.

2 Choose the category and length

Select Category where the mode permits it. Under Session Length, choose a timer or a question target and set the displayed value. Ultimate automatically samples across its supported categories.

3 Answer deliberately

Select Begin Session, read the scenario and question, then use the displayed answer controls. Select Submit Answer when ready. Skip is available when you choose to move past an item.

4 Review the learning

At the end, review accuracy, correct and skipped counts, duration, and Question Review. Use View Trivia History or Open Results when offered, or select Start Another Trivia Session for another focused attempt.

Questions remain grounded in app content

The on-device model may refine wording, while deterministic generation remains available if model rewriting is unavailable or fails. Treat the session as study practice, and discuss disputed clinical reasoning with your educator rather than relying on a percentage alone.

Follow a patient through a case study

Work through six clinical judgment steps as the available chart information changes.

Home > Study > Case Studies

A synthetic case study with chart tabs and a decision. Simulator capture, September 19, 2026.

1 Choose a category

Select a category for the case study. Standard access provides one free case study per day with a randomly selected diagnosis. Pro allows exact diagnosis selection and unlimited case-study attempts.

2 Start or resume

Select Start Case Study. If a case is already active, choose Resume Case Study to continue. Start a Different Case asks before replacing progress, and the replacement happens only when the new case is ready.

3 Use the evolving chart

Read the patient information before each step. The sequence follows Recognize, Analyze, Prioritize, Generate, Take Action, and Evaluate. Earlier chart information remains available as the situation changes.

4 Submit and learn

Use Submit Answer and read the answer coaching before continuing. Each submitted answer is saved. If you choose Skip, the confirmation offers Skip and Review Answer or Keep Working.

5 Review the debrief

At completion, select Open Debrief or return through View Case Study Results. Review the summary, answered and skipped counts, and recommended next case to choose a useful follow-up attempt.

This is a different activity from Patient Scenarios

Case Studies are structured question-and-chart learning activities. They do not require you to run the full bedside microphone and pump workflow. Keep the two modes distinct when assigning work or asking learners to submit evidence.

Recover voice and model readiness

Separate microphone capture, spoken output, and on-device language-model availability.

Patient Scenarios or Therapeutic Communication > Start

1 Read the readiness message

If Apple Intelligence is turned off, open Settings > Apple Intelligence & Siri, enable it, and return to Try Again. A model that is still preparing needs a different response from an unsupported device.

2 Allow preparation to finish

For a model-not-ready message, keep the device on Wi-Fi and power while Apple prepares its models. Follow the displayed storage and supported-language guidance, then retry rather than repeatedly starting a new case.

3 Complete the Audio Check

Use the Audio Check before practice to verify that speech is being captured in your environment. Continue after the check, or use Recalibrate when offered if placement or ambient sound changes.

4 Understand optional voice guidance

If Install Premium Voices appears, Open Settings provides Apple's system-voice guidance. Continue can use standard voices. Devices using bundled Kokoro voices do not need the same extra system-voice download.

5 Follow the active recovery control

During practice, inspect the microphone status and heard text before assuming a response was recorded. Telehealth also provides typed messages and Retry Patient when a patient response needs recovery.

Voice sound and language reasoning are different

Apple's installed model determines language-model availability and capability. Speech synthesis determines how replies sound. An operating-system or model upgrade does not itself prove better coaching accuracy or a different voice; validate both on the device used for teaching.

Set up Spatial Bedside on Vision Pro

Place the patient, telemetry, and pump around a mannequin in the intended practice room.

Vision Pro: Home > Practice > Patient Scenarios > Start > Audio Check

1 Prepare the space

Use a clear simulation room with a mannequin and practice equipment. Keep walkways clear. Choose a patient case, start its Audio Check, and keep Start in Spatial Bedside enabled.

2 Confirm the intended room

At Enter the Practice Room, move to the mannequin and stand where the scenario should begin. Select I'm in the room only after arriving; room sensing and spatial placement start after confirmation.

3 Place the patient and telemetry

Look at controls and pinch to select them. Pinch and drag a panel's long move grip to position it. Place the speech bubble over the mannequin and choose Set Patient, then Set Telemetry.

4 Place or skip the pump

Move Spatial Pump over the practice pump and select Set Pump. Eligible single-patient cases can use Skip Pump. Choose Real Pump only for practice equipment, understanding that pump actions are not graded in that mode.

5 Begin after placement

Check visibility and room placement, then select Start Scenario. For a multi-patient run, use Next Patient Room and complete each room's placement before starting the scenario.

Spatial mode is optional

If immersive mode cannot open, continue in Monitor. If room sensing is unavailable, review and explicitly accept Floating Mode before placement. Panels move with their grips but are not pinch-resizable; confirm comfortable placement before walking around.

Run and finish a spatial scenario

Use the Control Panel for actions and choose the correct way to leave.

Vision Pro: Spatial Bedside > Floating command circle > Control Panel

1 Open the action hub

Select the floating command circle near the upper-right of your view to open Control Panel. Select controls manually while speaking naturally to the patient; the interface does not use spoken control commands.

2 Use bedside tools

Select Verify Patient, Verify Med, Take BP, Pause or Resume, or Retry when available. Open Records, Pump, and Notifications as needed; close panels to clear space and reopen them later.

3 Manage conversation and calls

Start a Call or End Call through the controls. Looking toward Records or the pump does not interrupt patient conversation. Leaving the bound room restricts bedside content and patient conversation; an active phone call travels with you.

4 End the scenario for results

To finish and grade the run, open Control Panel, select End Scenario, and confirm End Session. Review the resulting evidence and coaching as you would after a standard Monitor session.

5 Exit immersive mode only

Choose Exit Spatial to return to Monitor while continuing the active scenario. This does not end or grade the run. Keep that distinction clear when handing the headset to another learner.

Keep the practice room usable

Confirm that the panels are visible and reachable in the intended room before beginning. Keep walkways clear and check conversation audio. If room sensing is unavailable, follow the explicit Floating Mode choice or continue with the standard Monitor.

Interpret telehealth feedback with the learner

Use the rubric and original conversation to make coaching specific and fair.

Telehealth > Completed call > Practice feedback > Rubric, evidence and scoring details

1 Set the purpose of the review

Use the telehealth rubric for formative discussion. Explain learning goals before the call and review the case facts, expected urgency, and limits of remote assessment together afterward.

2 Compare feedback with the conversation

Read quoted nurse words in context. Distinguish an assessment question from future safety advice, and a learner introduction from a patient greeting. A matching quotation does not independently verify clinical interpretation.

3 Review teach-back and documentation

Look for the learner inviting the patient to explain the plan, noticing misunderstandings, and clarifying them. Compare saved note claims with what actually occurred; spoken promises to document are not a completed note.

4 Interpret uncertainty carefully

Separate missing evidence from unassessed or uncertain behavior and lack of opportunity. No saved visit note means documentation is not assessed. An incomplete or over-capacity call does not provide a complete automated performance judgment.

5 Agree on one next-attempt goal

Use Practice this next to begin discussion. Ask the learner to identify a supported strength, choose one concrete change, and explain how they will demonstrate it in another appropriate case.

Faculty judgment remains essential

This custom formative rubric is not a validated competency or certification assessment. Emergency cases prioritize immediate safety rather than routine teaching. Review the evidence and clinical meaning with the learner; do not treat a displayed score as an independent pass/fail decision.

Choose your assessment format

Begin with the teaching task, then choose the device arrangement.

[Home](#) > [Teach & Assess](#) > [Skills & Competency](#) > [Proctor Mode](#)

1 Open Assessment Setup

Choose Skills & Competency, then Proctor Mode. Assessment Setup offers Connected Scenario and Skills Observation. Select the format before preparing your first assessment.

2 Observe a skill on one device

Choose Skills Observation for a lab checkoff or an observed bedside exercise. The evaluator records performance on this device; a student device and connection are unnecessary.

3 Monitor a connected learner

Choose Connected Scenario when the learner will run a patient case in Bedside Coach on another nearby device. The assessment supports one proctor and one student.

4 Choose the appropriate purpose

Use Practice for formative attempts or Evaluation for an assessed attempt. Skills Observation also offers Rater calibration for independent evaluator ratings of the same deidentified example.

5 Use Instructor Session for team practice

For a mannequin host, ChartSlate student chart and separate instructor controls, open Instructor Session through Patient Scenarios. Follow its separate room setup and approval instructions.

Keep the workflows distinct

Proctor assessment, connected Instructor Session and Debrief Coaching serve different purposes. A Proctor join code is not an Instructor Session invitation, and faculty debrief coaching is not the learner's bedside case report.

Prepare a skills observation

A practical first assessment using only the evaluator's device.

Assessment Setup > Skills Observation

1 Set purpose and identity

Choose Purpose, then enter Learner display name and Stable learner reference. Reuse that reference for later assessments of the same learner, using your institution's naming convention.

2 Choose the rubric version

Select a Scoring rubric and inspect its version, approval declaration and passing rule. Choose the intended saved version before the observation begins.

3 Read the scoring guidance

Expand Full guidance, criteria, and scoring rules. Review score anchors, critical criteria, prompting limits and permitted exceptions, then enable I reviewed this rubric's guidance and scoring rules.

4 Prepare, then start

Tap Prepare Skills Observation. On the Skills Assessment dashboard, choose Start Session when the learner is ready. Preparing the record does not begin the observation.

5 Record what you observe

Select an explicit Score for each observed criterion. Record Prompts given and supporting evidence while the details are fresh, then follow the finish-and-sign workflow after the observation.

If Prepare remains unavailable

Check that both identity fields are filled, a scoring rubric is selected, its rules are valid and the guidance checkbox is enabled. Finish or cancel any existing assessment before preparing another.

Prepare a connected assessment

Create the room, verify the learner and deliberately start the case.

Assessment Setup > Connected Scenario

Proctor Dashboard

9:41 AM Sat Oct 10 Bedside Coach

Waiting for student
10 unscored of 10 rubric rows

Start Session End Session

AI Helper

Assist Manual-first

Waiting for detected actions...

Assess breathing Simulate Detection

Assessment Criteria

Rubric version: 2

No overall passing percentage is configured. Review the recorded scores and individual requirements.

0 / 68 applicable points - Incomplete

Session	
Join Code	J75YNA
Scenario	Acute Asthma Exacerbation Part 1
Rubric	California RN CJMM Scoring Rubric (v1)
Purpose	Evaluation
Student Mode	Single Student
Connected Student	No
Student	Not connected
Session State	Waiting for student
AI Mode	Assist
Scoring	Unlocked
AI Accepted	0
Saved Sessions	1

Evidence Source by Section

Recognize Cues
Proctor-only rows: 0
AI-only rows: 0 Mixed rows: 0 No-evidence rows: 2

Analyze Cues
Proctor-only rows: 0
AI-only rows: 0 Mixed rows: 0 No-evidence rows: 2

Prioritize Hypotheses
Proctor-only rows: 0
AI-only rows: 0 Mixed rows: 0 No-evidence rows: 1

Generate Solutions
Proctor-only rows: 0
AI-only rows: 0 Mixed rows: 0 No-evidence rows: 1

Take Action
Proctor-only rows: 0
AI-only rows: 0 Mixed rows: 0 No-evidence rows: 2

Evaluate Outcomes
Proctor-only rows: 0
AI-only rows: 0 Mixed rows: 0 No-evidence rows: 2
Evidence source is separate from the explicit score set by the proctor.

Manual Grading

Choose a score for each observed criterion. Record a reason for Not observed or permitted. Not applicable. Evidence does not assign a score.

Recognize Cues

Performs an independent initial focused assessment and gathers baseline data relevant to the presenting concern Unscored

Mapped actions: Assess breathing

No evidence yet

Unscored C

Scoring guidance and examples

Prompts given: 0

Evidence note or reason for an exception

Not observed

Proctor Actions

Incoming Call
Interrupt the student with a call from a selected role.

Provider Trigger Call

Patient Question
Inject a realistic bedside question for communication assessment.

- Select the case and scoring tool**
Choose Scenario, Scoring rubric and Assessment purpose. Add a Stable learner reference if you plan to compare signed attempts, then review the scoring guidance.
- Create the private session**
Tap Create Private Session. Keep the Join Code and Pairing Phrase available. The scenario and rubric are now attached to this prepared session.
- Invite the student**
Give the learner the join code for nearby connection. Invite Student also offers Share Invite (AirDrop), which sends a Bedside Coach invite file.
- Approve the expected learner**
Check the joining student's name and pairing phrase against the intended learner. Choose Approve only for the expected request; use Reject for an unexpected request.
- Review, then start**
Choose Open Proctor Dashboard and check readiness. Tap Start Session when everyone is prepared. The Student Connected alert also offers Wait or Start Session.

Prepared Proctor Dashboard waiting for a student. Synthetic UI-test capture, October 10, 2026.

One active assessment

Only one student joins this assessment. Opening the dashboard does not start the learner's case. To replace an unstarted setup, use Cancel Prepared Session before creating another; this removes its draft and join code.

Join your proctored case

Use Student Mode for a nearby Bedside Coach assessment.

[Home](#) > [Teach & Assess](#) > [Skills & Competency](#) > [Student Mode](#)

1 Enter your name first

Open Student Mode and enter your full name as requested by your evaluator. Nearby browsing and joining remain unavailable until you enter a name.

2 Find the prepared session

Tap Browse Nearby Sessions while the proctor keeps their session open. Check the displayed pairing phrase and obtain the join code directly from your proctor.

3 Request to join

Enter the shared code and choose Join This Session, or use Join Nearby Proctor in the code panel. Confirm that you selected your intended assessment.

4 Use an invite if supplied

When an imported invite is shown, check its scenario, rubric and pairing phrase, then choose Use This Invite. Enter your name before accepting the invite.

5 Wait for approval and start

Remain in the waiting room until the proctor approves you and starts the session. The monitored case then launches automatically; follow the case and your evaluator's instructions.

This is the Proctor connection

Proctored cases use nearby peer-to-peer transport over Wi-Fi/Bluetooth. These directions do not join a ChartSlate Instructor Session. If you cannot find the session, verify the proctor has created it and both devices remain nearby.

Use the live proctor dashboard

Observe the learner while controlling deliberate scenario changes.

Connected Scenario > Open Proctor Dashboard > Start Session

1 Choose an assistance style

Set AI Mode to Assist for visible detected-action suggestions. Manual-first keeps detections quiet in the review queue while you concentrate on observing the learner.

2 Review suggested evidence

Read each suggestion and its evidence before choosing Agree or Dismiss. Use Review Queue for waiting items. Accepted suggestions provide evidence; they do not assign numeric scores.

3 Introduce planned challenges

During a live connected case, Proctor Actions offers Trigger Call, Send Question, Inject Pump Error and Post Lab Update. Use these deliberately against your teaching objectives.

4 Change the patient state

Set the desired vital values and choose Apply Override. Heart rate, oxygen saturation and respiratory rate become immediately visible only when the learner has continuous monitoring active.

5 Watch saving and delivery

If changes are not saved, keep the session open and use Retry Save. Use Retry Student Actions when the dashboard reports that student action delivery needs attention.

Some changes require reassessment

Blood pressure, temperature and pain overrides change the underlying patient state but appear when the learner rechecks them. Faculty injections are scenario controls, not evidence that the student performed the corresponding action.

Score performance explicitly

Keep observed performance, supporting evidence and exceptions separate.

[Skills Assessment or Proctor Dashboard](#) > [Rubric](#)

1 Choose an observed score

Use each item's Score menu to select the points earned. Expand Scoring guidance and examples to apply the same anchors across learners and evaluators.

2 Attach supporting evidence

Enter an Evidence note or reason for an exception and tap Add Evidence. Evidence badges describe their source; they remain separate from your explicit score selection.

3 Count the prompts

Record Prompts given for each applicable item. Compare the count with the rubric's permitted prompts; exceeding an authored limit can affect the assessment outcome.

4 Document an unobserved criterion

Enter a reason, then choose Not observed when the performance was not seen. This leaves the outcome incomplete instead of recording an invented zero or passing score.

5 Use N/A only when permitted

Not applicable appears only for eligible rubric items. Enter a reason before choosing it. The item is excluded from applicable points; critical criteria cannot use this exception.

Points are not an automatic pass

A passing percentage, critical minimum and prompt limit come from the authored rubric. If no passing percentage is defined, the report describes performance without inventing one. Review the outcome and documented evidence together.

Finish, sign and export

Review the complete assessment before locking its scoring record.

Assessment dashboard > End Session > Grade This Session

Unscored items keep Lock Scoring & Sign unavailable. Cropped synthetic UI-test capture, October 10, 2026.

1 End the live activity

Choose End Session and confirm Yes after the brief safeguard delay. Choose Grade This Session to review the assessment rather than Discard This Session.

2 Resolve incomplete work

Review every outstanding rubric item and resolve the AI Helper queue in a connected assessment. Address save or delivery errors before attempting final signoff.

3 Check the recorded outcome

Confirm scores, evidence, prompts and exceptions accurately describe the observation. Not observed may remain as a documented incomplete result; signing does not convert it into a pass.

4 Record your attestation

Enter Proctor full name and enable I attest this session scoring is complete and accurate. Add Drawn Signature is optional visual evidence. Choose Lock Scoring & Sign.

5 Share the report

Use Share or Save PDF Report and select your approved destination. If export fails, choose Retry PDF Export. Reopen the archive later to generate another PDF copy.

Signing locks scoring

Review carefully before locking: scoring becomes read-only. The typed name and optional drawn signature record faculty attestation; they do not independently verify identity or certify that an incomplete assessment demonstrates competence.

Reopen or repeat an assessment

Preserve the original record while completing or reassessing performance.

Assessment Setup > Rubric tools and saved sessions > Assessment Archive and Comparisons

1 Find the saved assessment

Open Assessment Archive and inspect the learner reference, purpose, rubric and Locked + Signed or Unlocked status. Select the intended record before continuing.

2 Resume an unsigned observation

For a standalone record, use Resume Skills Observation while it remains active, or Continue Observation Grading after it ended. Finish another active assessment first.

3 Create a new attempt

For an eligible signed observation, choose Reassess This Learner. The new attempt retains the original saved rubric and purpose while leaving the signed assessment unchanged.

4 Export a report copy

Choose Generate PDF Export, then Share PDF. Review the file before sending it to a learner, institutional repository or learning management system.

5 Manage retained records deliberately

Use the archive's deletion controls according to your retention process. Privacy offers Purge Locked > 1 Year and Purge All Ended > 1 Year as manual actions.

Reassessment needs the original context

Reassessment requires the original full rubric and a stable learner reference or calibration exercise ID. A current catalog rubric cannot silently replace the saved version. Purge controls do not create an automatic retention policy.

Calibrate and compare ratings

Use compatible signed records to discuss scoring consistency.

Skills Observation > Rater calibration; Assessment Archive > Compare Signed Assessments

1 Prepare a shared example

Choose Rater calibration in Skills Observation. Enter a Deidentified example label and Shared calibration exercise ID, then select the same rubric version for every evaluator.

2 Rate independently

Each evaluator observes the same example, records scores and prompts, then signs their assessment. Keep calibration separate from real learner Practice and Evaluation records.

3 Select compatible signed records

Open Compare Signed Assessments and choose two compatible records. Calibration requires the same exercise ID; learner comparisons require the same stable reference and assessment purpose.

4 Discuss differences with evidence

Review item scores, prompting counts and documented exceptions. Numeric exact agreement includes criteria scored numerically in both records; exceptions and unresolved items are excluded.

5 Repeat with consistent rules

Use Repeat This Calibration Exercise from an eligible signed observation to create another attempt. If faculty revise the rubric, keep comparisons within the same saved version.

Descriptive agreement only

The comparison describes these observations. It does not validate a rubric, establish evaluator reliability or determine competence. Different saved rubric definitions cannot be compared, and Practice is not compared with Evaluation.

Build a shared scoring rubric

Turn observable learner behaviors into consistent assessment items.

Assessment Setup > Rubric tools and saved sessions > Create Custom Rubric

1 Choose a starting point

Load an optional Starter Template or choose Start Blank Rubric. Templates include priority assessment and medication safety; review every item for your intended learning experience.

2 Name the assessment tool

Enter Rubric name and choose Scoring under How will this rubric be used? Add program, course, competency area, version and revision date when useful.

3 Organize observable items

Use sections for related behaviors, then Add Item to This Section. Give each item a clear performance description and assign its maximum points.

4 Write score-level guidance

Add Score Anchor descriptions and examples that explain what different scores mean. Use observable performance so another evaluator can apply the same standard.

5 Map optional app evidence

Use Add App-Detected Action only where the action meaning supports the criterion. Leave other items manual-only. Review the Quick Preview before saving the rubric.

The faculty rubric is the standard

App-detected actions can suggest supporting evidence, but the evaluator still sets scores. Author and review the clinical content, score anchors and examples with your faculty team before using a new rubric for consequential assessment.

Set rules and save a revision

Save a distinct rubric version without altering earlier assessments.

Custom Rubric > Faculty-Authored Assessment Rules > Save

1 Set an optional passing rule

Enter Passing percentage only when your program has defined one. Leaving it blank reports performance points without creating an overall passing threshold automatically.

2 Define critical performance

For an essential item, enter its Critical minimum score. Scores below that minimum fail the criterion. A critical criterion cannot also allow Not Applicable.

3 Define prompting and exceptions

Set Maximum permitted prompts when the item has a limit; zero means independent performance. Enable Allow Not Applicable only where an explained exception is appropriate.

4 Record review and save

Review the preview and choose Save Custom Rubric. Record author-declared approval is optional and requires the approving author's name and the displayed review attestation.

5 Revise without replacing history

Use Create Revision of Selected Rubric for changes. Explain What changed? and choose Save New Revision. Earlier assessments retain their saved rubric and rules.

Approval is author-declared

Bedside Coach records the named author's declaration and date; it does not verify institutional authority or clinical validity. Previous approval does not carry to a revision. Review the new version before declaring approval again.

Share or import a rubric

Give evaluators the intended scoring version before an assessment.

Assessment Setup > Rubric tools and saved sessions

1 Check the selected version

Before sharing, confirm the rubric name, version and approval declaration. Choose Share Selected Rubric so colleagues receive the intended scoring tool for their session.

2 Prefer a rubric file

Tap Share Rubric File and use AirDrop or Files. The recipient opens Import Rubric, chooses Select Rubric File and selects the shared .rubric.json file.

3 Use QR when needed

Show QR Payloads is an alternate transfer method. Large rubrics can span several codes; the recipient uses Open Rubric Scanner and captures every required part.

4 Review import conflicts

If an existing rubric is found, review the proposed conflict action. Available choices can include Merge as Draft, Import as Separate Draft Revision or Replace Existing Draft.

5 Confirm the imported tool

Finish Import Rubric, then select the resulting rubric during assessment setup. Review its guidance and declaration before use, especially when a conflict created a draft revision.

Keep a controlled faculty copy

File sharing is the recommended institutional path. Distribute the same reviewed version to the proctor team, and check names and versions after import. Importing a draft does not confer the original author's approval.

Create a patient practice case

Begin with a tested template and connect goals to learner behaviors.

Home > Teach & Assess > Custom Case Creator > Practice Case Studies > Create

9:41 AM Sat Sep 19 Bedside Coach

Create Case

Save Draft

Step 1 of 5

Start

Choose the quickest way to begin.

1 2 3 4 5

How would you like to begin?

A template is fastest. You can change every detail later.

Use a template RECOMMENDED

Recommended — begin with a tested case and change only what you need.

Start simple

Create the patient, situation, and learning goals; sensible defaults fill in the rest.

Advanced blank case

Start empty with scoring, calls, devices, and event controls available.

Practice category

This organizes the case and selects appropriate scoring defaults.

Introduction to Medical Surgical

Choose a template

Templates include a patient, chart, learning goals, and scoring.

AKI From Poor Intake and Medication Risk

Adult with pre-renal AKI from dehydration and nephrotoxic medication exposure.

Anemia Monitoring (Fatigue/Dizziness)

Adult with fatigue and dizziness consistent with mild anemia.

C. difficile Colitis

Adult inpatient with confirmed C. difficile colitis, watery stool burden, and early dehydration.

Community-Acquired Pneumonia (Floor Admission)

Adult with community-acquired pneumonia on a med-surg floor admission without shock features.

Constipation with Abdominal Discomfort

Adult with constipation, bloating, and abdominal discomfort.

COPD Exacerbation (Floor Reassessment)

Older adult with non-ICU COPD exacerbation requiring oxygen titration and bronchodilator reassessment.

Hypertension Monitoring in Hospital

Adult inpatient with persistent headaches and dizziness associated with elevated blood pressure readings.

Hypokalemia From Diuretic or GI Losses

Adult with symptomatic hypokalemia, ectopy risk, and likely medication and GI contributors.

Inpatient Hyperglycemia Without DKA

Adult with symptomatic persistent hyperglycemia after steroid exposure, without objective evidence of DKA.

1 Choose a starting approach

In Start, select Use a template, Start simple or Advanced blank case. A template is the quickest way to adapt an existing scenario's behavior.

2 Describe the situation

In Situation, enter Case title, Practice category and Session time. Add fictional patient details and the chief concern so learners understand who needs care.

3 Define the learning focus

In Learning goals, write the scenario summary and primary goal. Add at least one objective; suggested objectives connect recommended learner behaviors for you.

4 Check behavior mappings

For custom objectives, choose the learner behaviors that demonstrate completion. Make the wording and expected actions consistent with the care activity students will actually practice.

5 Preserve unfinished work

Use Save Draft or Keep Draft and Exit when the case is not ready. On return, choose Resume to continue rather than Start Over.

Create Case starting choices. Older simulator capture, September 19, 2026; follow the current five-step workflow described here.

Pro and simulation data

Custom cases require Bedside Coach Pro. The Practice Case Studies choice opens the patient-case creator; it is separate from Study's Case Studies activity. Use fictional details throughout, including notes, identifiers and imported material.

Configure and test the case

Check the learner experience before distributing an authored scenario.

Create Case > Simulation > Review

1 Set the starting patient state

In Simulation, confirm the initial vitals and patient context. Keep optional complexity aligned with the learning goals rather than enabling every available feature.

2 Add needed devices

Use Include an IV pump or Include a feeding pump when relevant. If Already running when the case begins is enabled, verify the authored rate, volume and duration.

3 Review advanced options

Enable Show advanced simulation options for chart and device details, calls and voices, scoring and events. Verify scheduled interruptions and scoring match the scenario you intend.

4 Resolve readiness issues

In Review, choose Open learner preview and inspect the visible case information. Fix all blocking Readiness check items; Suggestions offer optional improvements to realism.

5 Run before sharing

Choose Save & Test Case and perform the expected learner workflow. Return to adjust anything inconsistent, then use Save to Library when the case is ready.

Preview is only the starting view

A correct preview does not prove the full scenario works as intended. Test the expected actions, reassessment, device setup and outcomes. The case's timer and event behavior should support the planned learning experience.

Choose the right case export

Match the shared content to its learner or instructor audience.

Custom Cases > View > Share

1 Open the intended case

In View, locate the case under Your Custom Cases and choose Share. Confirm you are distributing the tested version before selecting an export option.

2 Preserve full authoring when needed

Share File (AirDrop/Files) preserves the original content. Export CaseBundle (Full Instructor) includes patient details, answer keys, scoring, coaching and instructor material for a faculty recipient.

3 Prepare a learner-facing package

Export CaseBundle (Student Safe) removes direct identifier fields, matching identifier text, source IDs, answer keys and instructor material. Inspect remaining free text before distribution.

4 Understand QR content

Share as QR Code transfers the full custom case. Use it only when the recipient should receive the authored content, including any instructor information it contains.

5 Confirm and share deliberately

Read What this shares, enable I confirm this case does not contain real patient information, then Continue. Choose the intended destination in the system sharing interface.

Student Safe still needs review

Filtering named fields cannot guarantee that all free text is suitable for learners or free of identifying details. Review the package before sending. Full-file and QR sharing preserve instructor content rather than making a learner-safe copy.

Receive a portable case

Review imported chart content and add the bedside behavior it needs.

Custom Cases > Receive or Import from ChartSlate

1 Choose the matching import path

Use Receive for QR or Import from AirDrop / Files. Use Import from ChartSlate for a local .simulationcase or ChartSlate case package supplied by the author.

2 Read the package preview

In Preview CaseBundle, inspect Will Import, Preserved, Add in Bedside Coach and any Skipped entries. Check the fictional patient and content before accepting the package.

3 Complete the local import

Confirm the simulation-only privacy review when presented, then choose Import. Review the completion message and use Add Details when offered to finish bedside-specific authoring.

4 Test the resulting scenario

Open the imported case in the custom library and verify the learner experience. Chart records alone do not establish action scoring, dialogue, events or device behavior.

5 Use coaching handoffs separately

SimLab Coaching Handoff previews selected debrief moments and can import reflection objectives and coaching priorities. Review the preview; Pro is required to persist the handoff as practice content.

Portable content is not a live session

Import creates local practice content; it does not connect active devices or synchronize a running patient. Use Instructor Session for the connected ChartSlate workflow. Review skipped sections and bedside gaps before assigning an imported case.

Create a conversation case

Shape the counterpart, opening line and communication behaviors to practice.

[Home](#) > [Teach & Assess](#) > [Custom Case Creator](#) > [Therapeutic Communication Cases](#) > [Create](#)

1 Start from a useful template

Choose Use a template, Start with a simple case or Advanced blank case. In Situation, select Conversation type and enter Case title and the starting context.

2 Give the counterpart a voice

In Person, enter the fictional counterpart's name and What should the learner hear first? Add optional background, emotional tone and communication style when they influence the interaction.

3 Choose the coaching focus

In Coaching, review Behaviors to practice and Responses that should reduce the score. Remove choices that do not fit the case, and add your Learning goals.

4 Preview and save

Set Difficulty, Estimated duration and Session timer. In Review, choose Preview Learner View, resolve blocking Case Review findings, then Save to Library or Save Changes.

5 Try the conversation yourself

Run the saved case from the Therapeutic Communication library. Check the opening, counterpart responses and coaching against your objectives; return to View and Edit to refine it.

Two different time settings

Estimated duration helps learners plan; Session timer ends the conversation when it expires. Custom conversations require Pro. Show advanced fields exposes optional person details, response cues and continuity settings for related follow-up cases.

Exchange conversation cases

Use the Therapeutic Communication library's own file and QR workflow.

Custom Case Creator > Therapeutic Communication Cases > View or Receive

1 Choose the case to share

Open View, find the case under Your Custom Cases and choose Share. Select Share File (AirDrop/Files) or Share as QR Code for the intended recipient.

2 Review the full content

Read the sharing notice, confirm the case contains no real patient information, then Continue. Both sharing methods include the counterpart profile and private response guidance.

3 Receive a shared file

On the receiving device, open Receive and choose Import from AirDrop / Files. Select the conversation file, review its source and confirm it contains only fictional simulation information.

4 Receive all QR parts

Choose Receive by QR Code and capture every part of the same case. Import becomes available when the collection is complete; review the confirmation before continuing.

5 Confirm the imported case

Read the import result and inspect the case in the custom conversation library. For QR transfer, choose Add Another to collect another case or Exit when finished.

No student-safe conversation export

Conversation file and QR sharing preserve private authoring guidance. They do not use the clinical case creator's Student Safe export. Older files may lack trustworthy privacy metadata, so review the source before importing.

Record a faculty debrief

Capture the conversation for private, on-device faculty coaching.

iPhone or iPad > Home > Teach & Assess > Debrief Coaching

1 Choose Simulation Debrief

Open Debrief Coaching and select Simulation Debrief. This is the available coaching mode; Code Blue Debrief and Staff Debrief: Combative Event are marked Future.

2 Prepare participants and retention

Confirm everyone knows the conversation is being recorded for faculty coaching. Decide whether to enable Keep raw audio for timestamp playback before starting the recording.

3 Set expected learner voices

Adjust Learners expected to speak to the intended number, from one to seven. Position the device so it can capture both faculty and learner voices clearly.

4 Start and verify the microphone

Tap Start Debrief and grant microphone access when requested. Check the microphone-active status and any route warning, then keep the device nearby during the discussion.

5 End the recorded conversation

After the discussion, choose End Debrief. The app saves the recording and starts analysis automatically. Leave the app open while the report is prepared.

Know what Cancel means

Cancel leads to Delete Recording confirmation; it is not a pause control. Backgrounding during recording ends and preserves the captured portion for later analysis. This workflow does not offer importing an external audio recording.

Resume an unfinished debrief

Preserve captured audio while resolving interruptions or storage problems.

Debrief Coaching > Unfinished Debrief Sessions

1 Check the current stage

The analysis screen identifies preparation, transcription, speaker separation, role review, coaching and saving. Longer recordings require more processing; keep the app open while it works.

2 Pause deliberately when necessary

Choose Pause Analysis if you need to stop processing. Wait for Pausing to finish; the app retains the saved recording and completes model cleanup before another analysis starts.

3 Find the preserved recording

Return to Unfinished Debrief Sessions. Review its date, duration, status and any recovery notice. Pending sessions are also visible in Results under Debrief Coaching Sessions.

4 Resume or retry analysis

Tap Analyze for a saved recording or Retry Analysis after a failure. Only one debrief analysis runs at a time; allow that attempt to finish.

5 Resolve a save problem first

If Recording Waiting to Save appears, free storage as needed and choose Retry Save. Resolve that pending recording before starting another debrief session.

An interruption is not completion

Background time can expire and pause analysis. A recording over an hour may take substantially longer to process; no fixed completion time is promised. Read recovery notices and confirm a completed report before deleting the pending recording.

Use the debrief coaching report

Review capture quality before applying a suggested coaching change.

Results > Debrief Coaching Sessions > Saved report

1 Start with capture quality

Read Reliable capture, Review with caution or Not enough speaker evidence and its explanation. Insufficient speaker evidence suppresses scores and speaker-specific coaching instead of inventing an assessment.

2 Choose a useful improvement

Review Performance Highlights, Delivery Cues, Coaching Focus and Rubric. Select a concrete behavior to try in the next debrief rather than treating every suggestion as equally important.

3 Inspect the source moment

In Coaching Moments, compare Faculty said with Coach's read and Try this question. Check the Transcript and use timestamp playback when retained audio is available.

4 Share a report when appropriate

From the completed coaching view, choose Share Report or Prepare Share. The shareable report is plain text, optimized for screen readers, rather than the Proctor assessment PDF.

5 Manage saved material

Use the archive trash control and confirm Delete Report and Audio when retention is no longer needed. Pending analysis recordings have their own deletion controls.

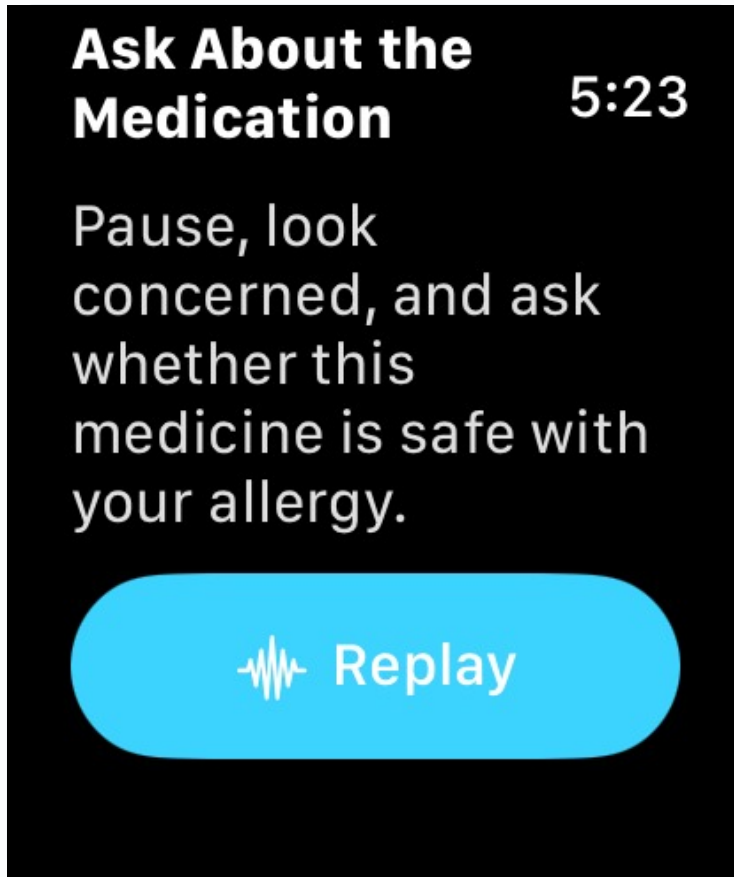
Speaker roles are inferred

Faculty and learner roles are estimated from the captured conversation, not verified identities. Missing or merged voices can limit feedback. On-device processing does not remove your responsibility to review transcript content before sharing the report.

Send private Apple Watch cues

Prepare actors before the scenario and send deliberate performance prompts.

[Home](#) > [Teach & Assess](#) > [SP Cue Control](#)



A fictional actor instruction on Apple Watch. Simulator capture, September 19, 2026.

1 Open the nearby cue hub

Keep SP Cue Control open on the faculty iPhone and check that status says Advertising. Start the hub if needed and resolve any Bluetooth permission warning.

2 Connect and identify actors

Open Bedside Coach on each Watch, choose an SP role such as Actor 1, then SP Simulation. Wait for the Watch to appear under Actor Watches.

3 Prepare the simulated watch face

Have the actor choose Start before the simulation and leave the watch-face screen visible. The Calendar complication returns to the menu; practice the cue rhythms beforehand.

4 Choose the target and cue

Select the intended actor watches, then choose a Preset Cue. With no individual target selected, the hub targets all connected actor watches, so check the target label.

5 Send a custom instruction

Enter Title, Actor instruction and an optional Director note. Choose Priority, Type and Cue, then Send Custom Cue. Review recent cues and delivery status during use.

Actor cues and learner alerts differ

The simulated-participant role receives acting cues; the learner Watch role receives practice events. Vision Pro uses an iPhone relay for Watch connectivity. Verify actual Bluetooth delivery, haptics and actor readiness before a live teaching session.

Three devices, one patient

Keep patient behavior and scoring on the mannequin-side iPad.

PRACTICE > PATIENT SCENARIOS > INSTRUCTOR SESSION

1 Bedside station

Bedside Coach beside the mannequin owns the monitor, conversation, microphone, patient voice/model, scenario time, pumps and automated analysis.

2 Student chart

ChartSlate provides the delivered student-safe chart, released orders/results, medication decisions, signed notes and amendments for one learner or team.

3 Instructor console

A second Bedside Coach iPad controls the shared session, patient cues, vitals, calls, alarms, released information, observations and optional faculty rubric.

4 Use the correct join workflow

Use Instructor Session in Bedside Coach and Join Instructor Session in ChartSlate. Proctor join codes and ChartSlate classroom rooms are separate workflows.

5 Prepare the host

Use the paired 2.2 builds on the intended local network. The bedside host needs a ready on-device model. Keep all three apps open and have power available.

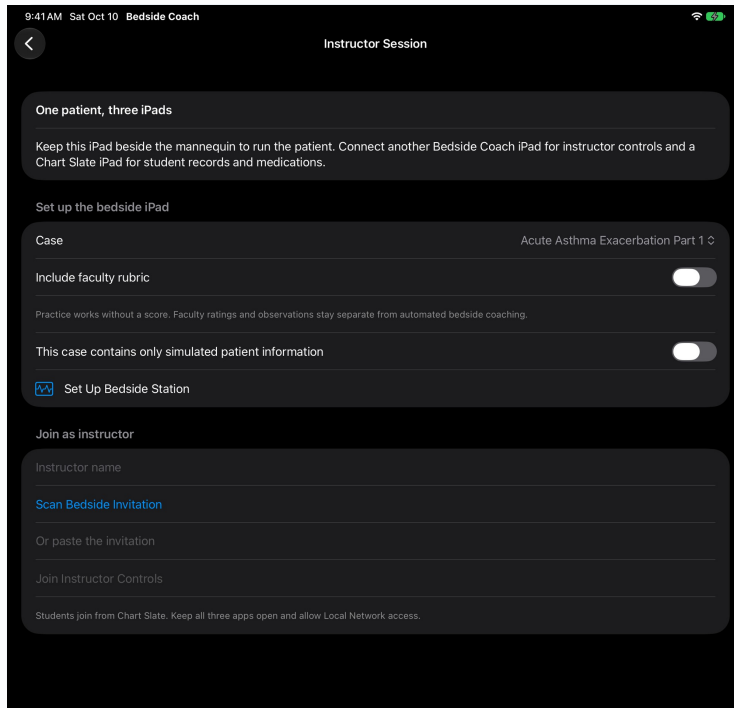
Formative scope

This room supports one simulated patient and one learner/team chart client. An optional faculty rubric does not add an automatic pass/fail decision or certify competence.

Set up the bedside station

Faculty prepare and approve the room before starting it.

INSTRUCTOR SESSION > SET UP THE BEDSIDE IPAD



Instructor Session setup. Simulator capture, October 10, 2026.

1 Choose the case

Select an available case. Saved custom cases appear with Bedside Coach Pro. Use a case you have already rehearsed and reviewed.

2 Choose the rubric

Enable Include faculty rubric if you want the case rubric available. Leave it off for practice without faculty scoring; a missing rubric is not invented.

3 Confirm simulated content

Review the case and enable This case contains only simulated patient information.

4 Prepare the host

Select Set Up Bedside Station and wait for runtime/model readiness. A visible monitor alone does not mean the room can start.

5 Invite and approve devices

Open Devices, then Session Devices. Show the QR or use Share Invitation. Check each requested role/name under Waiting for approval before selecting Approve.

Every reconnection needs approval

An invitation starts the join process; it does not bypass bedside approval. Expect one Instructor controls device and one Student chart device.

Join the connected room

Faculty and students use different apps and roles.

BEDSIDE COACH / CHARTSLATE > JOIN

1 Join the instructor console

In Bedside Coach, open Instructor Session. Enter the instructor name, choose Scan Bedside Invitation or paste the invitation, then select Join Instructor Controls.

2 Join the student chart

In ChartSlate, choose Records > Join Instructor Session. Enter Learner or team label, then Scan bedside room QR or Paste bedside room invitation.

3 Request access

Select Join Instructor Session in ChartSlate. Wait for the host to approve the correct role and deliver the patient chart.

4 Check the shared patient

Compare patient identity, MRN, date of birth, case and shared phase. The student receives released information rather than the full faculty answer key.

5 Know where to speak

Speak toward the mannequin-side Bedside Coach device. Use Enable Mic / Mute Mic in its Patient Conversation panel. The handheld ChartSlate client is not a second patient microphone.

Screen arrangement

At sufficient width, the bedside monitor is on the left and Patient Conversation is on the right. Narrower layouts stack. Records and medication documentation belong on the student chart device.

Run the teaching scenario

One shared clock keeps controls and evidence aligned.

INSTRUCTOR SESSION > INSTRUCTOR CONTROLS

1 Start deliberately

Wait for bedside readiness and approved peers. Use Start when learners and faculty are ready, then Pause, Resume or End as the teaching plan requires.

2 Guide the patient

Enter Patient dialogue and choose Have Patient Speak. Change Vital Signs applies supported values; Trigger Call supplies a provider, family or supervisor interruption.

3 Release information

Use Release Medication Order for a structured discrete dose, or Release Result to Chart for a title and findings. Unreleased faculty material is not sent to the student chart.

4 Teach through events

Use Trigger IV Pump Alarm when appropriate. Record teaching prompts with Save Observation and distinguish faculty-supplied cues from learner actions.

5 Handle checkpoints

The time limit and first authored outcome can pause the room. Choose Resume for further practice or End for review. Pausing stops shared progression and pump delivery; a checkpoint does not automatically end or grade the room.

Keep the station in view

Backgrounding, locking or disconnecting a participant causes the running host to pause when detected. Approve returning devices and explicitly resume after checking the room.

Release and revise medication orders

Make the current dose occasion and its evidence unambiguous.

INSTRUCTOR CONTROLS > RELEASE MEDICATION ORDER

1 Author one occasion

Enter medication, dose, unit, route and instructions. Optional training barcode becomes a required exact check for Given when supplied.

2 Review Current orders

Check the order status and revision. Use Revise Order to change details or select Active, Held or Discontinued, then Save New Revision.

3 Protect historical evidence

A recorded decision keeps the original dose, route and revision. Revising an order is not a new dose occasion. Create a new order for a later dose.

4 Link an intended patient response

On the bedside iPad, open Controls > Scenario response to medication. Choose Link for the discrete-dose order, then select the matching authored case action.

5 Recheck after revision

The response link applies to the exact order revision. Review and relink changed orders. Without a link, the decision is recorded without invented physiology or automatic action credit.

Infusions remain bedside work

The bedside pump owns delivery, alarms and infused volume. A student note or remote MAR decision must not be treated as starting or delivering an infusion.

Record a student dose decision

Wait for the bedside host to confirm the signed request.

CHARTSLATE > INSTRUCTOR SESSION > STRUCTURED MEDICATION ORDERS

1 Review the current order

Select Record dose decision for an active structured order while the room is running. Review the delivered chart and current dose, route and revision.

2 Verify patient and medication

Enter Simulated MRN and Date of birth from chart. Review allergies. For Given, enter Dose value, Dose unit and Route, then complete Active order and medication checked.

3 Complete any barcode requirement

Use Scan required medication barcode and match the exact order. A supported scanner/pasted training code can use Scanned code > Verify scanned code.

4 Explain and sign

Choose Given, Held, Refused, Unavailable or Delayed. Enter Findings used, including source and assessment and Decision rationale, then Sign and queue dose decision.

5 Read the outcome

Saved locally · Awaiting host confirmation is pending. Recorded in simulation confirms the host outcome. Read any rejection or unconfirmed notice before deciding the next step.

Do not repeat an uncertain dose

Delayed can precede a final decision. A final decision completes the occasion. Infusion Given/start/delivery must use the bedside pump; documentation alone does not operate it.

Document, amend and share evidence

Signed work keeps its original text and attribution.

CHARTSLATE > DOCUMENTATION AND REFLECTION

1 Choose the entry

Use Sign a session note, Document reassessment or Sign reflection. Record observations, decisions and patient response with scenario context.

2 Sign and confirm

Select Sign and queue note. Wait for the matching host outcome. Signing closes when the room ends or requires recovery.

3 Correct with an amendment

After recording, choose Add signed amendment and supply an Amendment reason. The original note remains intact; amendments do not undo medication effects.

4 Review the export

Choose Review signed evidence export. Inspect the selected recorded notes and medication decisions; pending requests and room credentials are excluded.

5 Choose the file

PDF, accessible HTML and native ChartSlate work files serve different review needs. Save your evidence before changing rooms; upload to the LMS separately and confirm receipt.

Review names before sharing

PDF/HTML omit the signing label unless an export alias is entered, but names typed inside notes remain visible. Native work files retain the learner label and amendment links. Faculty history export contains additional private material.

Reconnect or close an interruption

Preserve the original request and its uncertainty.

INSTRUCTOR SESSION > DEVICES / SAVED SESSIONS

1 **Pause instruction**

If a participant disconnects, let the room remain paused. Do not issue a replacement medication request to compensate for a missing acknowledgement.

2 **Reconnect and approve**

Return to the client; use Reconnect saved session in ChartSlate when offered. The bedside host must approve the returning connection.

3 **Check before Resume**

Review the shared phase, current patient, order revisions and signed-request status. The app retries the original request identity to avoid duplicate effects.

4 **Handle Review required**

On the bedside iPad, use Controls > Close Interrupted Session > Close Without Repeating Actions when a result cannot be safely confirmed.

5 **Recover after host termination**

Open Saved sessions > Close Interrupted Session > Close and preserve history. Export the evidence if needed, then begin a new room. The interrupted patient runtime is not reconstructed or replayed.

Unconfirmed stays unconfirmed

An interrupted action closed without replay is not a delivered dose. Closing a recovered room does not make it eligible for completed bedside coaching.

End, review and preserve the room

Keep faculty observations separate from automated bedside coaching.

INSTRUCTOR CONTROLS > END / SAVED SESSIONS

1 End the shared run

Use End when practice is complete. Student signing and clinical changes close; faculty observations and optional rubric ratings remain available while the room stays open.

2 Rate only what you assessed

Save Rating for each observed criterion. Blank criteria remain unassessed, and the app does not invent a passing threshold.

3 Open bedside coaching

Review Bedside Coaching becomes available after the final chart and End confirmation are saved. Review attributed timeline, notes and clinical evidence alongside feedback.

4 Read evidence critically

Patient dialogue and faculty cues are not learner actions. Unrelated note citations mean support has not been established; writing quality and factual support are separate review questions.

5 Save the room history

Close the active room, then use Saved sessions > Export History for the local JSON evidence. Delete removes the bedside copy after confirmation, not exports or copies on other devices.

Who receives the export?

The bedside history includes faculty observations and ratings. It is different from the student-filtered live chart and student export. Follow your institution's educational-record process.

Keep practice information private

Local storage and intentional sharing require different decisions.

BEFORE RECORDING, IMPORTING OR SHARING

1 Use fictional cases

Do not enter real patient records or confidential clinical information. Review imported media, free text and identifiers before use or distribution.

2 Explain recordings

Before Debrief Coaching, inform participants and follow the institution's consent and retention process. A faculty-development recording can contain identifiable voices even without patient data.

3 Review exported content

Check names, transcript, notes, reflection, faculty answer keys and retained audio. Student Safe export reduces instructor/identifier content but does not replace review of free text.

4 Choose the destination

Files, AirDrop, share sheets, nearby rooms and external services are user-directed transfers. Copies can remain with recipients and in device backups.

5 Delete deliberately

Use the corresponding case, result, recording or history deletion controls. Removing a local item does not recall a shared file. Keep approved educational evidence according to institutional policy.

Speech processing distinction

The bedside microphone workflow requires on-device speech recognition. If recognition is unavailable, follow the recovery message; it does not silently continue with cloud transcription. Debrief Coaching uses its own local recording and analysis path.

[Current privacy policy](#)

Recover without losing evidence

Read the status before repeating an action or restarting.

WHEN A WORKFLOW DOES NOT COMPLETE

1 Model is unavailable

Read the readiness reason, confirm system settings and allow required downloads to finish. Reopen the feature after the model is ready. Model availability alone is not proof that a particular feedback result was generated successfully.

2 Speech is missing or unclear

Check microphone permission, volume, route and Audio Check. Speak one clear turn and review captured text. Use typed Telehealth messages where offered; ordinary bedside practice does not offer the same text field.

3 A session disconnects

Identify which workflow you are using. Proctor pairing and Instructor Session approval are different. For Instructor Session, preserve pending requests, reconnect, approve and resume deliberately.

4 Analysis is paused or cannot finish

Keep the app open, resolve storage/readiness messages and use that feature's Analyze, Retry Analysis or Save Again controls. Preserve the original recording or conversation for educator review.

5 Sharing or LMS upload fails

Save a reviewed file to Files, open it to confirm content, then follow the course upload process. Check the LMS receipt. A prepared report is not an automatic submission.

When asking for help

Share app/system version, feature, step, approximate duration and exact error. Use synthetic examples or redact information. Do not send participant audio or private reports without appropriate authorization.

Bedside Coach support

About this edition and its sources

Instructions for Bedside Coach 2.2 workflows.

VERSION 2.2 (1) > OCTOBER 10, 2026

1 Use the appropriate edition

The User guide emphasizes practice and student participation. The Faculty guide includes those shared workflows plus case design, evaluation, facilitation and connected-room operation. The Complete guide contains every chapter.

2 Read the current instructions

The instructions use the controls and navigation in version 2.2. Screenshots captured September 19 through October 10 are dated in their captions.

3 Interpret screenshots correctly

Screens use fictional scenario content. Scripted dialogue is identified where shown. No generated spatial scenes or fabricated app controls are used as instructional screenshots.

4 Use the accessible reading companion

Each edition has a self-contained HTML copy with headings, ordered steps, links and image alternatives for accessible reading. The PDF is searchable and bookmarked, with linked contents for finding a task quickly.

5 Match your installed version

Public pages and older screenshots may show different navigation or requirements. These instructions follow version 2.2. Use the in-app help when a control looks different on your installed build.

Maintained from the app

The guides are built from reusable chapter sources and verified UI labels. Dated screenshots provide orientation; follow the written steps for current controls. Use your program's clinical and assessment policies alongside the app.

[Bedside Coach public documentation](#)

[Bedside Coach references](#)

[Bedside Coach privacy and support](#)