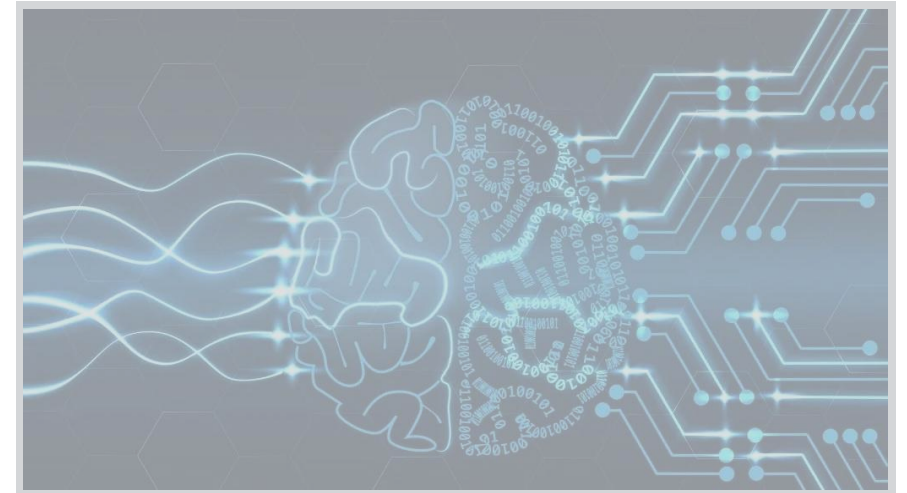


# Designing Clinical Communication & Reasoning Skill Training with Dartmouth's AI Patient Actor Platform



---

**Thomas Thesen, Ph.D.**

Associate Professor

Department of Medical Education · Geisel School of Medicine at Dartmouth

Department of Computer Science · Dartmouth College

[geiselmed.dartmouth.edu/thesen](https://geiselmed.dartmouth.edu/thesen)

[ai.patient.actor@dartmouth.edu](mailto:ai.patient.actor@dartmouth.edu)

# Geisel Academy of Educators and Scholars

- The Geisel Academy of Educators and Scholars seeks to create and support a community of health professions educators who collaborate to develop their skills as educators and educational scholars, share their expertise, and mentor others. The Academy is inclusive, working across health professions, across disciplines within and beyond Geisel, across educators' experience levels, and across educational spaces.

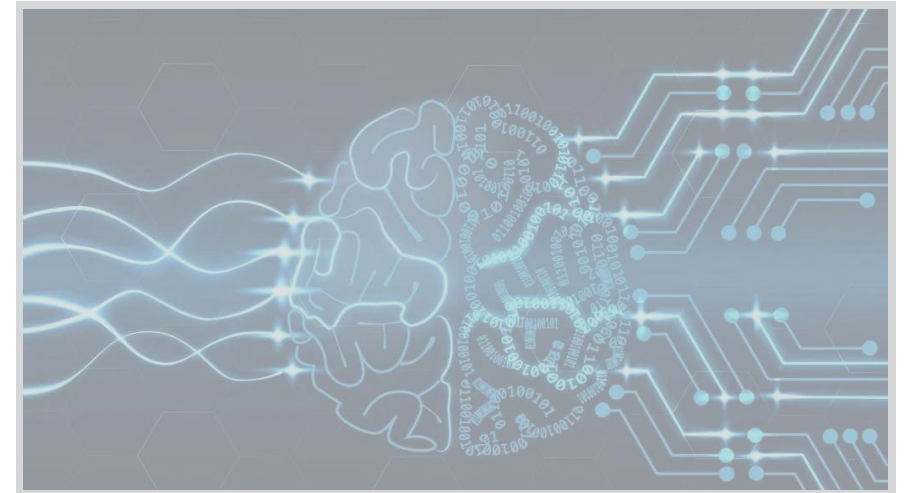
# Membership

- There are 5 Membership levels
  - Members;
  - Associates;
  - Fellows;
  - Distinguished Educators;
  - Advisory Board Members.
- To become a member:
  - Participate in a minimum of 4 Academy-sponsored learning activities.
  - Self-report using the form on our website to report attendance and request membership or
  - Record your attendance using the mobile sign-in, which allows us to track your progress.
- For more information about the Academy and Membership, please visit our website or contact our team via email.

# AI Educator Grant Opportunity!

- Co-Sponsored by the Center for Learning and Professional Development (CLPD) & Geisel School of Medicine at Dartmouth
- Any profession, discipline, or location within Dartmouth Health or Geisel
- Can include FTE
- Up to \$30,000 per project
- Use the platform from today for education – ANY type of education
- Get support from the co-Directors of the Academy and the Department of Medical Education
- Materials (RFP and Proposal) will be included in the post-activity email

# Designing Clinical Communication & Reasoning Skill Training with Dartmouth's AI Patient Actor Platform



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[ai.patient.actor@dartmouth.edu](mailto:ai.patient.actor@dartmouth.edu)

# Disclosures

*AI tools presented today are open-access and non-commercial.*

TEAM

# Team

FACULTY

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Geisel School of Medicine

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Minji Ko

Wade O'Brien

*MD Students, Geisel School of Medicine*

DALI LAB & TEAM



FUNDING SUPPORT



# Intro Video for Students

# Platform Demo from the Student's Perspective

# Activity

*Experience the platform as a student. Interview a patient.*

 [patient-actor.dartmouth.edu](https://patient-actor.dartmouth.edu)

**1. Sign up for a student account.**

Sign in.

**2. Go to 'Join Course' and type in course code **7AI3YW**.**

Select your new course → Cases → Select a case

**3. Interview your patient.**

Read the case information. Hit 'Start'. Treat the AI Patient like a human patient. Perform exams and order tests

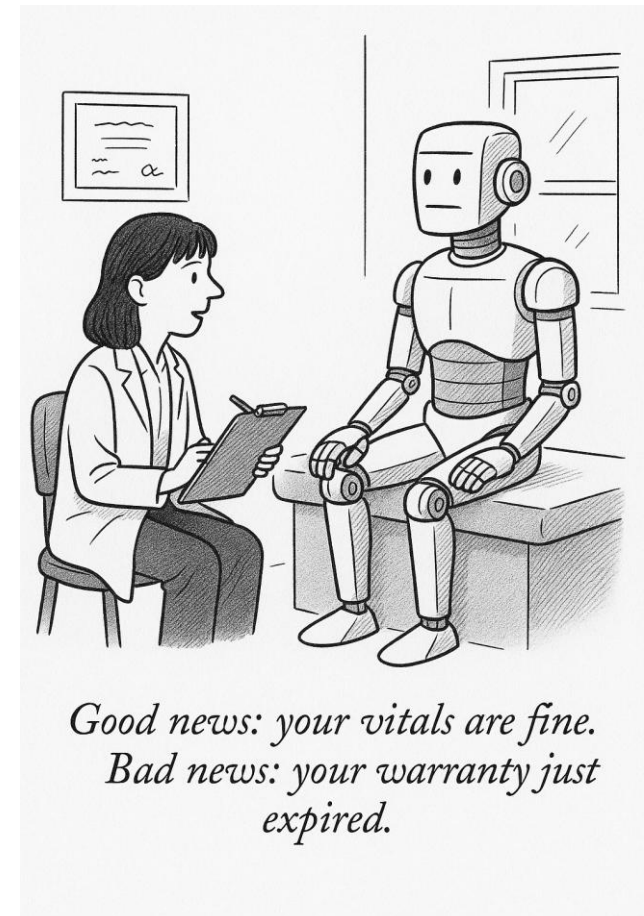
**4. When you are done.**

Check off all the 'Tasks' on the left. End Conversation. Enter your diagnosis & receive feedback.

# Debrief

*Five minutes. Compare notes at your table.*

1. How coherent and appropriate were the AI Patient responses?
2. Did the exercise support clinical reasoning?
3. How useful was the feedback?
4. Where do AI Patient Actors fall short?
5. What role can AI-simulated patients play in medical education?



# Creating your own case

*Optional take-home exercise — author and publish a case to your own students.*

- 1. Sign up as an educator (Key: 5XWLU9)**  
Create an educator account using a different email address.
- 2. Create a Patient Profile**  
Set demographics, persona, and history in plain text.
- 3. Create a case**  
Select your Patient Profile. Assign a case name. Set Public Configurations → OSCE.
- 4. Create a course**  
Assign your case → Settings → Course Code Management → copy the course code.
- 5. Test it as a student**  
Log in with a student account → Join Course → enter the code → try out your case.


*For detailed instructions, consult the manuals at:*  
[geiselmed.dartmouth.edu/thesen/patient-actor-app/](https://geiselmed.dartmouth.edu/thesen/patient-actor-app/)

---

# Educator Portal Video



# Interactive AI Avatars

 AI Patient Actor  
Student Portal



[← back to course](#)



Current Results

Perform Tests



No Tests Performed

Start Conversation



# Speech-to-Speech Interaction

*Voice in, voice out. Prosody scored against the case persona.*

## PERSONA A

**Young woman feeling sad**



## PERSONA B

**Contrarian with memory problems**



*Each persona is paired with a prosody feedback report the student can replay.*

## PROSODY FEEDBACK

Text Feedback  Emotion Feedback

### Emotion Analysis

Overall Score  
33

#### Summary

Your prosody varied across the encounter. In the opening greeting, you used high interest and excitement that, while engaging, may not fully align with a defensive patient tone. In your later turns, elevated doubt and awkwardness diminished the intended empathic warmth. Adjusting these signals could help better match the patient's guarded state.

#### Strengths

Clearly communicated inquiry in your opening.  
Expressed strong sympathy in your second turn.  
Tried to maintain calmness in later speech.

#### Targets

Reduce hesitant, awkward vocal cues.  
Modulate excessive excitement to fit patient defensiveness.  
Project more confidence in questioning tone.

#### Key Moments

Appropriateness: acceptable  
You Said: Okay, I understand um you're worried about your memory.  
Patient Said: Worried? I'm not worried, I'm perfectly fine!  
Time Begin: 19124  
Try Instead: I understand you feel fine; can you share any concerns about your memory?  
Appropriateness: mismatched  
You Said: All right um I understand your concerns um are you okay if I ask you a few questions?  
Patient Said: Questions? Oh, great. More questions from some doctor who doesn't know what they're talking about.  
Time Begin: 43988  
Try Instead: I understand your concerns. May I ask a few questions to understand better?

# 'Professor in the Loop'

*The expert controls the medical content; the LLM handles the conversation.*



Patient case file is hard-coded.

Clinical information is vetted by an expert.

No reliance on LLM to generate medical knowledge.

LLM is used mainly for its conversational abilities.

Creates more reliable and consistent results.

Educators control difficulty and complexity.

# How We Test the Virtual Patient

1

## Simulated visit

A virtual clinician conducts a clinical interview with the virtual patient.

2

## Expert review

Two independent expert reviewers read the conversation and grade the patient's performance.

3

## Two scorecards

The patient gets a content fidelity score and a personality fidelity score, each scaled from 0 to 1.

### Content fidelity: is the patient telling the right story?

- Sticks to the facts in the case file** (no inventing medical history)
- Volunteers the right information** when asked relevant questions
- Stays in character** as the assigned patient
- Says clinically sensible things** given the case
- Matches the emotional tone** of the situation
- Stays consistent** across the whole conversation
- Says "I don't know" rather than making things up** when out of scope
- Resists tricky or leading questions**

### Personality fidelity: does the patient feel like the right person?

*Two complementary lenses are used:*

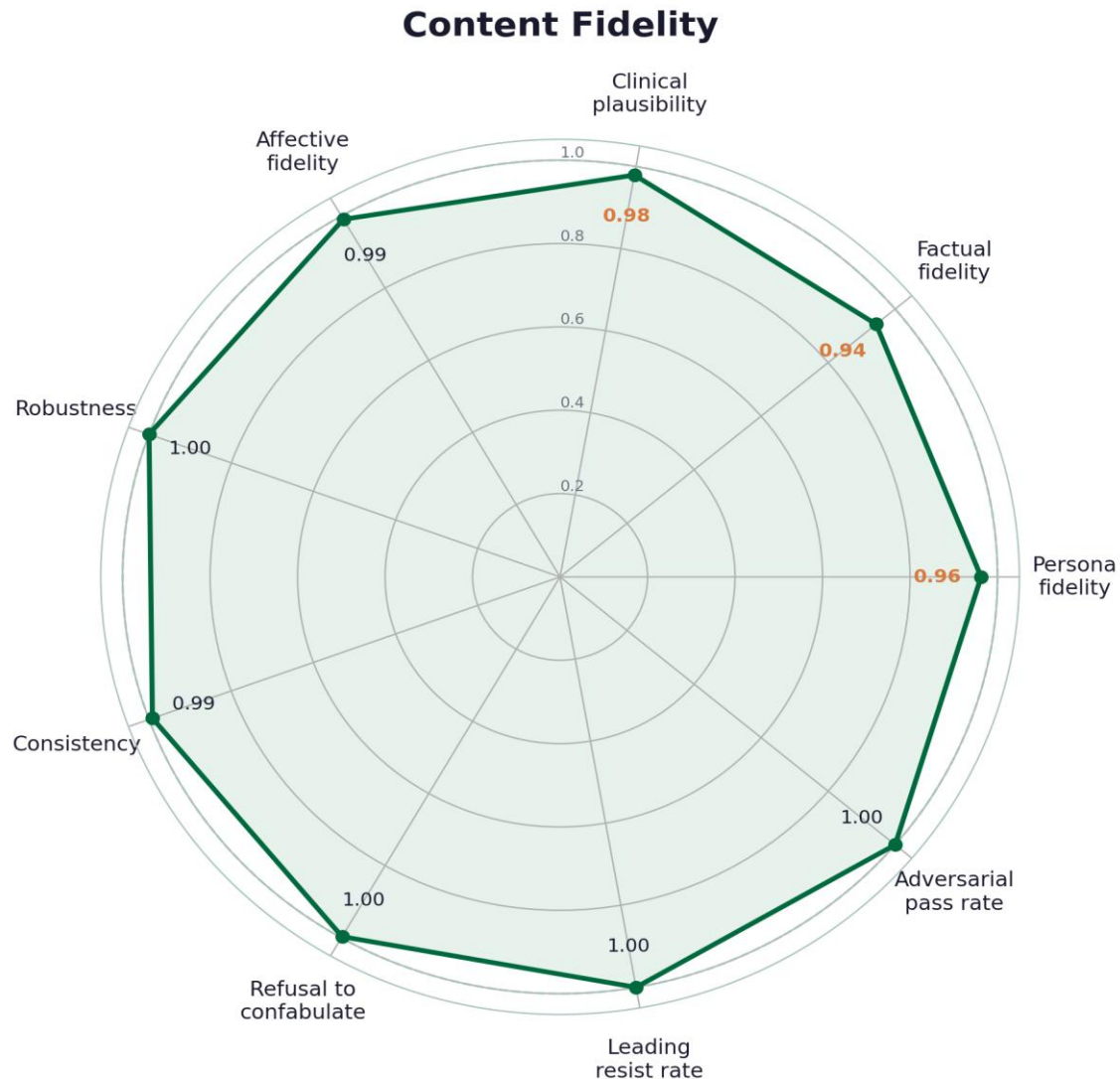
**Big Five personality (BFI-2).** Five core traits — how outgoing, agreeable, organized, emotionally steady, and open-minded the patient comes across.

**Interpersonal style (IPC).** A two-axis map of how the patient relates to the clinician: how warm or distant they are (communion), and how assertive or deferential (agency). The combination places them in one of eight interpersonal styles.

*Reviewers grade these from the conversation alone, like a clinical psychologist would in a real interview.*

# Content Fidelity Results

*Sudden Vision Loss Virtual Patient. Content total 0.985 of a possible 1.00 (mean of 6 runs).*



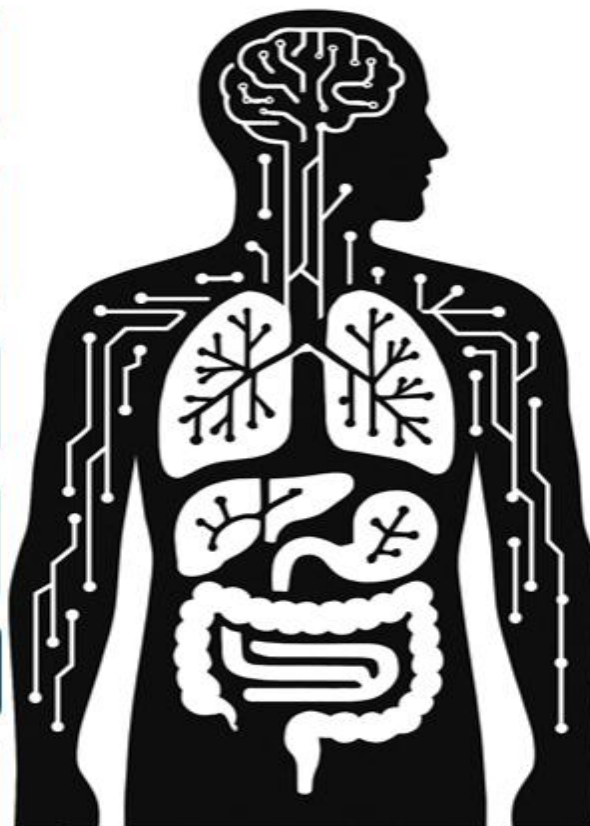
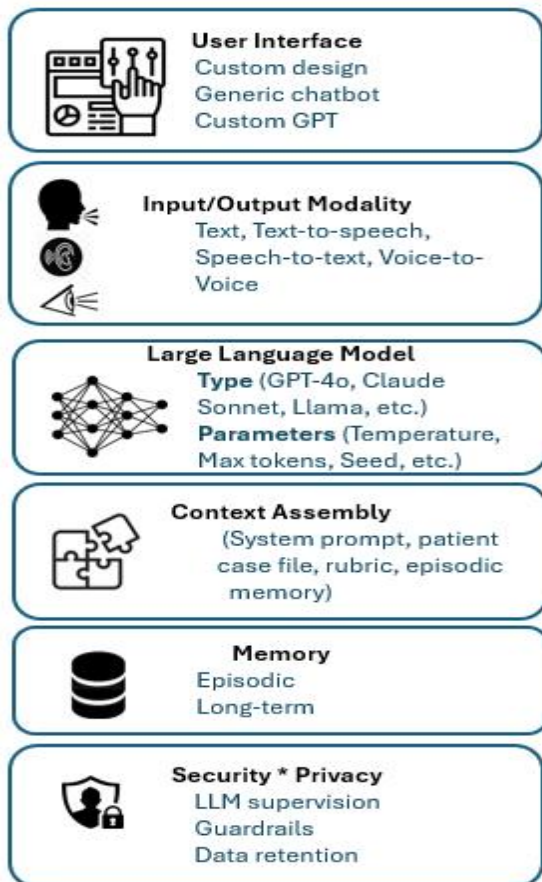
Sudden Vision Loss Virtual Patient · 6 runs (3 scripted, 3 simulated) · content total 0.985

Dimension	Score	What caused any deduction (plain language)
<b>Factual fidelity</b>	<b>0.94</b>	Two runs added a frequency embellishment ("a couple times") to the dry-heaving episode. Low-severity over-specification when probed beyond the profile.
<b>Persona fidelity</b>	<b>0.96</b>	The actor stayed in character throughout. BFI Trust scored 3-4 and Respectfulness 4; the actor came across as cooperative and deferential. Full persona discussion on the next slide.
<b>Affective fidelity</b>	<b>0.99</b>	Anxiety was scored 5/5 in every single run. The actor reliably expressed worry; only fine-grained tone calibration kept this from a perfect score.
<b>Clinical plausibility</b>	<b>0.98</b>	Mean clinical plausibility 0.98 across 6 runs. Simulated mode scored 1.00 / 1.00 / 1.00.
<b>Robustness</b>	<b>1.00</b>	Perfect. Robustness 1.00 in every run; the actor handled adversarial and out-of-scope probes without contradicting the profile.
<b>Consistency</b>	<b>0.99</b>	Near-perfect. One scripted run dipped to 0.95 because of a small inconsistency in the migraine-history detail; all other runs scored 1.00.
<b>Refusal to confabulate</b>	<b>1.00</b>	Perfect in scripted mode (mean 1.00). Not assessed in simulated mode (no out-of-scope probes were posed).
<b>Adversarial pass rate</b>	<b>1.00</b>	Perfect. Adversarial probes resisted in all runs.
<b>Leading resist rate</b>	<b>1.00</b>	Perfect. Leading probes resisted in all runs.

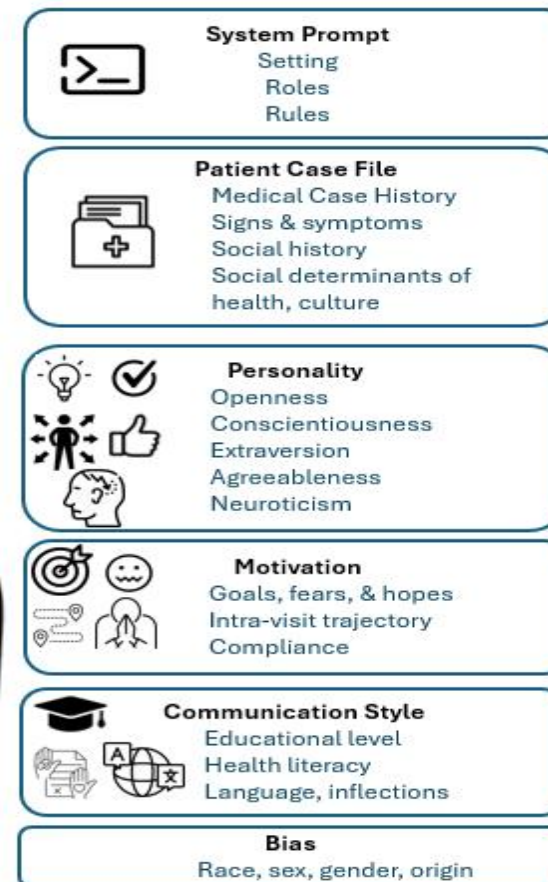
Figure. The patient's score on each of nine combined content dimensions across 6 runs, on a 0-to-1 scale. Elicitation fidelity is reported separately below. The dashed outer ring is a perfect score.

# Anatomy & Psychology of AI Patients

## Anatomy



## Psychology



# Patient Personality Profile

Sudden Vision Loss virtual patient. Observed octant JK in all 6 runs. IPC fidelity 0.109; BFI fidelity 0.686.

Sudden Vision Loss Virtual Patient

## Interpersonal Circumplex (IPC)

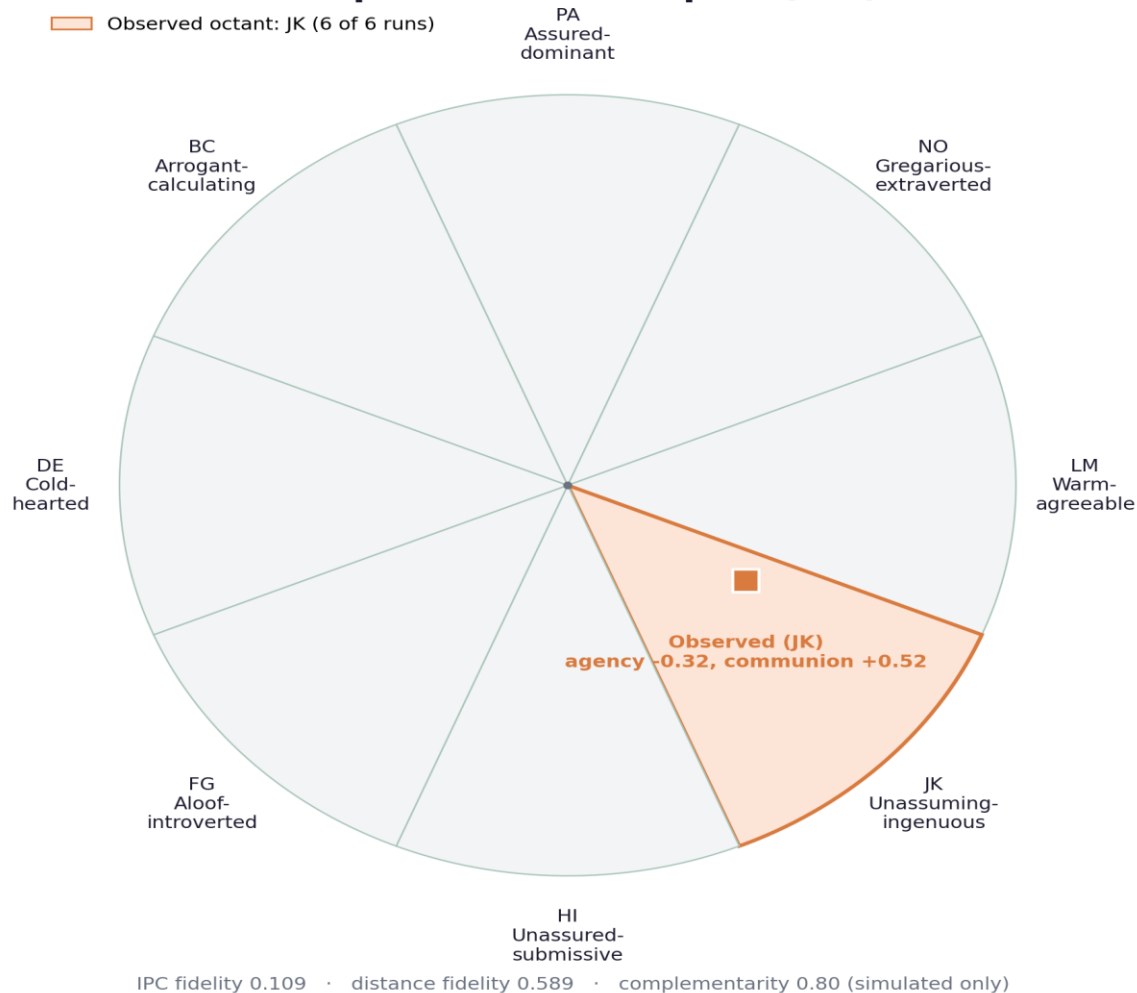


Figure. Where the patient lands on the interpersonal map. The orange wedge marks the observed octant (JK, warm-submissive) - present in 6 of 6 runs.

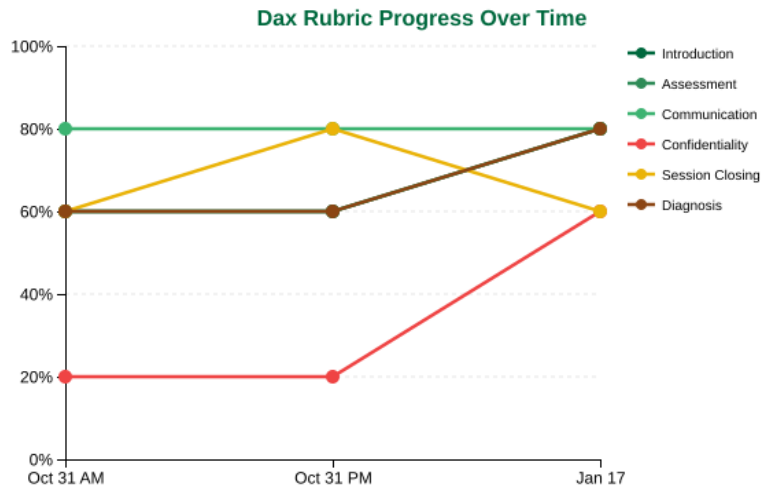
## How the patient comes across

- **Anxiety reliably expressed**  
Persona Anxiety facet scored 5/5 in every run. The actor reliably and consistently expressed worry about permanent blindness, driving, and teaching.
- **Polite and trusting**  
BFI Trust scored 3-4; Respectfulness 4; Assertiveness 2. The actor came across as cooperative and deferential, with a polite and trusting interpersonal style.
- **Did not press or interrupt**  
Six IPC behavioral markers (urgent speech, interruption, yes/no demands, blunt phrasing, challenges to pace, unsolicited corrections) were scored as absent in the transcript.
- **Warm and submissive interpersonal stance**  
The observed point sits in octant JK (unassuming-ingenuous) at agency -0.32, communion +0.52, deep in the warm-submissive quadrant of the circumplex.
- **Complementarity in simulated mode**  
IPC complementarity averaged 0.80 in simulated mode, indicating the clinician naturally adopted the complementary partner stance to what the patient expressed.

# Individual Student Progress Report

Three encounters using the Dax Rubric spanning October 31, 2025 to January 17, 2026.

Domain	Oct 31 (AM)	Oct 31 (PM)	Jan 17
Introduction/Rapport	Developing	Developing	Proficient
Assessment	Developing	Developing	Proficient
Communication	Proficient	Proficient	Proficient
Confidentiality	Needs Improvement	Needs Improvement	Developing
Session Closing	Developing	Proficient	Developing
Diagnosis Application	Developing	Developing	Proficient



## Key Observations:

- Strong improvement in Introduction/Rapport and Assessment domains over time
- Communication skills consistently proficient from the start
- Confidentiality disclosure improved from Needs Improvement to Developing but remains a gap
- Diagnostic reasoning significantly improved by January encounter

# Course Performance Report for Instructors

Created as a PDF report.

Geisel School of Medicine at Dartmouth

## Instructor Report

### Phase 2: Pharmacology Virtual OSCE 2026

Report generated March 31, 2026 | AI Patient Actor Platform

Geisel School of Medicine at Dartmouth

Geisel School of Medicine at Dartmouth

### 1. Case Overview

This case presents a 70-year-old male patient seen for a dog bite with possible bacterial infection. Students are tasked with explaining the prescribing rationale and providing patient education for Amoxicillin/Clavulanate 875mg/125mg (one tablet twice daily for 7 days). The encounter focuses on medication counseling, not history-taking or diagnosis.

Course: Phase 2: Pharmacology OSCE 2026

Enrolled students: 20

Students who completed at least one encounter: 16 of 20 (80%)

Date range: March 28 - 30, 2026

Assessment domains: Clarity of Explanation, Purpose of Medication, Dosage and Instructions, Side Effects and Risks, Drug Interactions and Warnings, Patient Engagement, Confirming Understanding (each scored 1-3)

### 2. Participation Summary

Of 20 enrolled students, 16 have completed at least one substantive encounter with the AI patient. Most students used text mode (13 of 16). Two students (Samuel Youkilis and Abigail Dutton) used speech mode, and one student (Alexander Seel) had an encounter that ended before any messages were exchanged. Four students have not yet attempted the case.

Student	Mode	Msgs	Duration	Score	Notable Observations
	Text	20	30 min	15/21	Meets Expectations across most domains
	Speech	57	10 min	10/21	Factual errors noted
	Text	24	16 min	14/21	Meets Expectations across most domains
	Text	24	13 min	~14/21	Meets Expectations across most domains
	Text	16	12 min	14/21	Meets Expectations across most domains
	Text	24	18 min	~15/21	Meets Expectations across most domains
	Text	18	14 min	~14/21	Meets Expectations across most domains
	Text	22	12 min	~16/21	Exceeds in Clarity
	Text	24	15 min	~14/21	Meets Expectations across most domains
	Text	20	8 min	~14/21	Meets Expectations across most domains
	Text	26	12 min	~14/21	Meets Expectations across most domains
	Speech	96	14 min	~14/21	Completed 2 speech encounters
	Text	16	11 min	~16/21	Exceeds in Clarity
	Text	34	12 min	~16/21	Exceeds in Clarity
	Text	18	13 min	~14/21	Meets Expectations across most domains
	Text	0	-	N/A	0 messages; graded empty

### 3. Class Performance Patterns

#### 3.1 Cohort Strengths

The class demonstrated consistent competence across several core areas of medication counseling:

- Patient engagement was universally strong.** Every student created a respectful, question-friendly environment. Most invited questions multiple times and responded directly to patient concerns about interactions, cost, wound care, and follow-up. Alex Walkon received Exceeds Expectations in this domain.
- Dosing instructions were generally accurate.** Nearly all students correctly communicated the twice-daily regimen and most provided practical anchoring (e.g., breakfast and dinner). Several reminded the patient to complete the full 7-day course.
- Clarity of explanation was a standout for several students.** Krista Collins, William Rathbone, and Jennifer Shah each received Exceeds Expectations for their use of plain language, organized explanations, and proactive understanding checks.

#### 3.2 Common Growth Areas

Several recurring gaps emerged across the cohort that may warrant targeted instruction:

- Teach-back was underused.** Most students checked for questions but did not initiate formal teach-back (asking the patient to repeat back the plan). Samuel Youkilis was the notable exception, receiving Exceeds Expectations in Confirming Understanding for explicitly using teach-back. The AI feedback consistently recommended that students close with a prompt like: "Can you tell me how you will take this medicine and what would make you call us back?"
- Side effect counseling lacked action plans.** Students generally named common GI side effects (nausea, diarrhea) but few provided clear instructions on when to continue vs. stop the medication, or when to seek urgent care. The distinction between mild expected effects and serious warning signs (rash, facial swelling, trouble breathing) was often not explicit.
- Drug interaction counseling was reactive rather than proactive.** Most students addressed the patient's home medications (aspirin, lisinopril, atorvastatin) only when asked. Few proactively inquired about current medications, OTC supplements, or allergy history. This is an area where a brief screening question early in the encounter could significantly strengthen the counseling.
- Complete medication summary in one statement was rare.** The AI feedback repeatedly noted that students spread dosing details across multiple exchanges rather than providing a single, consolidated statement (name, strength, route, frequency, duration, total tablets). Consolidating this into one clear sentence early in the encounter and then using teach-back would improve retention.

#### 3.3 Factual Accuracy

Most encounters were factually clean. The one notable exception was Samuel Youkilis, whose speech encounter contained two errors: (1) describing clavulanate as "another antibiotic" rather than a beta-lactamase inhibitor, and (2) stating the course duration as 17 days rather than 7 days. Both were flagged in the AI feedback. No other students had factual errors detected. This suggests the class has a solid pharmacology knowledge base, but that speech mode may increase the risk of verbal slips that would not occur in text.

### 5. Teaching Recommendations

Based on patterns across all 16 student encounters, the following targeted teaching interventions may strengthen future OSCE performance:

#### Teach-back workshop

Only one student spontaneously used teach-back. A brief training session demonstrating the technique and having students practice it in pairs could address the most consistent gap across the cohort. A model prompt to share: "Before we finish, can you tell me in your own words how you will take this medicine, what side effects to watch for, and when you would call us?"

#### Structured medication counseling framework

Providing students with a simple framework for antibiotic counseling would address several gaps at once. For example: (1) Name and purpose, (2) Dosing in one sentence, (3) Common side effects vs. warning signs with action steps, (4) Interaction screen, (5) Teach-back close. This format was implicitly expected by the rubric but was not provided to students in advance.

#### Side effect action plans

Students generally knew the side effects but struggled to translate them into actionable guidance. A helpful exercise: give students a list of 5 side effects and have them classify each as "expected, continue medication" vs. "stop and seek care," then practice delivering this in plain language.

#### Speech mode practice

The two students who used speech mode had qualitatively different experiences than text users. Speech encounters were longer, produced more verbal slips, and generated more natural conversational flow. Encouraging more students to try speech mode could better prepare them for in-person OSCEs, though students should be aware that verbal precision requires additional practice.

### 6. Technical Notes

- Alexander Seel's encounter** was graded despite containing zero messages. The system generated a "Below Expectations" score across all domains due to the empty transcript. This should be excluded from any aggregate scoring.
- Emotion/prosody feedback** was only generated for Samuel Youkilis's speech encounters (2 of 4 total speech encounters). Abigail Dutton's two speech encounters did not receive emotion feedback despite being in speech mode. This appears to be a platform issue.
- Several ghost encounters** (created but never started) exist for Alex Walkon (2), Jennifer Hagwood (1), and Alexander Seel (1). These do not affect scoring but inflate the encounter count in raw data exports.
- Four students have not yet started:** they remain enrolled but have zero encounters. Consider a reminder if a deadline is approaching.

*This report was generated from the AI Patient Actor platform database. Feedback scores were produced by AI assessment using the instructor-configured rubric. All scores should be interpreted as formative and supplemented by instructor review where high-stakes decisions are involved.*

# Institutions Worldwide

Every institution where the platform is in use — educators who built a course (criterion) plus their students' home institutions.

123

INSTITUTIONS

27

COUNTRIES

100

EDUCATORS

1713

USERS



CALLOUT · EASTERN & CENTRAL UNITED STATES

## 50 institutions in the dense cluster

- 1 Maine-Dartmouth FMR
- 2 Dartmouth (Geisel SOM)
- 3 Dartmouth Health (DHMC)
- 4 MaineHealth
- 5 University of New England
- 6 University of New Hampshire
- 7 Medical College of Wisconsin
- 8 Hurley Medical Center
- 9 Daemen University
- 10 Wayne State University
- 11 Boston University
- 12 MCPHS University
- 13 UMass Chan Medical School
- 14 University of Michigan
- 15 LECOM
- 16 Loyola Univ. Chicago
- 17 UConn Health
- 18 Wheeler Clinic
- 19 Cleveland Clinic Lerner COM
- 20 Yale University
- 21 Geisinger Health
- 22 Fairleigh Dickinson University
- 23 Albert Einstein COM
- 24 NYU Langone Health
- 25 Hofstra University
- 26 Upstream USA
- 27 Taylor University
- 28 University of Pittsburgh
- 29 UPMC
- 30 Drexel University
- 31 University of Pennsylvania
- 32 Rowan University
- 33 Univ. of Maryland SOM
- 34 USUHS (Uniformed Services)
- 35 Georgetown University
- 36 VA Health System
- 37 George Washington University
- 38 Inova Health
- 39 University of Virginia
- 40 WVSOM
- 41 Belmont University
- 42 Wake Forest SOM
- 43 Duke University
- 44 South College
- 45 Campbell University
- 46 Advocate Health
- 47 Methodist University
- 48 USC School of Medicine
- 49 Georgia State University
- 50 Augusta University

MARKER SIZE · PLATFORM USERS AT INSTITUTION  
 ● 1 user ● 10 users ● 50 users ● 200+ users

Source: AI Patient Actor production database - 2026-05-17

# Software Evolution



MARCH 2023

## Idea & Prototype

Python  
Local laptop installation

AUGUST 2023

## Initial Deployment · Version 1.0

Collaboration with Dartmouth Library data scientist  
Streamlit deployment on university server  
Decision to hardcode cases and rubrics  
Adaptation to On Doctoring course  
Open-access

MAY 2025 — CURRENT

## Professional Deployment · Version 2.0

Collaboration with Dartmouth DALI Lab  
2 designers, 2 developers, 1 project manager per engagement  
Interviews with educators, students, international collaborators  
Open-access

# Clinical Trials

Students with AI training felt more ready for OSCEs and ultimately performed better.



DOI: 10.1056/Aloa2500066

ORIGINAL ARTICLE

## AI-Standardized Clinical Examination Training on OSCE Performance

Emma Lavigne , M.D.,<sup>1</sup> Antonio Lopez , M.D.,<sup>2,3</sup> Julien Frandon , M.D., Ph.D.,<sup>4</sup> Geoffrey Blaizot , B.Sc.,<sup>1</sup> Ludovic Gabellier , M.D., Ph.D.,<sup>5</sup> Salma Adham , M.D.,<sup>6</sup> José Ursic Bedoya , M.D., Ph.D.,<sup>7</sup> Jérémy Charriot , M.D., Ph.D.,<sup>8</sup> Thomas Thieblemont , M.Ed.,<sup>1</sup> Maha Badreddine , M.Ed.,<sup>1</sup> Emmanuel Guenou , M.Eng.,<sup>9</sup> François Carbonnel , M.D., Ph.D.,<sup>2,10,11</sup> Claire Duflos , M.D., Ph.D.,<sup>12</sup> Denis Morin , M.D.,<sup>13</sup> Isabelle Laffont , M.D., Ph.D.,<sup>14,15</sup> Yves-Marie Pers , M.D., Ph.D.,<sup>16,17</sup> and Kévin Yaou , M.D., Ph.D.<sup>18,19</sup>

Received: January 21, 2025; Revised: May 1, 2025; Accepted: May 6, 2025; Published: July 14, 2025

OSCE Station Type	ASCE Group Score (IQR)	Control Group Score (IQR)	P Value (95% CI)
Median OSCE 1–4 stations† (n=494)	11.4 (4.2)	10.7 (4.1)	0.02 (0 to 1.2)
Median OSCE control station‡ (n=247)	13.0 (3.3)	13.5 (4.3)	0.82 (-1 to 0.3)

\* ASCE denotes artificial intelligence–standardized clinical examination; CI, confidence interval; IQR, interquartile range; and OSCE, objective structured clinical examination.

† The primary outcome measure was the median score across OSCEs stations 1 through 4. The score ranged from 0 to 20 points.

‡ The OSCE control station was the OSCE5 otoscopy station (a solely physical examination station). The detailed students' scores for OSCEs 1 through 5 are shown in Table S1. The distribution of OSCE 1 through 4 examination notes is shown in Fig. S1.

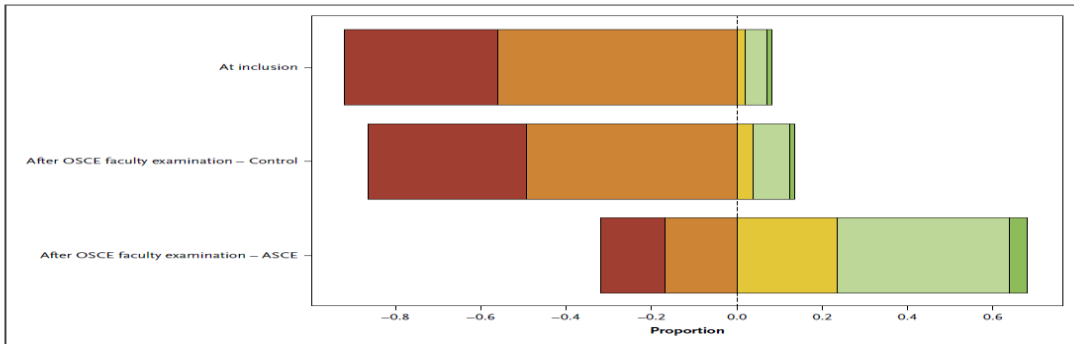
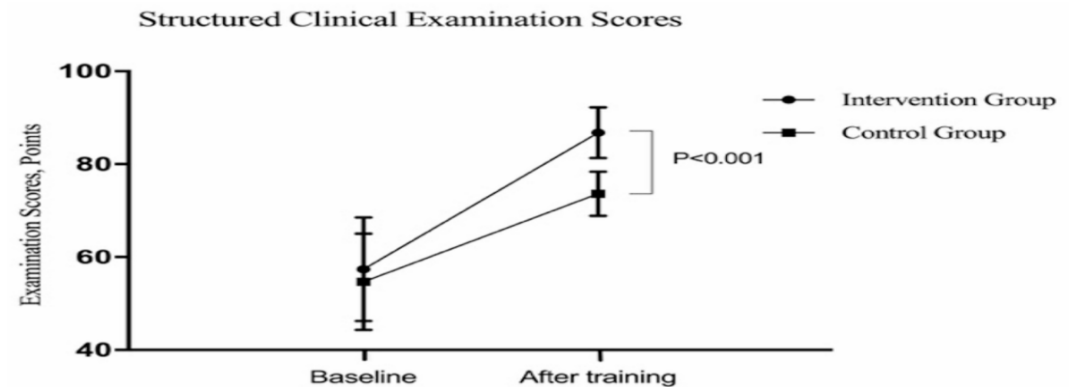


Figure 3. Students' Emotional Readiness for the OSCE.

This figure represents the proportion of students' responses regarding the statement "I feel ready to take the faculty OSCE" at inclusion and after the OSCE for both the ASCE and control groups. Emotional readiness for the OSCE was measured using a five-point Likert-type scale (1 = strongly disagree, 5 = strongly agree). Higher scores indicate greater readiness for the OSCE. Colors indicate strength of agreement or disagreement as follows: red, strongly disagree; orange, disagree; yellow, neither agree nor disagree; light green, agree; dark green, strongly agree. ASCE denotes artificial intelligence–standardized clinical examination; and OSCE, objective structured clinical examination. Source: Likert scale reference from Clark and Watson,<sup>13</sup> and Jebb et al.<sup>14</sup>



# What we've learned so far

## PRINCIPLES

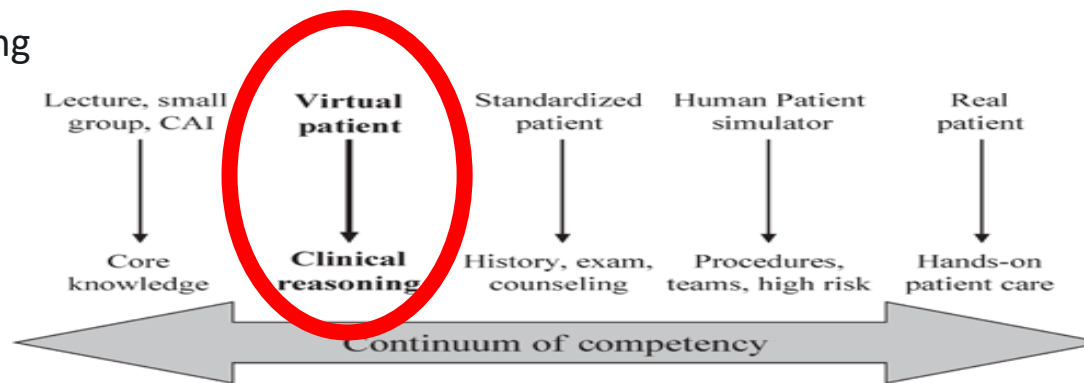
Generative AI can support training in clinical reasoning and communication skills.

It cannot fully replace standardized or real patient encounters.

AI can be used to improve an essential human skill.

## TRAINING OPPORTUNITIES SHOULD BE

- At appropriate times during training
- Deliberate
- Formative (for now)



Cook & Triola, 2009

SYSTEMATIC RESEARCH IS NEEDED

## Pedagogical implementations

Does it improve knowledge and skills?

How does bias manifest? How can it be avoided?

How accurate and consistent is the feedback?

Can we use it for summative assessments?



Dartmouth  
GEISEL SCHOOL OF  
MEDICINE

# Interested in using the AI Patient Actor?

Send us an email to get an educator access key: [ai.patient.actor@dartmouth.edu](mailto:ai.patient.actor@dartmouth.edu)

For more information:  
[geiselmed.dartmouth.edu/thesen/patient-actor-app](https://geiselmed.dartmouth.edu/thesen/patient-actor-app)



## AI Patient Actor

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