

WEEK 46 DEBRIEF

Students in two countries are finishing patients, and a guided first shift will help every new student get there.

STUDENTS	Pilot students in Kazakhstan and Brazil are finishing patients, and 110 students in Kazakhstan now have access.
PRODUCT	A signpost went live on 12 November, and a guided first shift with a supervisor at the student's side was built on 15 November.
PIPELINE	We met the vascular surgery team of a leading European university hospital. The two cases for their February seminar are built.
PIPELINE	We set our market plan. Outreach to universities in the US starts this week.

KEY NUMBERS

Same numbers, every week

Institutions in pipeline	Priced proposals out	Changes shipped since July
15	3	196
same as last week	first decision on 4 December	4 this week

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

FROM MEL

This week was about students. Our pilot cohorts in Kazakhstan and Brazil started finishing patients, and we saw exactly where new students get stuck. Within days a signpost went live, and we built a guided first shift with a supervisor at the student's side.

Commercially, we met the vascular surgeons of a leading European university hospital, and the cases for their seminar are now built. The priced proposals we promised last week are late; they go out this week.

Mel Jacobs Founder and CEO

→ Our door is open

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

01 Pipeline

15 institutions in 10 countries

Europe Leading university hospital	Call with the vascular surgery team on 13 November. They come back on the residents' level, a trial run and laptops. The two seminar cases are built; next is the priced proposal.
Kazakhstan University	110 students now have access, after two more groups joined. Students play every day, and the first patients are finished.
Istanbul Private medical school	Four reviewed patients have been live since 6 November. We follow up this week on the professor's first impressions.
United States New market	Our market plan is set. Outreach to universities in the US starts this week.

02 Product

Guided first shift Built 15 November	A supervisor at the new student's side for the first patient: what to ask, what to examine and when to commit. Switched on per school.
Signpost Live 12 November	While a test result is on its way, the student sees what to do next.
Vascular cases Built 16 November	Two cases for the February seminar, carotid disease and chronic mesenteric ischaemia, now in clinical review.

03 Against plan

One of five done, four moved.

A priced proposal for every warm lead	Moved	The first, for the leading European university hospital, is written and goes out with its seminar cases. The rest follow.
Follow up with the medical school in Istanbul	Moved	No reply yet. We follow up this week.
Prepare a larger outreach to Europe and the US	Done	Market plan set on 10 November. Outreach to the US starts this week.
Switch the teacher dashboard on for the first school	Moved	On for our own school since 15 November, where we test it together with the guided first shift. The first pilot school follows.
Record the student instruction video	Moved	Not recorded. The guided first shift now shows a new student the first steps inside the product.

04 Priorities for week 47

1. Send the priced proposals, first to the leading European university hospital.
2. Start outreach to universities in the US.
3. Follow up with the medical school in Istanbul.
4. Clinical review of the two seminar cases by our Medical Director.
5. Try the guided first shift on our own school, then with a pilot school.

CATCH-UP 3 OF 4

Evidence and team: how we know it works, and who builds it.

Schools buy on trust: that the medicine is right, that students learn and that the team will be there. This chapter shows how we learn from what students do, how a physician checks every patient we publish, the randomised study we designed with a faculty in Brazil, and who builds ALYT.

28
students in our first randomised study, in paediatrics

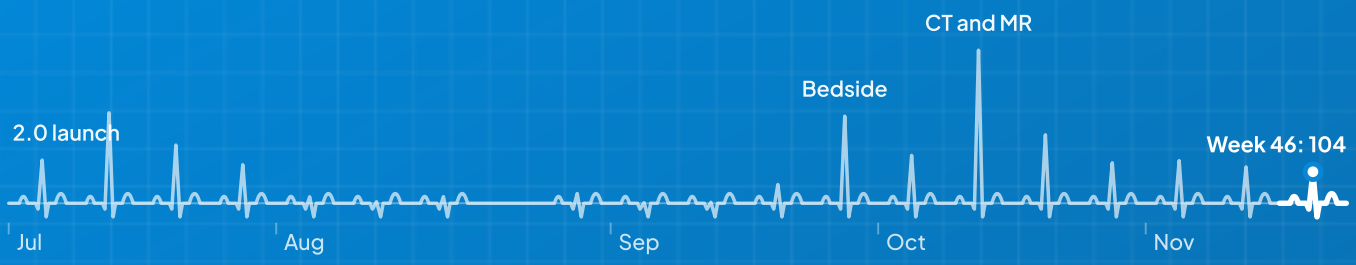
27 years
our Medical Director led the European Vascular Course

130+
participants in our workshops at the European Vascular Course, 2025 and 2026

12,300
automated tests that run on every change

IN THIS CHAPTER

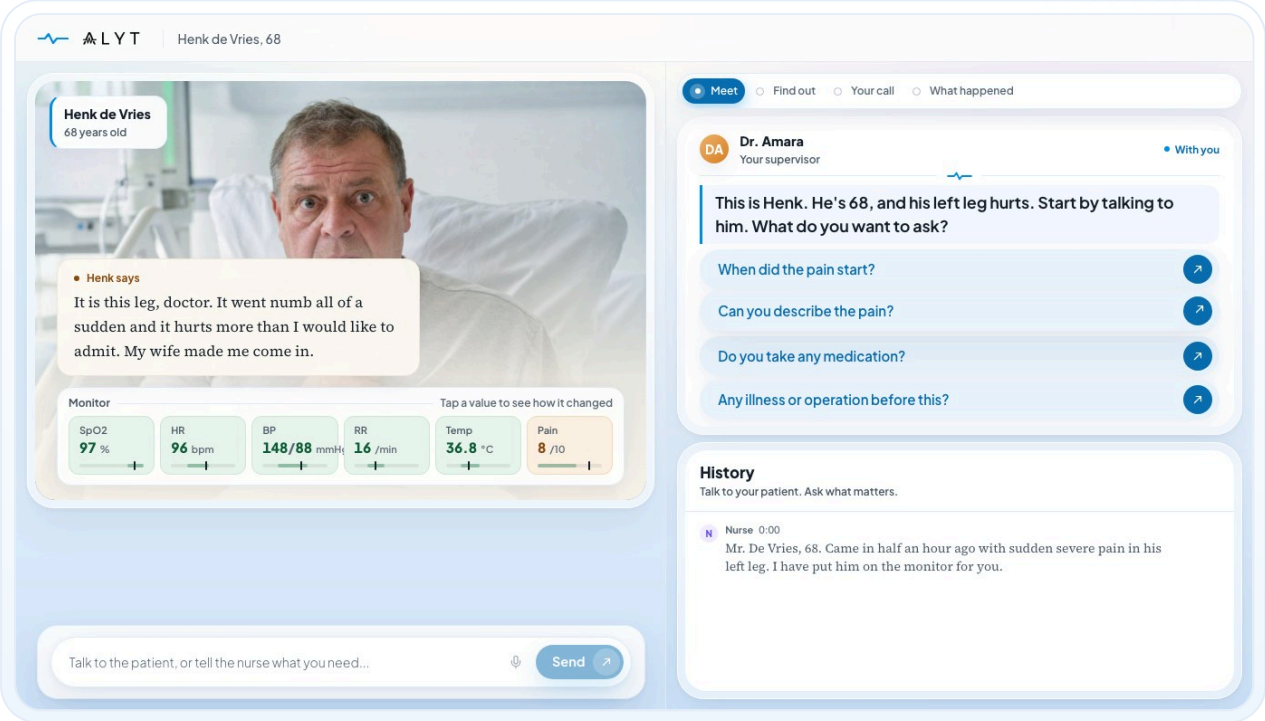
01 We learn from what students do
02 A physician checks every patient we publish
03 A randomised study with a faculty in Brazil
04 The team



Commits to production per week, from 1 July to 15 November 2026.

01 We learn from what students do

Evidence is also what students actually do. Every action in ALYT is recorded with its time, so we see where a student gets stuck and can fix it within days.



The guided first shift: Dr. Amara at the student's side for the first patient. Sample patient.

Every action on a clock Live since July
Each question, test and treatment is stored with its time, so we see where students hesitate.

A signpost Live 12 Nov
While a test result is on its way, the student sees what to do next.

An AI student Next
An AI that plays every patient through the real screen and reports where it gets stuck.

Where new students stop Seen in November
In the first pilot weeks, many new students stopped before their first impression.

The guided first shift Built 15 Nov
A supervisor at the student's side for the first patient. Switched on per school.

02 A physician checks every patient we publish

Medicine has to be right. Every patient starts from a written teaching source and goes live only after a physician approves it.

A written source Every patient
Guidelines and references behind each case, such as the 2023 Turkish guideline for brucellosis.

Clinical review Live since 9 Jul
Our Medical Director approves a patient before it is published.

An automated critic Before review
Checks each case against its source and flags what needs a physician's decision.

Reviewed by the school Own patients
A school's own teachers review the patients built for their students.

03 A randomised study with a faculty in Brazil

The strongest evidence is a fair comparison. Together with a faculty of medicine in Brazil we designed a randomised study in paediatrics.

Two groups Agreed in October

28 students: half practise with ALYT, half follow the usual teaching.

Assessed at the bedside Mini-CEX

The outcome is the Mini-CEX, a standard bedside assessment, scored by a faculty member who does not know the groups.

Fifteen patients Built for the module

Paediatric patients built around the module's own topics.

Data agreement Signed 29 October

A data processing agreement between the university and ALYT.

04 The team

A small team that combines a clinical teacher with 27 years of training surgeons, and a builder who ships every week.

Mel Jacobs Founder and CEO

Leads the company, the product and sales.

Prof. Michael Jacobs Medical Director

Vascular surgeon and founder of the European Vascular Course, which he led for 27 years.

Faculty reviewers At partner schools

Teachers who review the patients built for their own students.

Built with AI Since July

We build and test with AI agents, which is how 196 changes shipped in 20 weeks.

→ What comes next

This week Review	Our Medical Director reviews the two vascular cases for the February seminar.
Late November Testing	The AI student's first round: five patients, played end to end.
December Decisions	The first decisions on our priced proposals.

Next week, catch-up 4 of 4: our plan for 2027.