Scribe Web Version 2.0 Author Manual

Document revision 2.0

Document History

Revision	Date	Changes	Author
2.0	02/10/2026	Updated the entire manual to match the 2.3.1 version including - Enhanced context & transcript sidebar - Blueprints & styles - Centrally managed patient consent - Several editorial changes & screenshot updates	smc
1.4	02/09/2026	- Context and Transcript sidebar added - Patient visit selection implemented - Edit patient data in completed encounters - Microphone selection updated - Resume a consultation implemented	smc
1.3	21/07/2026	- Regenerate all documents in an encounter - Workflow Sync with T-Pro Dictate - Device Controller 1.3.6 and higher	smc
1.2	08/07/2026	Audio capturing for online consultations with headsets	smc
1.1	16/06/2026	External audio file upload Continued upload after interruption AI blueprints can be disabled by admins Active recording screen colour update	smc
1.0	04/06/2026	First published version	smc
0.3	26/05/2026	Screenshot updates, new URL added, AI blueprint section changes, Delete encounter option	smc
0.2	22/05/2026	Reviewed	aza
0.1	03/07/2026	First DRAFT version	smc

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Introduction

T-Pro Scribe is an AI-based virtual assistant designed primarily for healthcare practitioners to automatically generate medical notes during consultations.

Backed by T-Pro's Automatic Speech Recognition (ASR) capability, T-Pro Scribe greatly enhances both efficiency and effectiveness of clinician-patient interactions, leading to better patient outcomes and reducing clinicians' administrative workload.

T-Pro Scribe is integrated with leading EHR systems to ensure seamless information flow and to support correspondence workflows.

Clinicians who may not be recording consultations live with T-Pro Scribe can still benefit from AI-assisted documentation generation with the external audio file upload feature.

About this manual

We describe the usage and features of ***T-Pro Scribe by default as an integrated system***. It will be clearly stated if the standalone version will be explained or depicted in a screenshot.

- Clickable items (tabs or buttons) are written in **bold** when an action is required.
- *Italic* text is used for non-clickable sections or for the screenshot lines.

Features

- Automatically generates consultation notes, allowing clinicians to complete their documentation effortlessly and immediately
- Incorporates different templates that create customised documents
- Clinicians can use their voice to edit generated notes in real time
- Has the ability to add clinical codes to conditions

Workflow

With integration — Scribe can integrate with your ***existing EHR system***. Appointments from your clinic schedule are automatically displayed in the patient schedule. Documents created in Scribe can also be accessed through ***other T-Pro applications***.

Without integration **-** you can use the ***standalone version*** if you do not need integration; you have the same features but can only add your patients manually per consultation.

In the Scribe Home screen you can:

start a **Consultation**



the app records all conversations in the background



you generate your document based on the consultation transcript



you can edit and approve your documents

OR start a **Dictation**



select your blueprint



you actively dictate your content into the document



you can edit and approve your documents



If you work with T-Pro's main web application or the mobile solution *Dictate* your Scribe documents can be sent to those applications for further processing.

Preliminary steps

You should have been set up with a user account and provided with T-Pro login credentials by the administrator of your facility/organisation.

Web-based application

The application is a web application and can be accessed on any modern Chromium-based browser. We recommend the usage of **Google Chrome**, **Microsoft Edge**, or **Safari** for macOS.

Bandwidth

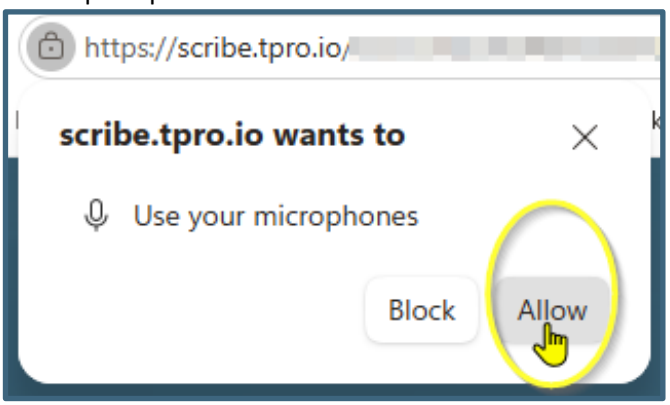
A wired internet connection will provide best quality but you can also use Wi-Fi or a mobile 3.5/4G data service.

- Recommended minimum download speed: 1100 kbps (1.1Mbps)
- Recommended minimum upload speed: 700 kbps (0.7 Mbps)
- Recommended maximum latency: 150 ms.

Audio

Your default microphone (e.g. your device's internal microphone) will be capturing the audio input. For best results we recommend an external microphone, e.g. a good quality multi-speaker conference microphone.

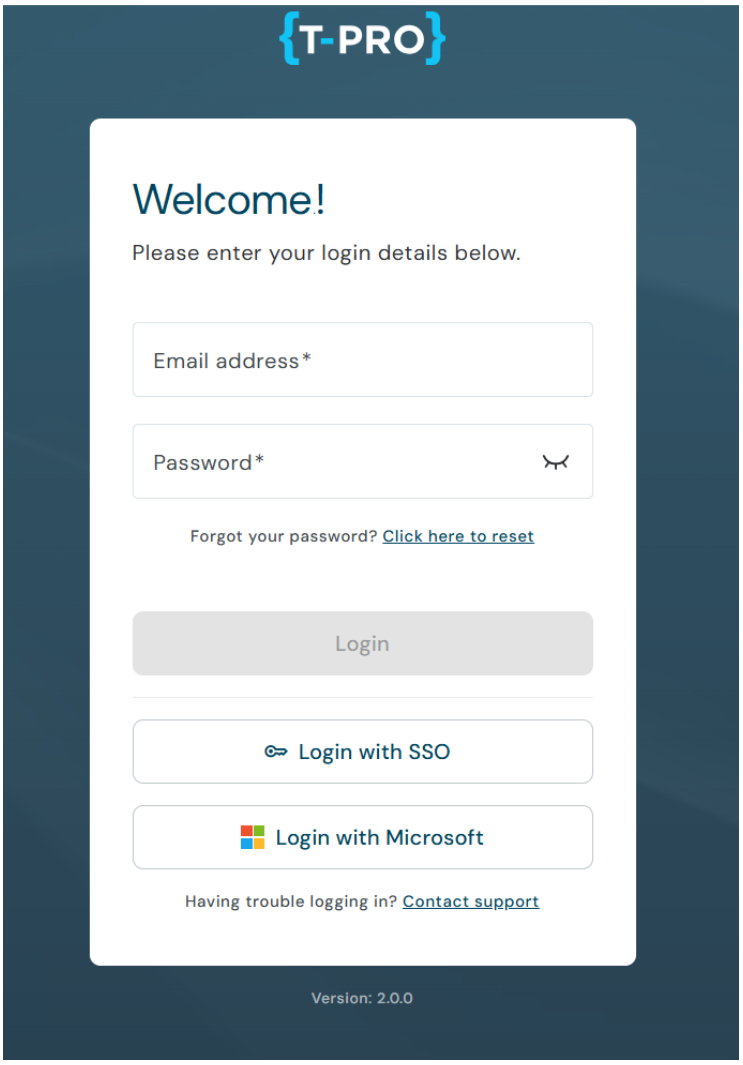
You only need to grant Scribe access to your microphone the first time you use the application. You will be prompted to do so:



Select "Allow" or "Allow on every visit"

Accessing Scribe

Open Scribe in your web browser.
There are different methods to log in to the application. You can use your T-Pro credentials, log in with SSO, or log in with Microsoft.



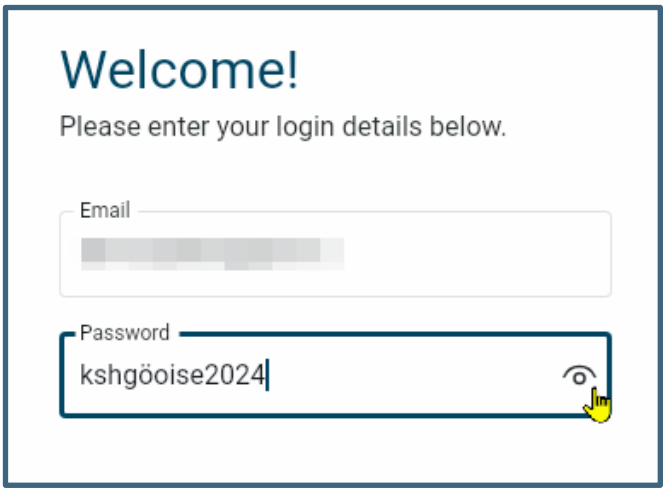
Scribe login screen

- If you are a new T-Pro user, you will be led through the entire first-time login process.
- If you have been working with other T-Pro applications already and your account setup is completed, you will be asked to only select your speciality and your blueprints.

T-Pro login

Use this link https://scribe.tpro.io to open Scribe in your web browser. Bookmark the link.

Enter the credentials you have received with your T-Pro setup.
You can view your password, just click on the closed eye icon.

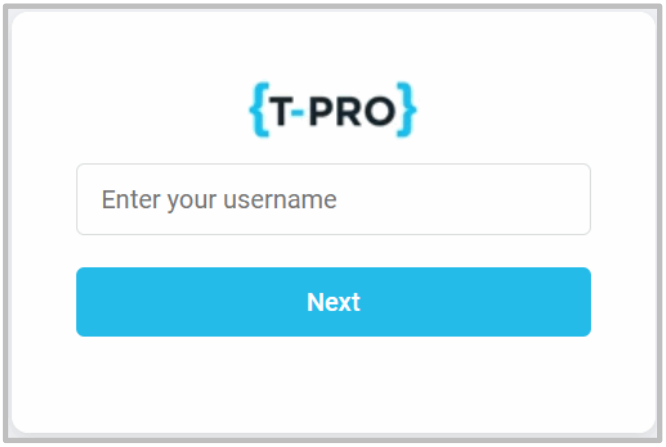


View your password input

⇨ You are logged in and need to accept T-Pro's EULA to continue.

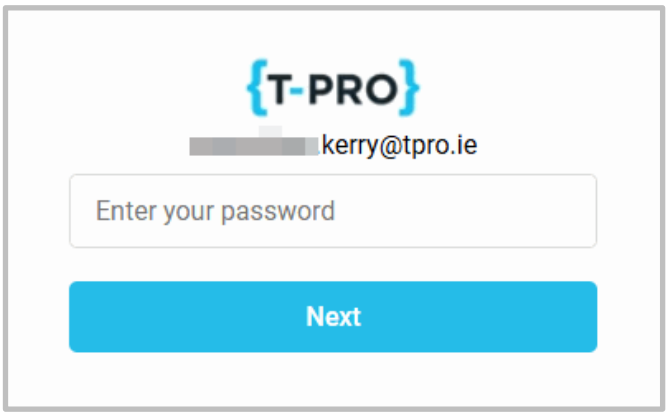
Single sign-on

If your organisation is applying a single sign-on process click on **Login with SSO.**
Enter your username.



Sample of *SSO login screen (1)*

Enter your password and click on **Next**.



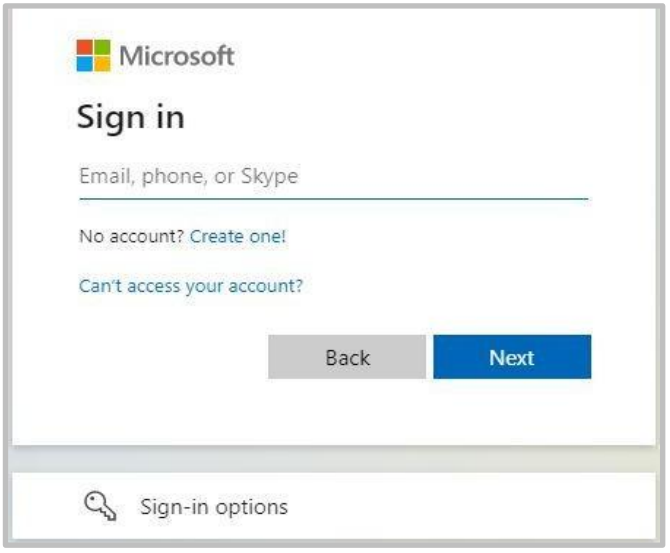
SSO login screen (2)

The above screen can be customised with your organisation's name and logo.

⇨ You are logged in and need to accept T-Pro's EULA to continue.

Microsoft login

If your organisation is applying a login process with Microsoft email accounts, you can optionally use this route.
Click on **Login with Microsoft**.



Log in to T-Pro with your Microsoft account

Enter your Microsoft email address and click on **Next**.
Enter your Password and sign in.

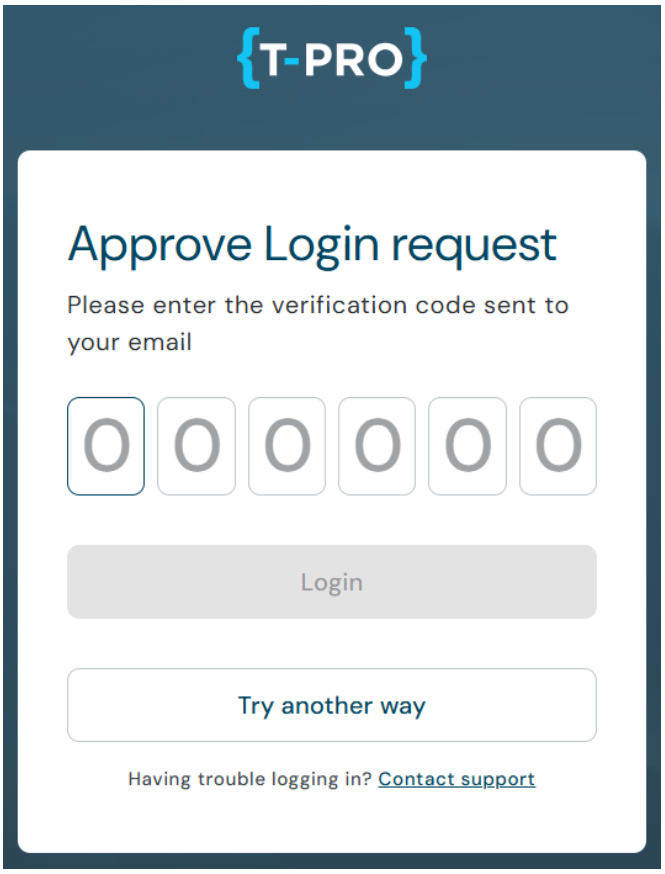
⇨ You are logged in and need to accept T-Pro's EULA to continue.

Multi-factor authentication (MFA)

As an additional security feature, MFA can be set up for the users.

MFA works with your verified mobile number or verified contact email (as described further down).
After you log in with your credentials, you'll be presented with the MFA screen.
The default option is that a code is sent to your email address.

To complete the login process you need to enter the 6-digit code.



MFA screen

Click on **Login**.

- If you have registered a mobile number instead, the code is sent to you via SMS.
- In case the MFA code was sent to your email address but you cannot access this code, use the option ***Try another way***. This will send a new code to your mobile number.

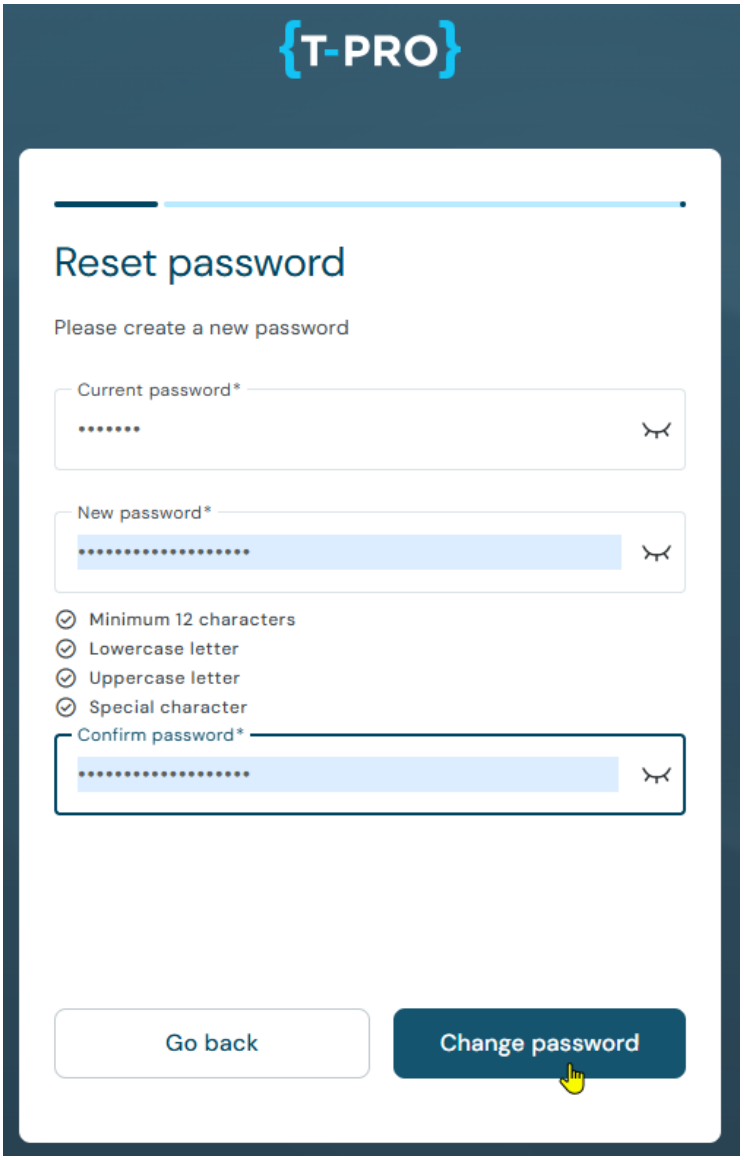
⇨ You are logged in.

First time login

This is a one-time process when you start using T-Pro. During the process you configure your account.
Note that the following process does not apply to all users or only in parts.

Reset password

This screen only comes up when you have used the T-Pro sign-in option.
The temporary password you received must be changed to an individual password which fulfils your organisation's requirements.



Reset your temporary password

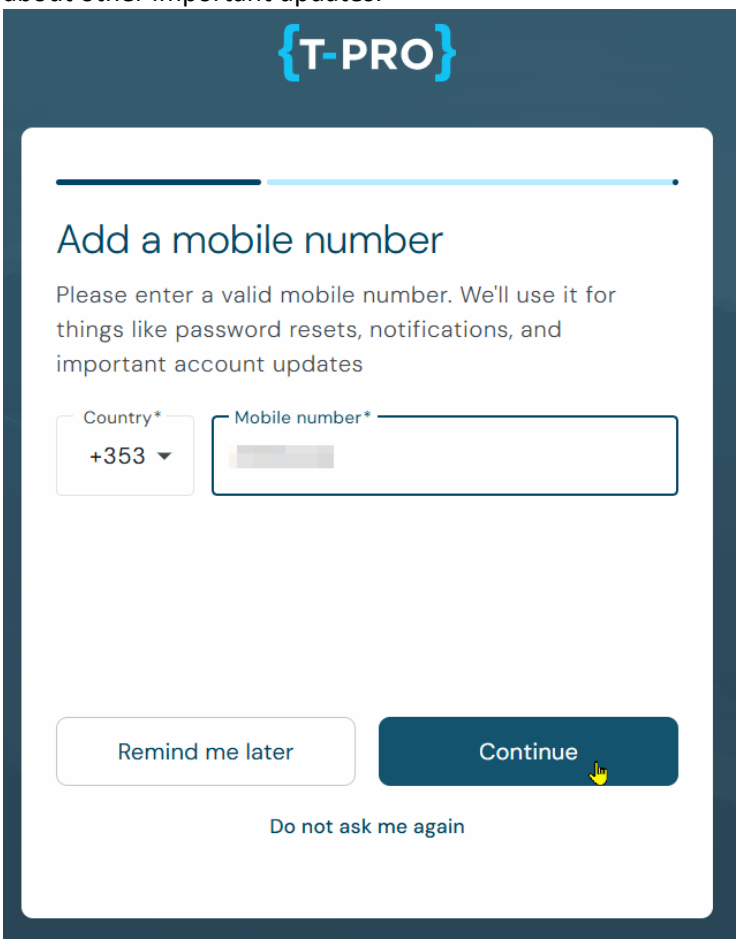
These requirements are compulsory, otherwise you cannot continue the login process. The new password must be different from the current password.

In the sample the new password must contain at least 12 characters, containing a lowercase letter, an uppercase letter, and a special character.

When all requirements are satisfied, click on **Change Password** to continue.

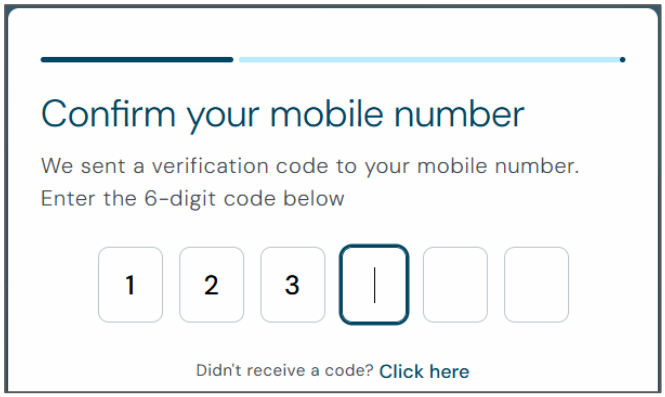
Mobile number

Enter a valid mobile number as part of your account setup.
This number can be used for additional security regarding your account access and notifications about other important updates.



Select your country code and enter your mobile number

Click on **Continue**.
In the next step you'll be sent a verification code to the number provided.
Enter this code into the field to continue.

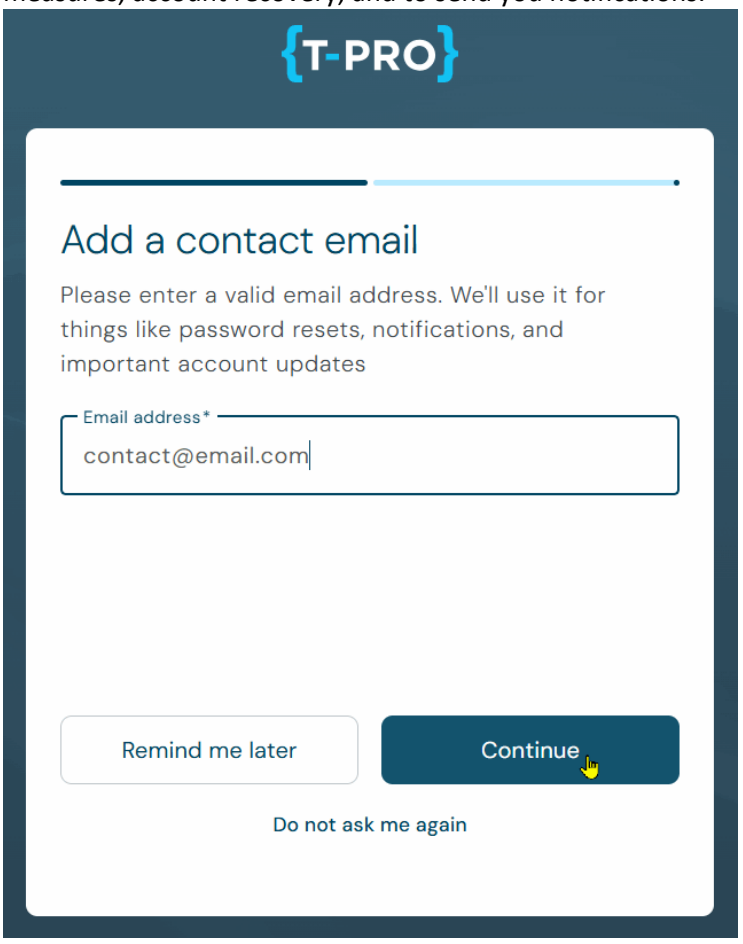


Enter the confirmation code

NOTE: Your mobile number can also be used to recover your account without the help of an administrator (see Forgot your password?).

Contact email

Enter a valid email address as part of your account setup.
A verification code will be sent to this address. Your verified email address can be used for security measures, account recovery, and to send you notifications.



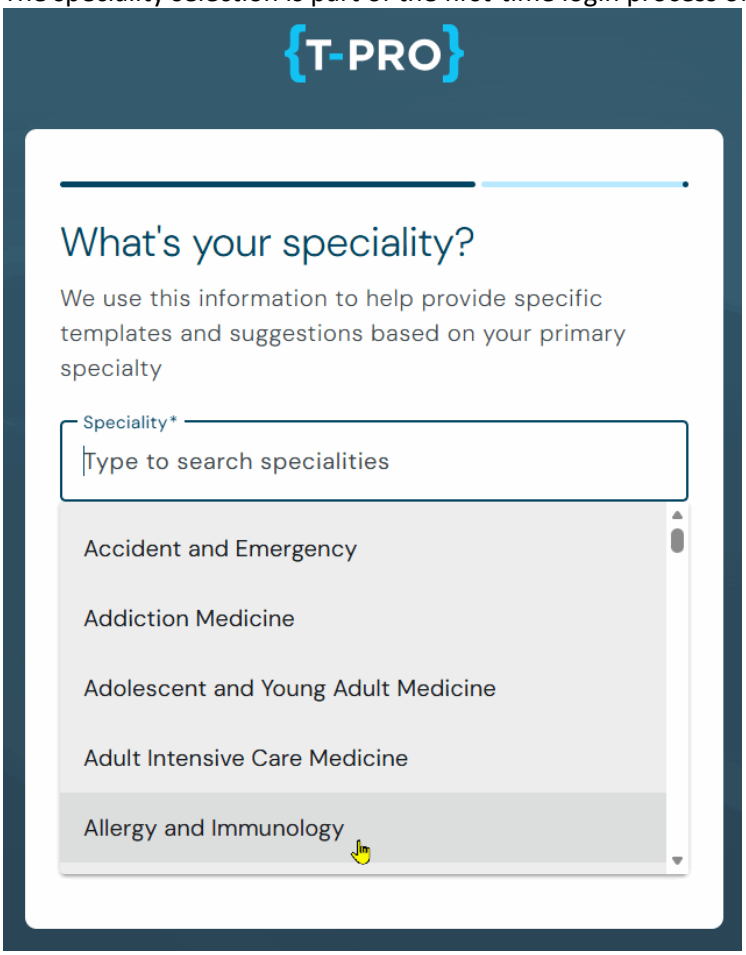
Enter a valid contact email address

Click on **Continue.** In the next step you'll be sent a verification code to the email provided.
As in the previous section, enter this code into the field to continue.

⇨ Your email is now verified.

Speciality

The speciality selection is part of the first-time login process of Scribe.



Example of speciality selection from the list

Click into the field to pick your area of expertise from a broad range of medical specialities.

⇨ Your speciality sets the AI focus on information relevant for this area.

Click **Continue** to move on to the next screen.

Blueprints

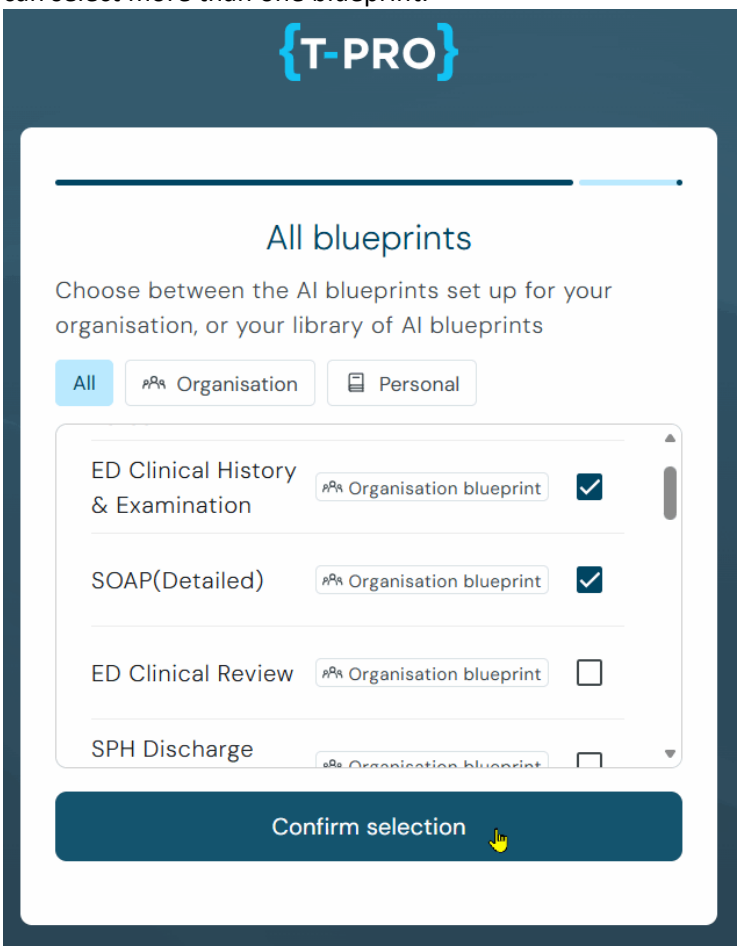
This is part of the first-time login process of Scribe.
In this screen you can set up your default blueprints.

NOTE: A blueprint defines the structure of a generated document: its sections, placeholders, formatting rules and required information. It works like a template and applies these instructions to your document.

Default blueprints are the blueprints which will automatically be used for document creation after each consultation.

- Additional blueprints can be selected manually at the end of each consultation.

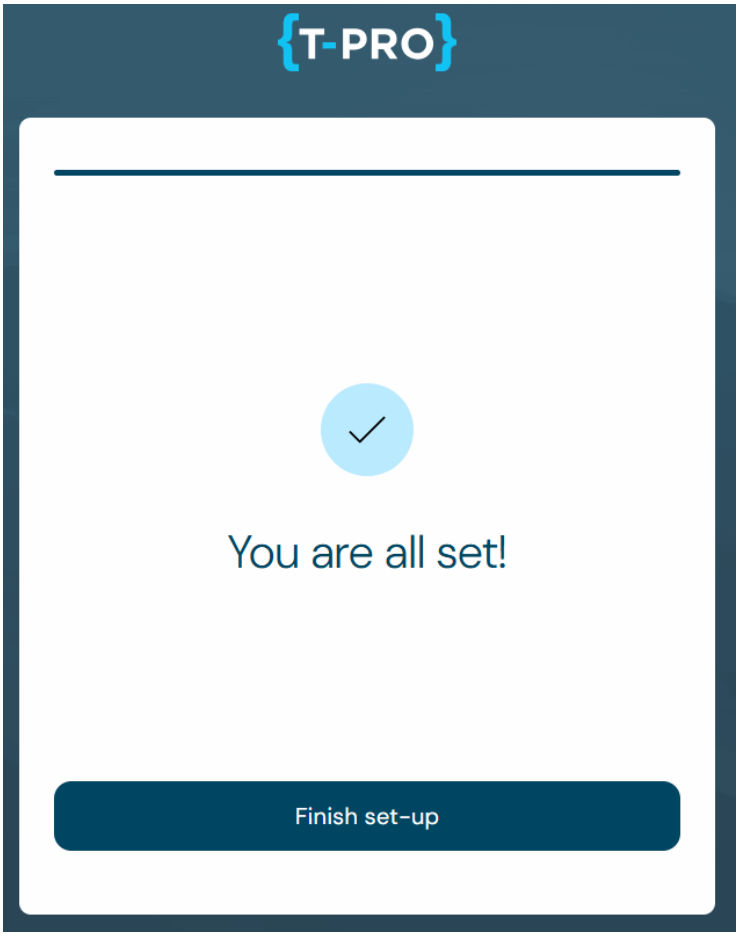
Browse through the list of available blueprints and tick the ones you want to use as your default. You can select more than one blueprint.



Blueprint selection screen

Click on **Confirm selection**.

⇨ Your selection will be displayed under Settings. That's where you find further information on blueprints. You can change your defaults any time.



First time login completion screen

⇨ You're all set up and you will enter the main workspace.

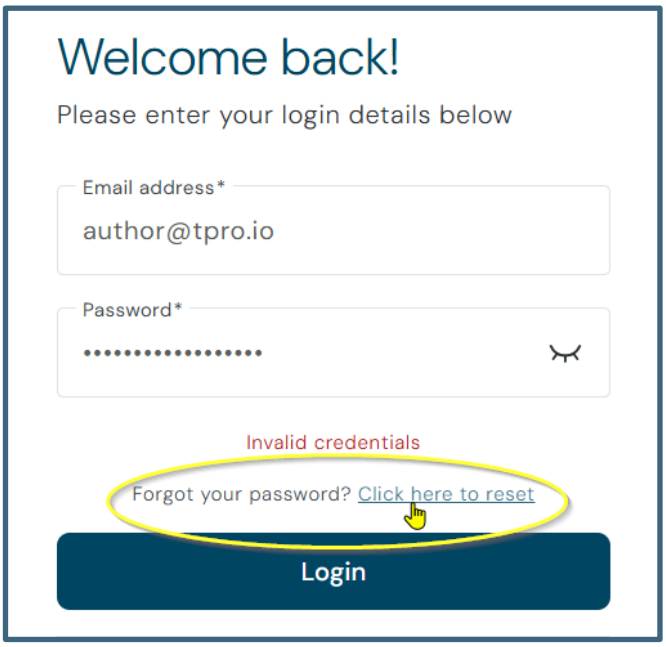
Remind me later In all of the above first-time login screens, you have the option to set up the information later. You will then be reminded at every login to complete this section.

Do not ask me again In all of the above screens you have also the option to select that you do not want to be reminded anymore.

Forgot your password?

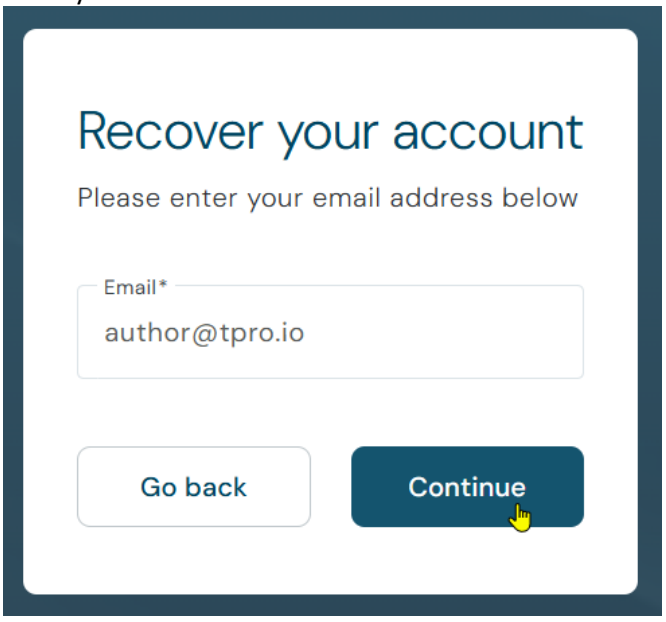
On the login page you have also the option to reset your password.
Requirements:

- T-Pro login (it does not work for SSO or Microsoft)
- Verified contact email or mobile number has been set up



Click to reset your password

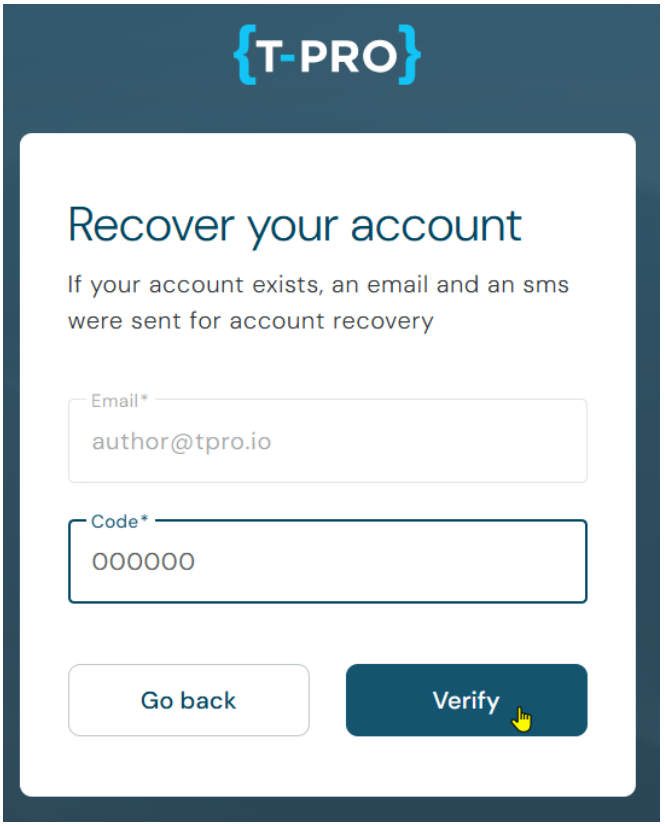
Enter your T-Pro user email address into the next screen:



Recover your account, step 1

Click on **Continue**.

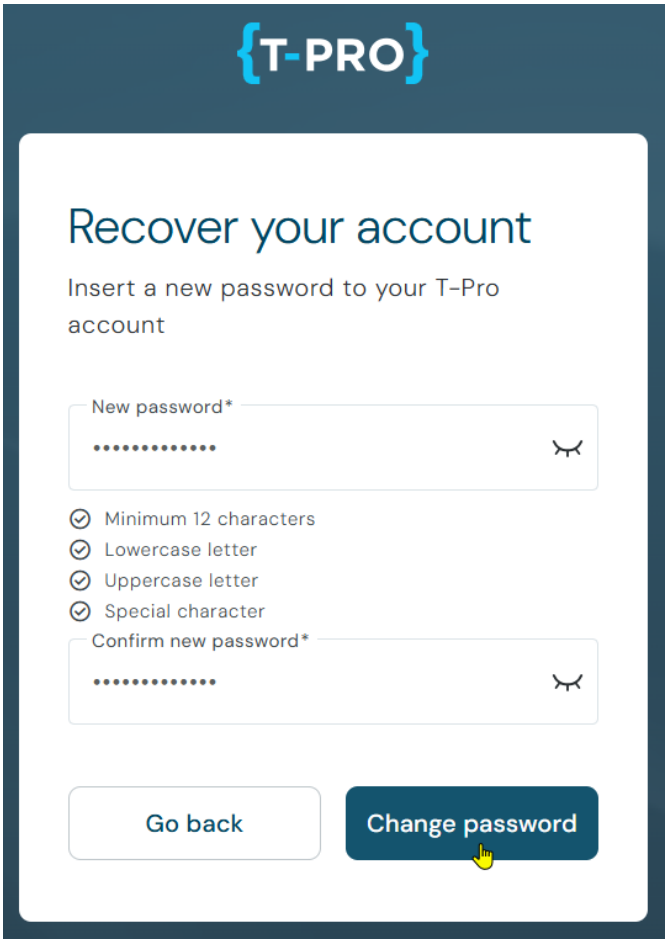
A verification code will be sent to your contact email or mobile number.



Recover your account, step 2

Enter the code into the field and click on **Verify**.

In the next screen you can enter a new password.



Recover your account, step 3

Confirm your new password in the lower field.
Pay attention to your organisation's password requirements.
Click on **Change password**.

⇨ This brings you back to the login screen where you can access your account with your user email address and the new password.

Home screen overview

The application opens on the Home screen.

On the navigation bar to the left you can access:

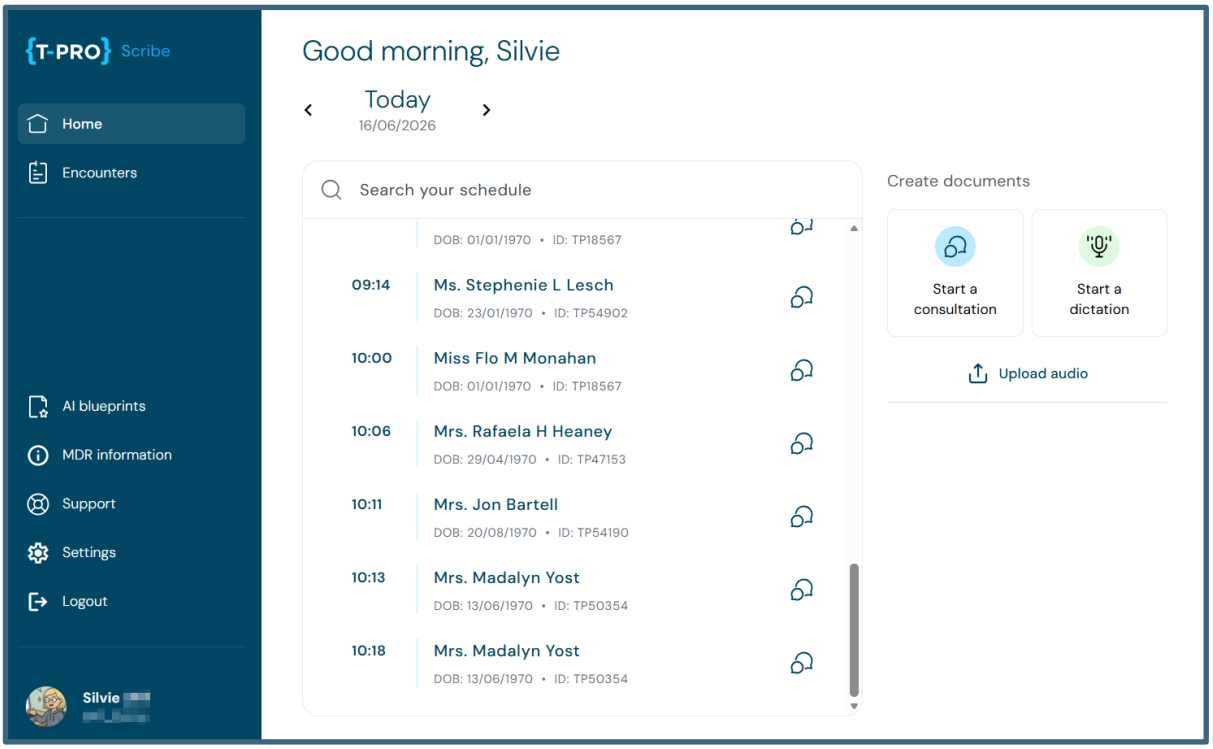
- Encounters
- AI blueprints
- MDR information
- Support
- Settings
- Logout

and go back to the Home screen

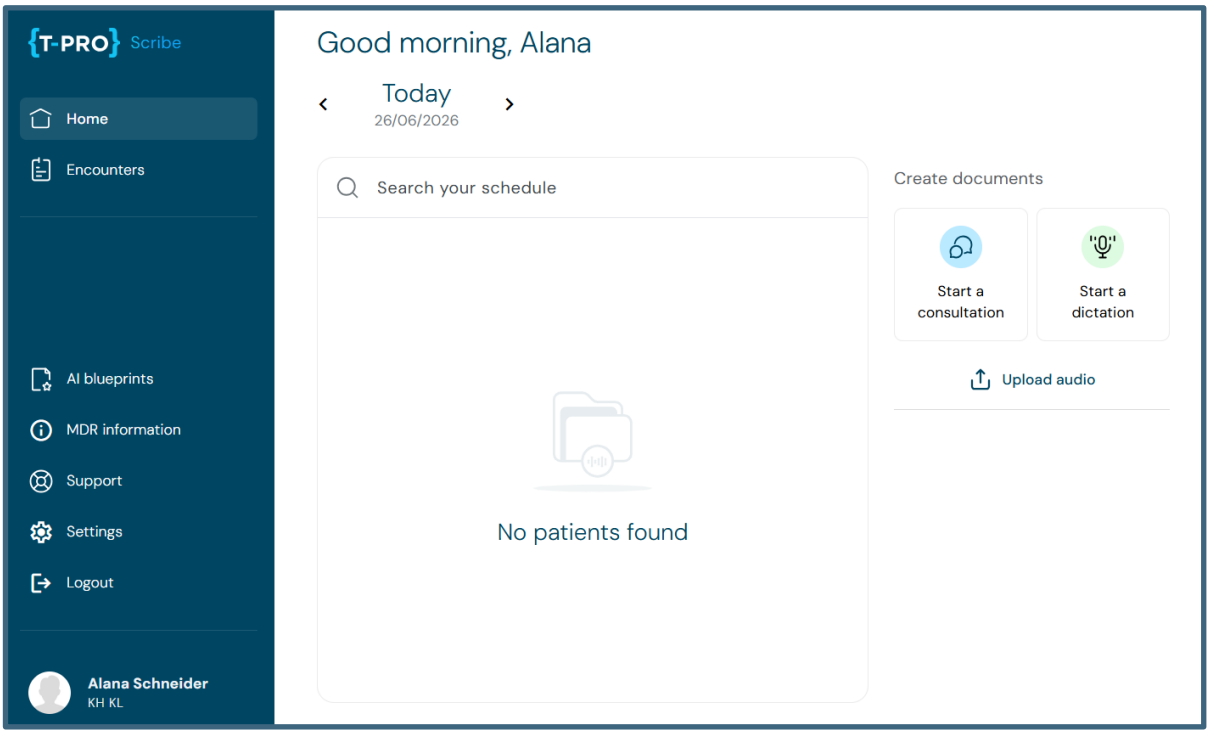
To the right you can start a Consultation, start a Dictation, or Upload an audio file to create your documents.

Patient schedule

You see all patients listed which are scheduled for a consultation on the day.

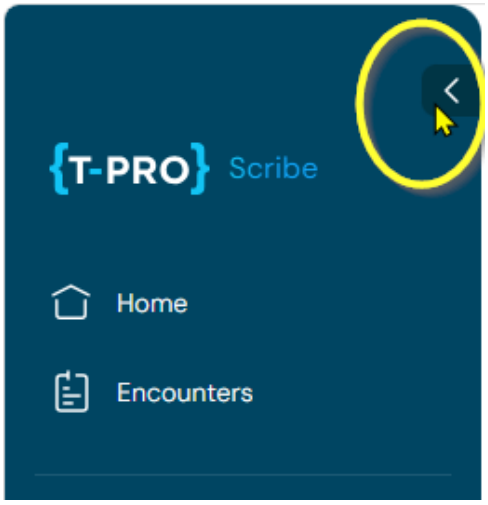


Home screen with patient integration

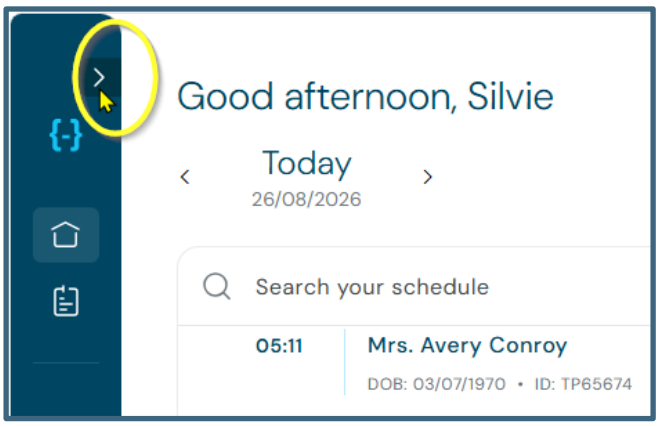


Home screen without integration (standalone version)

You have the option to minimise the navigation bar, just click on the bar to collapse and to expand the full menu again. You can use the arrows but anywhere on the blue background will do this action.



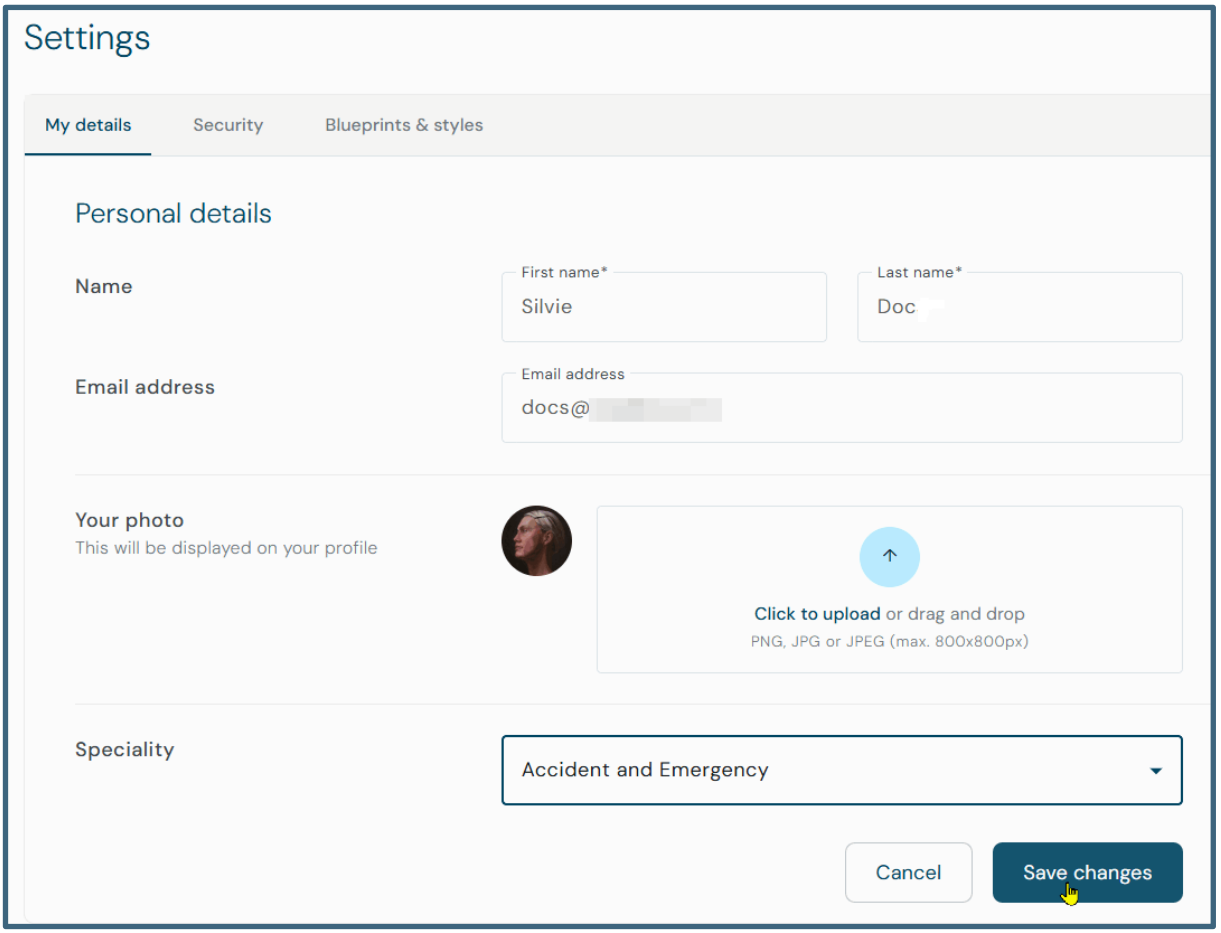
Click to minimise



Minimised navigation bar with icons

Settings

Before starting with a consultation or dictation we look at the settings.
Select **Settings** from the navigation bar to access your details, security options, as well as blueprints & sytles.



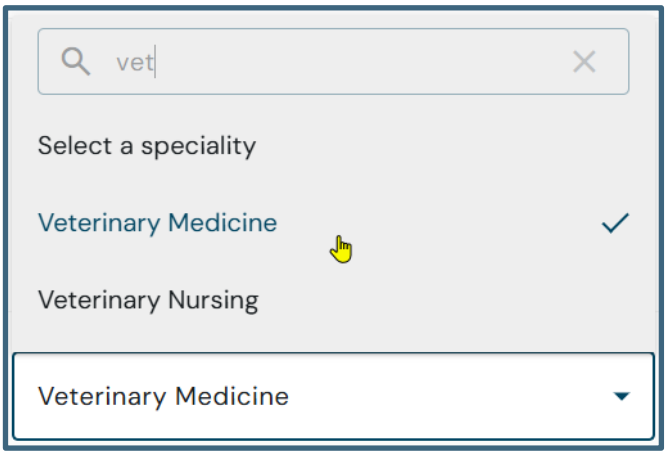
My details section under Settings

My details

This is where your name, work email address, and speciality are set up.
You can edit your first or last name and set or change your speciality.

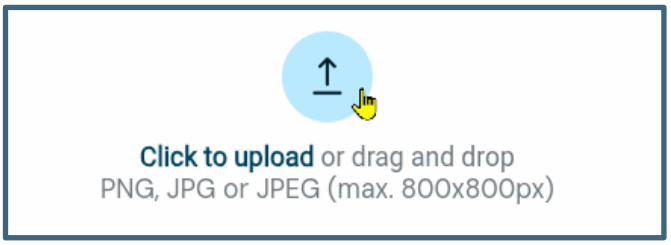
If you have skipped this step during the first time login process, select your speciality here.

⇨ Your speciality sets the AI focus on information relevant for this area.



Select from a broad range of specialities

You can also upload an image file to use as your profile picture.



Upload a profile picture for your account

Click on **Save changes** at the bottom to save the new settings.

Security

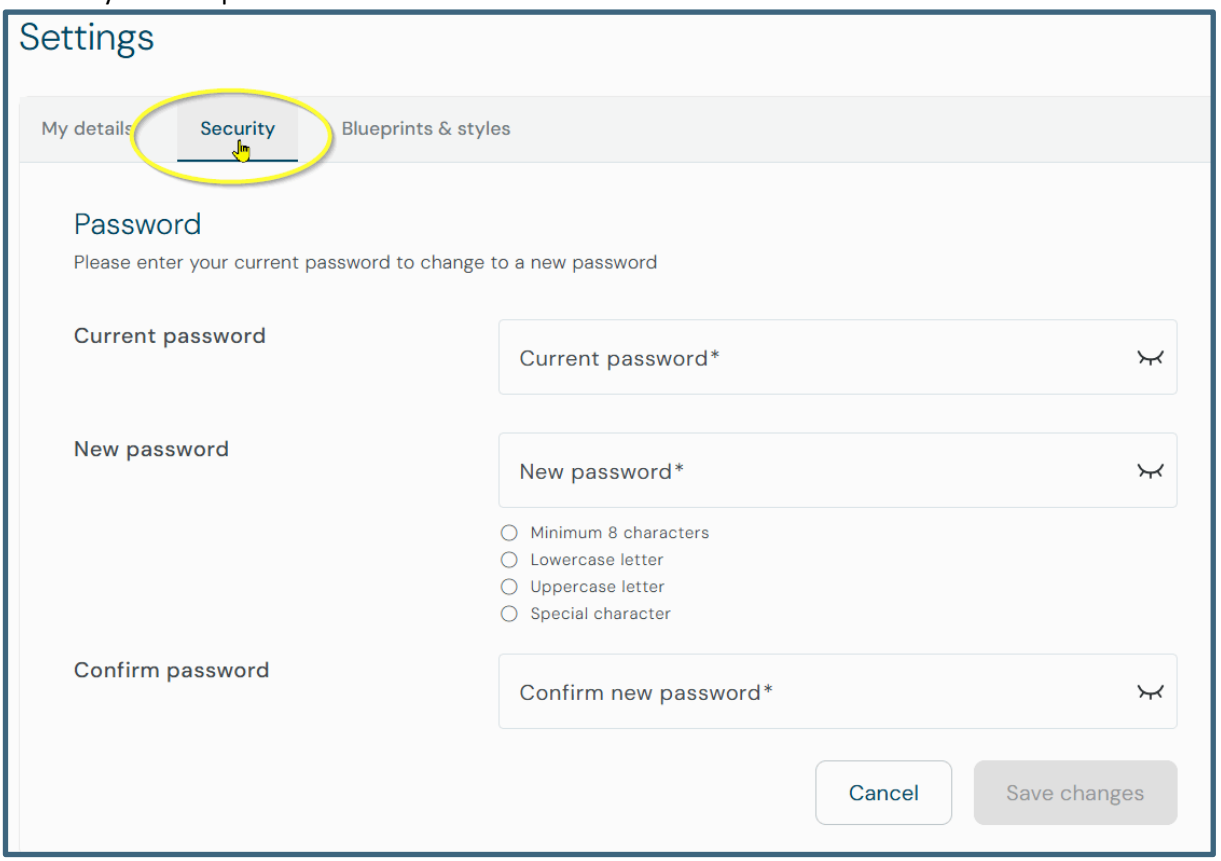
Move to the **Security** tab.

Password

At the top you have the option to change your password.

NOTE: This is only visible and working for users with a T-Pro login.

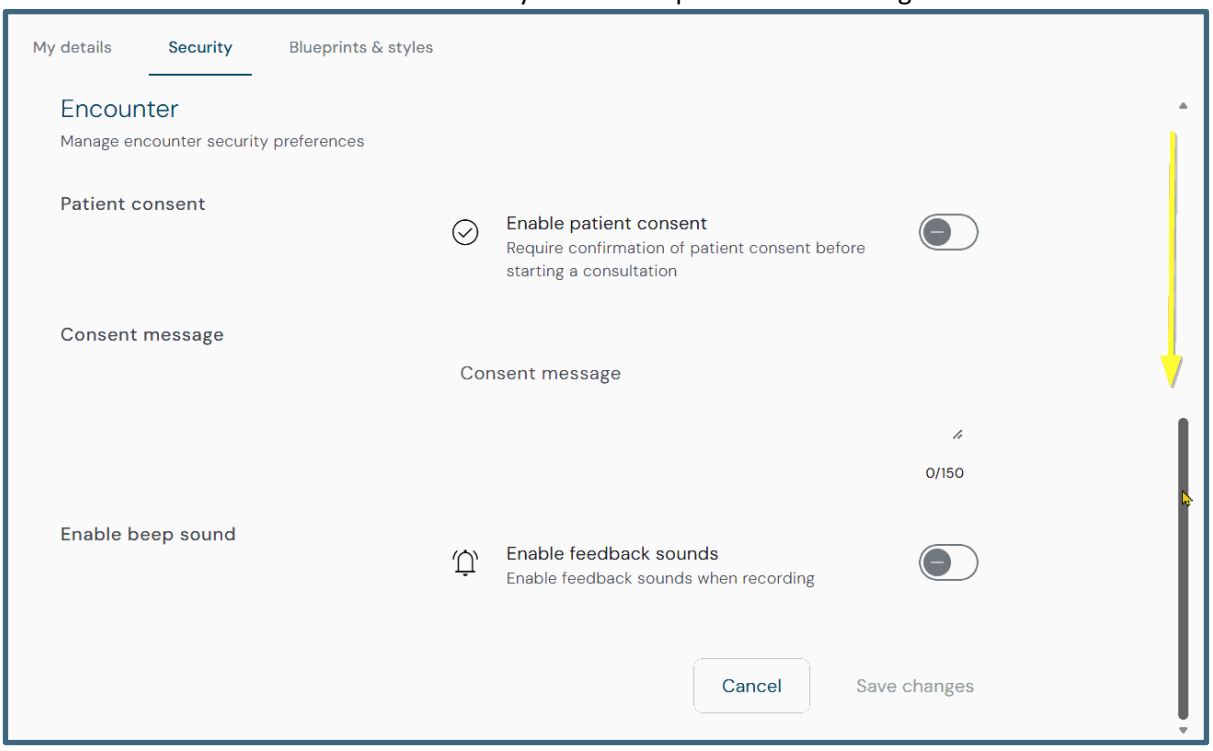
To do so you enter your current password in the first field and the new password in the next field.
The new password needs to meet the requirements listed below the field.
Confirm your new password.



Password section

In each field you can click on the eye icon to view your input.
When everything is right click on **Save changes**.

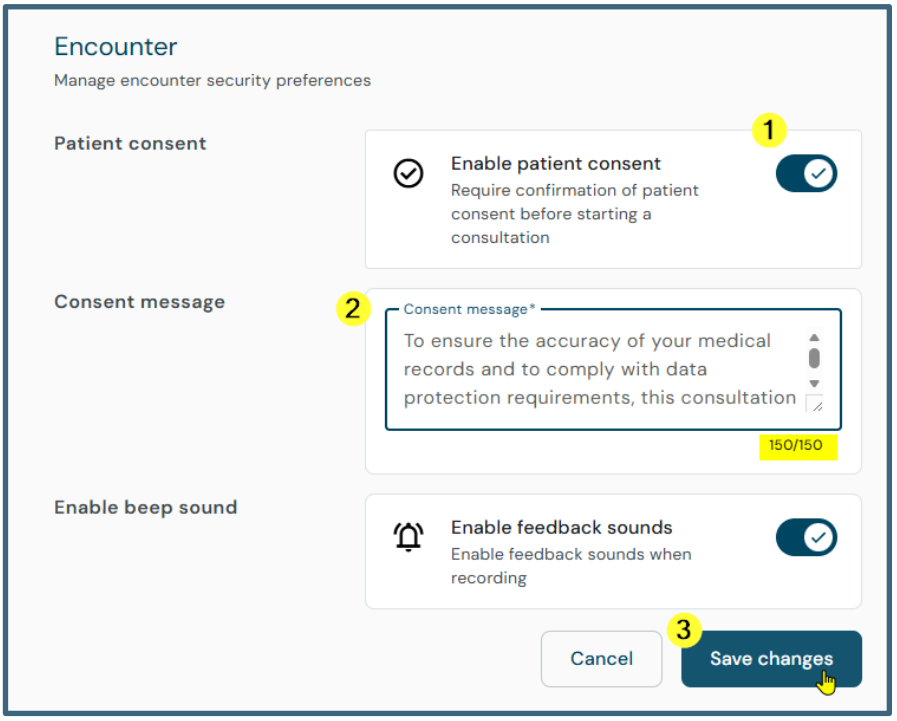
Scroll down to the Encounter section. Here you can set options for recordings.



Encounter section

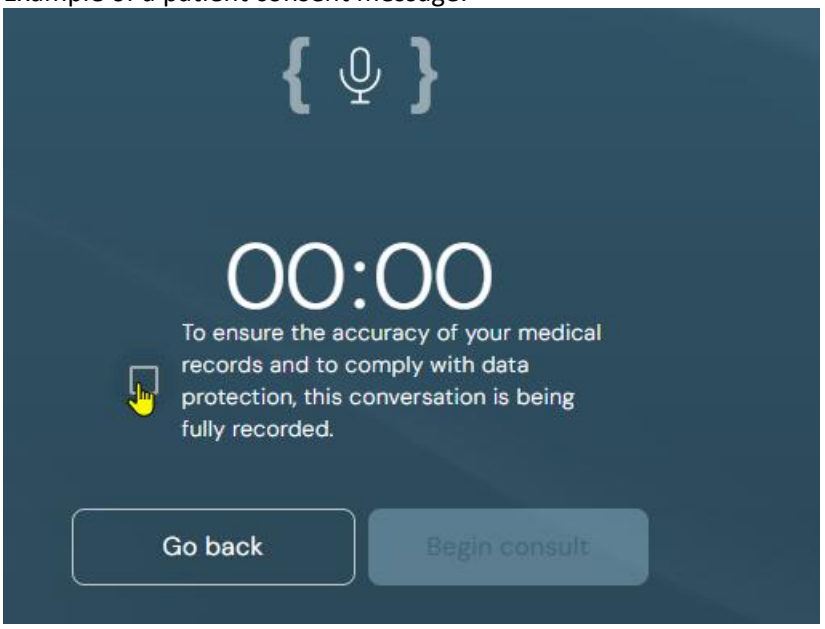
Patient consent

Use the slider to activate a consent message.
Once enabled (1) you need to add the message text (2) before you can save your changes (3).



Setup of a patient consent message

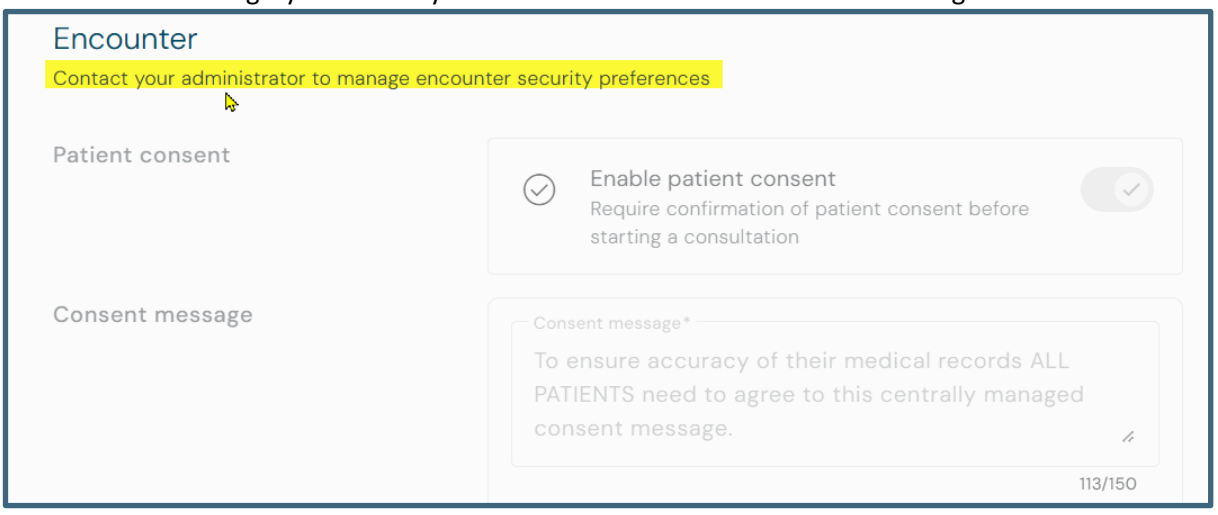
- The message text is restricted to a length of 150 characters.
- The message will be displayed at the start of each consultation. Display or read the consent message to the patient before starting the recording.
  Example of a patient consent message:



⇨ You can only start a Scribe consultation after getting the patient's consent and ticking the box to confirm this.

Centrally managed patient consent

Your organisation can enable to manage consent centrally, so all clinicians use the same approved message.
The option to set your own message is not available in this case.
The entire section is greyed out but you can still view the central consent message.

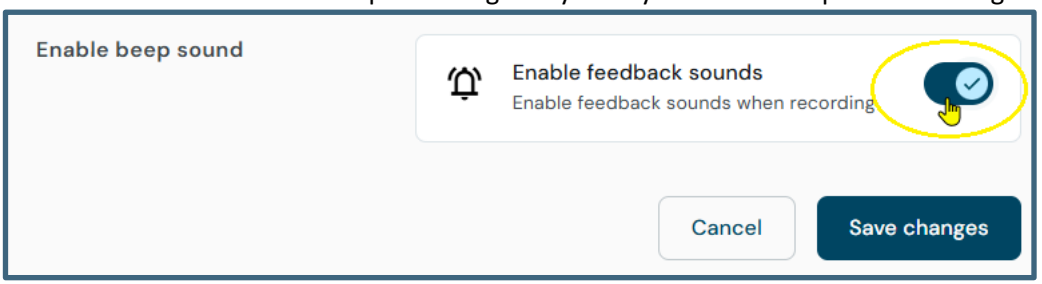


Centrally managed consent message

A centrally managed message shows before you begin a consultation in the same way as shown above.

Feedback sound

Use the slider to activate a beep sounding every time you start or stop the recording.



Enable feedback sound

Blueprints & styles

Move to the **Blueprints & styles** tab.
This is where you can access the various blueprints available to you. Further down on this tab you can set your default styles.

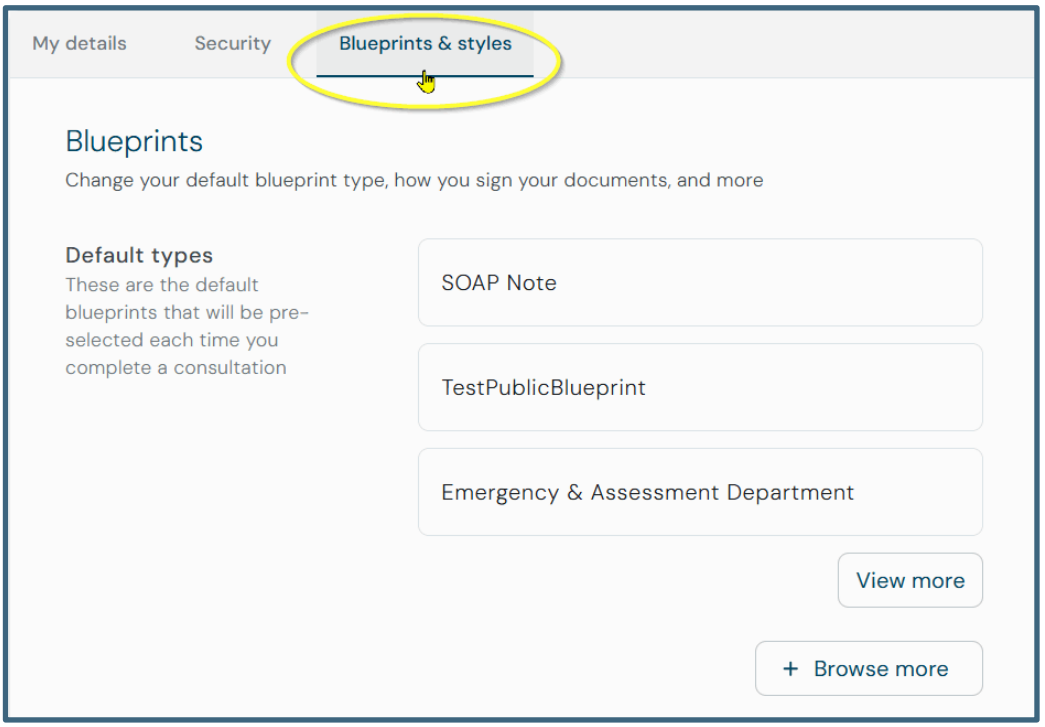
Blueprints

- Go here if you have skipped setting up your default blueprints during the first time login process.
- You can go here any time if you want to change your default blueprint(s).
- Blueprints are typically already set up and provided by our organisation or through T-Pro.
- Blueprints show on a label where they derive from: *Organisation* or *Personal*
- All blueprints can use various features, including quick text and merge fields which will be populated with data from the EHR, e.g. medical history, medications etc.

Default types

The blueprints listed here are pre-selected each time to generate your documents at the end of a consultation.

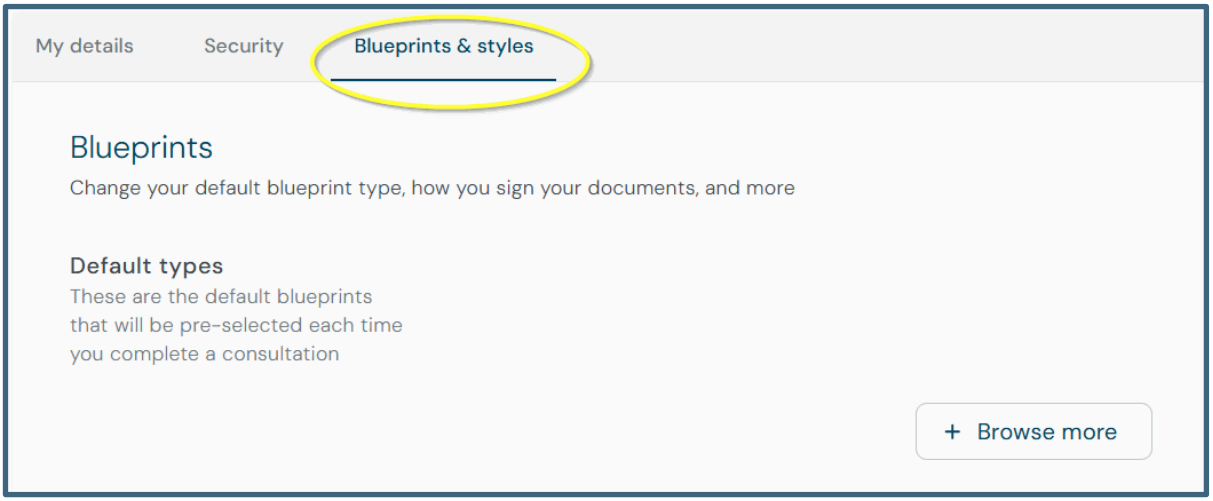
They will automatically be used for documents generation.
E.g. if you typically use a detailed SOAP note to document each consultation, you would add this blueprint to your default types.



Up to three default blueprint types are listed

- You can have more than one default blueprint.
- If you have more than three blueprints set up as default, the button **View more** appears. Click on it to view all your default blueprints.

If you do not select any defaults you will need to select each blueprint manually after every consultation.
See how this can be done in the Document generation section.

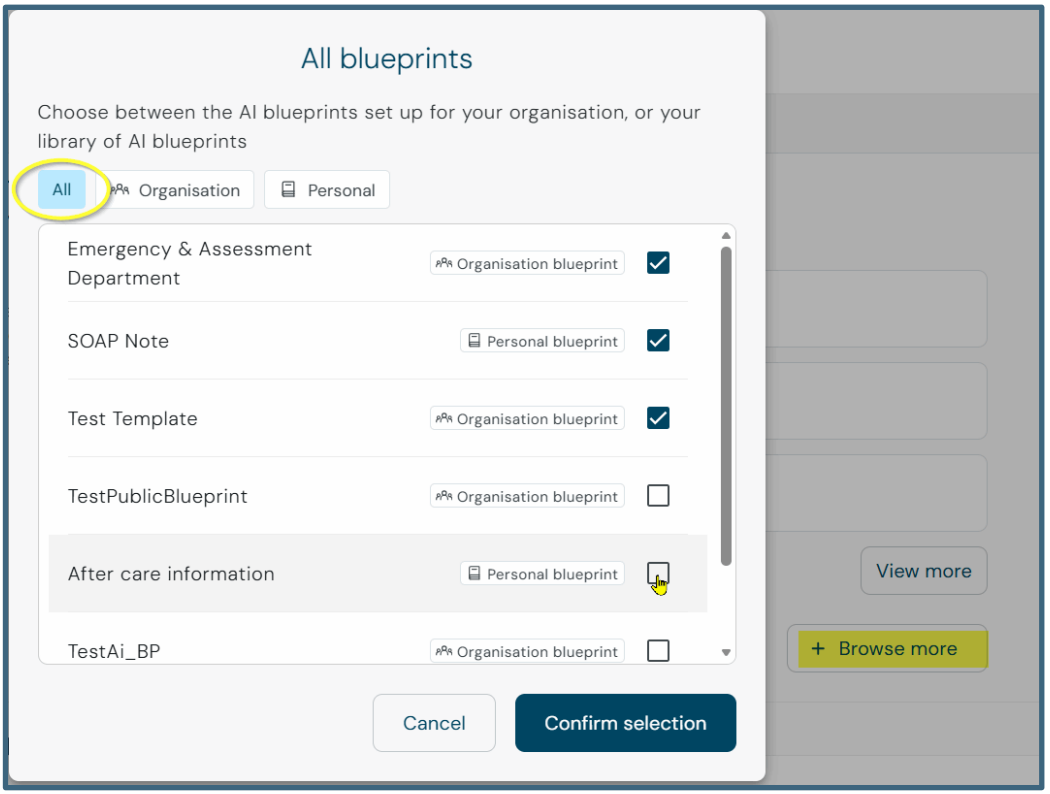


No default blueprints set

Change your default blueprint(s)

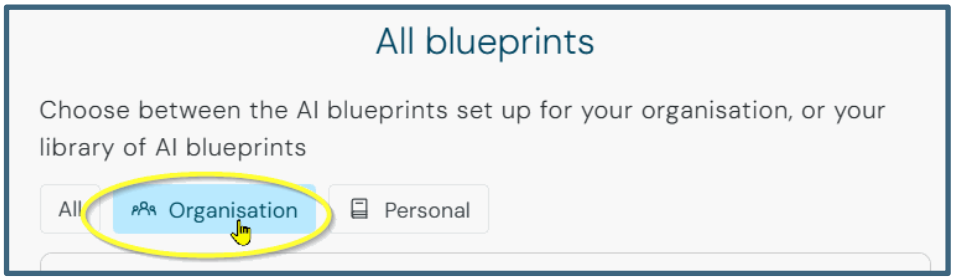
Use the button **+ Browse more** to open the blueprint selection screen.

By default, *All* blueprints available to you are displayed. Each blueprint is labelled as organisational or personal.
Your default blueprint(s) are already selected.



Add more blueprints to your defaults

- To remove a default blueprint, untick its selection box.
- You can select additional blueprints as your default, just tick the relevant box.
- If you only want to see the **Organisation** blueprints, click on the option at the top.
  Or select **Personal** to only view your own blueprints.



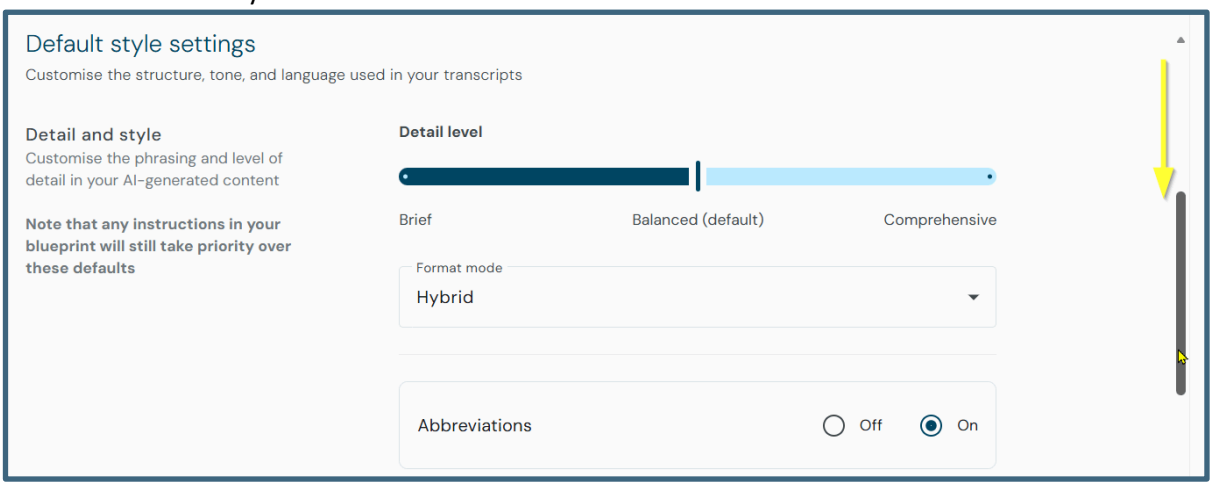
Click on **Confirm selection** to save your choice.

Your own personal blueprints can be created in the AI blueprints section on the navigation bar.

- See below for how AI blueprints work.
- If you are an advanced user and you have previously created your own customised blueprints, you can find them now listed under AI blueprints.

Styles

Scroll down to the Styles section.



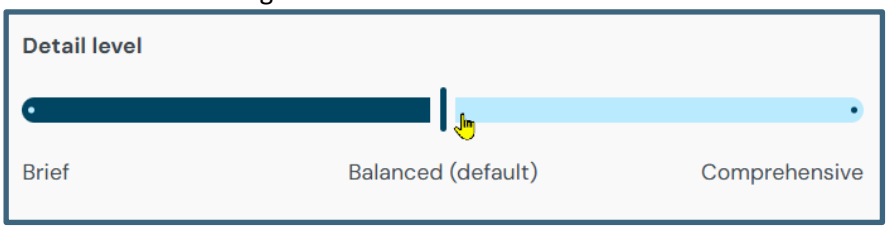
Set the default styles for your documents

This is where you can personalise the style and tone for your documents.

- The clinical content of your consultation remains unchanged.
- Style settings never add, strengthen, or infer clinical information beyond what's actually in the consultation.
- It never overrides blueprint instructions: information requested by a blueprint placeholder is always included.

The **Detail level** is primary style control. It sets how much Scribe compresses the information captured during the encounter.

Use the slider to change the detail level.



Set the level of details for your documents

Brief - For high-volume or low-complexity encounters. The output focuses on findings, decisions and plans. Supporting context may be omitted, such as symptom duration, minor negative findings or examination technique. Blueprint requirements are still met.

Balanced (default) - For routine clinical documentation. All clinically important information is retained: presenting complaint, relevant positive and negative findings, diagnoses, plans, medications, doses and safety-netting. Less important conversation is condensed into concise clinical wording. Scribe adds no explanations or reasoning that were not stated.

Comprehensive - For medico-legal, safeguarding, audit or teaching scenarios, where preserving everything said matters. Full clinical context, supporting detail, conversational context and patient wording are retained. Content is not intentionally compressed or summarised.

The **Format mode** controls how information is presented within the document, within the structure your blueprint defines.



Change via the dropdown menu

The options are:

Structured - primarily lists, bullets and short structured entries, while still respecting the underlying blueprint structure.

Hybrid (default) - Scribe chooses between prose and structured content depending on the section; for example, examination findings may be presented as concise structured information while history or discussion is written in prose.

Prose - continuous narrative wording throughout the document, where the blueprint allows it.

Abbreviations control whether standard, permitted clinical abbreviations are used.

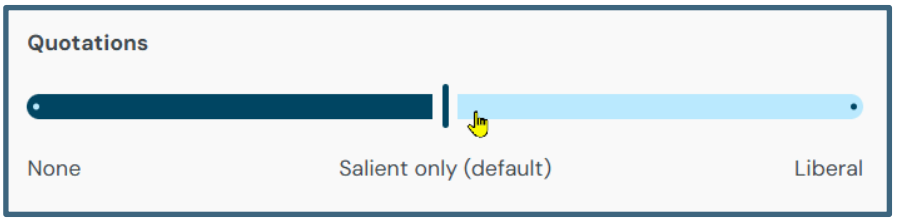


Toggle on or off

Off - clinical terms are generally written in full; abbreviations are used rarely.

On (default) - standard abbreviations are used for commonly abbreviated clinical terms. This still operates within Scribe's abbreviation safety rules, so turning Abbreviations on doesn't permit unsafe or prohibited abbreviations.

Quotations control whether direct patient wording is retained as quotations.



Set the quotation usage

The options are:

None - no direct patient quotations are used.

Salient only (default) - a direct quote is used only when the patient's exact words carry clinical significance.

Liberal - patient wording is quoted more freely, where it contributes useful clinical meaning.

Empty sections control what happens when a blueprint section has no relevant content - but only where the blueprint itself doesn't already contain an explicit instruction about whether that section should be included or omitted. Remember, a blueprint-specific instruction always takes precedence.

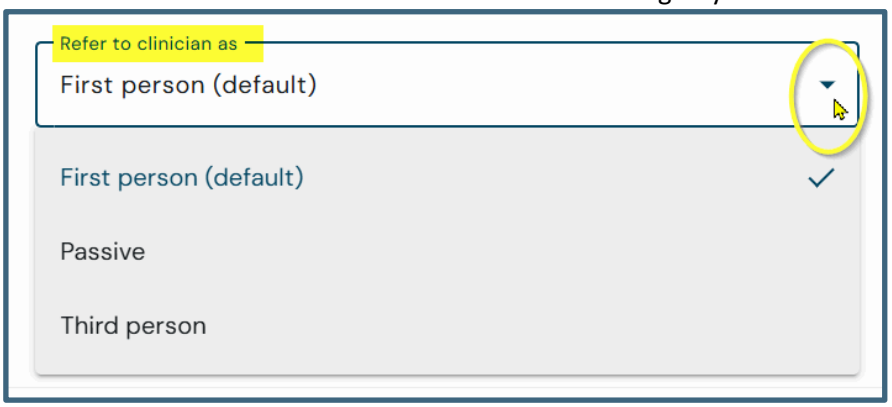


Default selection

Leave blank (default) - keeps the section heading but leaves the content empty.

Omit - removes the empty section and its heading from the generated document.

Refer to clinician controls the voice used when referring to you as the clinician.



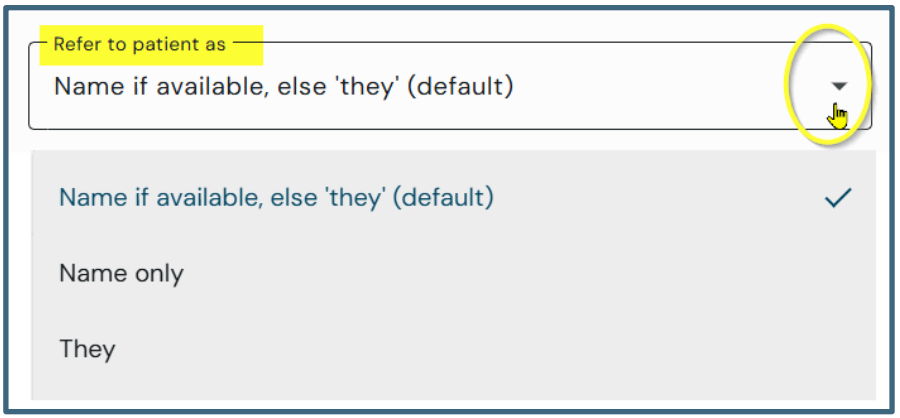
Change via the dropdown menu

First person (default) - first-person phrasing throughout, e.g. "I examined the abdomen and discussed the findings with the patient."

Passive - subject-less, action-focused language throughout, e.g. "The abdomen was examined."

Third person - refers to the clinician by name, e.g. "Dr Smith examined the abdomen."

Refer to patient controls how the patient is referred to in your generated documents.



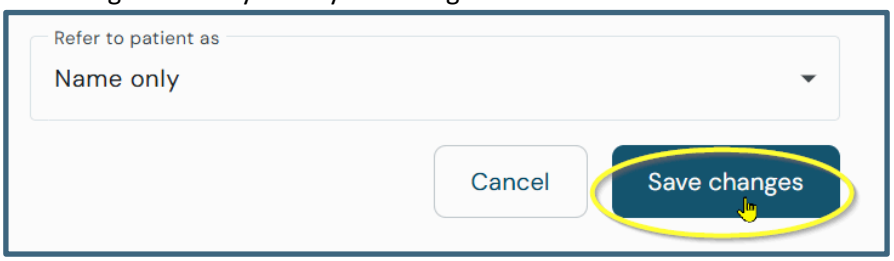
Change via the dropdown menu

Name if available, else 'they' (default) - uses the patient's name where available, and they/them where it isn't available or suitable in context.

Name only - always refers to the patient by name; no pronouns are used.

They - always uses they/them. Scribe doesn't infer gendered pronouns.

Don’t forget to always safe your changes.



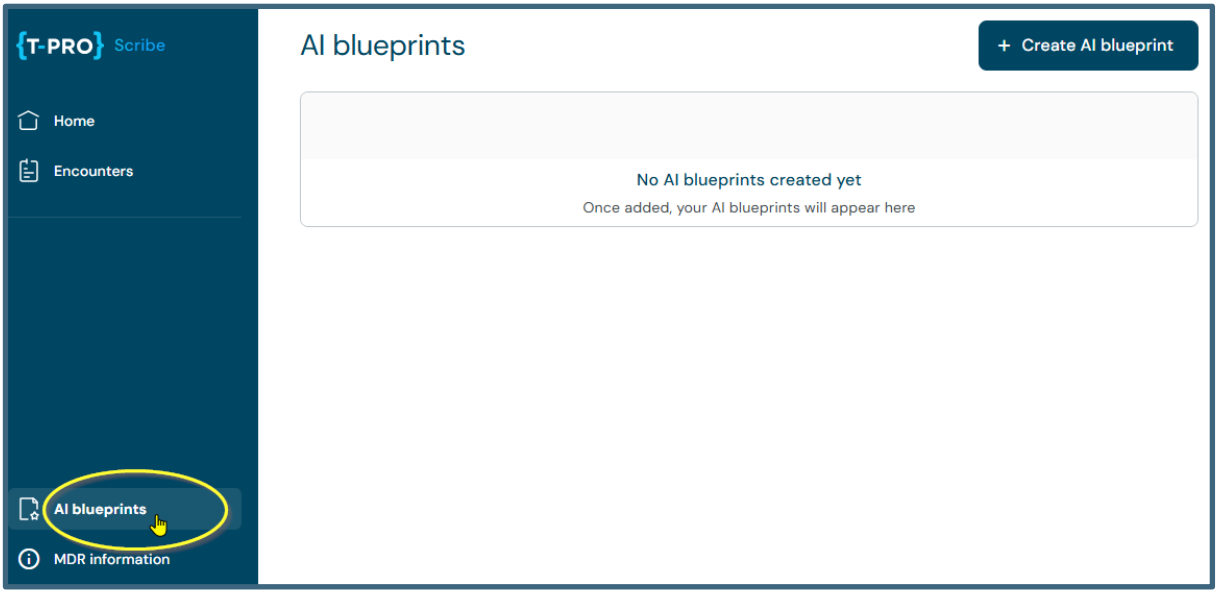
Click the button to save your settings

AI blueprints (optional)

An AI Blueprint is a customised medical note template that guides the clinical documentation generated by Scribe to match your preferred structure and style.

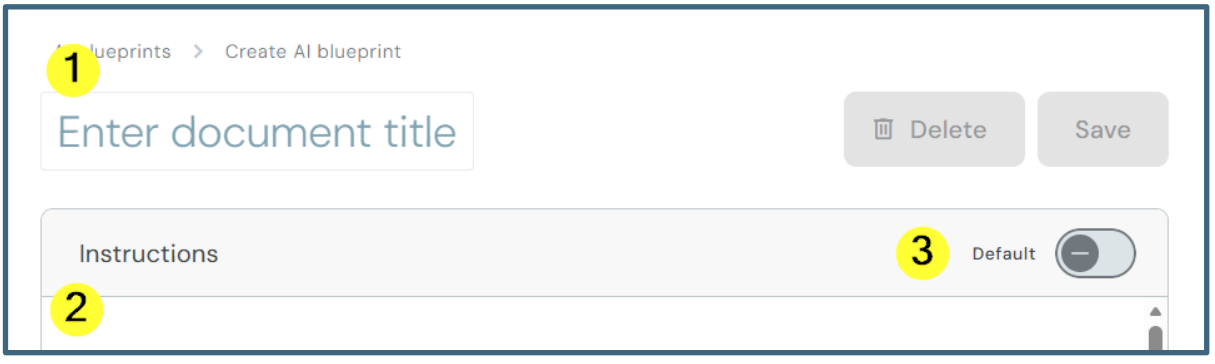
NOTE: By default, this option is available but it can be disabled by your organisation. You then do not see **AI blueprints** on the navigation bar.

Click on **AI blueprints**. All AI blueprints you create will be listed in this area.



Select AI blueprints from the navigation bar

Click on **+ Create AI blueprint** to get started.
The next screen provides you with an empty section for your blueprint instructions.



Empty blueprint

1. Give your document a unique title; a minimum of 3 characters is required.
2. Write or paste your entire prompt in the Instructions section.
3. Use the slider to set the blueprint as a default for document creation. (You can do so any time later too.)

Your instructions should include the following:

- your **preferred writing style**- concise, detailed, formal, bullet points, narrative, etc;

- **Formatting rules** - headings, capitalisation, dates, measurements, medication format;
- **Content exclusions** - avoid assumptions, avoid sensitive details, exclude small talk/non-clinical content.
- **Specialty-specific requirements** - GP, radiology, mental health, physiotherapy, surgery, etc.
- **Output preferences** - structured paragraphs, bullet lists, EMR-ready format, referral-ready wording.

Include content in your instructions

Your instructions can contain content such as verbatim text or placeholders.

Verbatim text - pre-set text that remains unchanged when the blueprint is applied. It will be included word-for-word in the output and is ideal for content that should stays consistent across all documents. Verbatim text should be wrapped in **"quotation marks"** (e.g. "Please assess and manage this patient as clinically appropriate.").

Placeholders - a placeholder denotes the location of medical information that should be displayed. This information might be from the transcript, from the EHR context, or can be added after the document is generated. Placeholders should be wrapped in **[**square brackets**]** (e.g. [Patient Name], [Insert current medications]).

Example of a SOAP note blueprint:

```
[Patient Name]
"Patient reviewed today in clinic for evaluation and ongoing care."

Subjective:
- [Mention reasons for visit, chief complaints such as requests, symptoms
etc] (only include if explicitly mentioned in the transcript, contextual
notes or clinical note, otherwise leave blank)
- [Mention Duration/timing/location/quality/severity/context of complaint]
(only include if explicitly mentioned in the transcript, contextual notes
or clinical note, otherwise leave blank)
- [Mention List anything that worsens or alleviates the symptoms, including
self-treatment attempts and their effectiveness] (only include if
explicitly mentioned in the transcript, contextual notes or clinical note,
otherwise leave blank)
- [Progression: Mention describe how the symptoms have changed or evolved
over time] (only include if explicitly mentioned in the transcript,
contextual notes or clinical note, otherwise leave blank)
- [Previous episodes: Mention detail any past occurrences of similar
symptoms, including when they occurred, how they were managed, and the
outcomes] (only include if explicitly mentioned in the transcript,
contextual notes or clinical note, otherwise leave blank)
- [Mention Impact on daily activities: explain how the symptoms affect the
patient's daily life, work, and activities.] (only include if explicitly
mentioned in the transcript, contextual notes or clinical note, otherwise
leave blank)
- [Associated symptoms: Mention any other symptoms (focal and systemic)
that accompany the reasons for visit & chief complaints] (only include if
explicitly mentioned in the transcript, contextual notes or clinical note,
otherwise leave blank)

Past Medical History:
```

```
• [Mention Contributing factors including past medical and surgical
history, investigations, treatments, relevant to the reasons for visit and
chief complaints]
• [Mention Social history that may be relevant to the reasons for visit and
chief complaints.] (only include if explicitly mentioned in the transcript,
contextual notes or clinical note, otherwise leave blank)
• [Mention Family history that may be relevant to the reasons for visit and
chief complaints.] (only include if explicitly mentioned in the transcript,
contextual notes or clinical note, otherwise leave blank)

Objective:
- [Vitals signs (only include if explicitly mentioned in the transcript,
contextual notes or clinical note, otherwise leave blank)]
- [Physical or mental state examination findings, including system specific
examination(s) (only include if explicitly mentioned in the transcript,
contextual notes or clinical note, otherwise leave blank)]
- [Investigations with results] (you must only include completed
investigations and the results of these investigations have been explicitly
mentioned in the transcript, contextual notes or clinical note, otherwise
you must leave investigations with results blank. All planned or ordered
investigations must not be included under Objective; instead all planned or
ordered investigations must be included under Plan.)

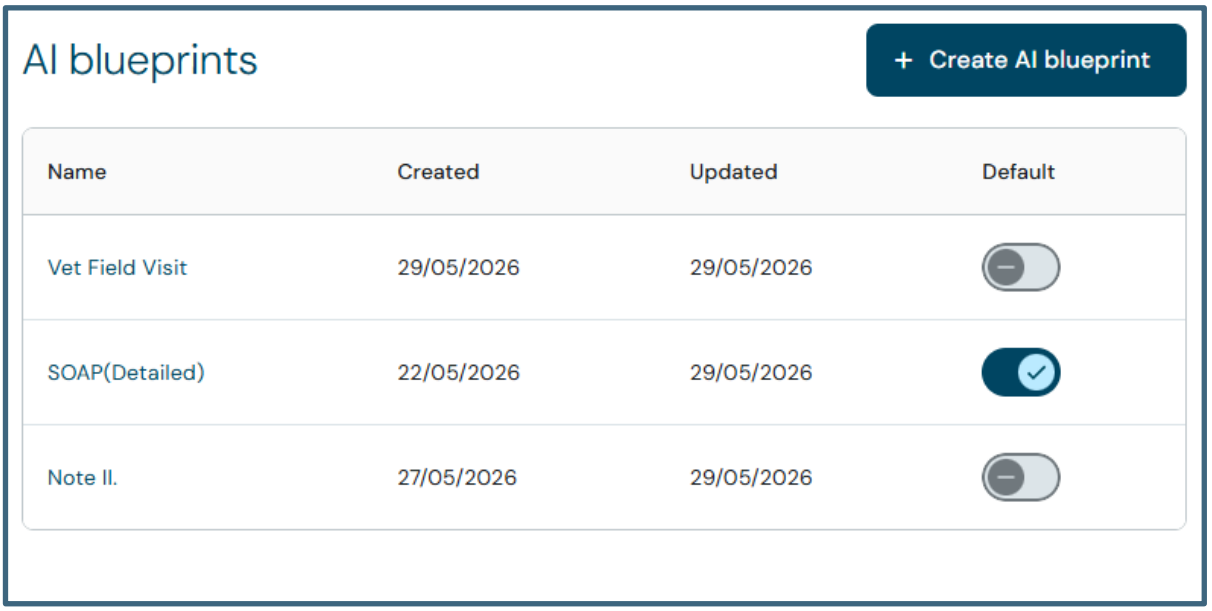
Assessment:
- [Likely diagnosis (only include if explicitly mentioned in the
transcript, contextual notes or clinical note, otherwise leave blank)]
- [Differential diagnosis (only include if explicitly mentioned in the
transcript, contextual notes or clinical note, otherwise leave blank)]

Plan:
=> [Investigations planned (only include if explicitly mentioned in the
transcript, contextual notes or clinical note, otherwise leave blank)]
=> [Treatment planned (only include if explicitly mentioned in the
transcript, contextual notes or clinical note, otherwise leave blank)]
=> [Relevant other actions such as counselling, referrals etc (only include
if explicitly mentioned in the transcript, contextual notes or clinical
note, otherwise leave blank)]

(Never come up with your own patient details, assessment, plan,
interventions, evaluation, and plan for continuing care - use only the
transcript, contextual notes or clinical note as a reference for the
information included in your note.)
```

Once all details are included in your instructions **Save** the blueprint.

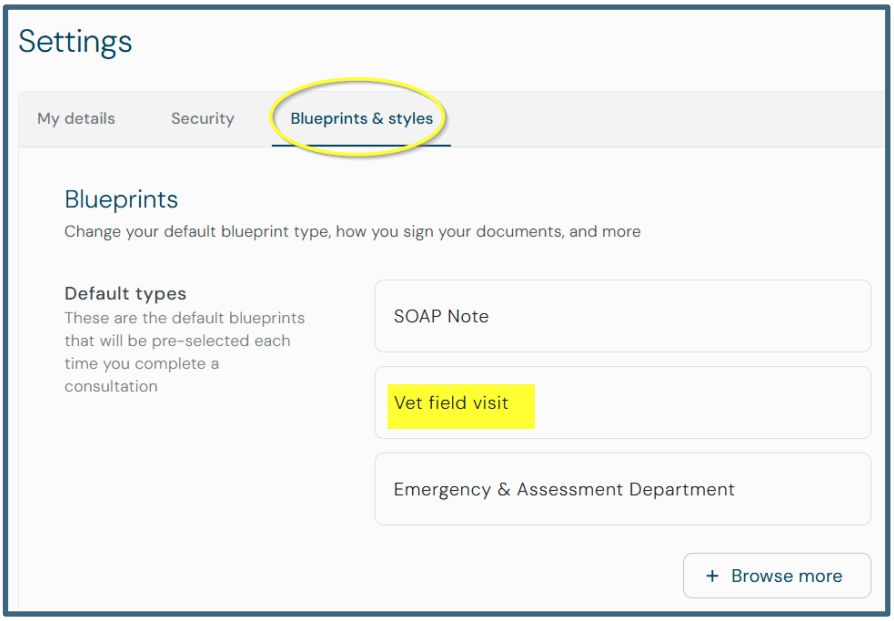
⇨ It will be listed on the AI blueprints starting page with the newest blueprint showing at the top.



Example displaying three blueprints

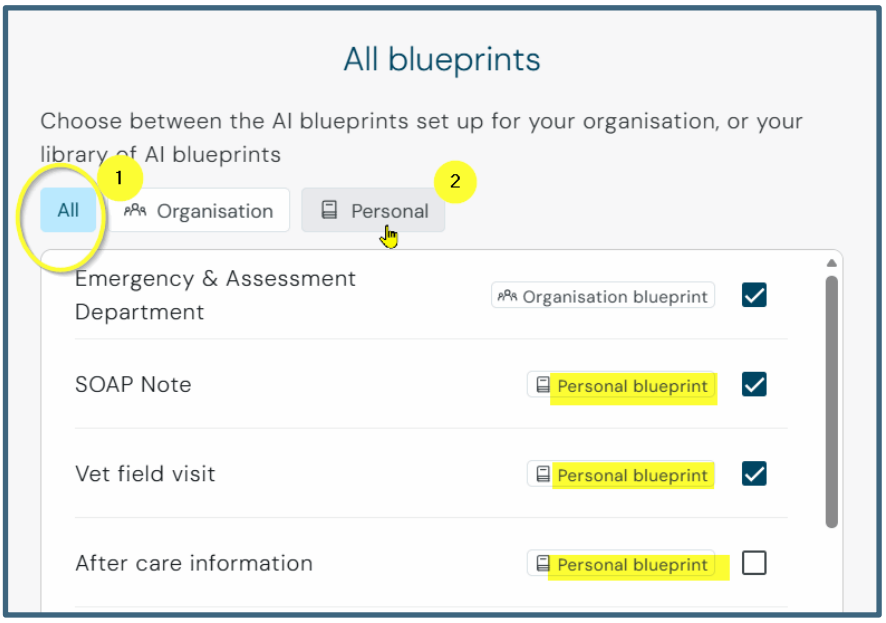
Use the slider to set your blueprint as a default document.

Back in *Settings*, a blueprint set as default will be added to your default blueprint types.



Blueprint has been added to your default document types

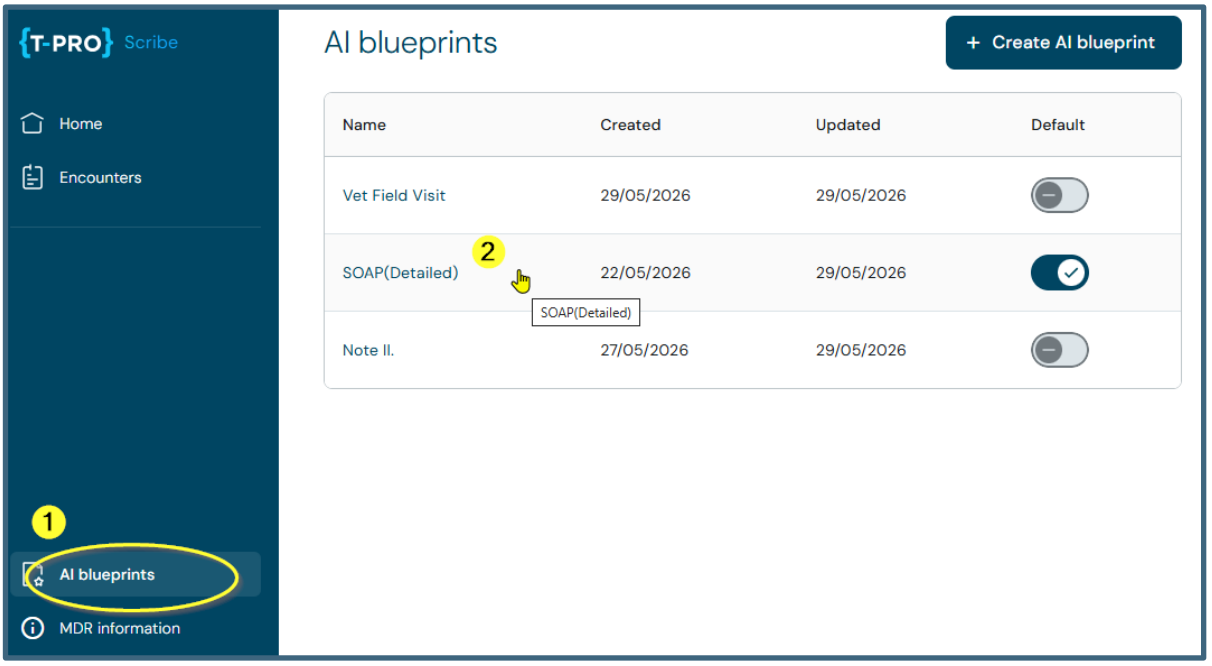
All blueprints you create will be included in the blueprint selection screen (click on **+Browse more**) under *All* (1) or listed separately under *Personal* (2).



Access your blueprints for selection

Edit your blueprints

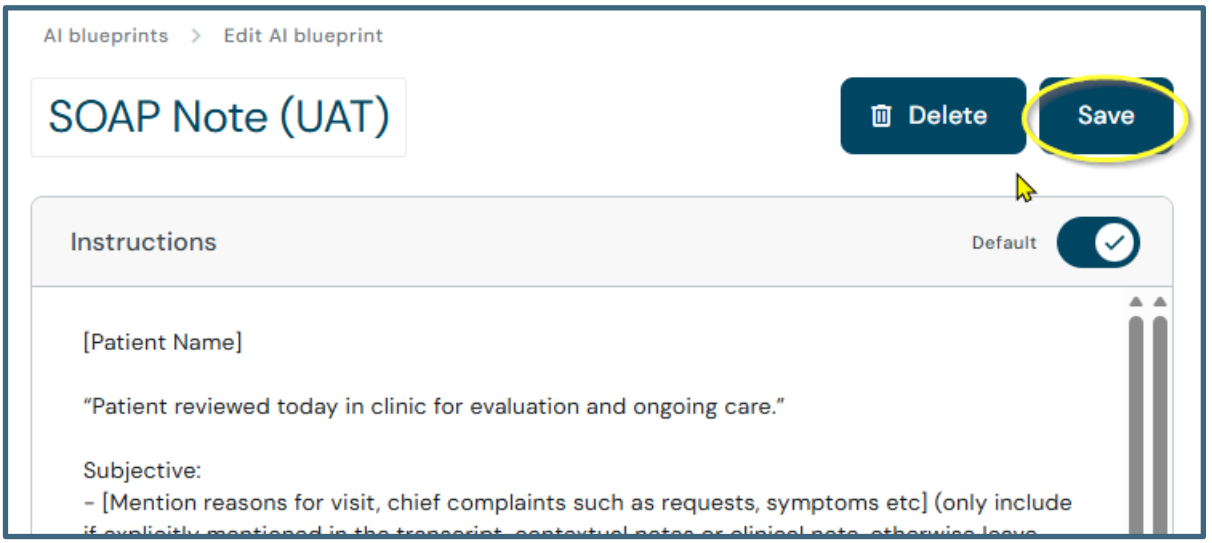
Blueprints can be edited at any time.



Open a blueprint for editing

1. Go back to the *AI blueprints* section
2. Click on the relevant blueprint to open it

Change or add instructions to your blueprint and **Save**.



Edit an existing blueprint

Delete a blueprint

You can also **Delete** the entire blueprint.
You need to confirm deletion.

Consultation with ambient recording

From the **Home** screen you have various options to start a consultation:

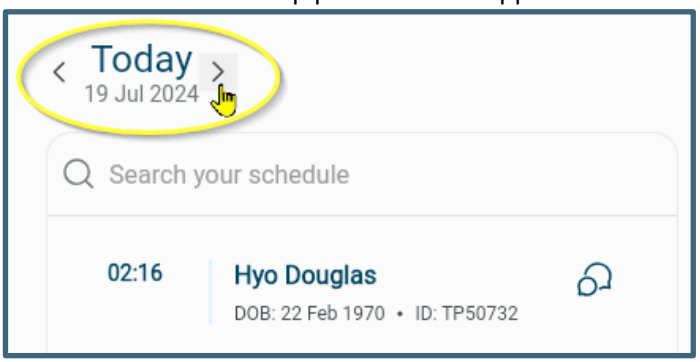
- Via the clinic schedule
- Via the consultation button
- Including a visit
- Adding patient data manually
- Without patient data

Schedule overview

The schedule consists of the planned visits of the day displaying the patients' data. It derives from your organisation's EPR system.

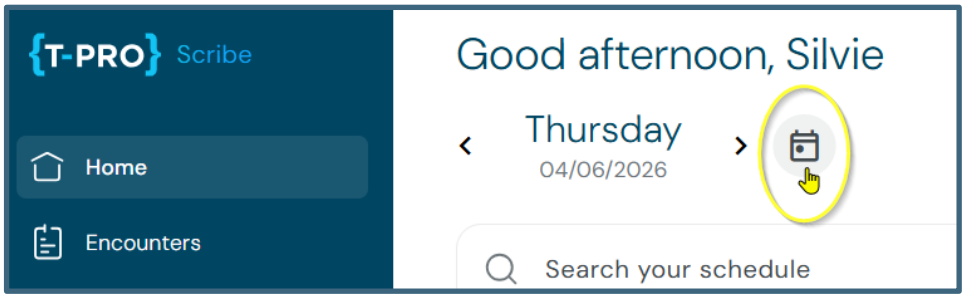
- By default, your schedule displays the visits of the current day and time.

Use the arrows to look up past or future appointments.



Navigate the clinic schedule

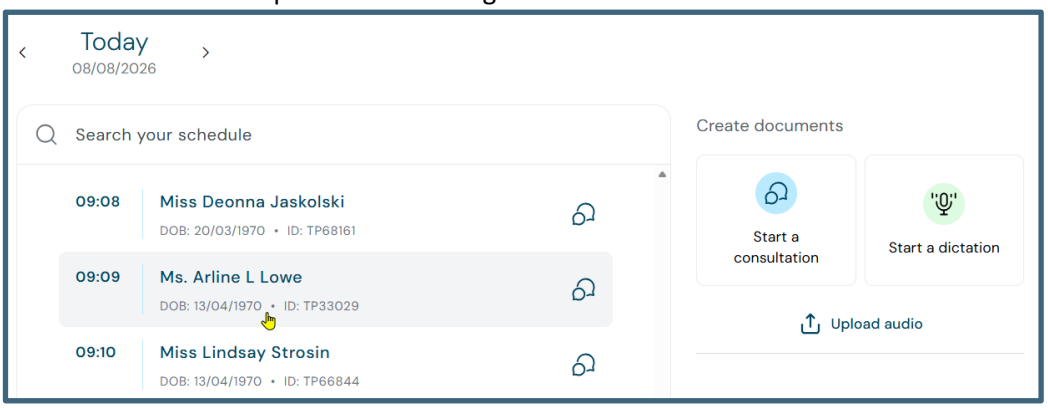
- If you move to a different day, you will see a calendar icon.
- A click on the calendar icon brings you back to the current date (Today).



- You can also search the schedule for a patient by name, ID, or date of birth

Start with the schedule

Click on the scheduled patient visit to begin the consultation.

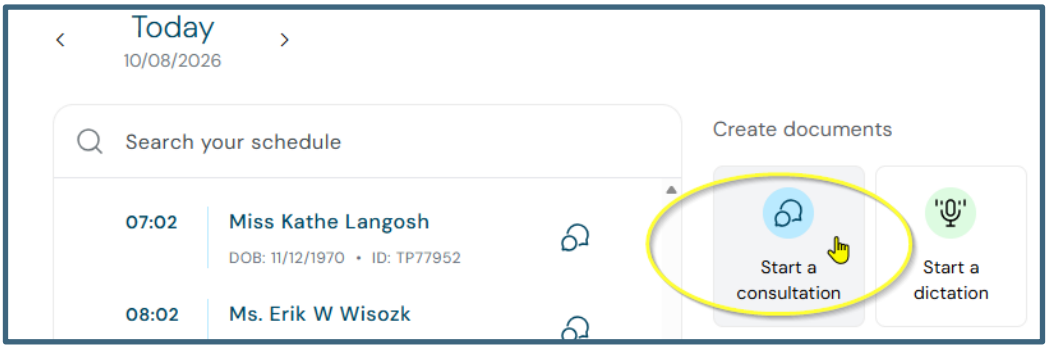


Click on the patient entry

⇨ The recording screen opens right away. This is the fastest way to begin a consultation.

Start with the consultation button

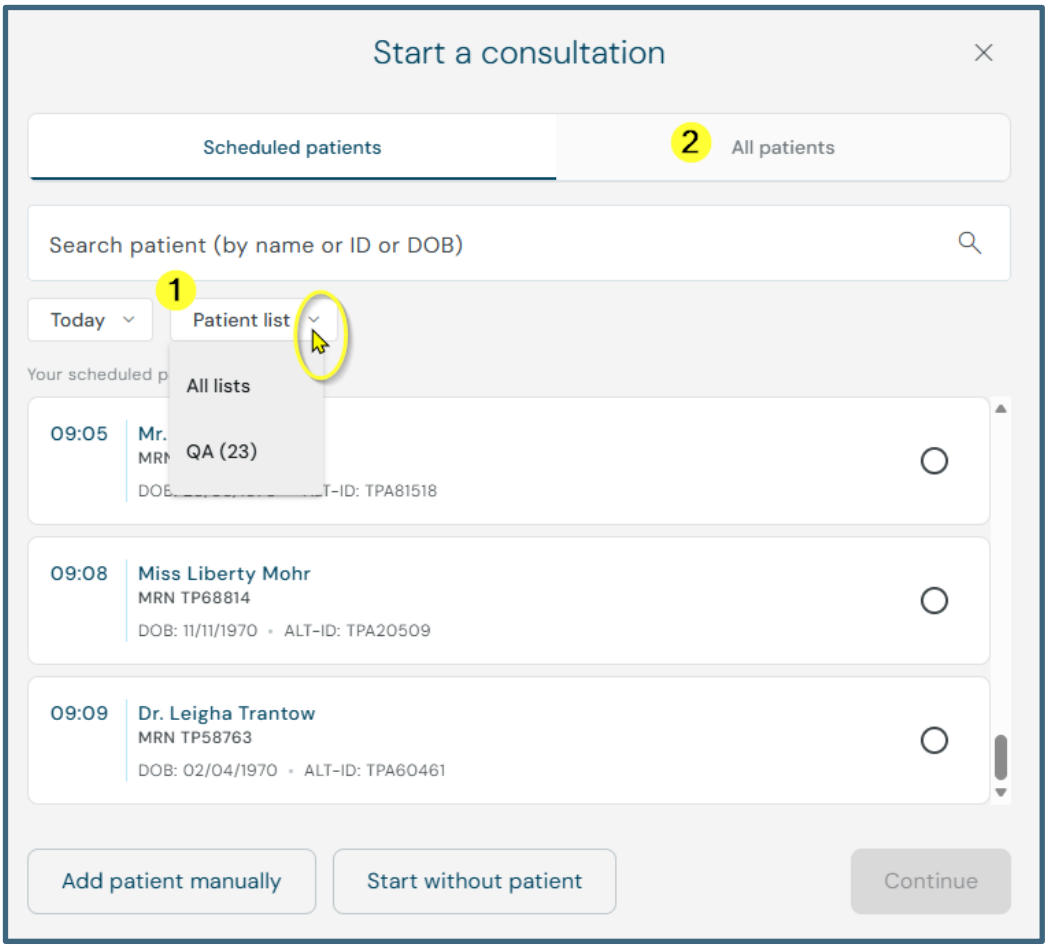
Select **Start a consultation** if the patient is not in your schedule.



Click on Start a consultation

Visit selection

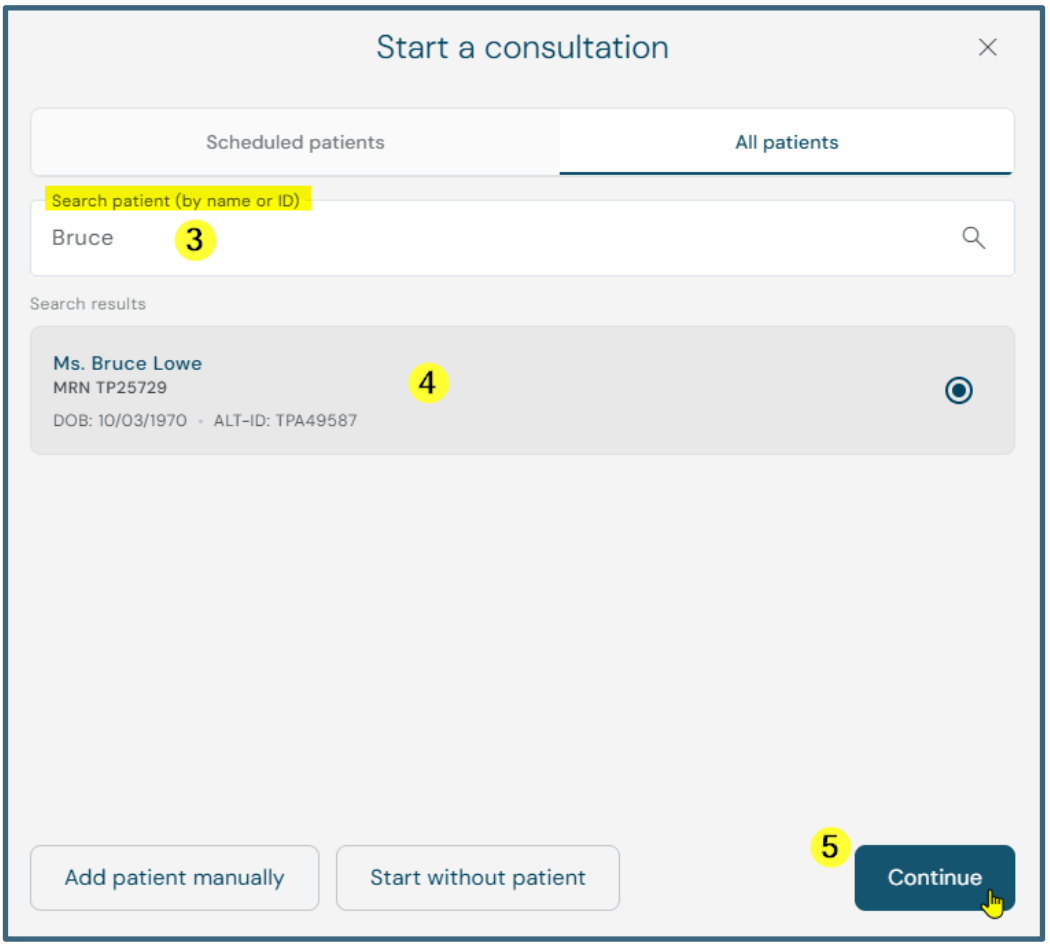
The patient schedule is displayed again but you have additional options in this screen:



Extended patient selection

1 – Select a different patient list

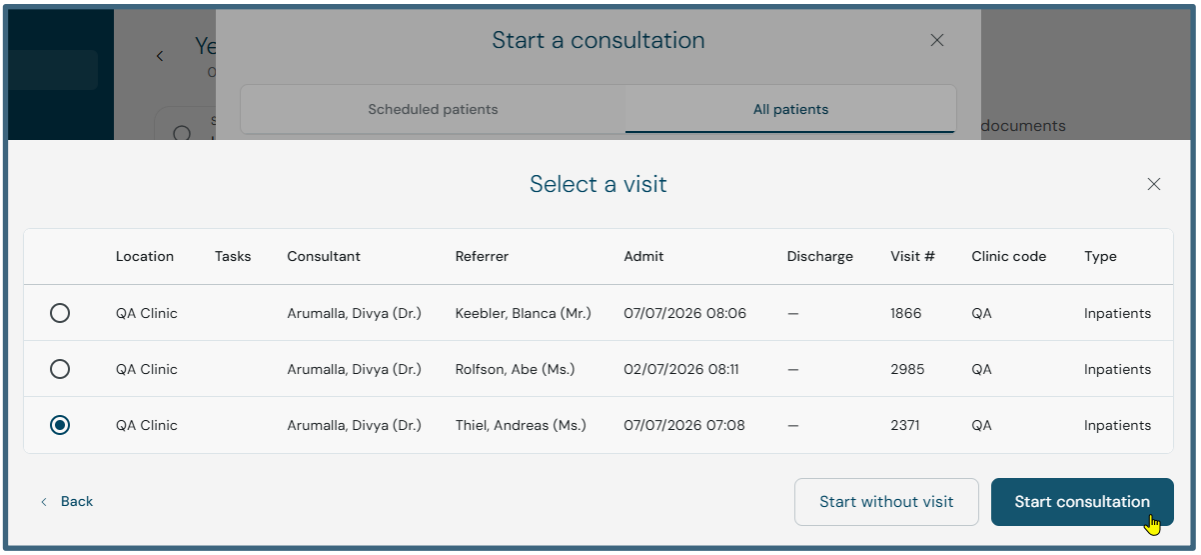
2 – Change to the **All patients** search tab



Patient search from all patients

3 – Search by patient *name or ID*
4 – Select the patient by clicking on the entry
5 – Click the button to **Continue**

⇨ The *Select a visit* screen opens.



Visit information deriving from your clinic system

All visits associated with the selected patient are displayed.
Use the search on the **All patients** tab as described above if you want to select a different visit to the one displayed on your current schedule. Or if you want to start a consultation with a patient who is not in your schedule.

Select the relevant visit.

In case no visits are available, you can start the consultation without linking a visit.

Click on **Start consultation** to begin.

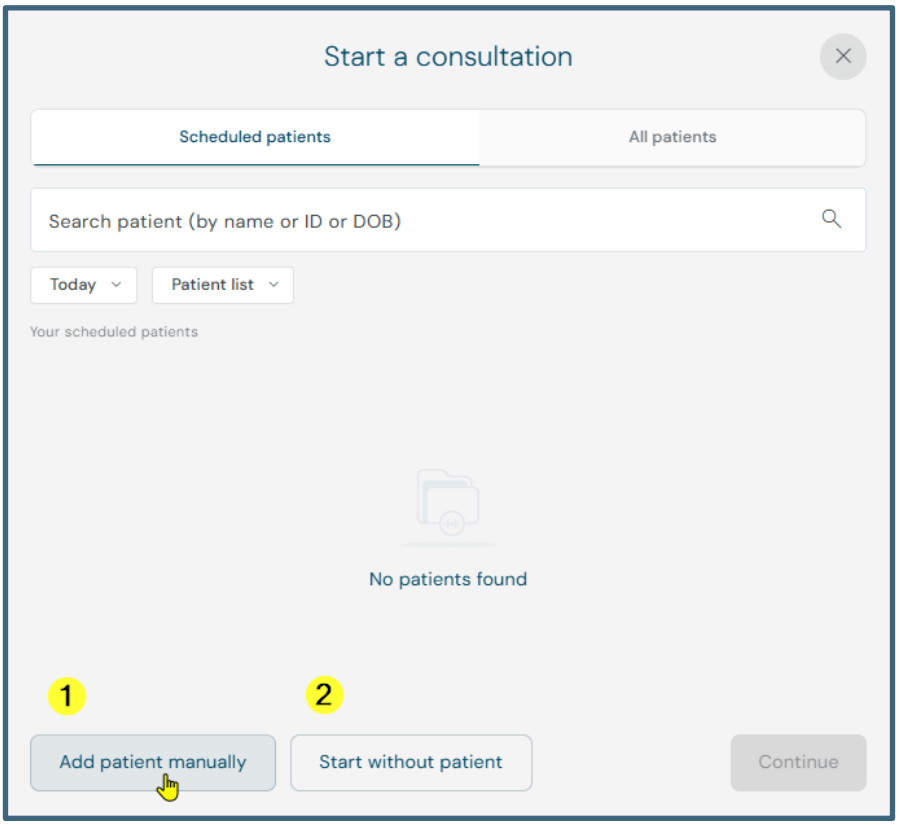
Standalone version
If you work without integration, you won't see a patient list and need to start a consultation via the button:



Click on Start a consultation

In the next screen you have the options to enter the patient data manually (1) or work without patient data (2).

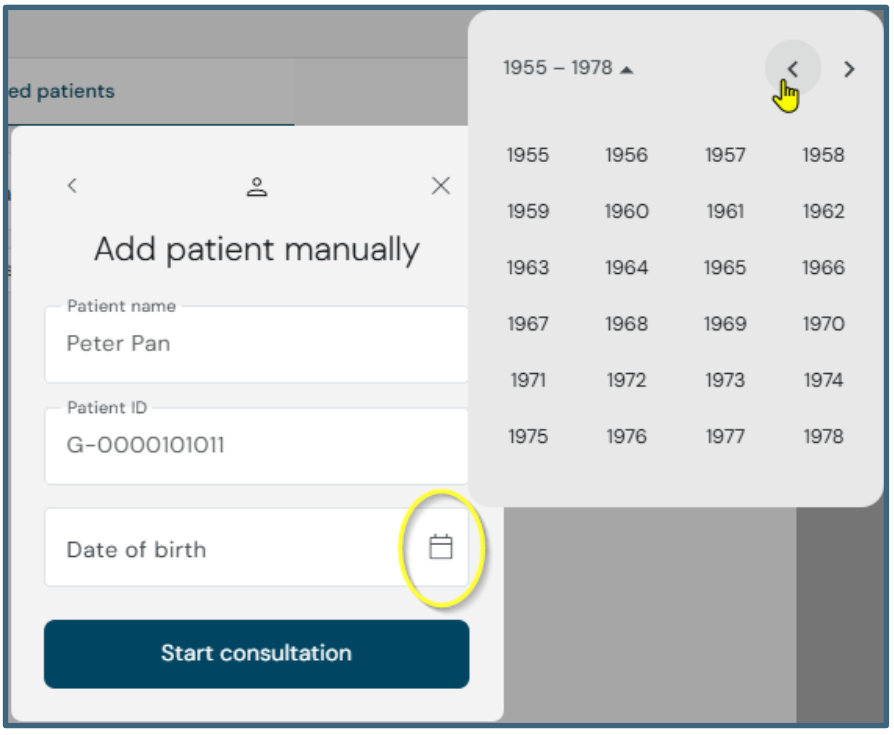
- Users with integrated systems also have these options.



Patient options in the standalone version

1 – Add patient manually

Enter the patient's name, ID, and date of birth. Use the calendar function to do so.

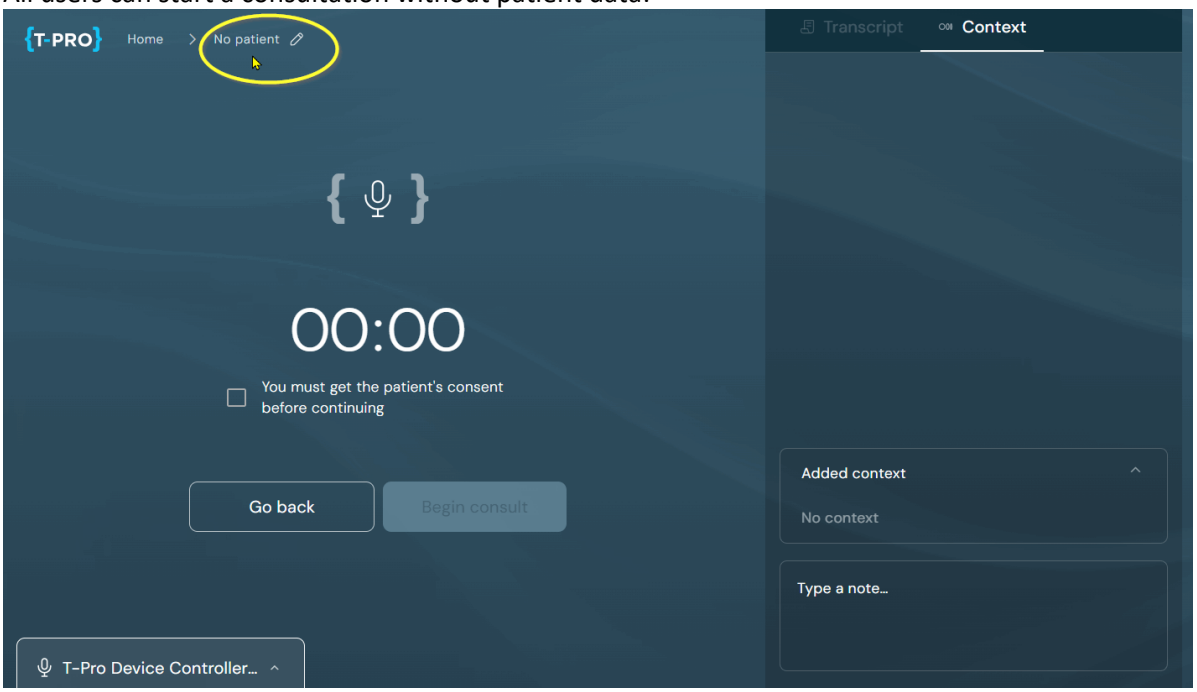


Manually added patient data

Then click on **Start consultation**.

⇨ The recording works in the same way as an integrated version.

2 – Without patient data
All users can start a consultation without patient data:



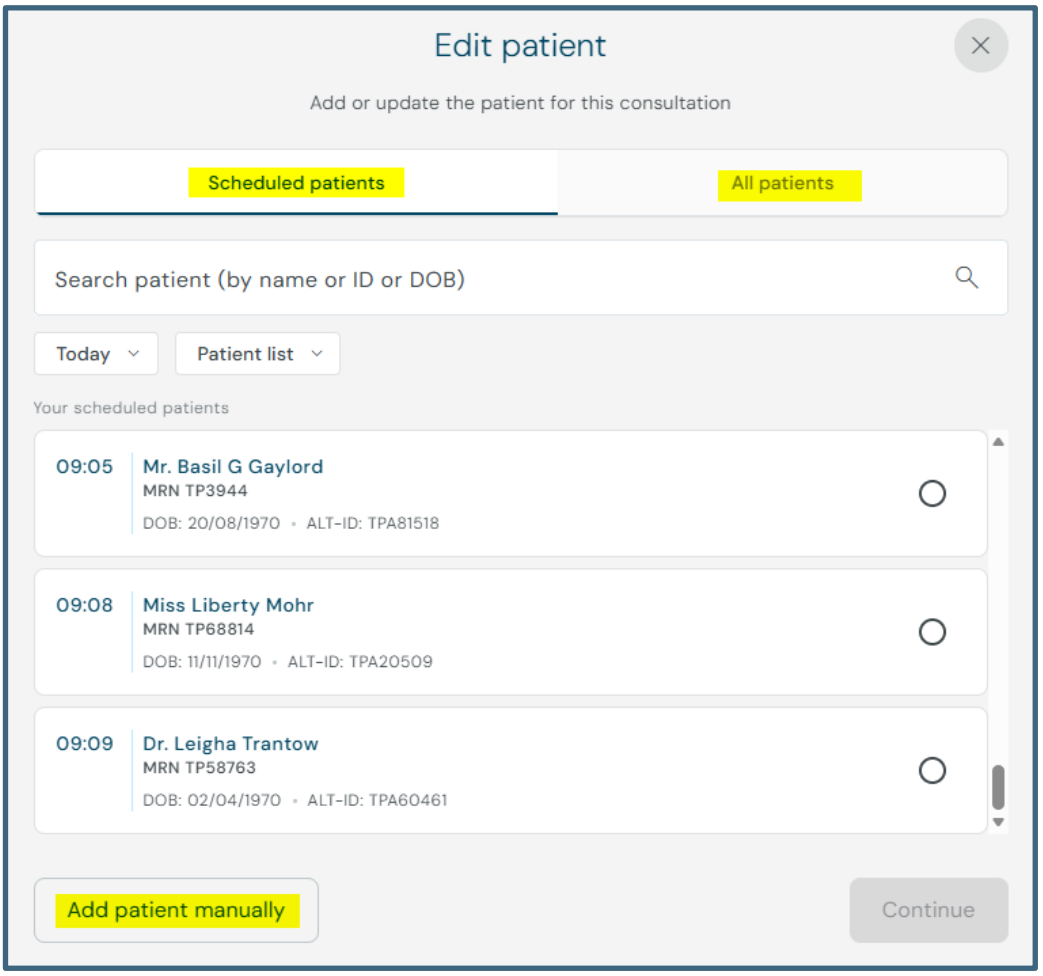
Consultation can be started without patient data

Patient data can be added at a later stage.

Edit patient data
Patient data can be edited – or added if you have started without a patient – at any later stage during the consultation or afterwards in the Encounters section (see below for completed consultations).

Click onto the pencil icon next to the patient's name.
The patient selection screen opens again.
Here, you have the same options that were available to you before the consultation began.

- Search for a patient from the schedule
- Change the patient list
- Search for a patient under All patients
- Add patient data manually

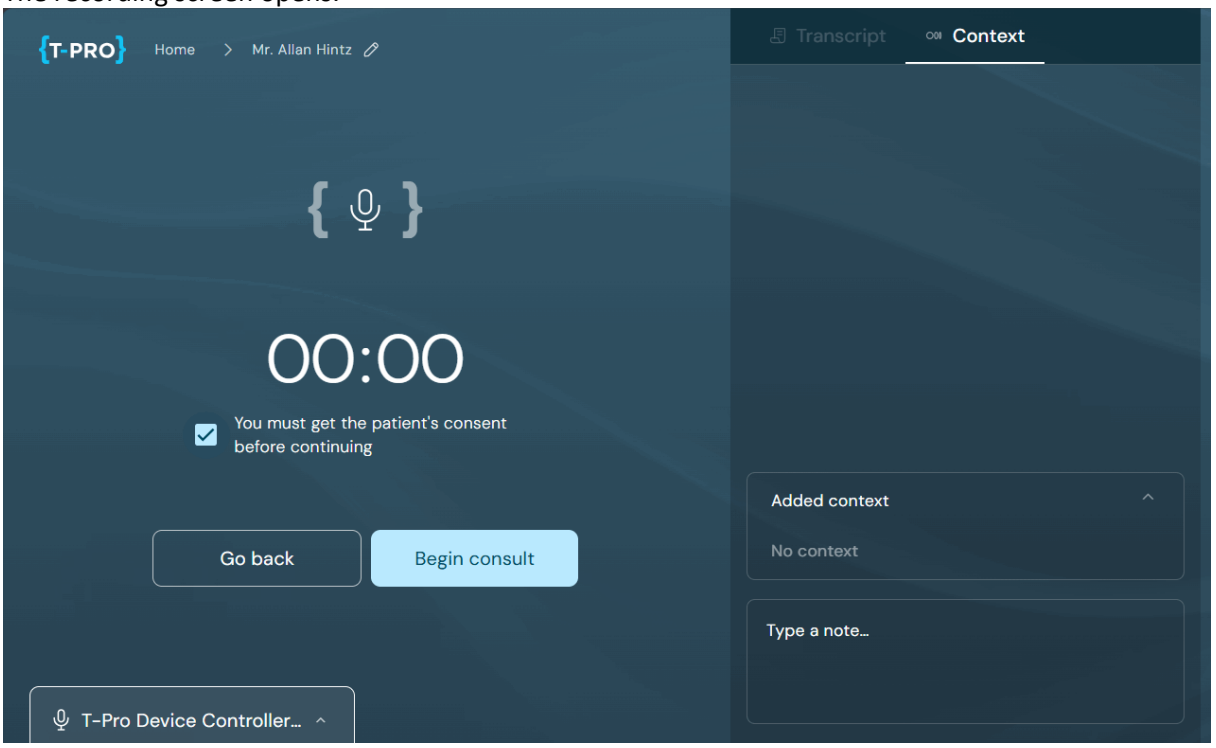


Edit the patient data

After selecting the right patient or adding the data manually click on **Continue** or **Save changes** respectively to update the patient data.

Recording screen

The recording screen opens.



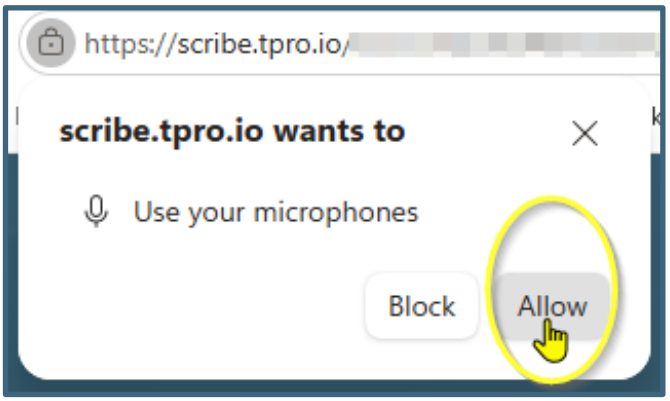
Consultation start screen in blue

In the recording screen you can:

- View and change your microphone settings in all stages of the recording (before starting, during recording or pausing);
- See the patient's name displayed at the top;
- Change the patient data via the pencil icon;
- Type context notes;
- View the transcript once the consultation has started;
- View different screen colours which indicate the current status (before starting, recording or pausing);
- Start and pause the recording of the consultation as needed.

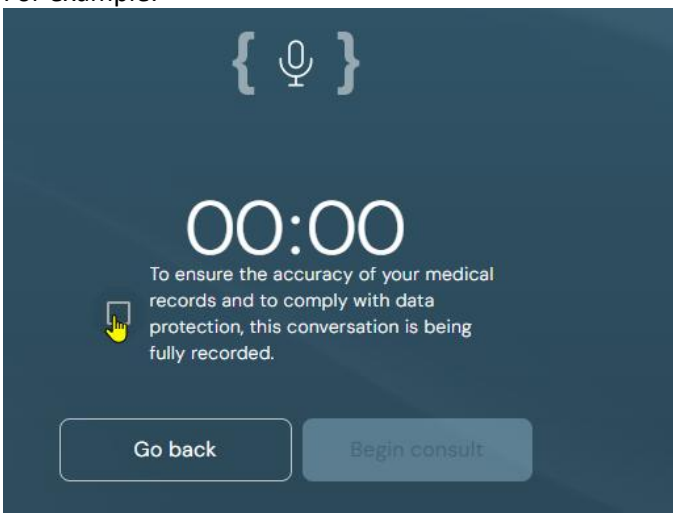
Make sure that you have the consent of all people in your consultation to use AI / Scribe.

NOTE: At this stage you need to allow access to your computer's microphone if you use Scribe for the first time.



Select "Allow"

If there is a centrally managed consent message set up for your facility or you have set up an individual one under Settings it will be displayed before you can begin the consultation.
For example:



Example of a patient consent message

Click on **Begin consult**.

- Scribe starts recording your conversation with the patient(s) in the background.

Online consultation with headset

If you are in an online video consultation and you are not using the loudspeaker but a headset or earphones, the audio of the other party cannot get captured by the ambient recording.

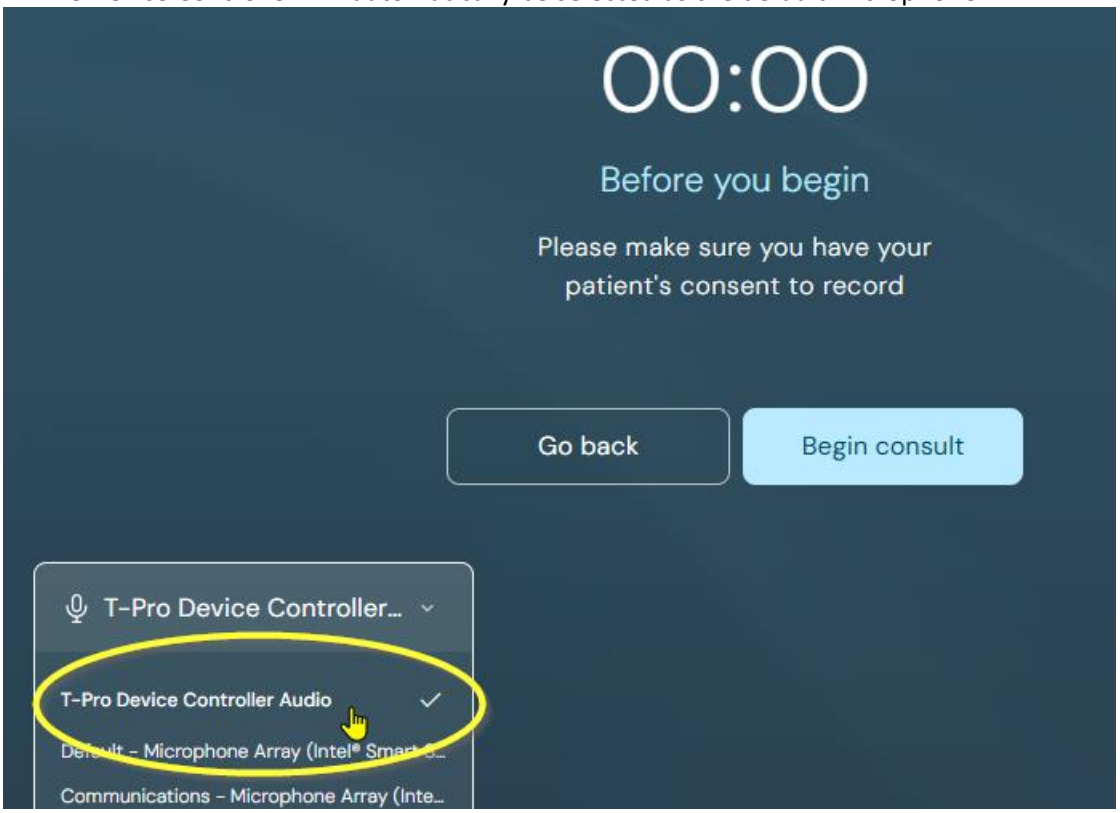
You need to have T-Pro's Device Controller installed, so the system audio of your pc can be recorded. The installation is usually done centralised by the IT department; the required version of the **Device Controller is 1.3.6** and higher.

NOTE: This is only supported for MS Windows pc.

Once this small piece of software is installed it works as follows:

1. You connect your headset
2. You start a consultation in Scribe

   => The Device Controller will automatically be selected as the default microphone.



   No further action is needed.

3. Start your video meeting.

Supported meeting platforms are:

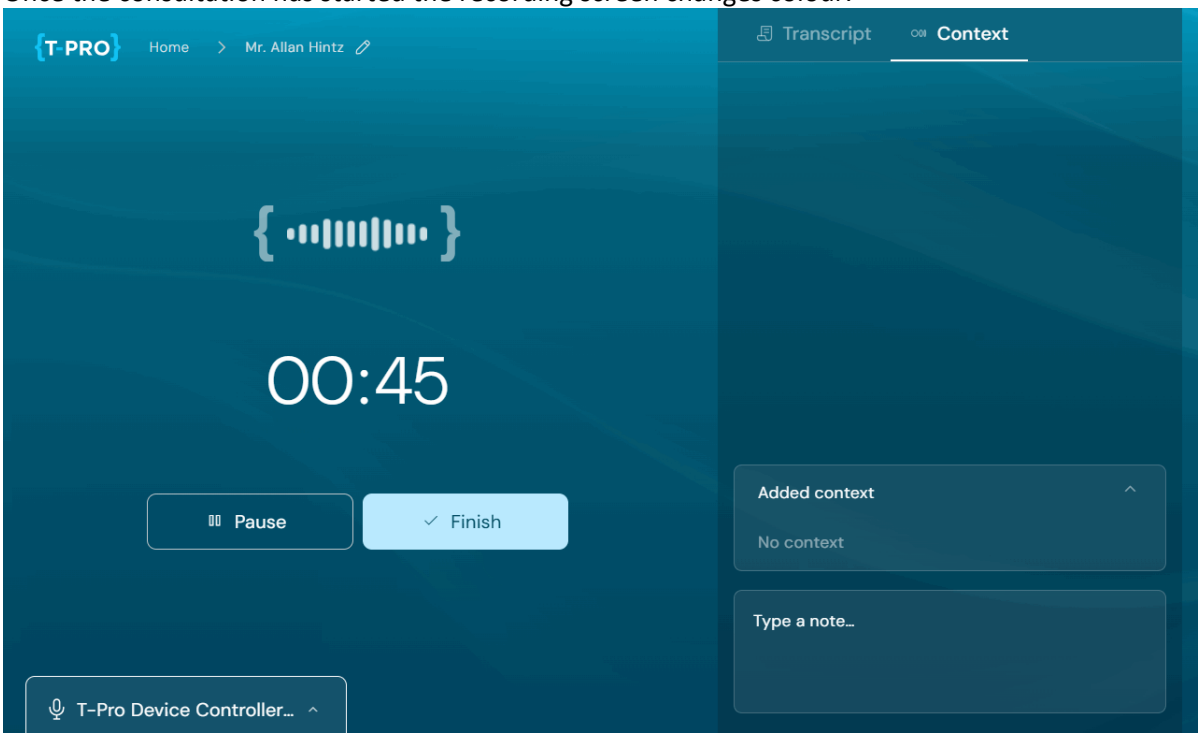
- **MS Teams**
- **Zoom**
- **Slack**
- **Google Meet**
- **WhatsApp Web**
- **OneConsultation**
- **Webex**
- **eCM and more…**

Supported connections for your headset (earphones or ear buds):

- **USB+**
- **Bluetooth+**
- **Audio 3.5+**

Active recording

Once the consultation has started the recording screen changes colour.

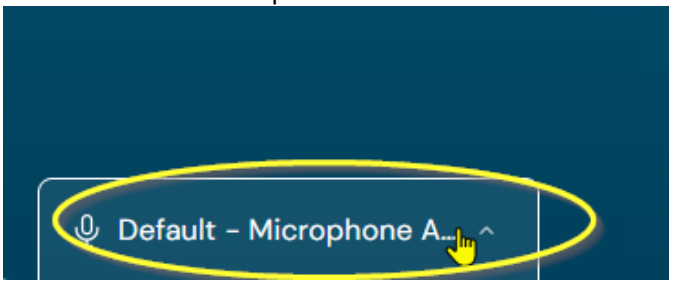


Ambient recording screen during a consultation

The audio input is visible during the consultation.
The recording limit per consultation is currently 3.5 hours.

Microphone selection

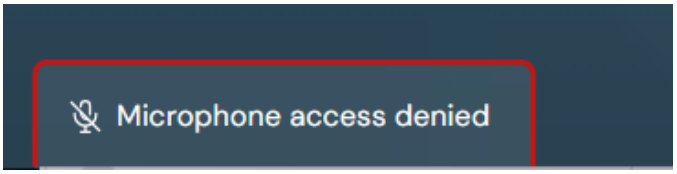
The microphone selection menu is available on all recording screens in the lower left side.
The current default microphone is displayed.
Click into the field to open the selection menu.



Open the microphone selection menu

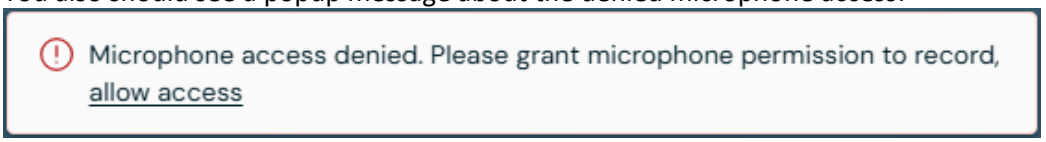
- If you select a different microphone during a recording the consultation continues without any interruptions.
- If you connect a headset to your pc, it will be detected automatically and set as a default for online consultations.

If you have not granted access your pc's microphone at some stage this is indicated in the microphone selection field.



Access denied, recording not possible

You also should see a popup message about the denied microphone access:

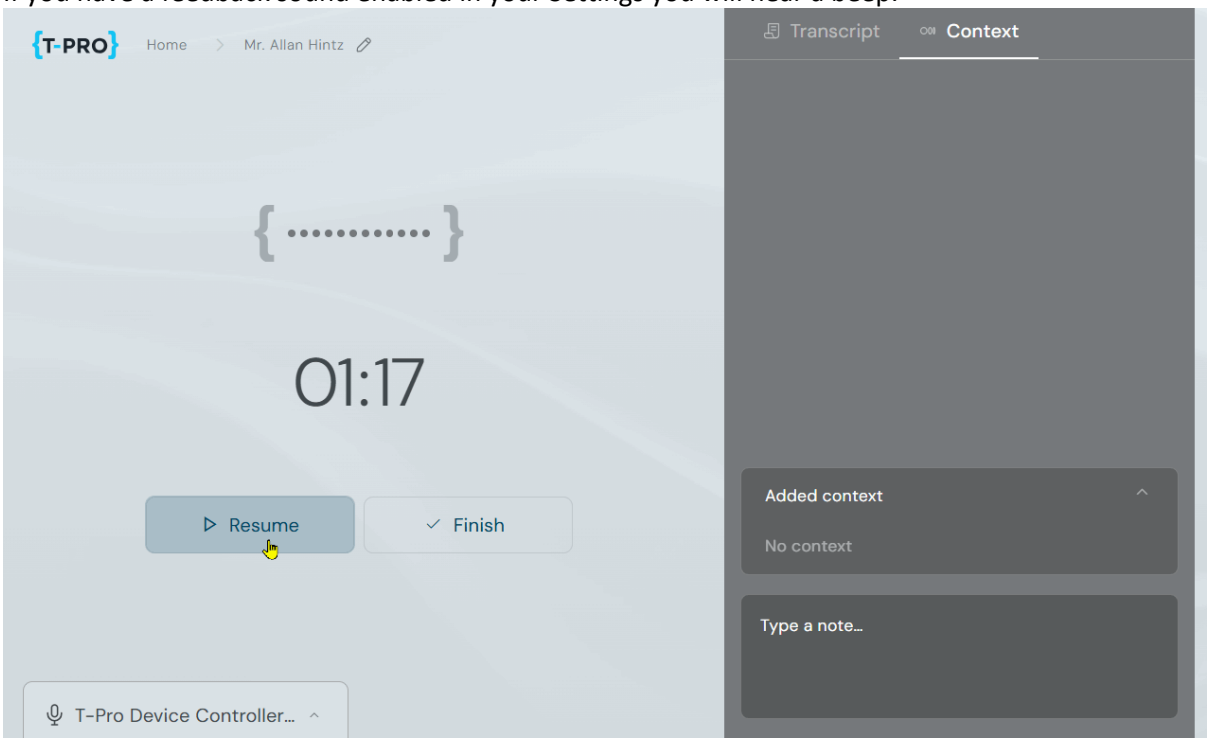


Warning about microphone access

In this case microphone access must be re-enabled manually through the browser's settings.

Inactive screen

Click on **Pause** to pause the recording. The screen turns grey indicating that it is not recording.
If you have a feedback sound enabled in your Settings you will hear a beep.



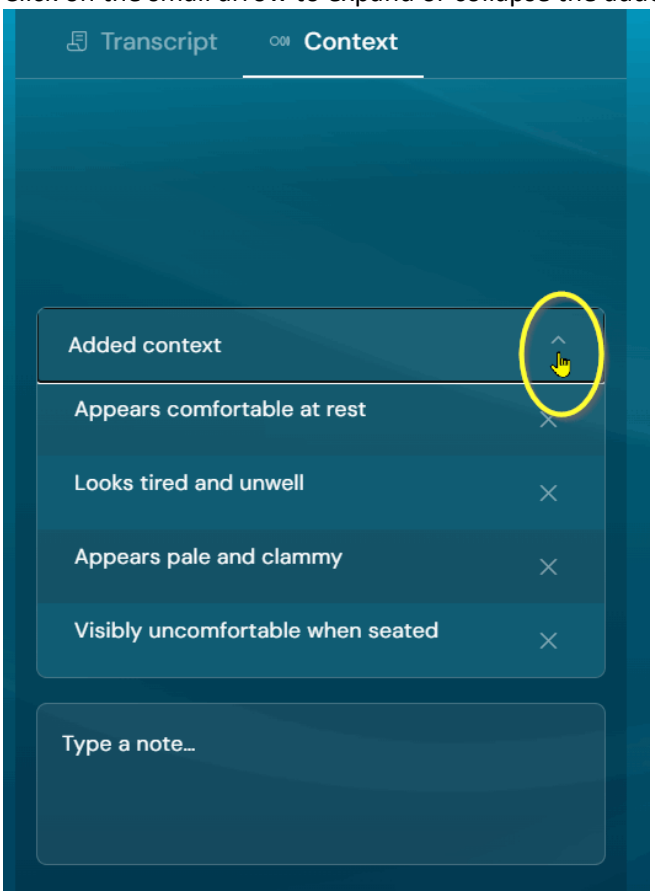
Pause screen during a consultation in light colour mode

Context notes

Use the Context section for personal notes, e.g. all thoughts you do not want to share with the patient.

- When starting a consultation, the cursor is in the notes field, so that you can start typing right away.
- Hit **Enter** to save the note.

- The most recent note is at the bottom
- Click on the small arrow to expand or collapse the added context area



- Click on the **x** next to the note to remove it; it will be deleted.
- The sidebar is available on all recording screens.

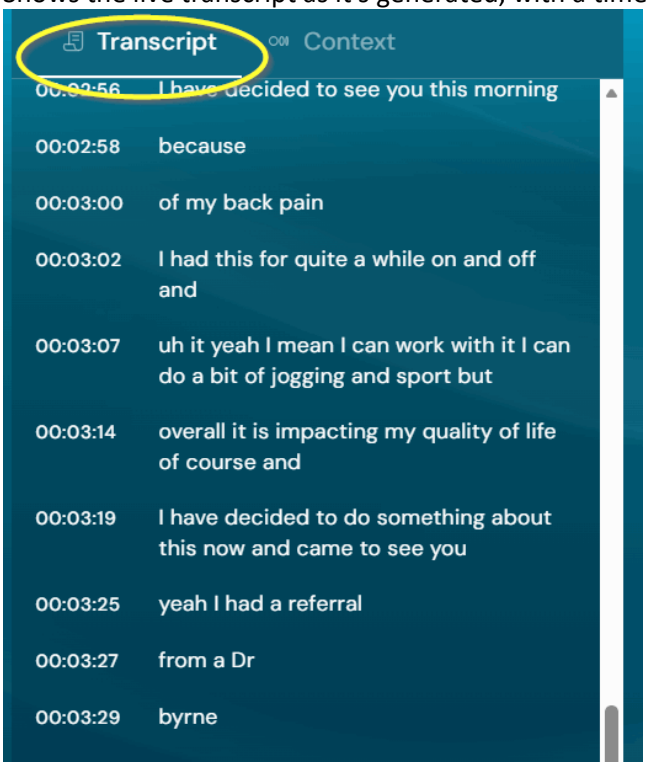
When generating the documents, the notes appear in the relevant place and context.

Context notes are also available in the document section; on the sidebar which you can collapse or expand.

Transcript tab

As soon as you start the consultation the transcript can be viewed on the transcript tab. Beforehand, the tab is visible but cannot be selected.

- Shows the live transcript as it's generated, with a timestamp for each entry



- Text is shown as first captured, then automatically corrected as the transcription is refined
- Entries are listed in chronological order, oldest at the top
- Use the scroll bar within the sidebar to view other parts of the transcript
- The transcript is read-only and cannot be edited

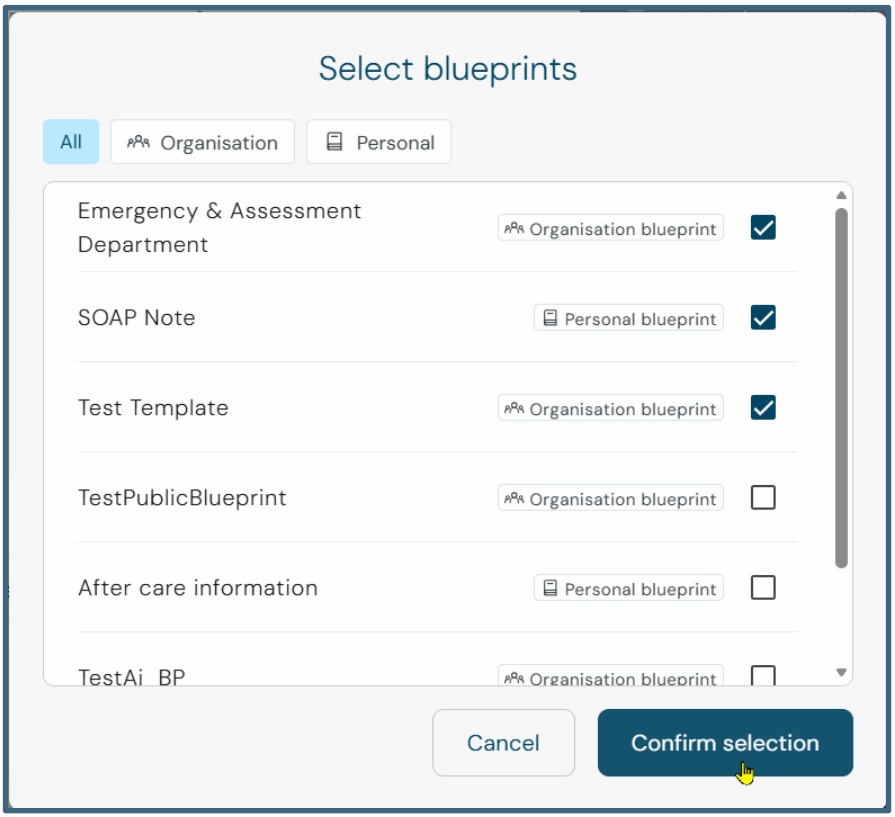
NOTE: If you take a phone call or speak to someone else, pause the consultation in Scribe. Otherwise, unrelated content is added to the transcript and may appear in the generated document.

At the end of the consultation click on **Finish.**

⇨ The recording stops and the blueprint selection screen opens.

Generate documents

In this screen, you select the blueprints you want for the document generation from this consultation.



Select additional blueprints if needed

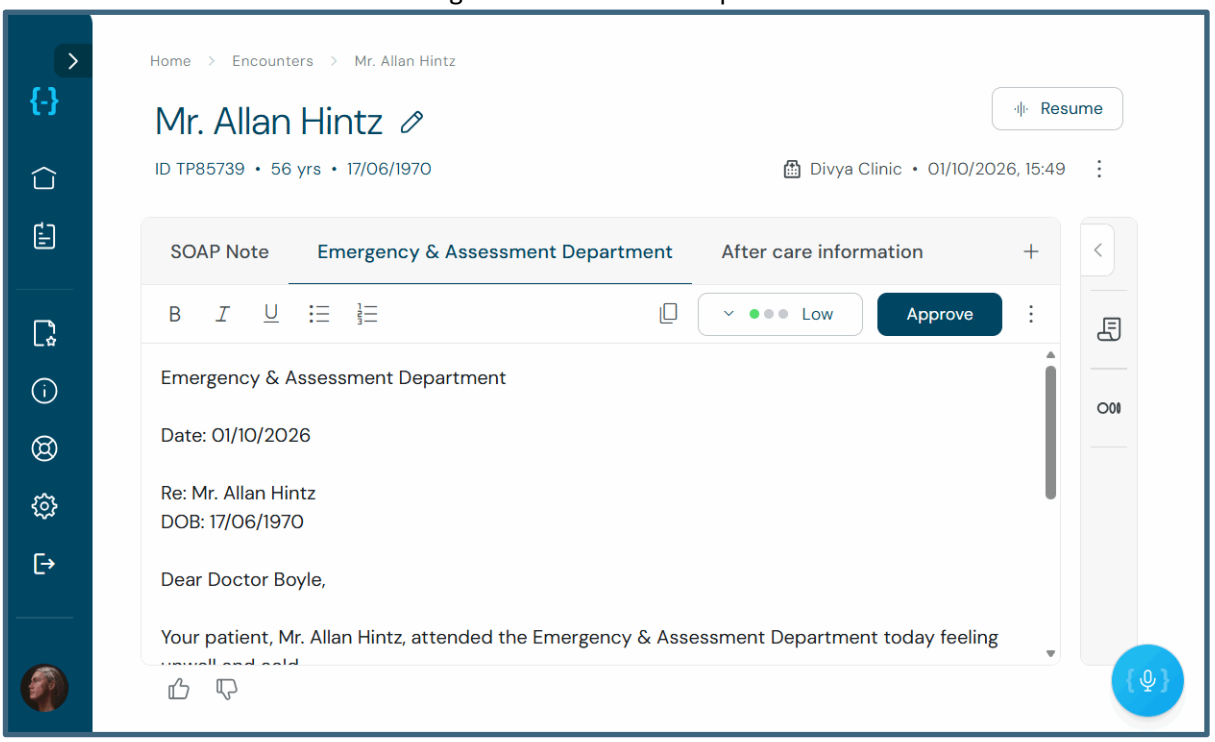
- The blueprints you have set as your default (under Settings) are pre-selected.
- You can generate more than one document from a consultation.
- You can deselect the defaults and select other or additional blueprints if needed. Just click the appropriate check box.

Click on **Confirm selection**.

- The ambient recording - including the context notes - will be processed to fit the selected blueprint. If you have selected more than one blueprint, they will be processed all at once.

Document screen

The document section with the three generated default sample documents:



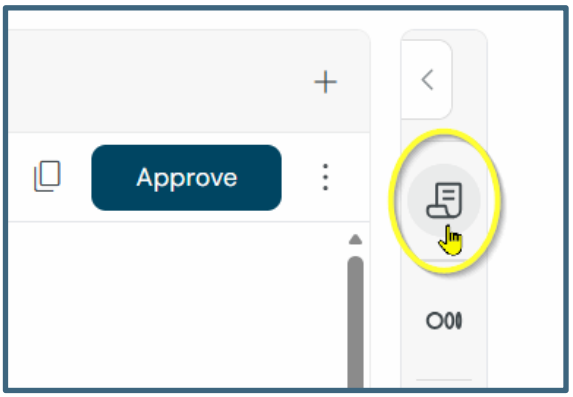
Document view with minimised sidebars

- The inserted text originates from the recording including your context notes, and has been fitted into the appropriate sections applying the blueprint instructions and your style settings.
- You see the patient data at the top and the location and date and time of the visit to the right.
- If no visit was linked to the consultation, you only see the date and time.

The sidebar

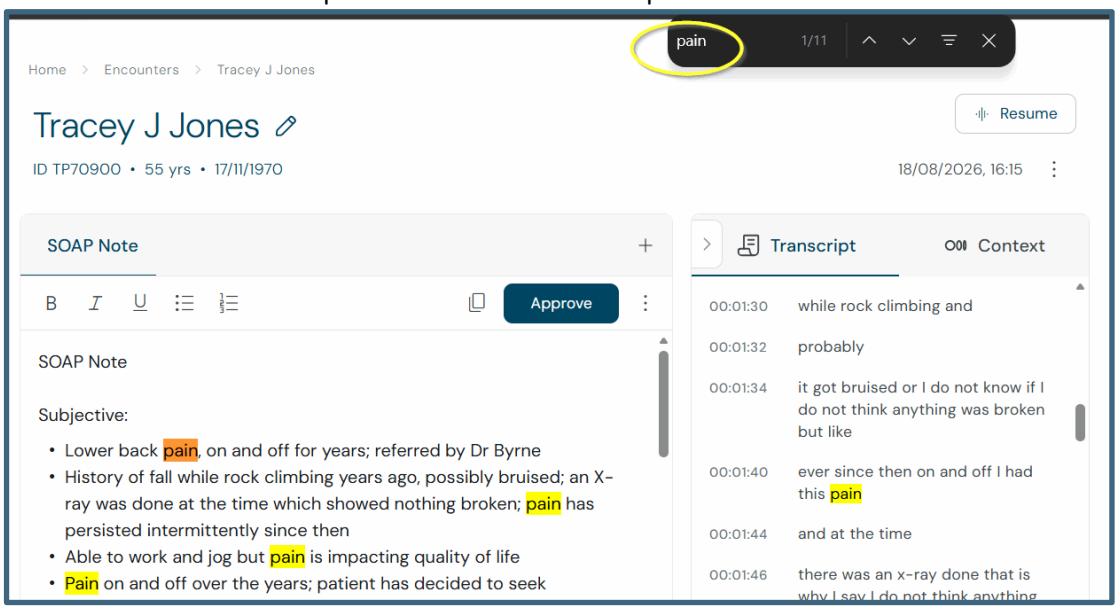
The sidebar to the right is collapsed after document generation but displays icons for the consultation **Transcript** and **Context.** Click to expand the sidebar.

Click anywhere on the sidebar and it opens on the *Transcript* tab by default.
If you have already worked with the sidebar on this encounter, it opens on whichever tab was last active.



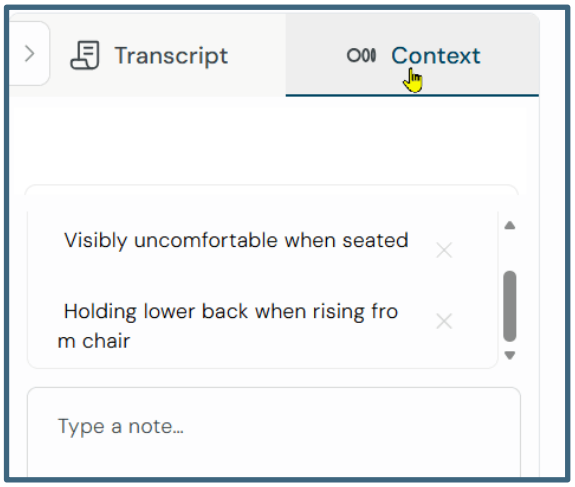
Transcript and Context notes icons

- The entire transcript can be looked up. It is timestamped.
  Use the browser's search option to search the transcript or the document for a certain term.



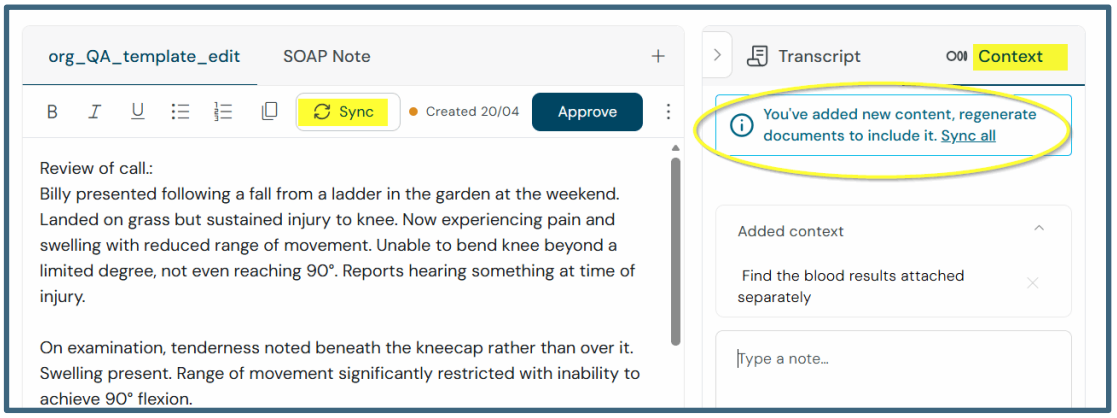
- The transcript content cannot be edited. To add new content to the transcript you need to **Resume** the consultation.

- Move to the Context tab where you can view your notes and add new ones.



Context notes from during the consultation

- Add a new note directly from here: type into the input field and press Enter; it works in the same way as during a consultation
- To remove a note, click the **X** next to it - this works the same whether the note was added during the consultation or in the document section
- If no context notes exist, "No content added" is shown instead
- Newly added context notes cause the documents of the encounter to be out of sync because their content is not included in the current version

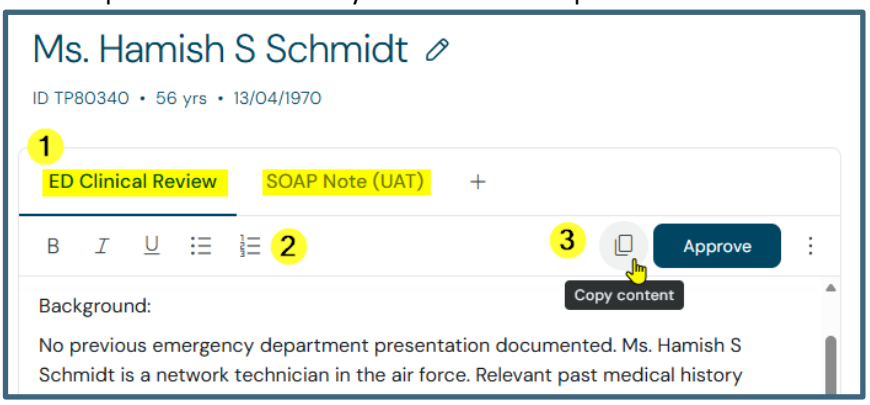


Each affected document shows the existing out-of-sync indicator, with its own **Sync** button and a blue banner will be displayed in the Context tab.
You can solve this by regenerating your documents separately or all in one go with **Sync all**.

The indicator stays in each out of sync document.

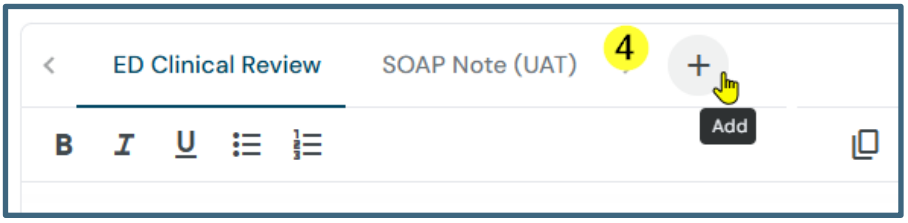
Document options

At the top of each document you have various options.



Document overview

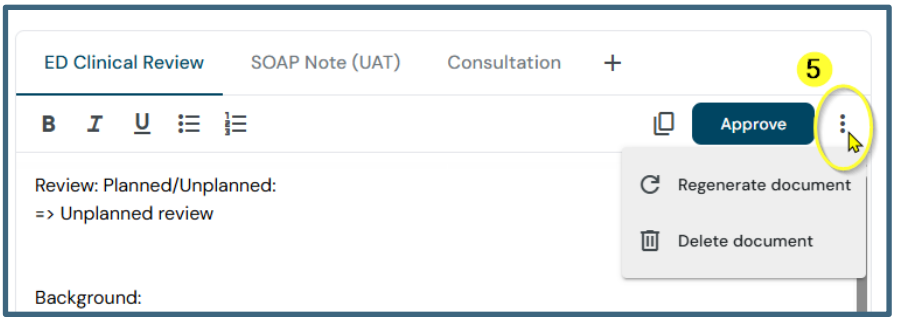
1. All generated documents are accessible at the top via separate tabs.
2. You can use formatting options to edit the document.
3. Use the copy icon to copy the entire content with one click.



Click to select an additional blueprint

- Click on the plus icon to generate another document for the same consultation. The blueprint selection screen opens again (as described further up) for you to select another blueprint.

  => The newly selected blueprint will be automatically populated with the content of the consultation recording. The new document appears at the top on a new tab.



Menu options for the document

5. Use the three dots menu on the right to view more options.

   - **Regenerate document** - with this option you can regenerate a single document based on the same audio using the same blueprint; all current content changes will be overwritten.

You need to confirm this action.
You can also regenerate all your documents with one click, see further down.

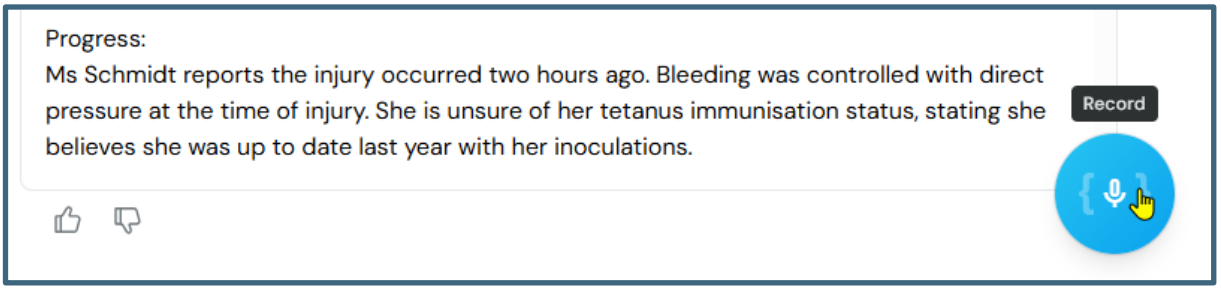
- **Delete document** - and confirm your action

Voice editing

You can add further information using your voice.

NOTE: Documents are fully editable only before approval.

Place the cursor in the right position.
Click on the microphone button at the bottom right of the document.



Click to start the voice recording

The icon turns red and you can dictate additional content into your document.



Button active for recording

Click again when you're done to stop the recording.

Other editing options

You can also manually correct the content and type or paste additional information; just place the cursor in the right area and make your changes.

Use the formatting options mentioned before to **bold**, *italicise*, or underline your text.
Furthermore, you have the option to use numbered and bulleted lists.

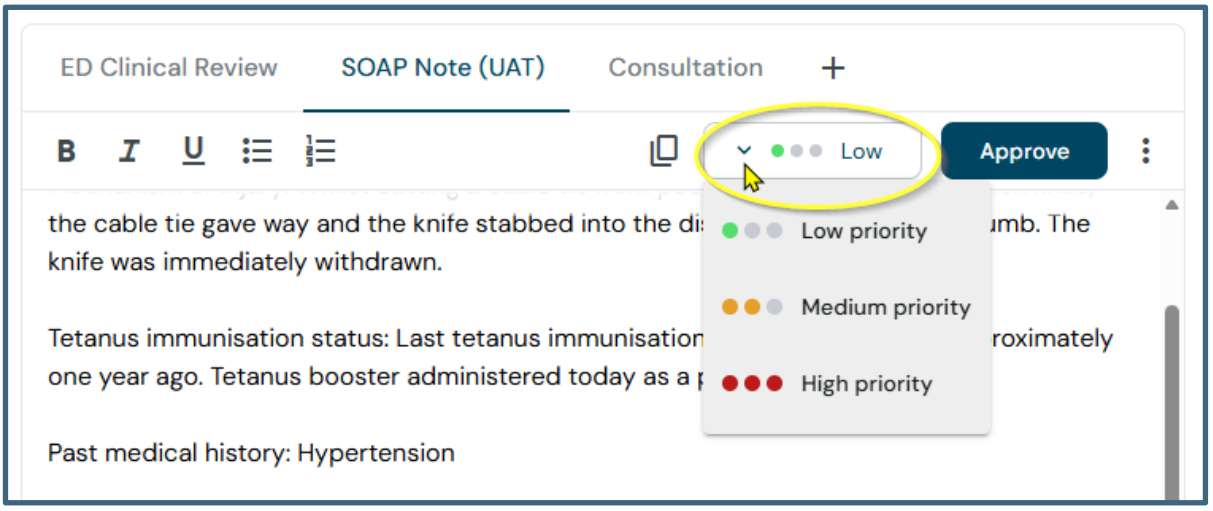
- All content is saved automatically in Scribe.

Priority (optional)

If your organisation also uses T-Pro's web application Dictate and has a workflow is enabled, you will be able to set priorities for your documents in Scribe.

NOTE: This option can only be enabled on template level in the Dictate web app.

In Scribe you see the priorities in the document's toolbar. Click on the default **Low Priority** to expand the menu:

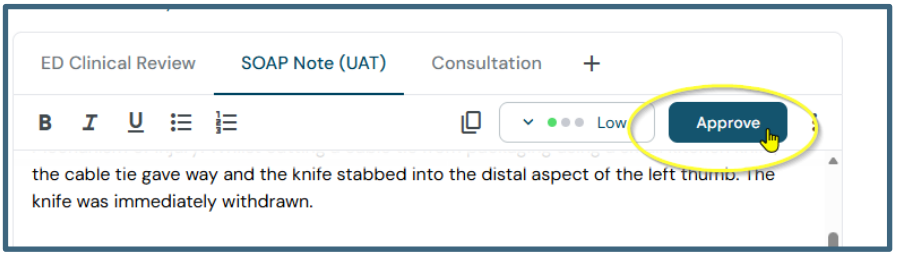


Select a different priority

Scribe dynamically reflects the latest workflow configuration of the Dictate web application each time the user opens a document. Workflows enabled or disabled after a document was created are visible without needing to regenerate the document.

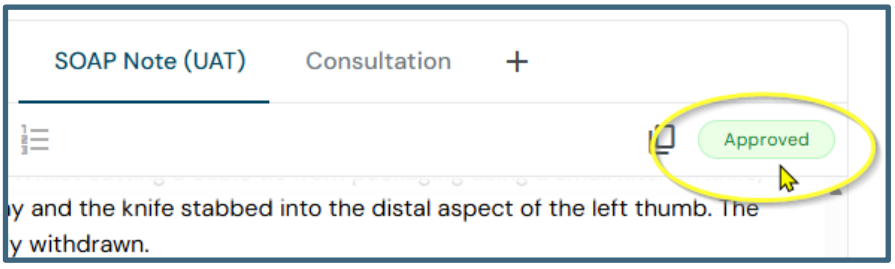
Document approval

Use the button at the top right of the document to **Approve** it. After approval, the document cannot be edited anymore.



Approve the generated documents one by one

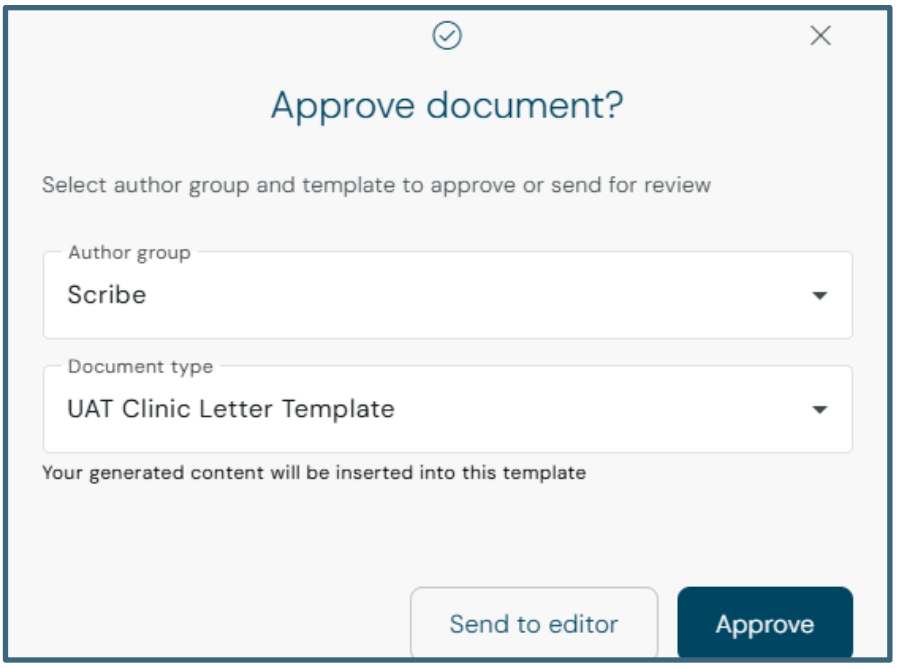
If a document has been Approved the button turns green.



An approved document

If you work with an integrated setup your documents will be sent to T-Pro's web platform where they can be further processed.

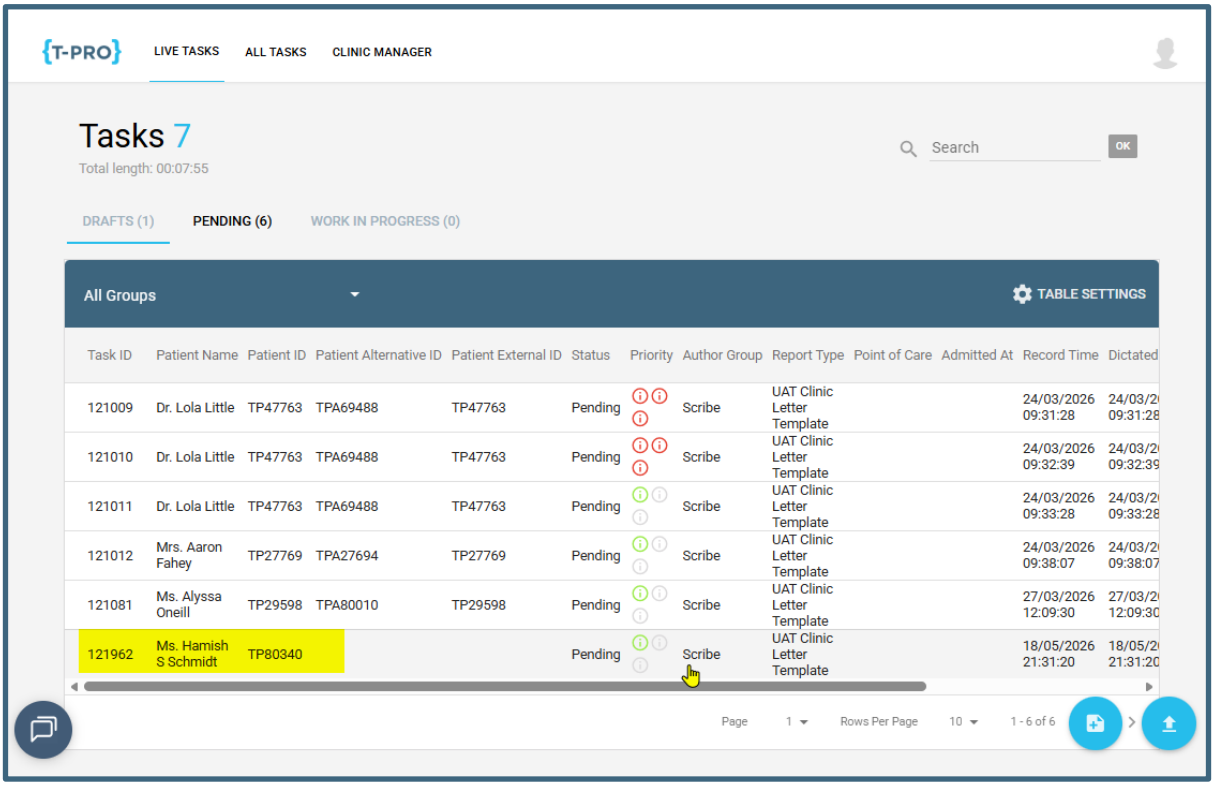
In this case you see a different confirmation message at approval.



Send the document to an integrated T-Pro environment

Your author group and document type could be changed at that stage if needed.

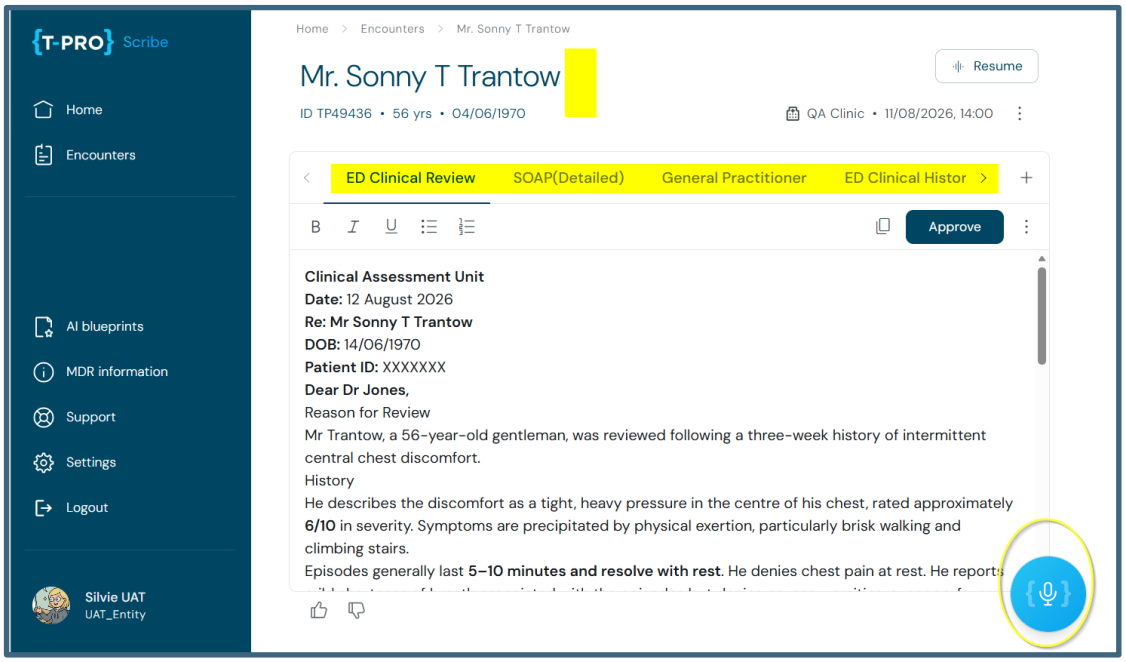
Examples:
Log in to T-Pro's web application Dictate to view your document under PENDING.



Document appears as a task in T-Pro's web application

Remember that approved documents

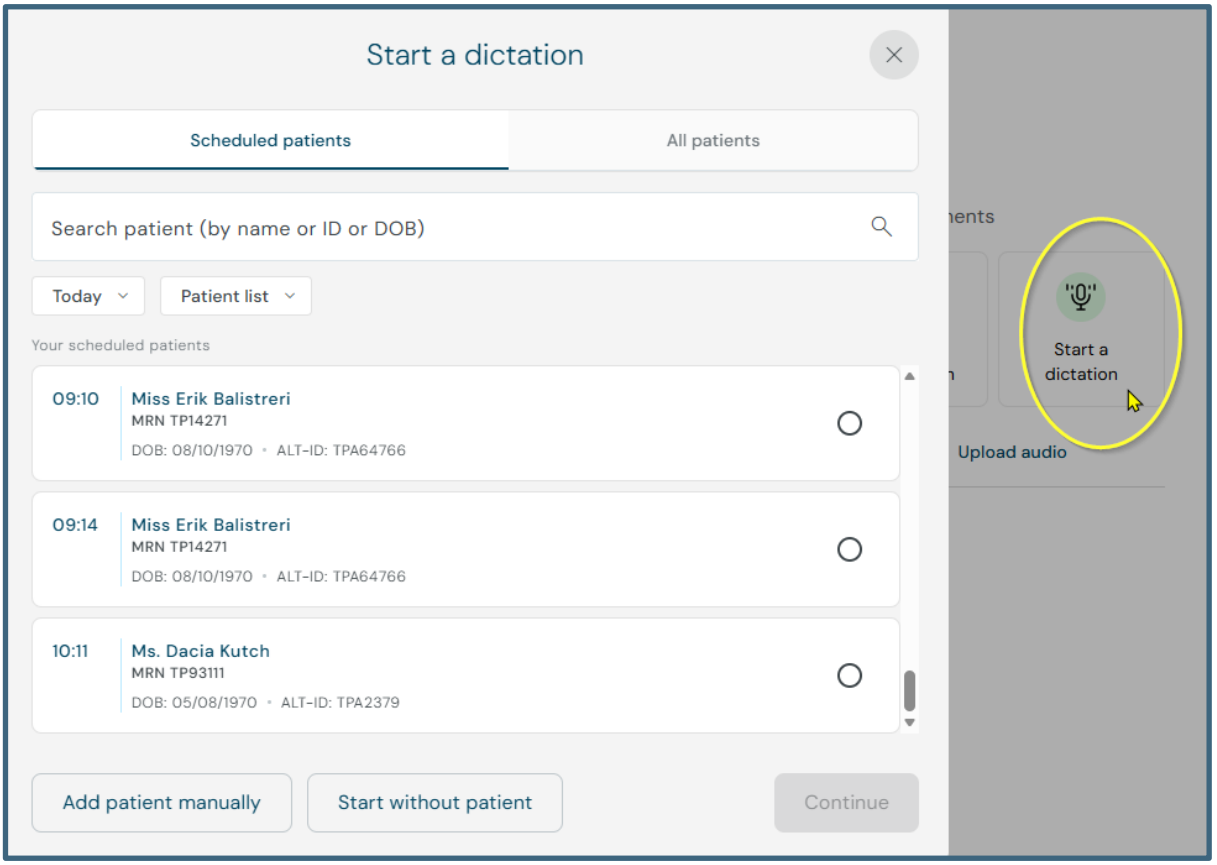
- cannot be edited
- cannot be updated or regenerated
- the patient data cannot be changed anymore



In the above screenshot you look at an editable document – the recorder icon is active for use but the pencil icon next to the patient data is not displayed.
The reason for this is that you have already approved at least one of your documents. So the patient cannot be changed at this stage.

Dictation

From the Home screen click on **Start a dictation**. The below screen comes up.

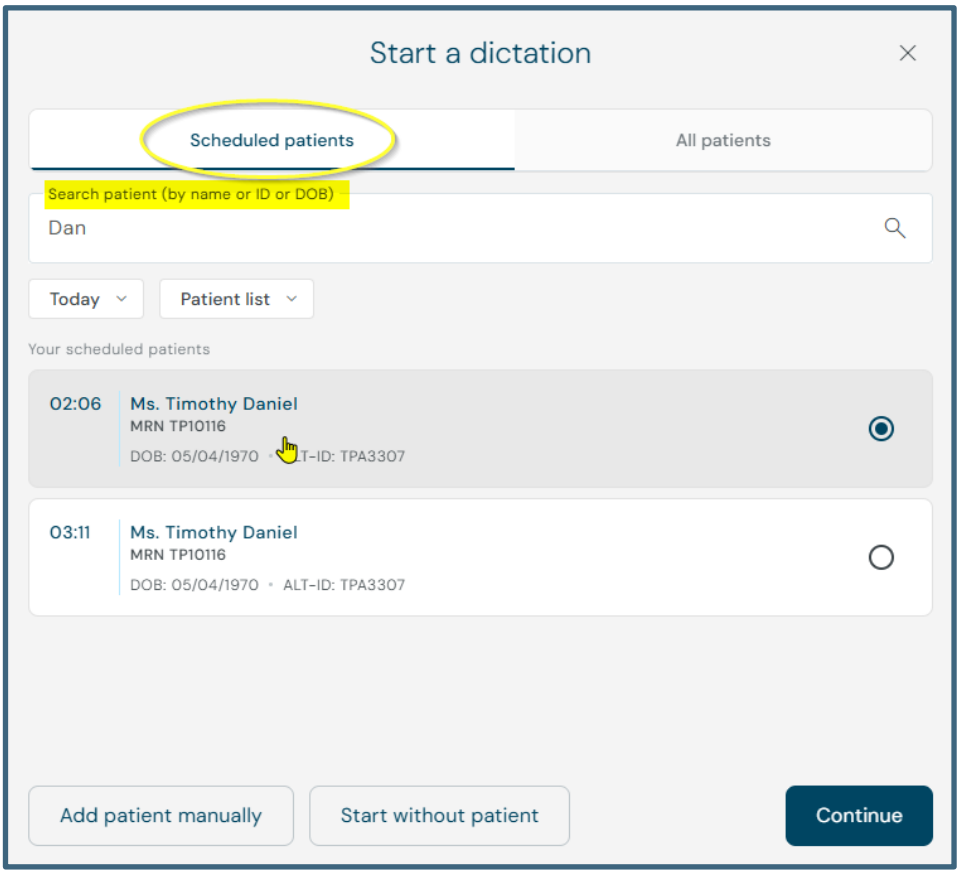


Screen to start a dictation (with patient integration)

Use this option if you want to create a clinical note about the patient without a consultation.

You get the same options as if starting a consultation:

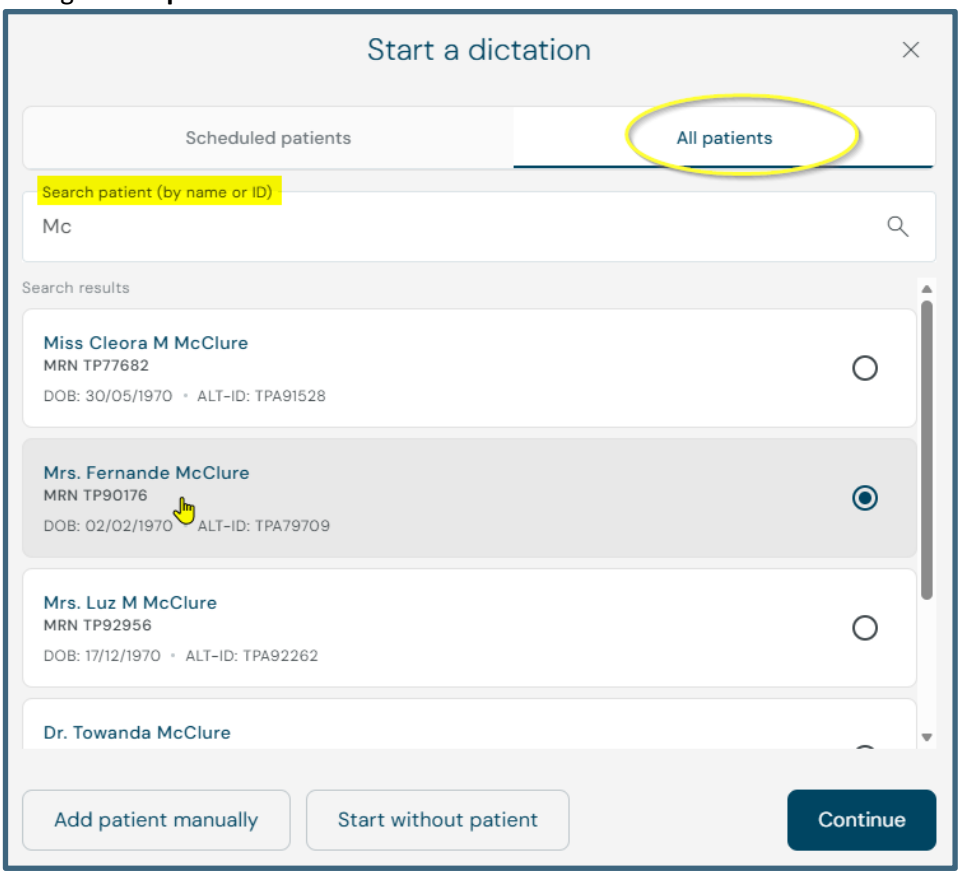
- Search your schedule
- Search for any patient
- Add patient data manually (standalone version)
- Start without patient data (standalone version)



Search for a scheduled patient

On this screen you also have the option to change the date or your patient list.

Change to **All patients.**



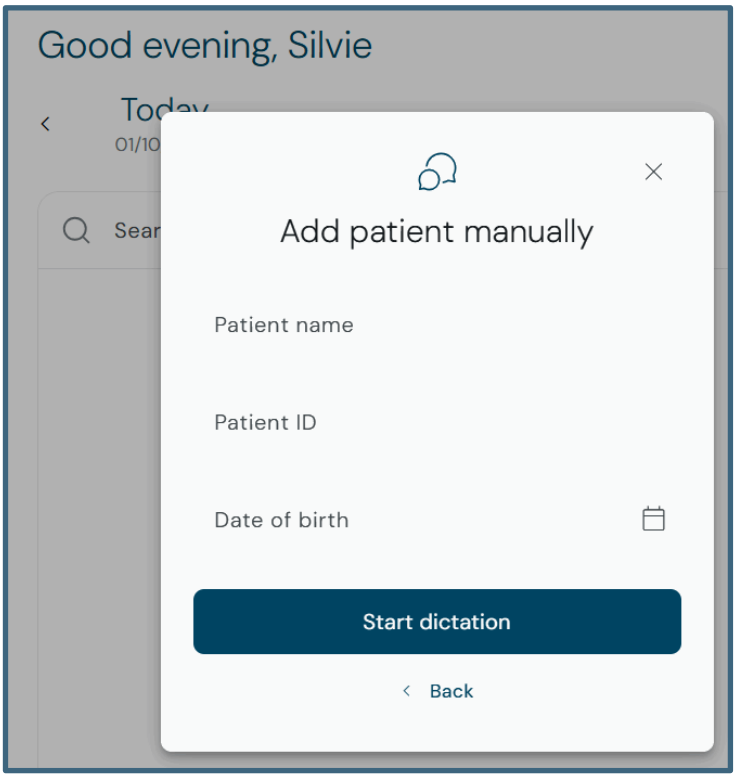
Search your general patient list



Options for dictations without patient data

Select option 1 to manually enter the patient information. If you work with a standalone system this would be your first step.

Enter the patient's name and/or ID in the respective fields.

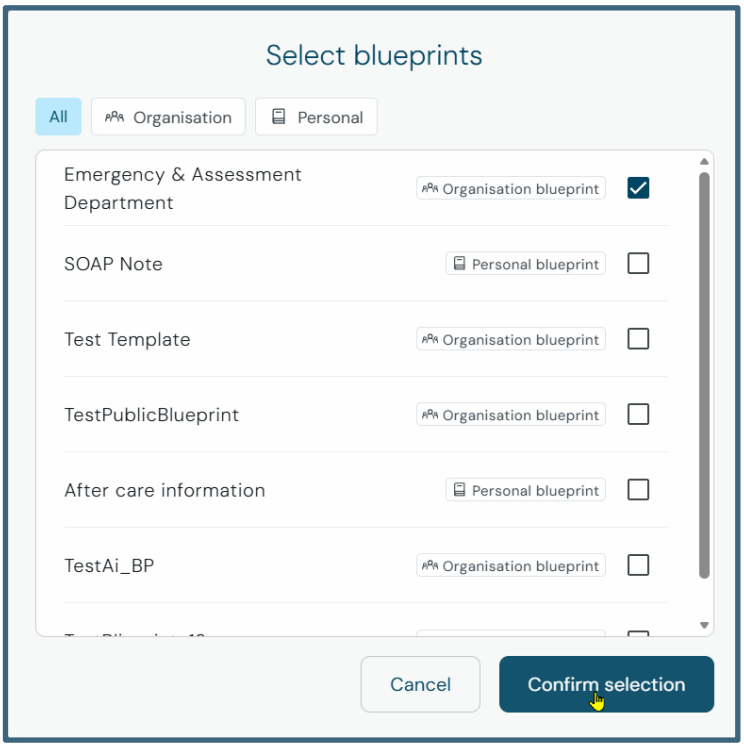


Enter patient data manually

Click on **Start dictation** to continue.

The next step is the same for all the above options.

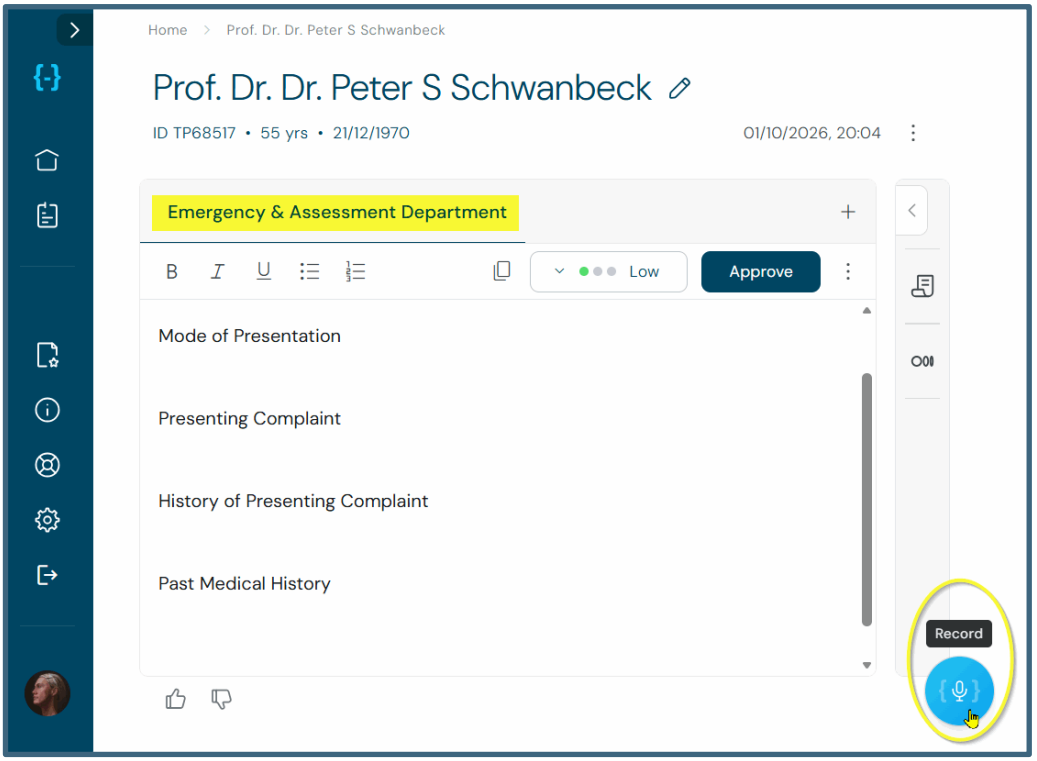
- Select the blueprint(s) you want to use for your dictation.
- Your defaults (as set up under Settings) are always pre-selected.
- If you have more than one default blueprint type set up but you only want to dictate a single document, you'll need to deselect all other document types.



Only one blueprint selected for dictation

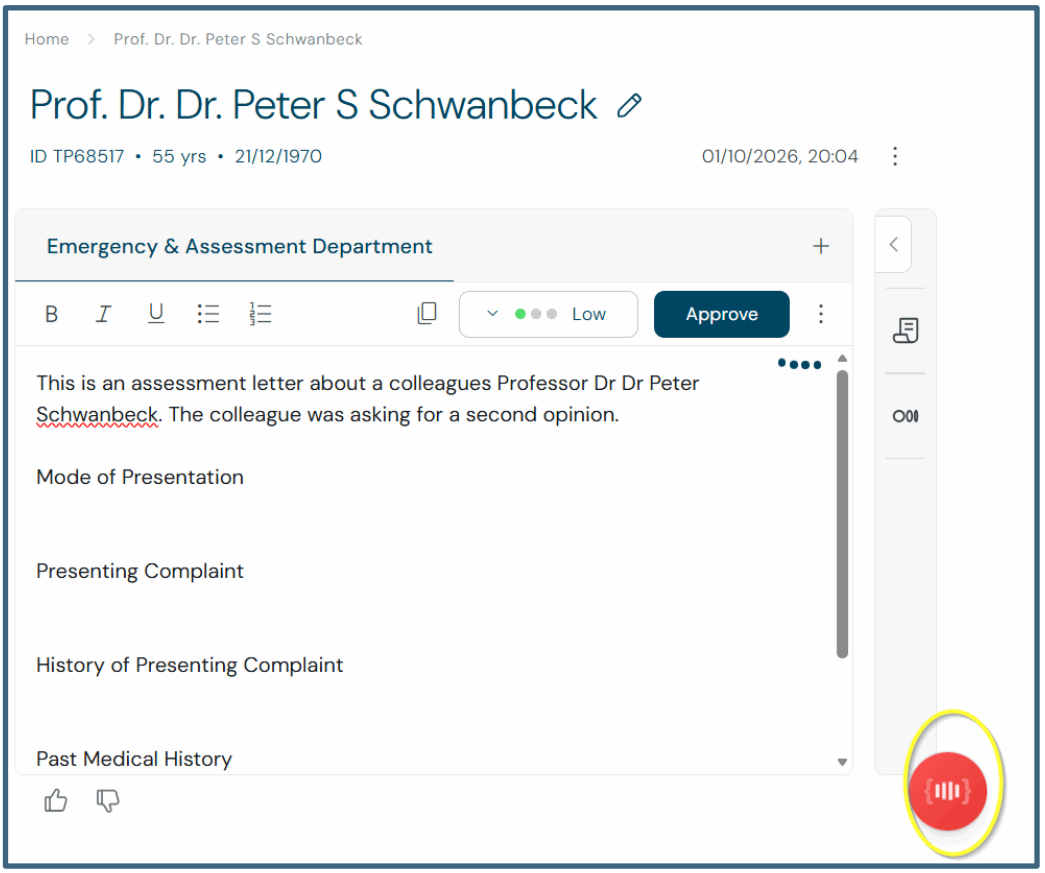
Click on **Confirm selection**.

- Your document will open.



The document is ready for dictation

Click on the blue icon to activate the recording and dictate your content.



Example of a dictation

- All documents and their contents are automatically saved.
- They can be accessed again in the Encounters section.

Editing or approving dictations works in the same way as for consultations. Please see under Document options.

Consultation & Dictation commands:

Start consultation
Stop consultation
Pause consultation
Restart consultation
Generate document
Generate report
T-Pro Generate

Selecting and Choosing

Select<Text>
Choose<Number>
Next field
Previous field

Formatting

Bold that

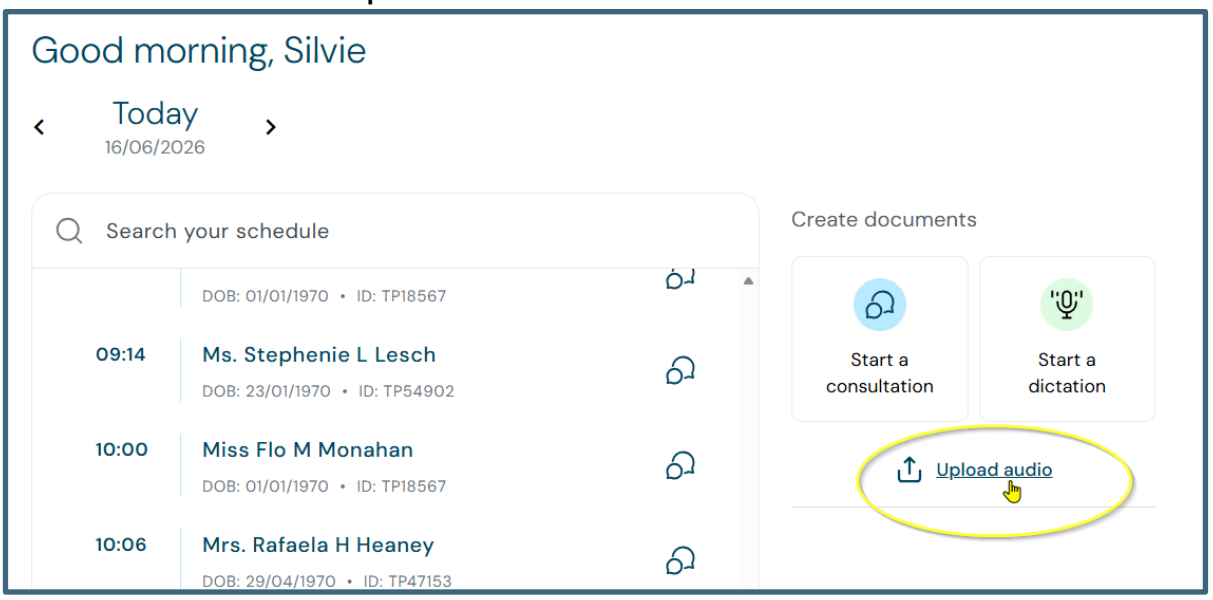
Italicise that
Underline that
Uppercase that
Lowercase that

Punctuation
New line
New paragraph
Open quote / Close quote
Open single quote / Close single quote

Upload audio

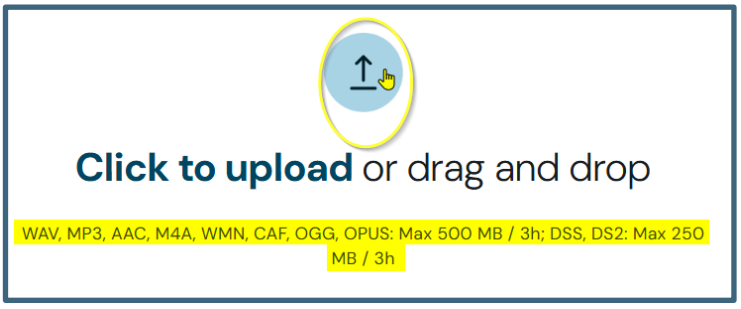
This option allows you to use existing audio files – files that you have recorded outside of T-Pro Scribe – for AI-assisted document generation.

On the Home screen click on **Upload audio**.



Option for external audio file upload

On the next screen you can use the arrow icon to open the file explorer of your device and browse to the relevant audio file location.

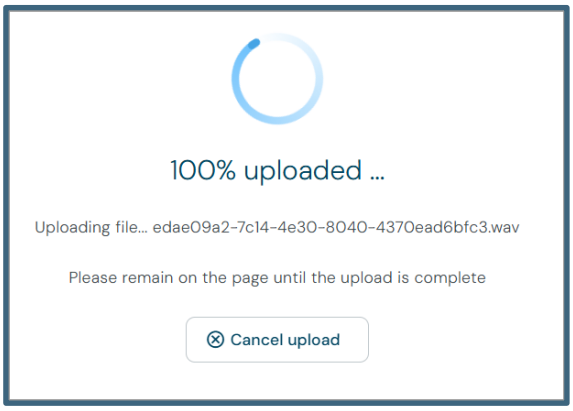


Click to browse

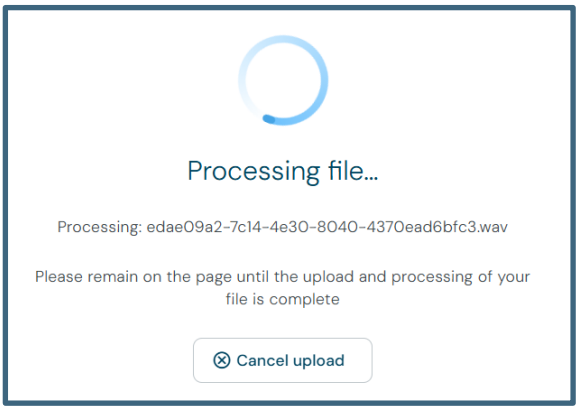
Alternatively, you can drag and drop an audio file into the field for document creation.

- You can only select and upload one file at the time
- Only select compatible audio file formats as stated in the app
- Note that there is a three-hour recording limit for the upload

You see the file name and it being uploaded and processed. Do not leave the page.



Upload percentage



File processing

NOTE: If connectivity is lost during file processing, it will resume once the connection is restored.

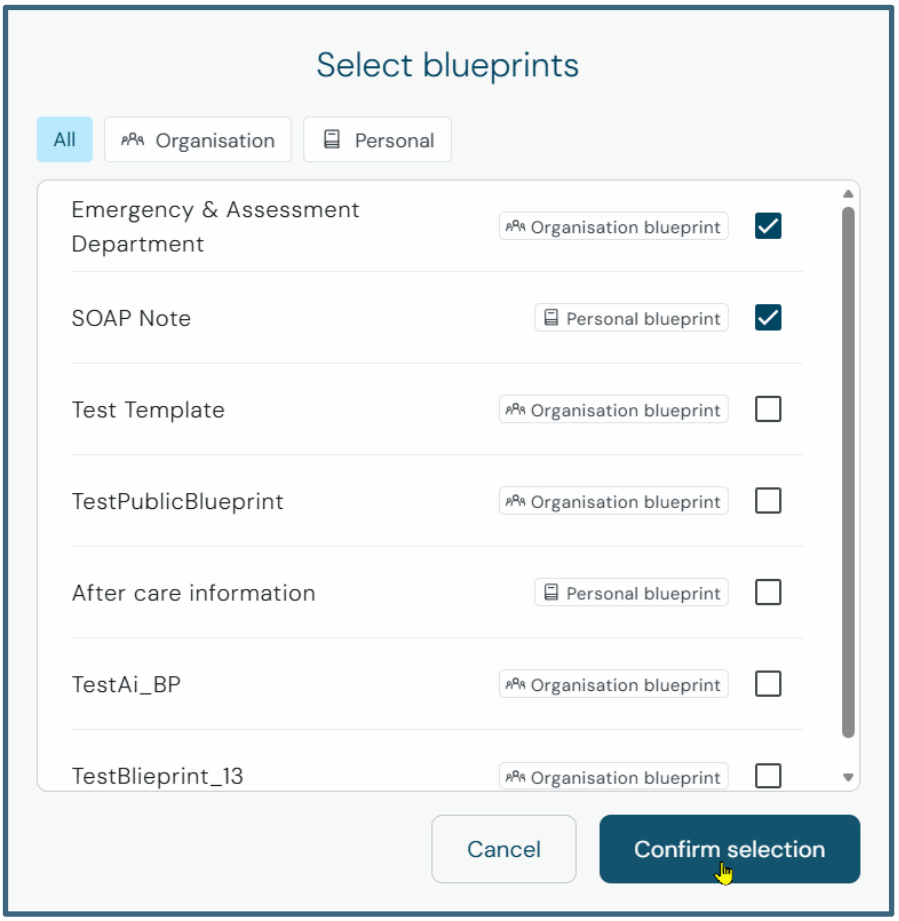
When this process is completed the patient selection screen opens your schedule automatically.

If the external audio file is not related to your current schedule, search for your patient in the ***All patients*** section.



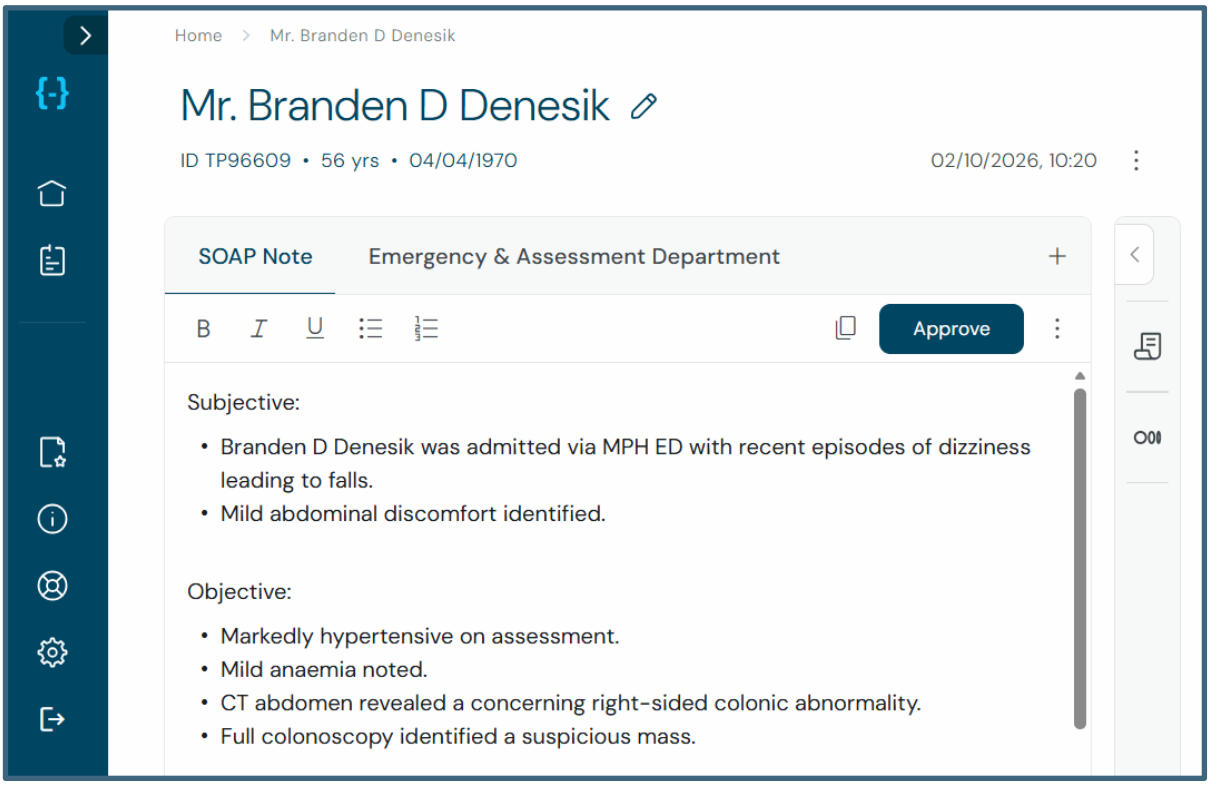
Select the relevant patient

The next screen is the *Select blueprints* screen. Here, you select all blueprints you want to use for document creation.



Select the blueprints for document generation

- Your documents will be created.



Generated documents after audio upload

Most of the document options are also available for uploaded encounters:

- You can manually edit the document, copy its content, regenerate, approve, or delete the document.
- You can add new blueprints to create additional documents.
- The full transcript of the uploaded audio is available.
- The workflow with the Dictate web application works as usual (if you have set this up). You can also delete the entire encounter.

NOTE: Documents generated from external audio files cannot be

- edited via speech recognition. The microphone button is not available;
- resumed, the Resume button is not available.

Encounters

Move to Encounters. This is the section where you can access all your encounters and related documents. It is your archive.



Encounters main screen

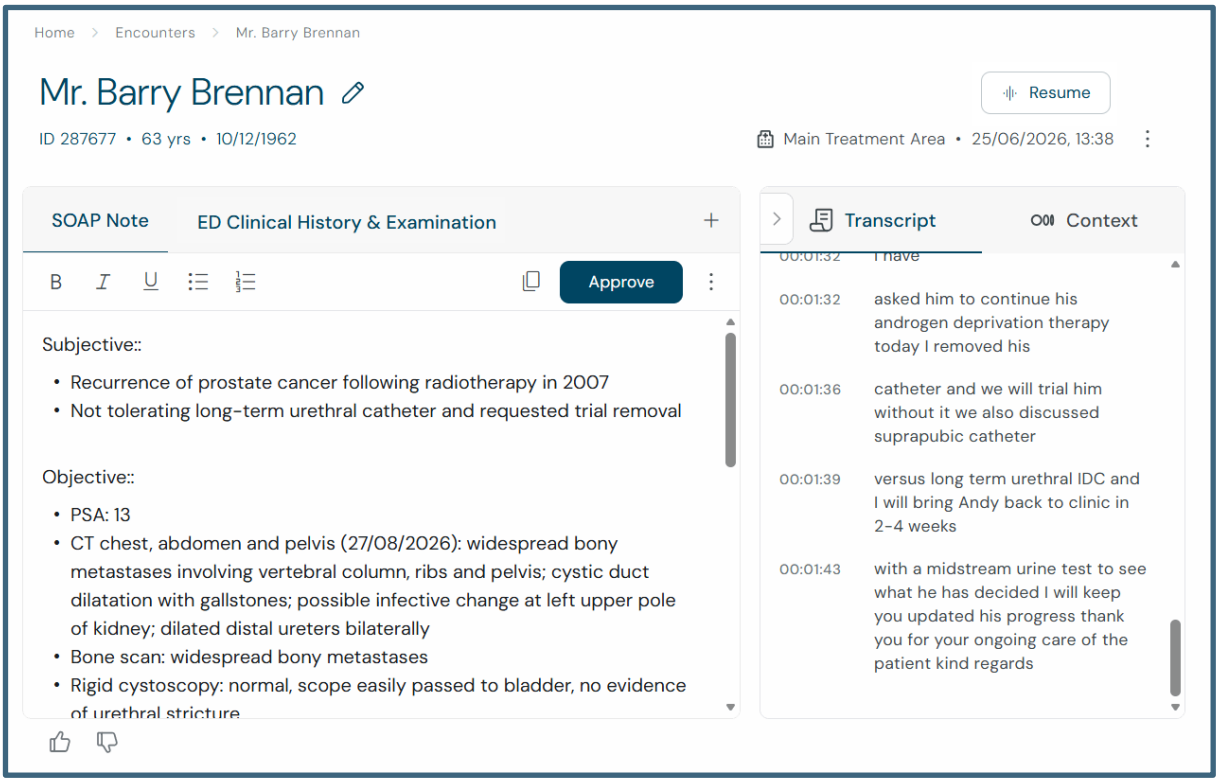
The table provides the following overview:

- Status of the encounter
  - **Draft** - Encounter with recording but no generated document(s)
  - **In Progress** - Encounter with recording & generated document(s) but not yet approved
  - **Approved** - Encounter with recording, generated document(s) & at least one approved
- Day
- Time
- Patient name
- Patient ID
- Date of birth
- Number of documents
- Duration of the recording
- Actions menu

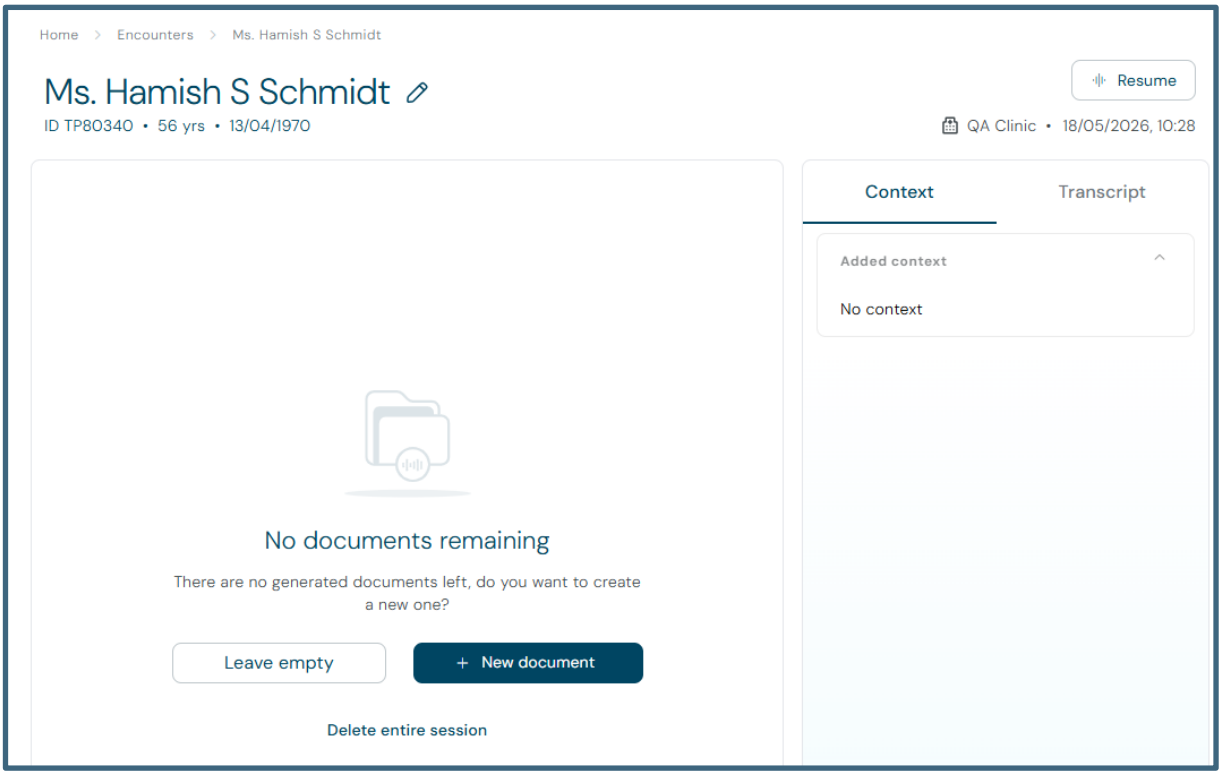
In this table you can:

- Get an overview of previous encounters
- Open an encounter
- Delete an encounter

Select the encounter you want to view. The document section opens where you can view all generated documents.



Documents have already been generated for this encounter



Encounter without documents

In the document section you can:

- Resume a consultation
- Continue working on the content of unapproved documents
- Change the patient or visit data
- Approve documents
- Generate additional documents
- Regenerate documents
- Sync documents
- Delete documents

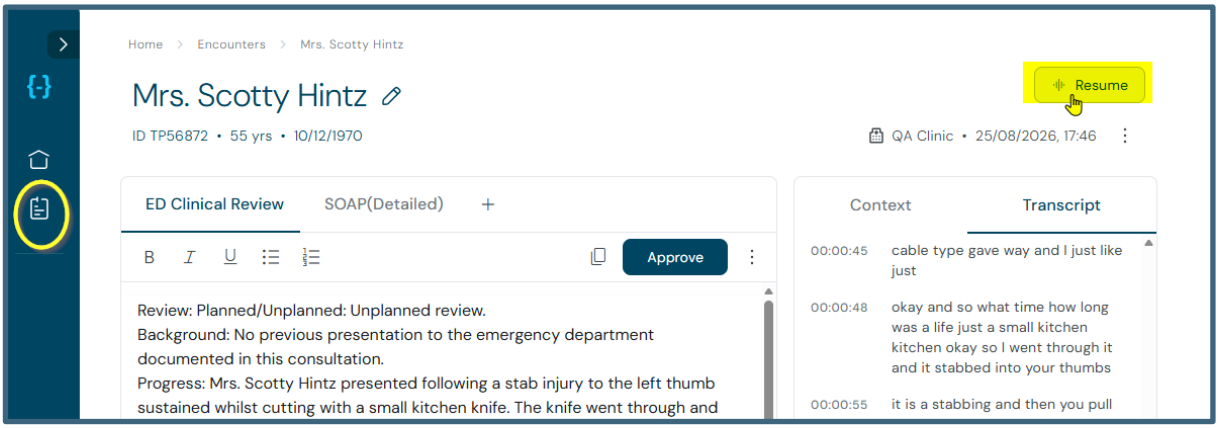
These actions have been explained under Generate documents.

Resume a consultation

If you resume a consultation with the patient at a later stage you can complete existing documents with the new content.

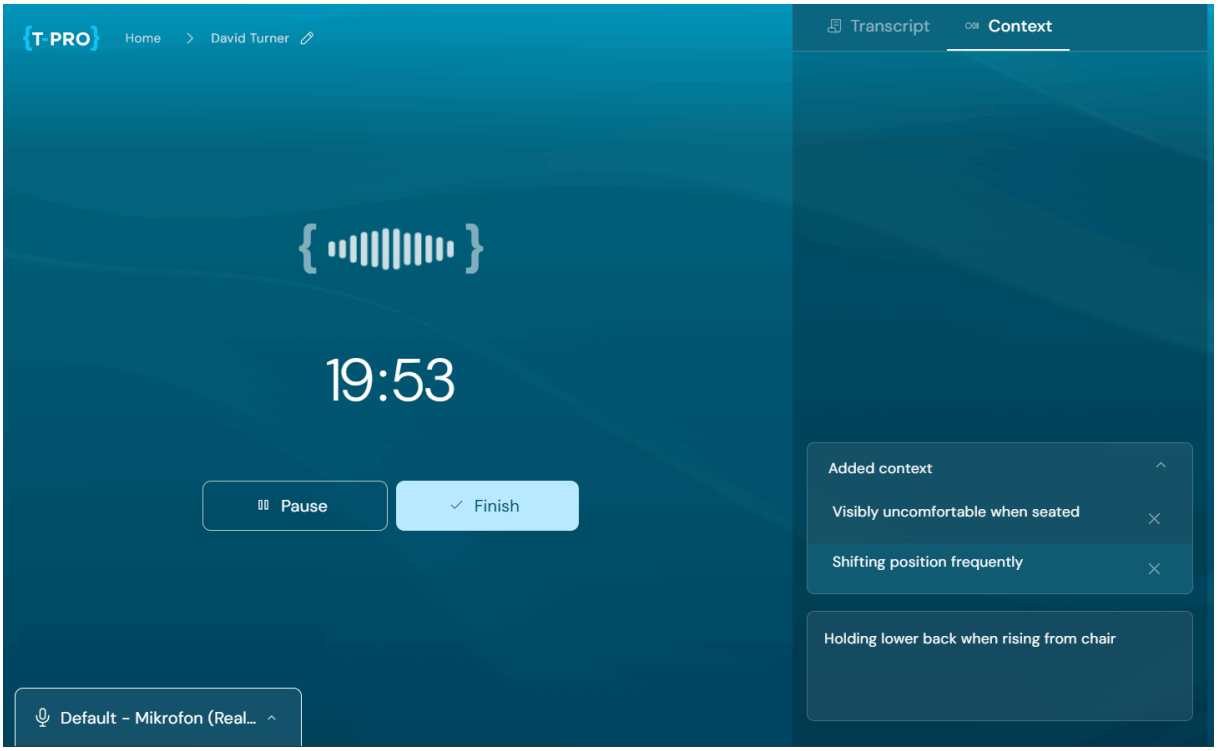
- Add new recorded content
- Add more context notes
- Update existing documents including the new information
- Create additional documents

Open the relevant encounter.
Click on the **Resume** button at the top right corner.



Continue a consultation with the resume button

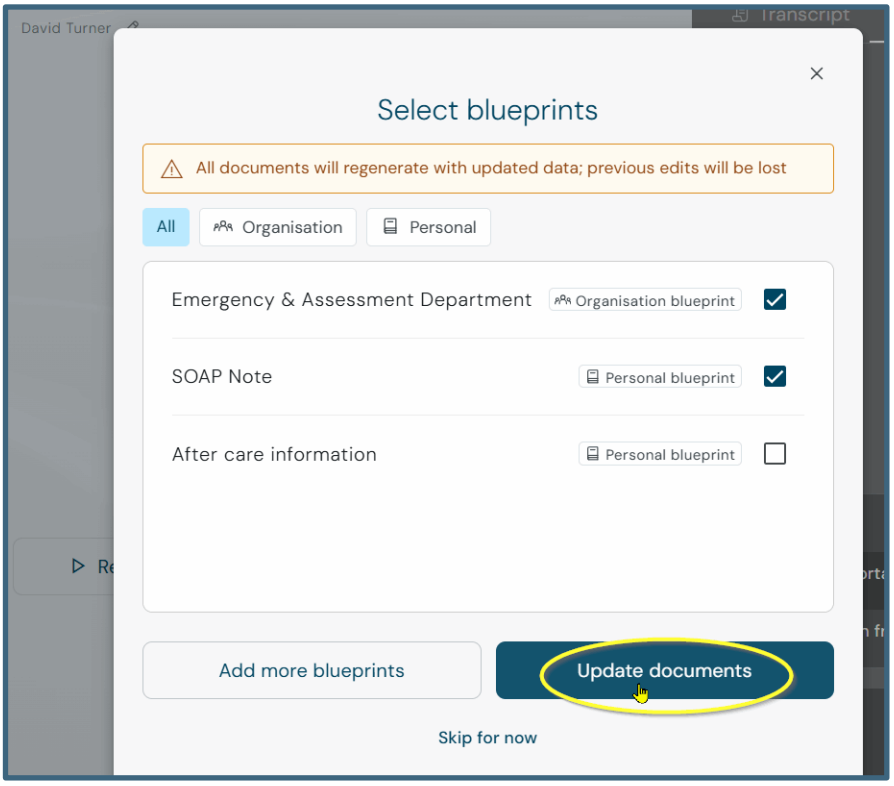
⇨ The recording screen opens in recording state, so you can continue the consultation without any further action.



Resume a consultation

Click on **Finish** when the resumed consultation has ended.

⇨ You'll be brought to the *Update documents* screen.



Existing documents are pre-selected to be updated

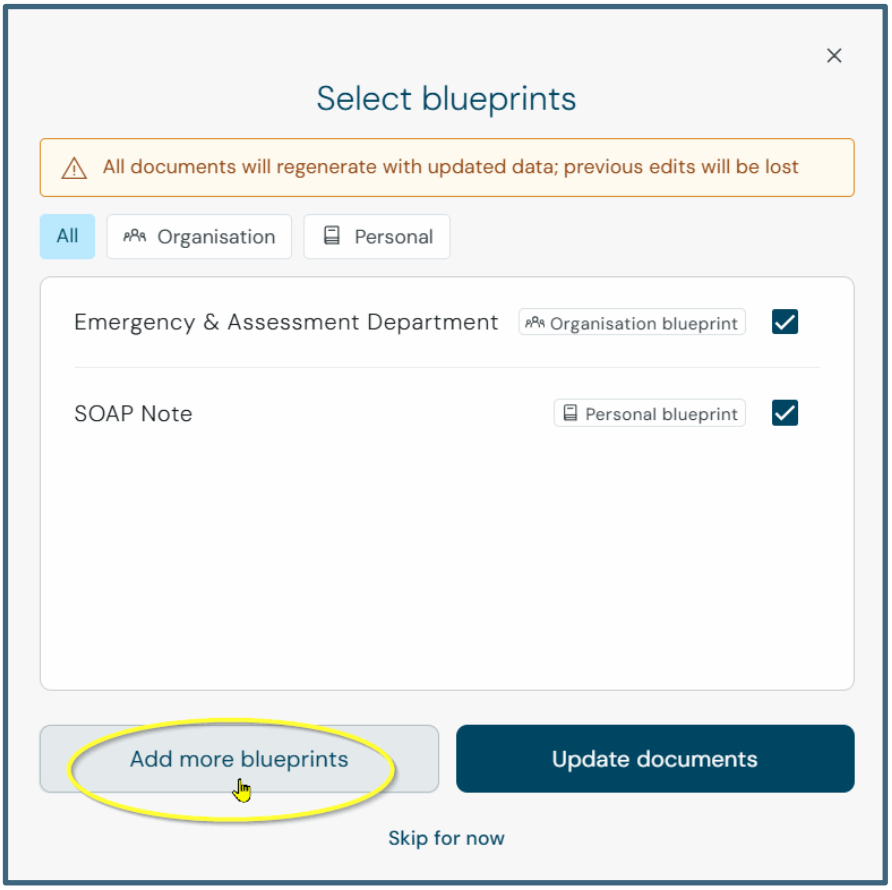
In this screen you have three options:

Update documents

- This regenerates the documents you had previously created, so they include the existing and the new content (see the warning on the screen).
- If the encounter you have resumed contains an approved document, it will be listed but greyed out. Approved documents cannot be selected for regeneration; they remain unchanged.
- You can also deselect documents if you want to exclude them from the updates.

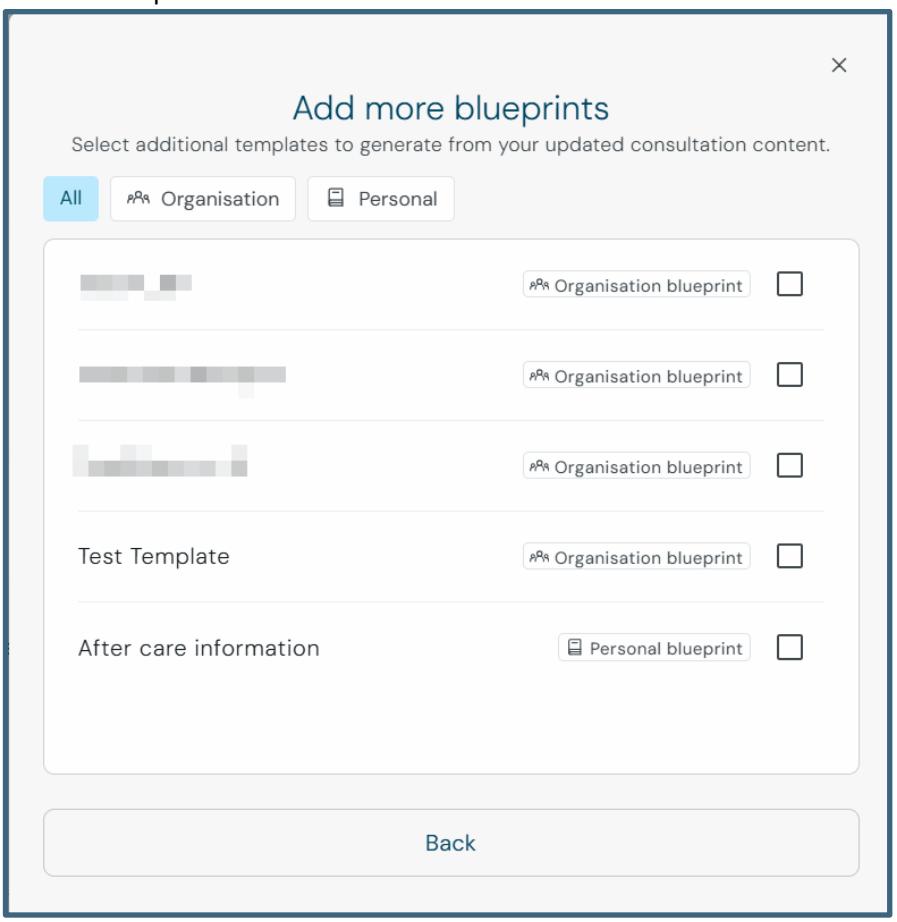
Add more blueprints

Go this route if you want to select more blueprints to create additional documents.



Click to select additional blueprints

General blueprint selection screen:



Select more blueprints for document generation

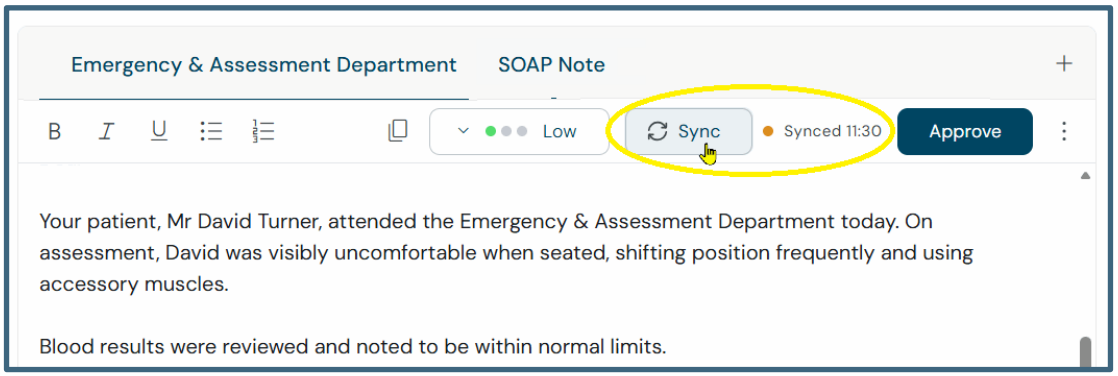
Once you have selected additional blueprints click on **Back**.

⇨ The new blueprint is now included for updates and will be generated with the previous consultation content and the new part.

- The maximal length for consultations is 3.5 hours
- You can resume a consultation several times. In this case you don't need to update the documents each time. The recording is saved and you can skip the update.

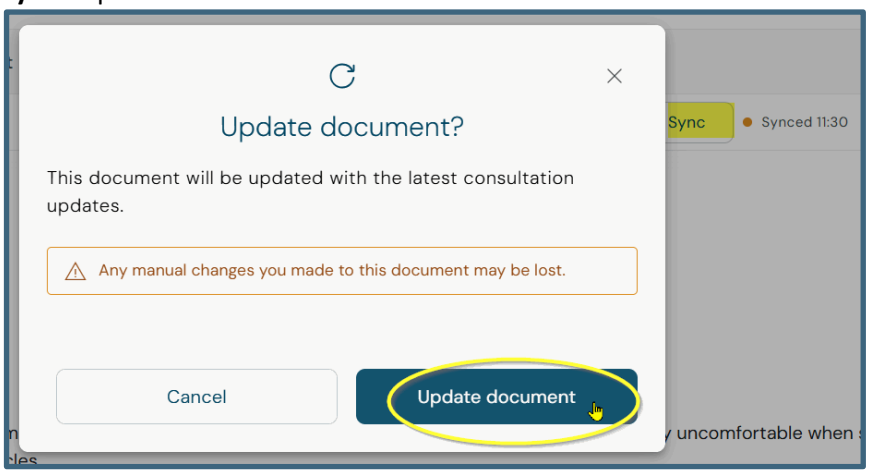
Skip for now
If you use this option none of your existing documents is updated.

- The resumed consultation audio is saved along with your context notes.
- In the documents section a **Sync now** button indicates that this document has not been included in the latest update. The time it was last synced is displayed.



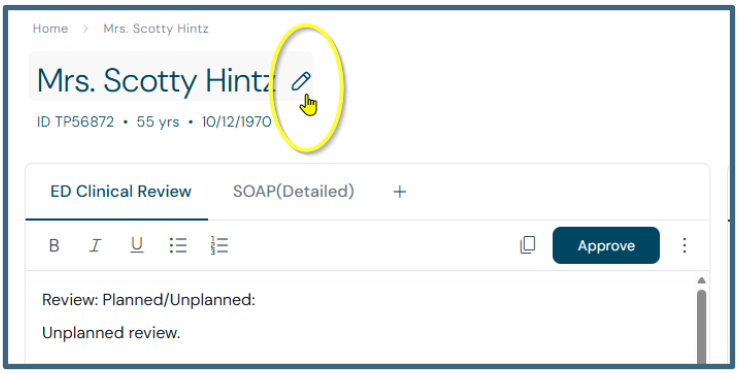
You can choose to sync the document at any later stage, or you can approve it without the latest content.

Sync requires a confirmation:

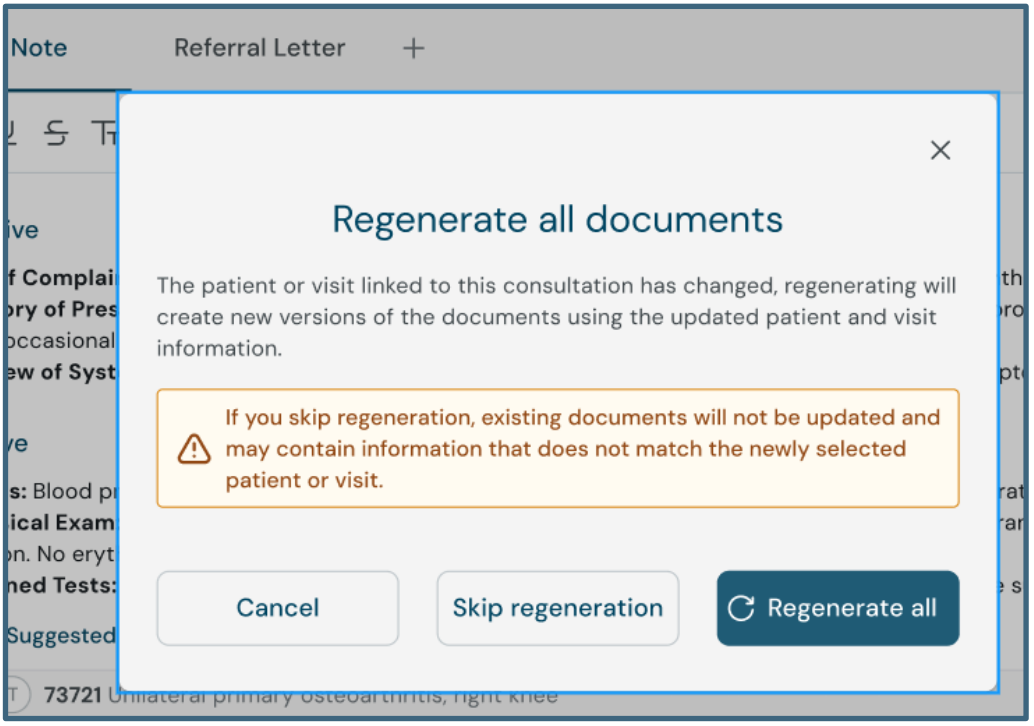


Changing a completed encounter

If you change the patient or visit data linked to a completed consultation (1), you will be prompted to regenerate the existing documents (2).



Icon to edit patient or visit data



Options after patient or visit data change

You have the options to:

Cancel – no change will be applied and the previously selected patient/visit will be kept

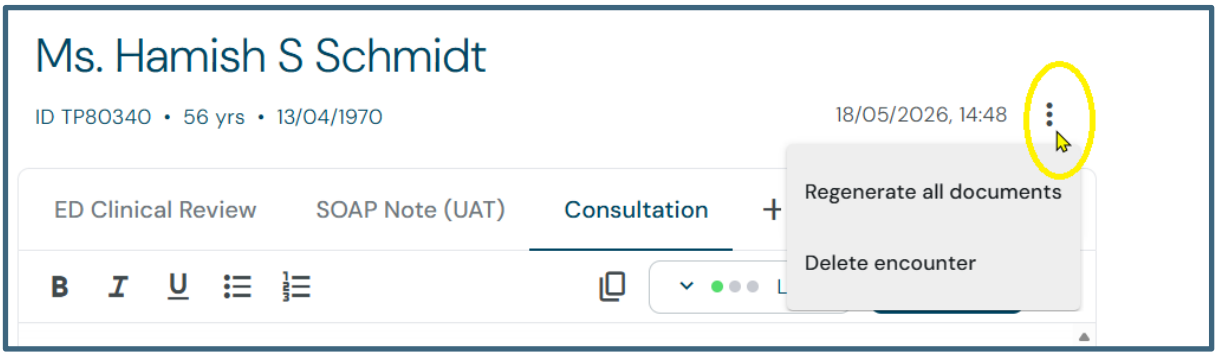
Skip regeneration – this keeps the newly selected patient data but leaves the existing documents unchanged (in the name of the previous patient)

> NOTE: Therefore, existing documents may contain patient details that no longer match the patient/visit linked to the encounter.

Regenerate all documents – which applies the newly selected patient/visit data to all of them

More options for encounters

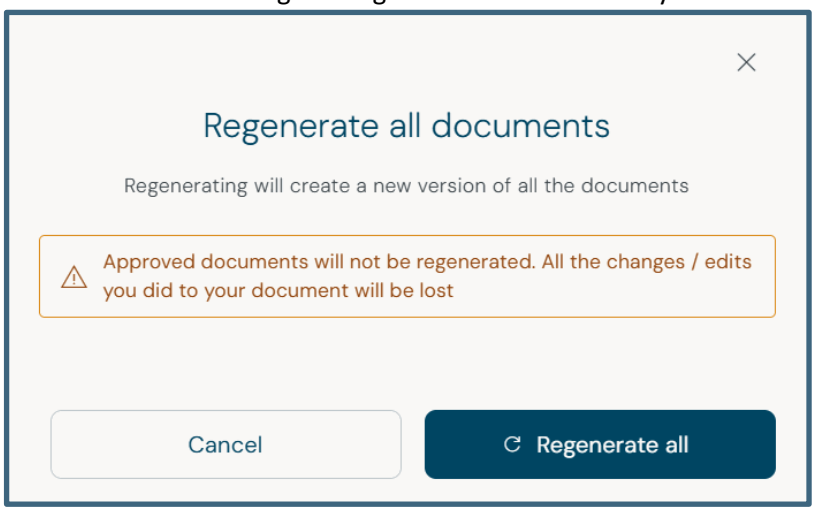
There are some more options for the entire encounter. Click on the three dots next to the encounter date:



Options on encounter level

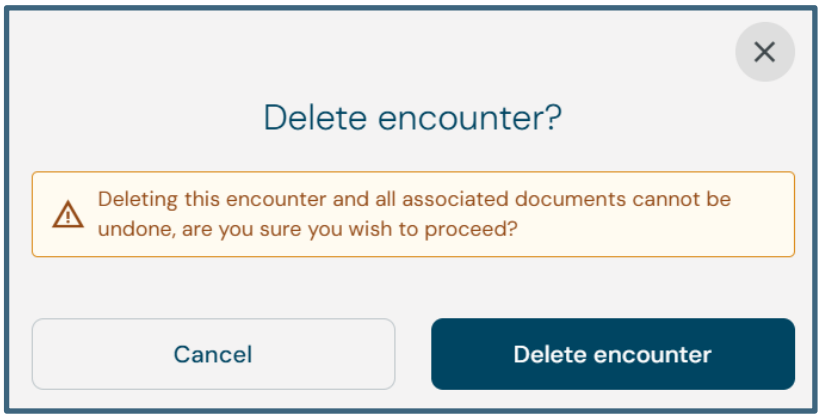
You have the options to:

- **Regenerate all documents-** use this option if you want to regenerate all documents based on that same audio using the same blueprints. This creates a different version of the documents. You will see the warning message and need to confirm your action.



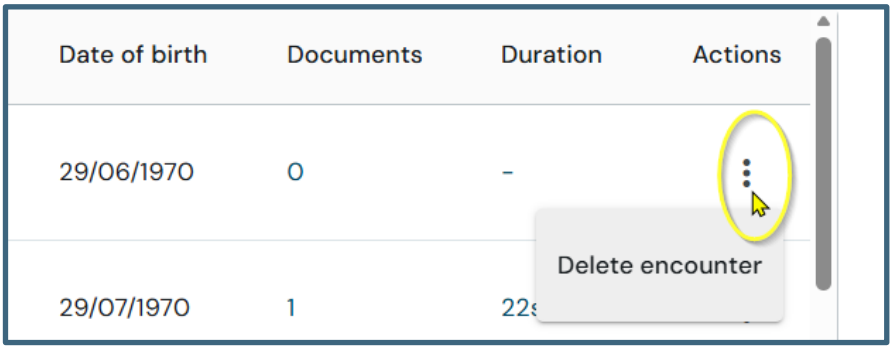
NOTE: An *Approved* document cannot be regenerated. It remains unchanged while the unapproved documents will be regenerated.

- **Delete encounter –** delete the entire encounter including all created documents
You will see the warning message and need to confirm your action.



Delete an encounter from the main screen

On the Encounters screen click on the three dots to open the Actions menu.
You might need to scroll the table to the right.



Use the actions menu

Select **Delete encounter** and confirm.

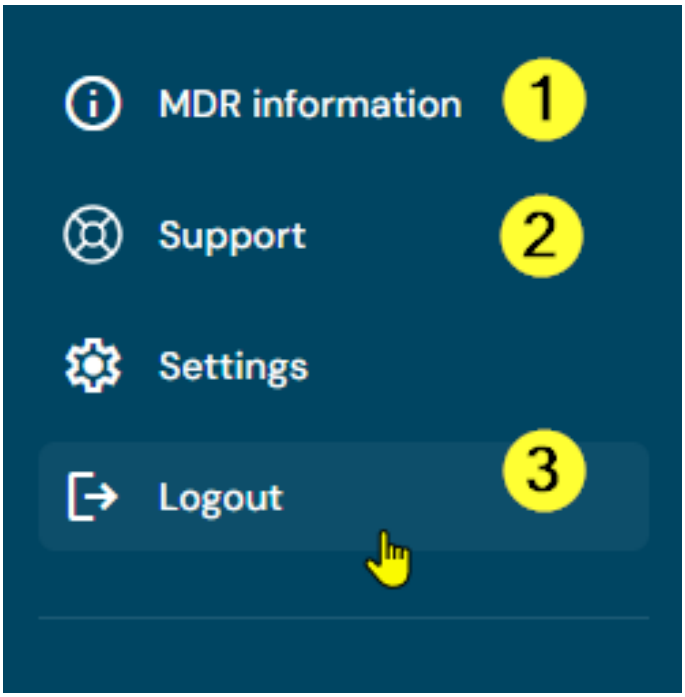
NOTE: An *Approved* encounter cannot be deleted.

⇨ The selected encounter with all associated documents will be deleted and cannot be recovered anymore.

MDR information, Support & Logout

These are the remaining options on the navigation bar.

NOTE: The MDR information is only visible to you when you work within the EMEA region.



Further options of the navigation bar

1. Click on **MDR information** to view details required for medical device regulatory compliance, including device and manufacturer identification, intended use, and warnings.

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   Certification UKCA

2. Use the **Support** option on the navigation bar to access the T-Pro Help section with numerous help articles.

3. Click further down on **Logout** to leave the application.

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