

# Training Clinicians for AI-Enabled Practice

How Noorda-COM made clinical intelligence part of the curriculum, and why it matters for every organization building a workforce for modern healthcare.

<b>ORGANIZATION</b> Noorda-COM	<b>SEGMENT</b> Medical Education	<b>PLATFORM</b> Matic Clinical Intelligence Platform	<b>FOCUS AREAS</b> Clinical Documentation · AI Literacy · AI-Enabled Care Delivery
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## 01 The Challenge Medical Education Had Not Solved

Medical education is designed to prepare physicians for the realities of practice. For decades, that meant building clinical knowledge, diagnostic reasoning, and procedural skill. It did not mean preparing students for the systems they would work inside.

That gap has become harder to ignore. AI is no longer a future consideration in healthcare. Intelligent documentation systems, clinical decision support, and connected workflow tools are already active across forward-thinking organizations. Clinicians who enter practice without exposure face a real adjustment period, slowing adoption, creating friction, and placing the burden of change on health systems rather than training institutions.

Noorda-COM recognized this before most institutions acted on it. Their leadership asked a different question: not how to add an AI tool to the curriculum, but how to build AI fluency into the learning experience itself.

## 02 Noorda-COM's Vision

What set Noorda-COM apart was not the decision to use AI in training. It was the conviction behind it. Noorda-COM's leadership understood that AI literacy is not a technical skill to be layered on after graduation. It is a clinical competency, one that shapes how physicians think about documentation, how they understand downstream consequences, and how they operate within connected healthcare systems.

The goal was not to graduate students who had used an AI tool. The goal was to graduate physicians who understood how intelligence functions within care, how documentation quality drives what happens next, and how to work alongside AI without losing clinical judgment. That vision required a partner who shared it.

## 03 Why Matic

Matic is an AI-native clinical intelligence company. Matic intelligence orchestrates specialized agents into one coordinated system running across the care-to-claim lifecycle, connecting documentation, patient context, coding, and clinical validation into one continuous workflow embedded inside existing EHR environments.

Scribematic, Matic's ambient clinical documentation capability, is one of the Matics. It captures real clinical conversations and produces accurate, structured, EHR-ready notes in real time, specialty-aware, workflow-adaptive, and designed to support everything that happens after the note is written. Scribematic was developed by a physician who trained at Noorda-COM, shaped by direct experience with the documentation burden students face. That origin gave Noorda-COM confidence the platform would serve its educational purpose, not just its operational one.

*"This partnership reflects our commitment to prepare students for the medicine they will actually practice. Our graduates will work across a wide range of practice settings where AI is increasingly part of everyday workflows. Matic supports learning by modeling high-quality documentation, reinforcing clinical reasoning, and fitting naturally into real clinical environments, without interfering with patient care."*

**MICHAEL RHODES**  
Associate Dean for Graduate Medical Education and Continuing Medical Education, CMO and DIO  
Noorda-COM

## 04 The Program: Connected Intelligence, Embedded in Education

Noorda-COM and Matic built a structured program designed to be practical, scalable, and durable, serving both students in clinical training and the preceptors who mentor them. It was not a pilot. It was a curriculum commitment, built across three integrated layers.

### LAYER 01

#### Student Access

Matic's ambient documentation capability has been extended to third-year and fourth-year students at the start of their clinical rotations, the point in training where they begin documenting patient encounters as part of everyday clinical practice. Students capture real encounters in real time, building fluency through direct use rather than demonstration.

### LAYER 02

#### Curriculum Integration

Matic's platform has been built into coursework through co-developed assignments, connecting classroom instruction to real clinical workflows. Quarterly working sessions with Noorda-COM faculty expand and deepen the integration as the program matures.

### LAYER 03

#### Structured Enablement

Matic's onboarding model has been tailored for each constituency in the program. Students in clinical rotations, faculty, and preceptors each receive dedicated enablement. Adoption is designed, tracked, and reinforced across every cohort.

The result is a learning environment where AI fluency is built the same way clinical reasoning is built: through practice, repetition, and structured feedback, not a one-time orientation. And because students arrive in practice and work through this together, the learning moves in both directions. Students and preceptors gain exposure to modern AI-enabled workflows through the students they train. That knowledge transfer is not incidental. It is part of what makes the program durable.

## 05 What Students and Preceptors Learn, and Why It Matters Downstream

The documentation encounter is where clinical intent is established and downstream outcomes begin. The note a physician writes shapes how that visit is coded, what is reimbursed, and the financial and operational health of the organization delivering care. Third-year and fourth-year students engaged in clinical rotations learn this chain of consequence through experience, not lecture, graduating with a working model of how AI fits into a connected healthcare system as part of the workflow itself.



### PRECEPTOR BENEFIT

#### Recognizing the People Who Train the Next Generation

Preceptors are the backbone of clinical medical education. They volunteer their time, their practices, and their expertise to train the next generation of physicians. Noorda-COM recognizes that contribution by extending Matic access to the preceptors who mentor its students, giving them the same AI-native documentation tools their students use in rotation. The result is a real reduction in administrative burden, more time spent on the clinical encounter itself, and direct exposure to the kind of AI-enabled workflows increasingly expected across healthcare settings.

This is not a one-way technology transfer. It is a recognition of what preceptors give, and an investment in what they deserve. As students bring fluency into the clinical environment, preceptors gain a practical on-ramp to tools that improve their own practice. That two-way dynamic is what transforms a student technology initiative into a workforce-level impact.

### MARKET SIGNAL

#### AI Readiness Is Now a Hiring Problem

Health systems deploying AI will increasingly sort candidates by workflow fluency. Noorda-COM graduates will have it. Most will not.

### WHY IT MATTERS

This is not about education. It is about competitive advantage for every organization that hires physicians, and for every health system without a workforce trained this way.

### COMPETITIVE ADVANTAGE

#### The Only AI Built From Inside the Problem

Matic's founder built Scribematic as a Noorda-COM student solving his own documentation burden. That is not a founding story. It is a product moat.

### WHY IT MATTERS

Matic has product intuition, clinical credibility, and an institutional relationship with the training environment simultaneously. That combination does not exist at any competitor.

### INDUSTRY VALIDATION

#### Two Kinds of Trust. One Announcement.

KLAS Research validated Matic with 100% repeat-buy intent from practicing clinicians. Noorda-COM validated it as the standard for training future ones.

### WHY IT MATTERS

Clinical validation and academic adoption in the same announcement means Matic is trusted at both ends of a physician's career simultaneously.

### FUTURE IMPACT

#### Every Graduating Class Is a Distribution Channel

Third-year and fourth-year students enter residency having trained with Matic. Their preceptors received access as part of the same program, and in many cases are learning alongside the students they mentor. That two-way knowledge transfer compounds with every cohort.

### WHY IT MATTERS

Matic is not just partnering with a medical school. It is building physician-level familiarity with its platform into the workforce pipeline at the point of formation.

## 06 Why It Matters Beyond Noorda-COM

Healthcare organizations deploying clinical AI share a common challenge: clinicians who were not trained to work alongside intelligent systems. Implementation timelines extend. Adoption rates stall. The technology is ready before the workflow is, and the gap between the two falls on health systems to close.

Noorda-COM is closing that gap at the source. Third-year and fourth-year students in clinical rotations build documentation fluency, care-to-claim awareness, and direct experience within a connected clinical intelligence platform before they enter practice. They do not need onboarding. They do not need change management. They are ready.

So, increasingly, are their preceptors. By extending Matic access to the physicians who train Noorda-COM students, the program accelerates AI workflow adoption beyond the classroom and into active clinical practice. Every rotation becomes a knowledge transfer event. For organizations evaluating Matic, the Noorda-COM partnership signals something beyond product capability: Matic builds with customers, not for them. The co-build model is not a services offering. It is how the platform achieves adoption that lasts.

### FOR HEALTH SYSTEMS AND PROVIDER GROUPS

- Graduates arrive AI-ready, reducing deployment timelines
- Reduced change management burden on clinical operations
- Talent pipeline aligned to AI-forward care environments
- A proven enablement model applicable at enterprise scale

### FOR EHR PLATFORMS

- Clinicians trained on Scribematic expect embedded intelligence
- Competitive pressure from platforms that have embedded Matic
- Accelerated path to differentiated AI capabilities
- Headless, API-first architecture, no rip-and-replace required

## 07 Strategic Takeaways

### 01

#### AI Adoption Starts With the Clinician, Not the Software

Technology readiness is meaningless without workflow readiness. The Noorda-COM model shows how durable adoption is built from the ground up, through training, curriculum, and structured enablement, not through a deployment timeline.

### 02

#### Documentation Quality Is a System-Level Problem

Notes that are inaccurate or incomplete degrade everything downstream: coding, revenue, compliance, and care. Fixing documentation quality at the training level strengthens the entire chain.

### 03

#### Matic Is a Connected System, Not a Documentation Tool

The Matics connect documentation, patient context, coding, and clinical validation across the care-to-claim lifecycle. Students trained at Noorda-COM gain fluency with that architecture before they enter practice.

### 04

#### Implementation Is the Differentiator

Matic's co-build model, which includes structured onboarding, curriculum collaboration, and ongoing support, is how the platform achieves adoption that sticks across medical education and every enterprise deployment.

### 05

#### The Next Generation of Clinicians Will Expect AI in the Workflow

Organizations that embed intelligence now will recruit and retain the physicians trained in environments like Noorda-COM's. Those that wait face a compounding expectation gap.