

Sustained Readiness. Confident Decisions.

Orientation fades within weeks. Karibu is engineered around peer-reviewed research on how clinicians actually retain information and decide under pressure.

6

DESIGN PRINCIPLES

25+

PEER-REVIEWED STUDIES

169,179

PARTICIPANTS STUDIED

2020+

CURRENT RESEARCH

WHAT WE CITE: peer-reviewed studies published in 2020 or later; a five-year window covering the post-COVID reorientation of medical education and the LLM era, plus foundational meta-analyses that remain the most-cited sources in the field.



Knowledge fades fast at the bedside.

Clinicians lose roughly 40% of new protocol knowledge within a month, and up to 90% within six. It isn't a lack of effort; it's how memory works when protocols are taught once, in a single long session.

We turn your facility's SOPs into five-minute pre-shift checks and bedside answers staff actually use: **verified before the floor, recallable at the bedside, audit-ready after.**

Six Design Principles



MICROLEARNING

01

Less stress on shift

A 40-study review found short, focused lessons improved knowledge retention and performance; an ICU-nurse RCT cut stress and anxiety by 16%.

APPLIED IN KARIBU

Guidance arrives in focused units of five minutes or less, on the clinician's own device, at shift start or before a procedure.

Monib, Heliyon 2025; Khalili, BMC Med Educ 2024.



SPACED REPETITION

02

Knowledge that sticks

Across 26,258 physicians, spacing learning over time beat studying once by 15 points; actively recalling beats re-reading ($g = 0.61$, 118 studies).

APPLIED IN KARIBU

Reinforced across shifts at growing intervals, and every reinforcement is a question the clinician must answer, not a passage to re-read.

Donoghue & Hattie, Front Educ 2021; McConnell, Acad Med 2025.



SCENARIO-BASED

03

Sharper bedside skills

Clinicians who trained on real scenarios outperformed lecture-prepared peers by a wide margin (SMD 1.45, 16-trial meta-analysis).

APPLIED IN KARIBU

Each unit is a scenario the clinician must recognize and act on, not policy text to read.

Liu, Nurse Educ Today 2024 (16-trial meta-analysis).



JUST-IN-TIME

04

Faster, confident decisions

In a 6-month nurse trial, point-of-care answers changed what staff did at the bedside, not just what they knew.

APPLIED IN KARIBU

Ask protocol questions in plain words, like a change-of-condition escalation, on shift.

Glanville, JMIR 2023; Gartrell, Comput Inform Nurs 2023.



AI TUTORING

05

More problems solved

AI tutoring matched human tutors and helped learners solve 5.5 points more problems they hadn't seen before.

APPLIED IN KARIBU

Facility-tuned AI, grounded only in approved protocols, cited to source, flagged for educator review.

Kestin, Sci Rep 2025; LearnLM & Eedi, 2025 preprint.



COGNITIVE LOAD

06

Design beats memory

Clear, well-structured protocols drive better decisions more than how much staff memorize.

APPLIED IN KARIBU

Protocols broken into single-topic units; concise answers at the moment of need.

Path analysis, BMC Med Educ 2024; physiotherapy RCT 2025.



Why this matters in clinical operations

We move the dials clinical leaders watch every morning: agency DNR rates, staff burnout, and time-to-deploy on survey corrections.

Before each shift, every nurse gets a **five-minute personalized briefing**.

Assembled automatically from four sources specific to your facility, with no manual handoff.



Facility SOPs

The right policies for this nurse, on this unit, in plain language.



Survey corrections

Last survey's cited issues, built in so staff fix them daily.



DON directives

Today's instructions, delivered to every incoming nurse.



Personal shift gap

Every directive dropped since this nurse was last on shift.

SHIFT-LEVEL OUTCOMES What changes on the floor



Reclaimed charge-nurse hours

More clinical hours for your core floor leaders

THE KARIBU LIFT

Pre-shift acclimation goes self-serve, so permanent staff stop hand-holding new nurses and focus on patient care.

EVIDENCE Onboarding burden on permanent staff is the bottleneck (Telschow et al. J Adv Nurs 2025).



First-shift success rates

More successful placements, fewer Do-Not-Return mandates

THE KARIBU LIFT

Nurses arrive aligned with your building rules and walk on prepared, protecting your staffing pipelines.

WHY IT WORKS Most first-shift failures trace to missing facility knowledge (layout, charting, building rules), not clinical skill.



Protocol deployment velocity

24 hours from policy update to full-floor deployment

THE KARIBU LIFT

A policy uploaded Tuesday becomes a mandatory pre-shift brief for every nurse arriving Wednesday.

EVIDENCE Structured orientation beat standard onboarding on every domain (Montes Muñoz 2025, n=200).



Audit-ready survey protection

Continuous, timestamped compliance for inspectors

THE KARIBU LIFT

Survey corrections inject into the pre-shift routine, and administrators pull a live audit trail in one click.

EVIDENCE Stable staffing tracks to better care (Shen 2023); less agency reliance protects RN retention (Pradhan 2025).

Every outcome here is backed by published research. Karibu-specific pilot data is in progress.

