INNOVATOR CIRCLE BOOTCAMP | MPM-CX

Vibe Coding

For Doctors

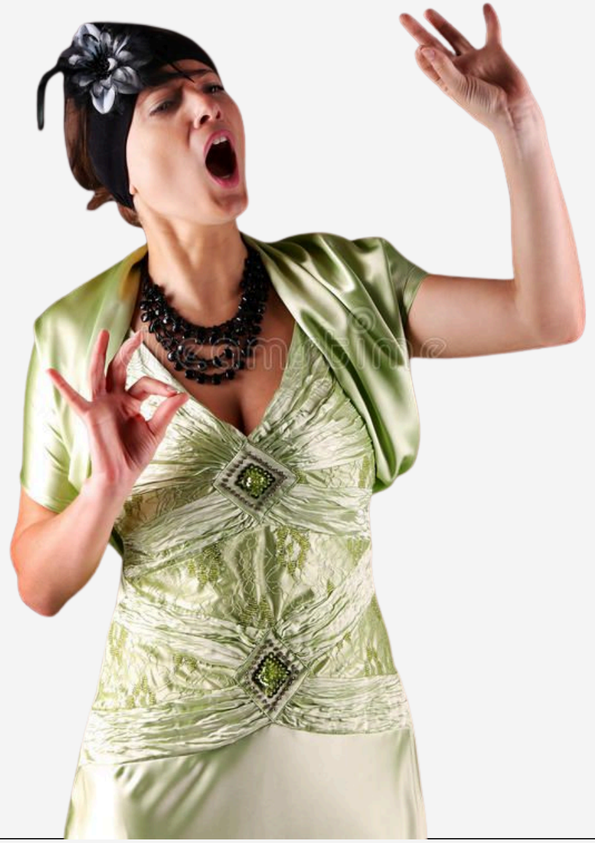
Faraz Zeeshan

cofounder of Medxchange,
Peakbrain & Houseofmedicine.in

July 24, 2026 **1:00 p.m.** **medxchange.in**

House Rules

While Vibe Coding can be frustrating or it can be addictive, there is no in-between. Patience is the differentiator



01 Join the Google Meet & Mute and reduce the volume to Zero, Join Whatsapp Group

02 Share your screen, if you are stuck during hands on, so that we can audit

03 This is a problem solving hands-on, lets use all the tools at expense

Google Meet

Whatsapp Group

Today's Agenda

What we'll learn:

- What vibecoding is
- What makes an idea buildable
- What an effective vibecoder does
- How to prepare before you build
- How to respond when things break
- How to learn and grow from each build

Coding Champion Today

Minaam Qureshi
SDE

Minaam is full stack SDE, entrepreneur working at the intersection of tech and business.

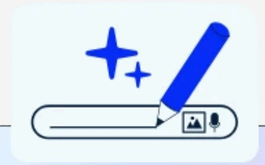
He is leading tech development at Peakbrain and Houseofmedicine.in

Assisting us today from google meet.

What is Vibe Coding?

Choose your AI assistant

Platforms like ChatGPT, Replit, Cursor, Claude, or GitHub Copilot



Natural Language Prompt

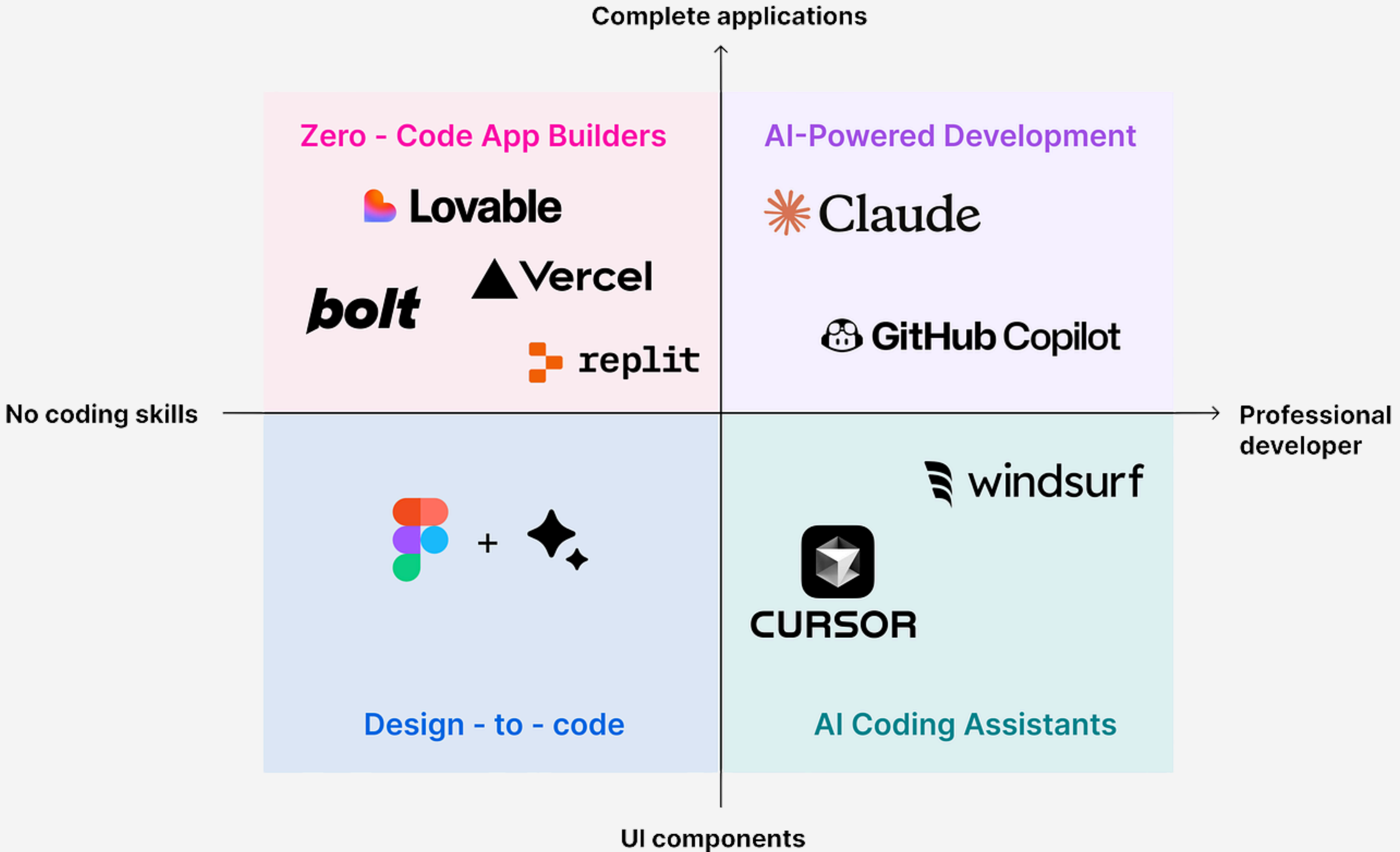
Describe your idea using plain language or use ref. wireframes

Let AI Generate

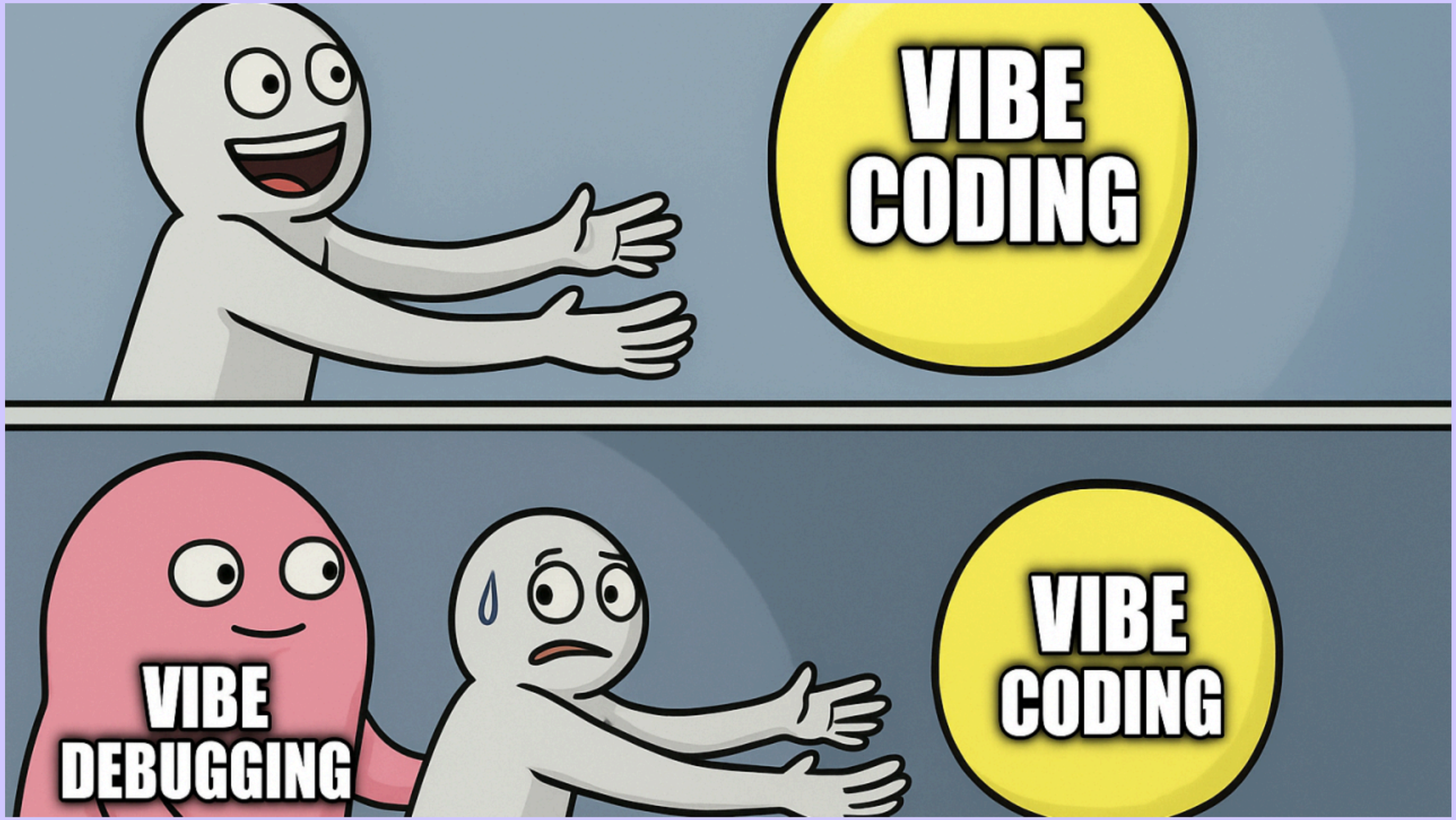
Platform gives functional code - React components, animations, or full layouts

Review and Refine output

Give follow-up prompts and refine to get desired output


Complete applications
Zero - Code App Builders
Lovable
bolt
Vercel
replit
AI-Powered Development
Claude
GitHub Copilot
No coding skills
Professional developer
windsurf
CURSOR
Design - to - code
AI Coding Assistants
UI components

Biggest Challenge



Rules to ship real world apps

Mindset

- Baby steps — one section at a time, one page at a time
- Be patient, and a patient — sometimes don't ask why something works or breaks, just move forward
- This knowledge space is endless & ambiguous— you're just getting started, and that's fine

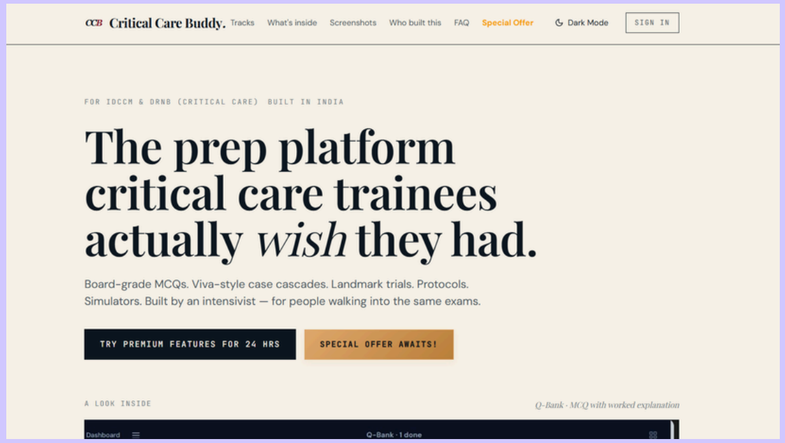
Setup

- Use every resource available — don't build in isolation
- Money buys productivity and speed — literally
- Don't get overwhelmed by fancy words — they exist to scare you, not to gatekeep you
- Be clear on your idea, user journey, and product strategy before you touch the tool

Execution

- Structure your prompts — vague in, vague out
- Play AI vs. AI, smartly — use one AI to check, refine, or challenge another's output

Motivation


Critical Care Buddy.
Tracks
What's inside
Screenshots
Who built this
FAQ
Special Offer
Dark Mode
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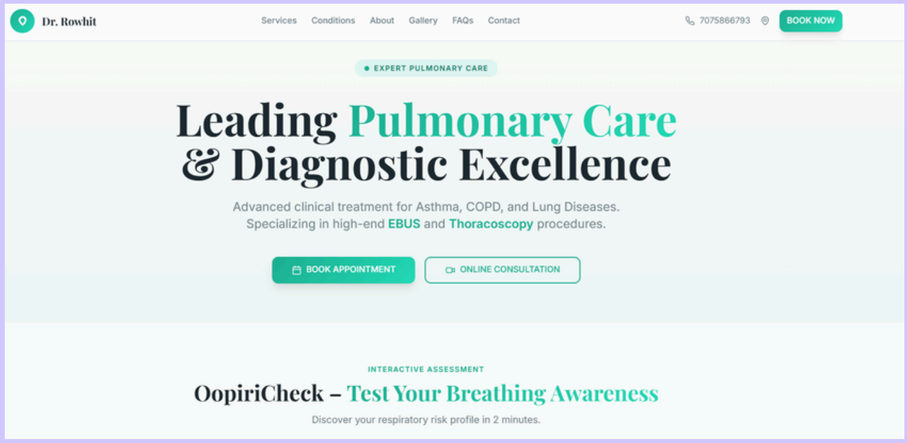
Q-Bank · MCQ with worked explanation
Dashboard
Q-Bank · 1 done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PM2.5
2.6
57 µg/m³
Fine particles that penetrate deep into lungs
PM10
0.73
33 µg/m³
Coarse particles irritating airways
NO₂
3.1 ppb
Traffic-related gas inflaming airways
PM2.5 Forecast
AQI
57
Good
Moderate
Unhealthy
Hazardous
PM2.5: 57 µg/m³
WAQI: 57
OpenAQ: –
IQAir: –
PER DAY
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PER YEAR
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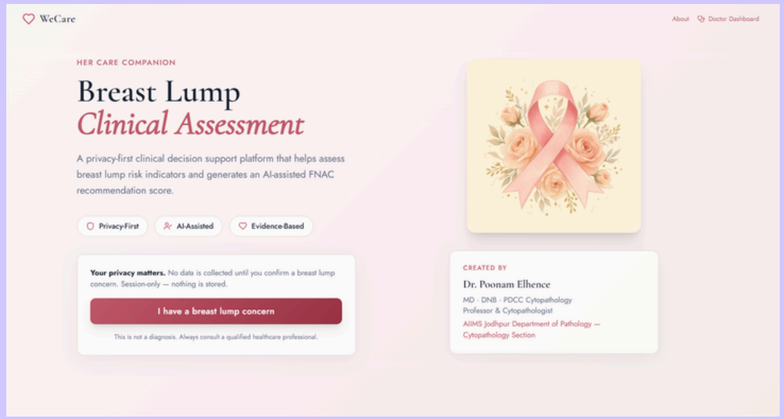
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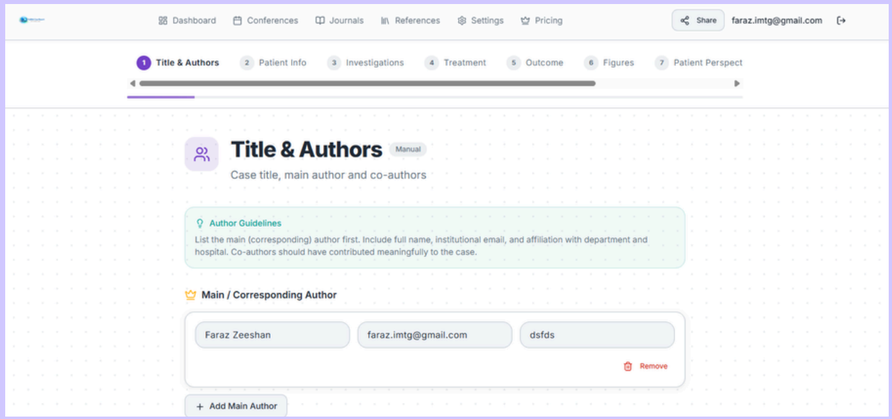
Doctor Dashboard
HER CARE COMPANION
Breast Lump Clinical Assessment
A privacy-first clinical decision support platform that helps assess breast lump risk indicators and generates an AI-assisted FNAC recommendation score.
Privacy-First
AI-Assisted
Evidence-Based
Your privacy matters. No data is collected until you confirm a breast lump concern. Session-only — nothing is stored.
I have a breast lump concern
This is not a diagnosis. Always consult a qualified healthcare professional.
CREATED BY
Dr. Poonam Elhence
MD · DNB · PDCC Cytopathology
Professor & Cytopathologist
AIIMS Jodhpur Department of Pathology — Cytopathology Section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1 Title & Authors
2 Patient Info
3 Investigations
4 Treatment
5 Outcome
6 Figures
7 Patient Perspect
Title & Authors
Manual
Case title, main author and co-authors
Author Guidelines
List the main (corresponding) author first. Include full name, institutional email, and affiliation with department and hospital. Co-authors should have contributed meaningfully to the case.
Main / Corresponding Author
Faraz Zeeshan
faraz.imtg@gmail.com
dsfds
Remove
Add Main Author

World of Software Development

Understanding the different structure of build

July 24, 2026

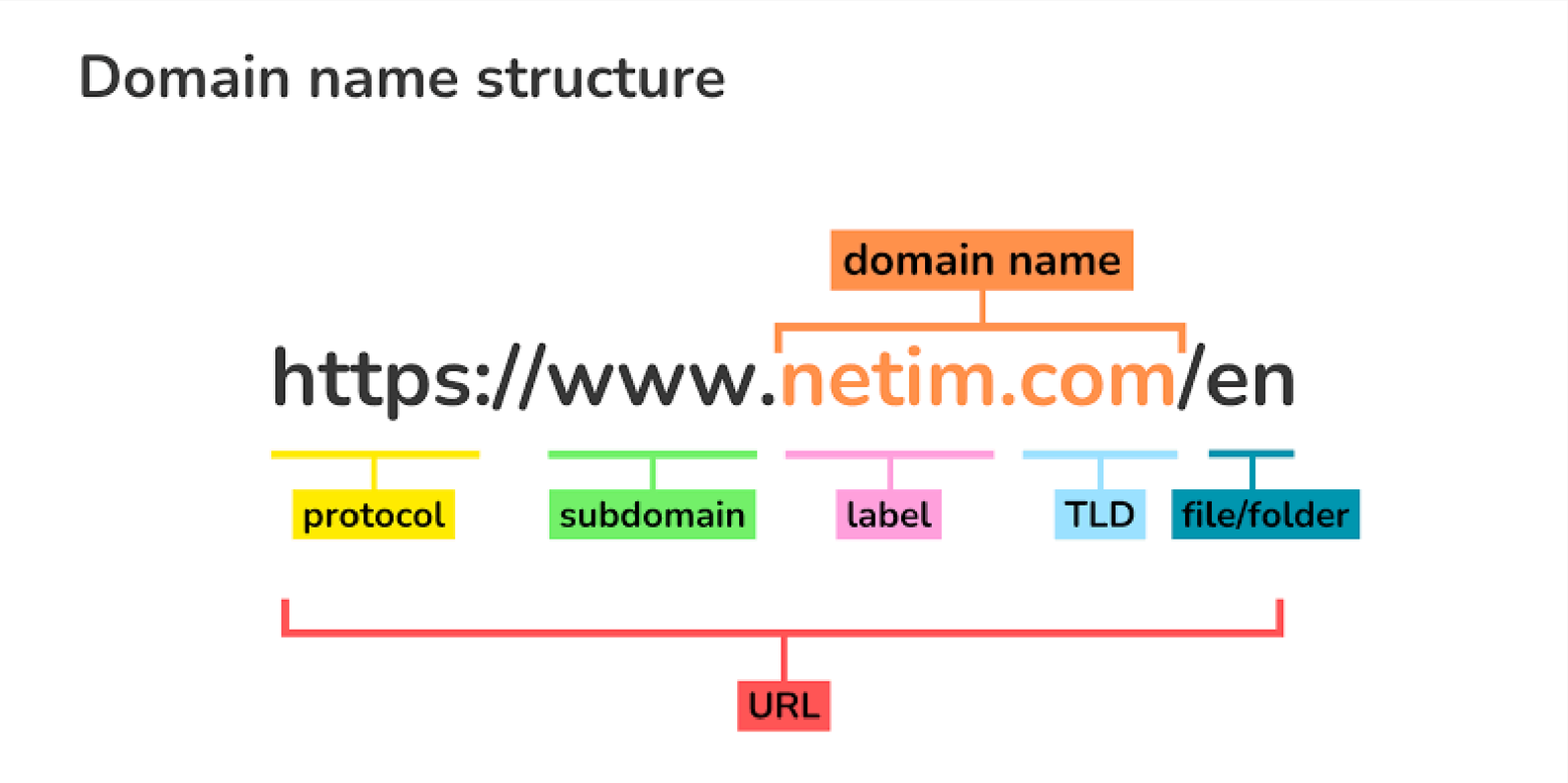
Hospital Analogy– Coding Environment

01

First, you pick a name and a location.

Thats your Domain Name, address people are type to find you

Namecheap, Godaddy, Hostinger few vendors



Hospital Analogy– Coding Environment

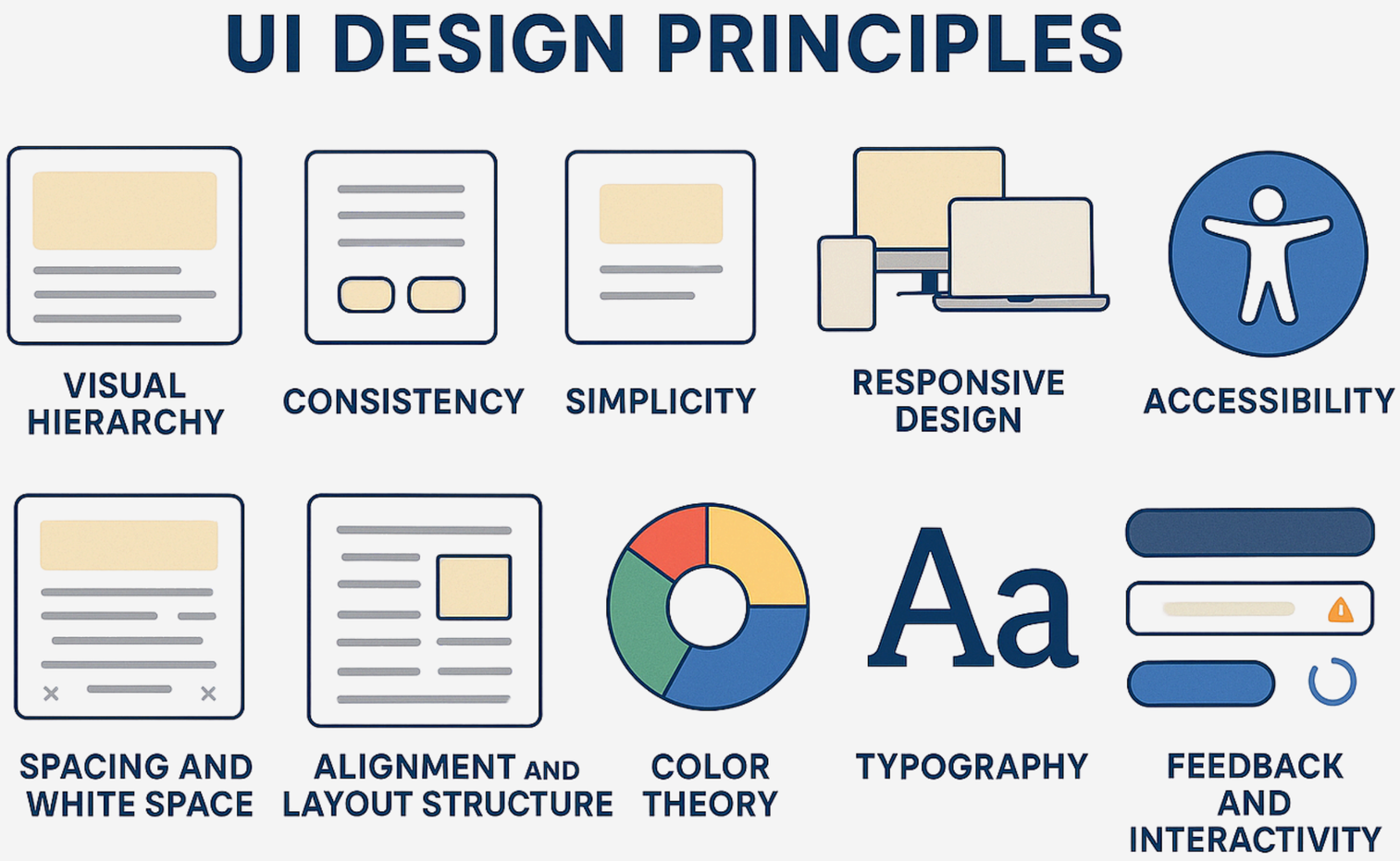
02

What does a patient see when they walk in?

The reception, signage, waiting area — that's your frontend. Not where medicine happens, but the only part patients see.

It has styles, sections, animations, CTA, Color Schemes, Landing pages,

User Experience User Interface



Hospital Analogy– Coding Environment

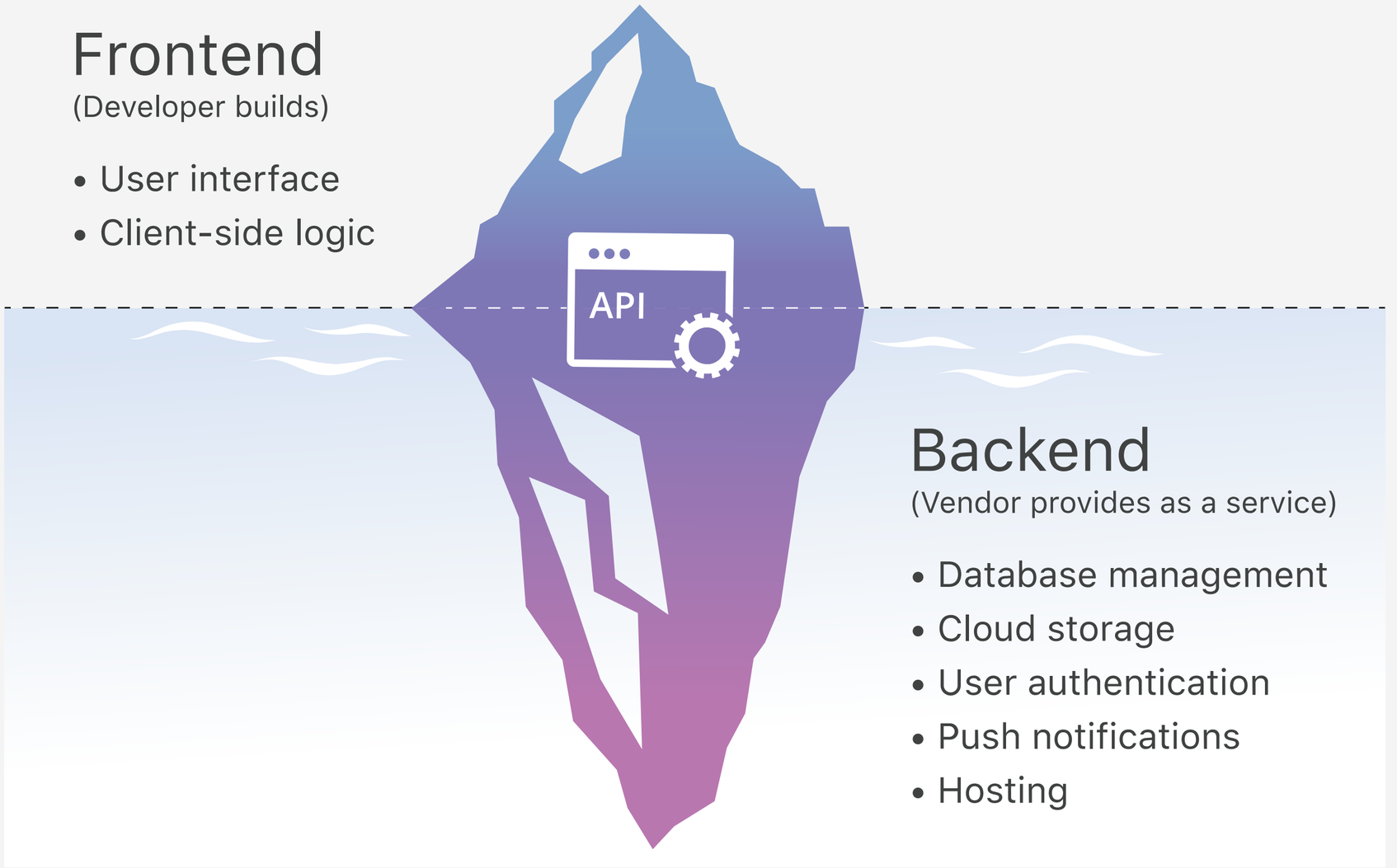
03

Who's actually doing the work?

Doctors and staff diagnosing, prescribing, operating, behind the lobby. That's your backend.

Data Processing: Performing calculations, modifying data, and updating the database when a user takes an action.

They control access to information called Row Level Security



Hospital Analogy– Coding Environment

04

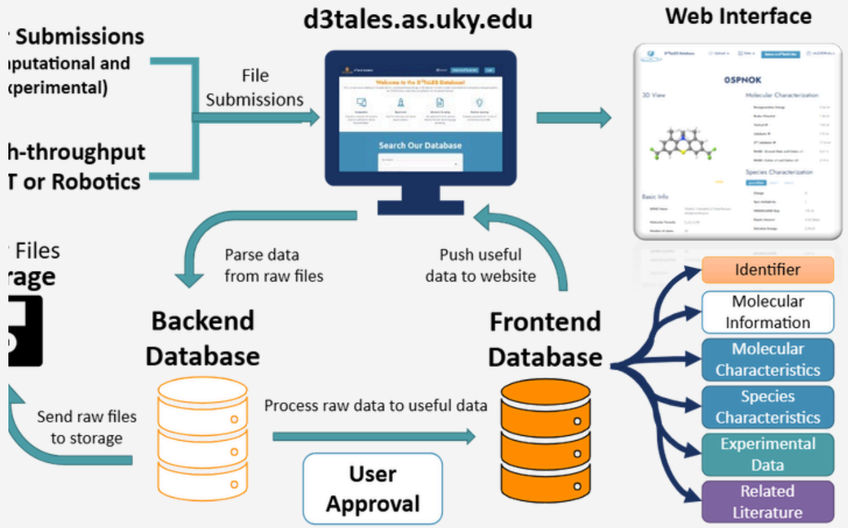
Where do you keep every patient's history?

The records room — files and folders. That's your database

A visitor can't stroll into the ICU. That's authentication — the ID badge deciding who's allowed into the building at all, and which wards.

A nurse on the cardiology ward can see cardiology patients' charts — not the psychiatry ward's, not another hospital branch's, even if she's standing in the same records room. This is Row-Level Security (RLS)

Database policy — written once, by someone senior (usually the hospital administrator, not each individual doctor), and every single request to read or write a chart gets silently checked against it. A doctor never sees the rule — they just find that some charts open and some don't.



Hospital Analogy– Coding Environment

05

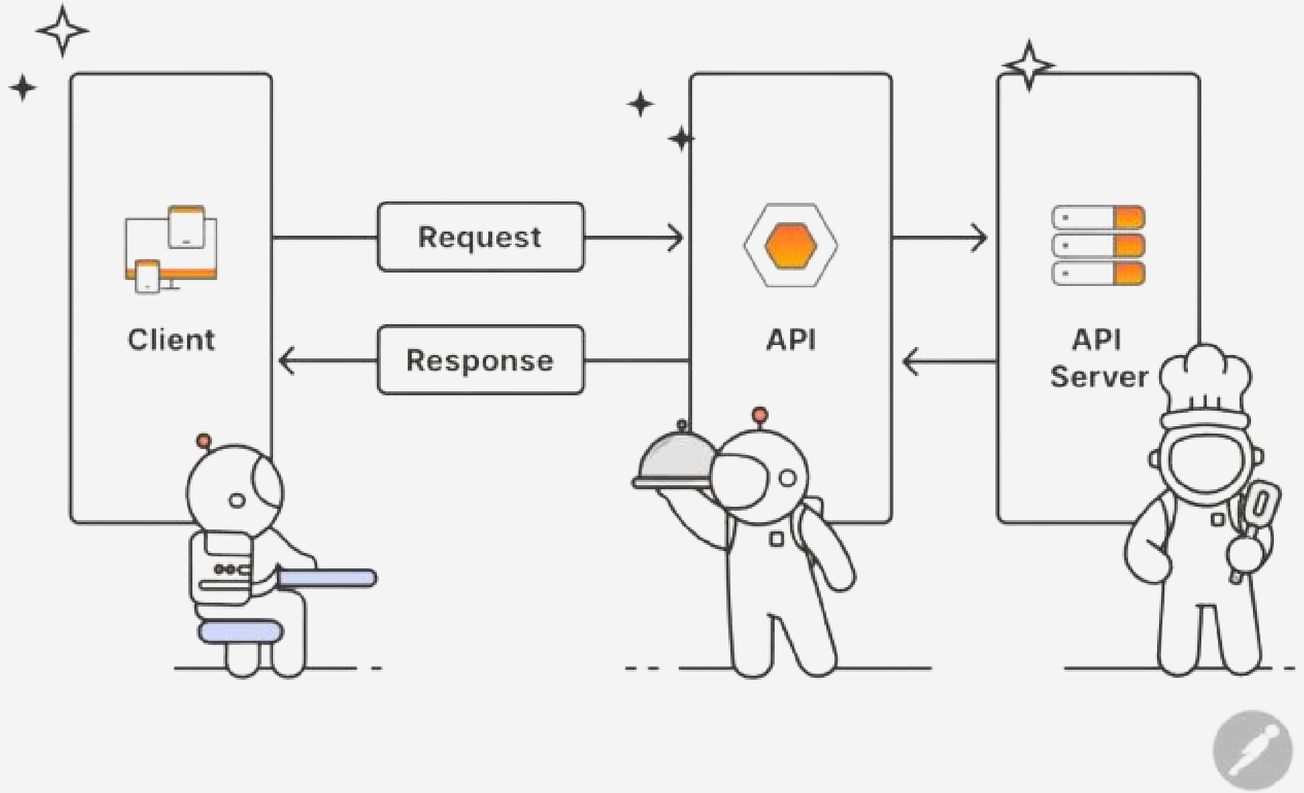
Your hospital doesn't do everything in-house

You send a sample to an external lab, get results back in an agreed format. That's an API.

Its has keys for ensuring the right request is processed.

With API you can connect LLMS, Send Information,

Never expose APIs in the frontend or back end



Hospital Analogy– Coding Environment

06

Every change to a chart gets a dated entry, not an erasure– GITHUB

Every change made to a patient's chart doesn't erase the old note — it adds a new, dated entry. Added allergy note — Tuesday, 3pm. That's a commit: a small, timestamped record of exactly what changed and why.
Now imagine the hospital wants to trial a new discharge protocol. You don't test it on every patient in the main ward — you open a separate trial ward first, run it there, and only bring it into the main ward once it works. That's a branch: a safe copy to experiment in, without touching the real thing.

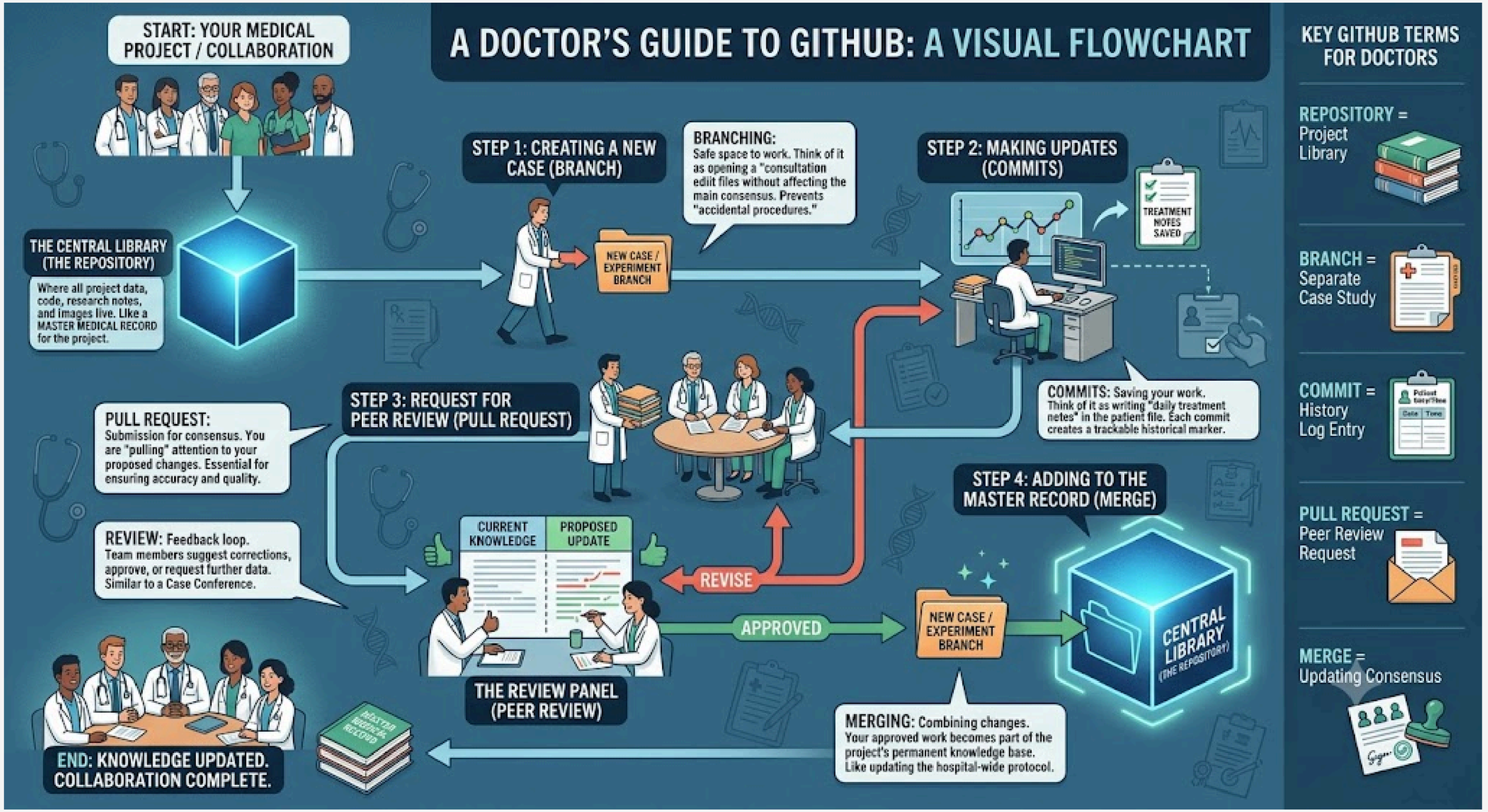
Once the trial ward's protocol is proven safe, you formally bring it into the main hospital's standard practice. That's a merge — folding the trial branch's changes into the main one.

And the master archive holding every single entry, every trial ward, every past version of every protocol, going back to day one — searchable, and able to be rewound to any point in time? That's GitHub — the hospital's complete institutional memory.

If a senior doctor wants to review a proposed protocol change before it goes live in the main ward — read through it, comment, approve or reject — that's a pull request: a formal here's what I want to bring in, please review before it merges.

Hospital Analogy– Coding Environment

06



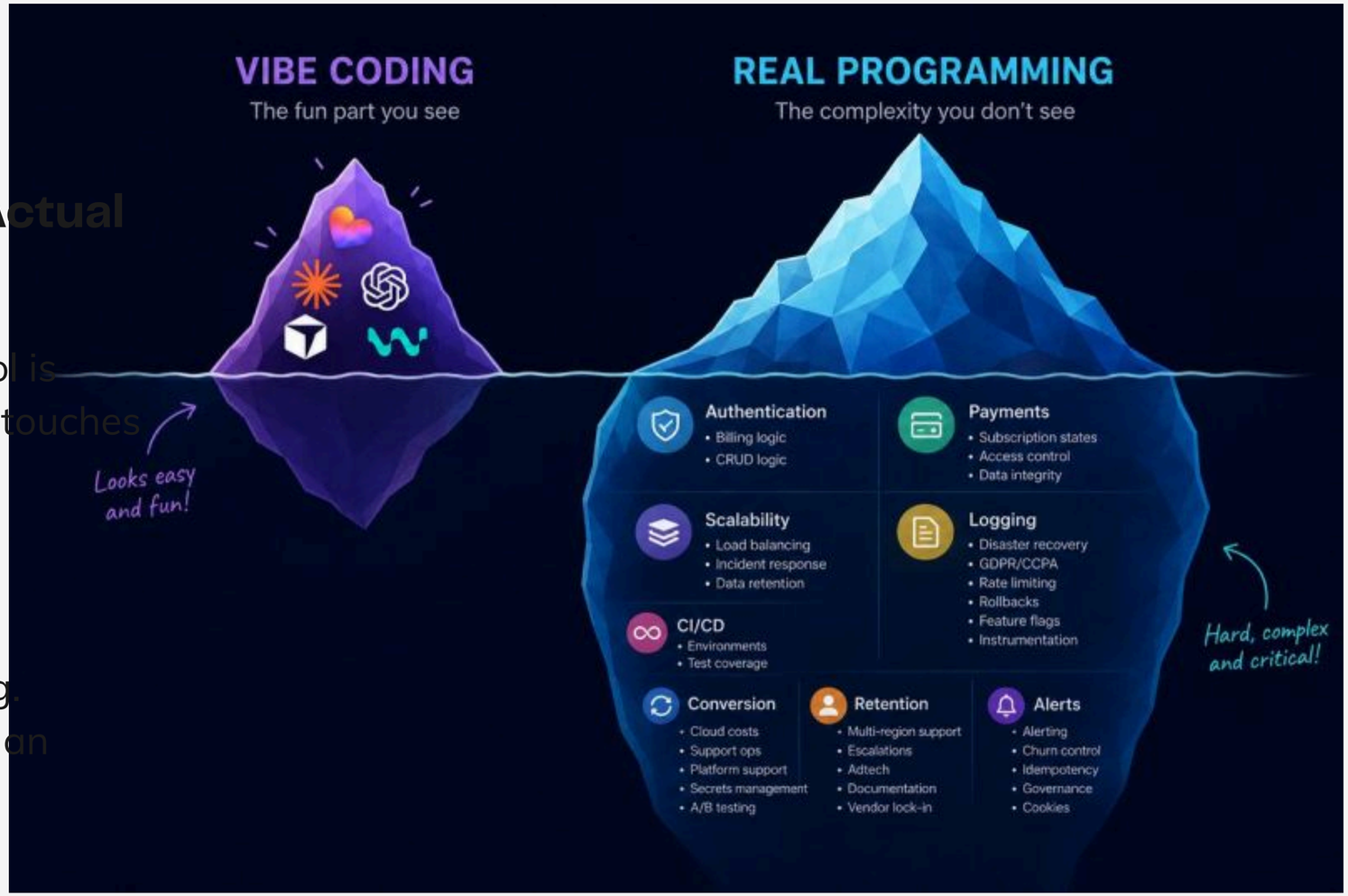
Hospital Analogy– Coding Environment

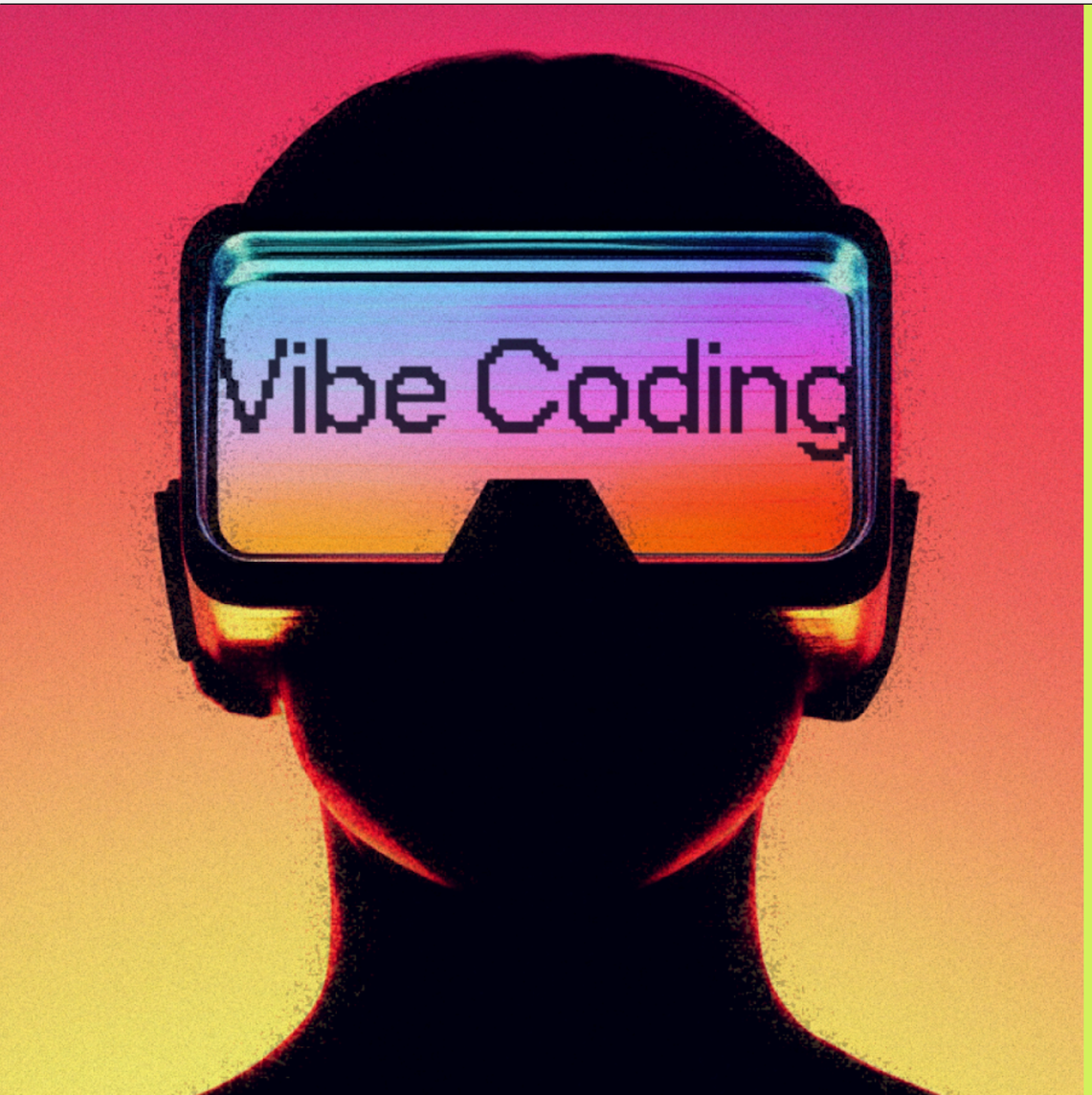
07

Clinical Protocol– Research vs Actual Practise

Staging: A trial ward where a new protocol is tested on mock or low-risk cases before it touches real patients — safe to fail, safe to fix, no consequences if something's wrong.

Production:
The real ER, real patients, live and running. Nothing here is a drill — a mistake affects an actual patient, not a rehearsal.





Let's Get Our Hands Dirty

Enough talking — time to build something real.

Stage 1: Brainstorming

Product Research Structure

1. The Idea
 What problem are you solving, and why does it matter now? What's the smallest version that's still genuinely useful?
2. The Users
 Who's the primary user this is built around? Who else touches it — staff, admin, family — and what does each one actually need?
3. The Admin Layer
 Who manages this once it's live — who can add, edit, approve, or remove things? What can a regular user never do, that only an admin can?
4. How It Looks
 What's the first screen someone sees, and what's the one thing on it that matters more than anything else? What can stay hidden until they tap deeper?
5. What You're Building
 Say it in one sentence. What's in scope for version one, what's deliberately left out, and what does "done" look like at the end of this session?

I have an idea for a healthcare app. Help me think it through completely before I build anything. Go section by section — don't move to the next one until I've answered the current one, and summarize what you understood before moving on.

My starting idea: [describe in 1–2 sentences]

Stage 2: Choosing tool

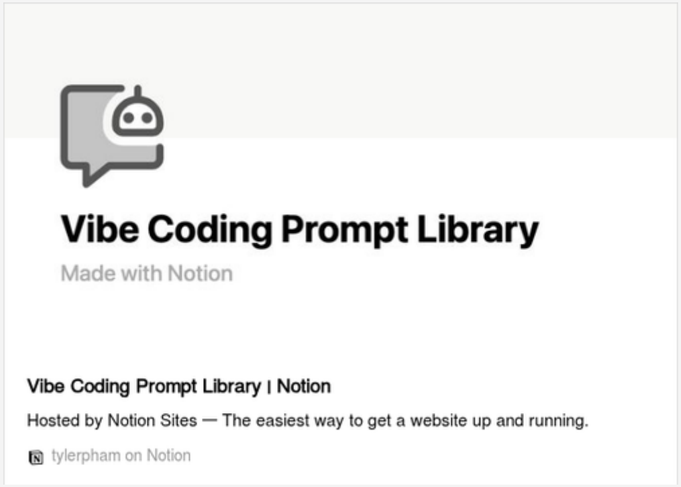
Based on Idea

AI vs AI

While Building

use one AI to check, refine, or challenge another's output

Resources



Vibe Coding Prompt Library | Notion

Hosted by Notion Sites — The easiest way to get a website up and running.

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Template Library

MotionSites AI — Official Premium AI Website Prompts

Beautiful Website Prompts for Lovable, Bolt, Cursor, and Claude. Build Stunning 3d Websites With AI. Just copy, paste, and launch

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UI/UX Libraries

Dark Themed Web Design Inspiration

The best hand-picked dark themed websites on the internet. From designers for designers. Curated with love.

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Landing Pages

Thank You


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