Langer Memorial Trauma Center

In this game, the players are doctors working an overnight shift in a busy hospital emergency room. They treat patients who arrive at the trauma center in critical condition and attempt to save their lives. This is a traditional tabletop RPG, with a gamemaster who creates a scenario for the players, while the players narrate their characters' decisions and actions. Experience with traditional tabletop RPGs, particularly for the gamemaster, is assumed by the authors.

Disclaimer: At least one of the authors of this game is not a doctor and has never worked in an emergency room. In fact, it is entirely possible that none of the authors are doctors. Please consider this game in the spirit it is intended, which is as an abstract game, not a simulation. Medical terminology is used in this game mostly for purposes of flavor. No actual knowledge of medical terminology is necessary to play the game. That said, Wikipedia is an excellent source, if making the terminology more accurate will improve your experience of the game. This game is written for adult audiences only. Themes of death, sickness, workplace stress, and drug use will be present. Before playing this game, communicate about how you will address these themes. Consider using Lines and Veils, the X-Card, or another method of ensuring that everyone's needs in this regard are met.

Doctors' Guide
(all players and the gamemaster should read this section of the rules)

Before the game begins, each player other than the gamemaster should create a Doctor character. The gamemaster is referred to in this game as the Nurse. Your Doctor has just graduated medical school. You are now deeply in debt, but with a license to practice medicine. (Although in many places in the United States, residents cannot practice without supervision, for purposes of this game, they may do so.) You have interviewed at many hospitals and clinics, and have finally been matched to a position at Langer Memorial Trauma Center's busy emergency room. You will intern here for one year. While technically residents are not supposed to be assigned to work more than 80 hours per week, in actual practice you will likely have to work closer to 90 to 100 hours per week. Also, you technically should have supervision by attending physicians in the hospital, but on the overnight shift you are, for all practical purposes, unsupervised.

Take some time to think about your character's background. Why did they decide to go to medical school to become a doctor? How do they feel about their placement at Langer Memorial Trauma Center? What sacrifices have they and their family made to reach the beginning point of their new career? Give your Doctor a name and write it on your character sheet (a character sheet is found at the end of the Doctors' Guide).

Doctors have three main abilities that can be used for any sort of actions, and one specialty that is used to determine patient outcome.

1. *Endurance* is used for all physical actions. All Doctors are assumed to have reasonably high hand-eye coordination. What separates out Doctors in terms of physical skill is how long they can endure the stresses of their job and still operate at a good capacity.

2. *Wits* is used for all mental actions. All Doctors are assumed to be of very high intelligence and to be very knowledgeable in their field. What separates out Doctors in terms of mental skill is how quickly they can bring their intelligence and knowledge to bear on a situation when under pressure.

3. *Charisma* is used for all social actions. Doctors may vary wildly in terms of their personality and likeability. However, all Doctors are new on staff, and their interactions with everyone they meet is likely to be based on first impressions only.

Doctors should assign 100 points to these three abilities. No more than 80 points and no fewer than 10 points may be assigned to any single ability. These points represent the percentage chance of success the Doctor has to take a difficult action involving that ability. Easy and typical actions do not generally require a roll. When rolling, remember that roll low is better than rolling high. Rolling lower than or equal to your ability is a success.

Specializations are the area of medicine that the Doctor hopes to practice when their residency is completed. For this game, Doctors should pick one of the following specialties:

- neurology (nervous system)
- otolaryngology (ear, nose, and throat)
- pathology (infectious disease)
- orthopedics (bones and muscles)
- cardiovascular (heart)
- gastroenterology (digestive system)

Doctors have not had substantial additional training in their specialty, as that training typically takes place after their residency.

Each Doctor begins the game session with five Sleep Tokens. These represent the reserves that the Doctor gains from rest and relaxation when not on the job. Sleep Tokens cannot be traded to other players. The character sheet indicates the mental state of the Doctor based on how many Sleep Tokens they currently have. Doctors may choose to go without rest by giving one or more of their Sleep Tokens to the Nurse. Trading in a Sleep Token will allow the Doctor to reroll one die roll on any

action, but they must accept the second result. The Nurse need not tell the Doctor whether or not the first roll was successful before they choose whether to reroll. No more than one Sleep Token can be used per die roll. Sleep Tokens cannot be used to reroll Patient Outcome rolls.

As the number of Sleep Tokens is reduced, the Doctor may experience negative effects as described on the character sheet. Negative effects from lack of Sleep Tokens can be somewhat ameliorated by the use of drugs. Doctors may be able to obtain drugs, legally or illegally, from the hospital. Drugs will act as replacements for lost Sleep Tokens, but may also carry their own side effects. For purposes of this game, drugs should not be realistic, and their effects and side effects should not be realistic. Drugs in this game may be more efficacious and less harmful than drugs in real life, although in most games, they should be similarly dangerous.

Roleplaying your Doctor: As in a traditional tabletop roleplaying game, you will take on the role of your character and determine their speech and actions. However, unlike in some roleplaying games, you may not do so in the third person. Instead, you must follow The Rule of "I". **All declarative sentences spoken by your character must begin with the word "I"**. This may require a bit of practice, and the Nurse may remind you if you forget. When you feel a sentence might be awkward, try prefacing it with "I can see" or "I know."

Character Sheet: Langer Memorial Trauma Center

Name:
Specialty:

Endurance ___ Wits ___ Charisma ___

Sleep Tokens

[5] You are well rested.

[4] You are pretty tired. You are yawning and your muscles ache. All Wits and Charisma rolls are 10% more difficult until you get rest. Add ten to these rolls when determining your results.

[3] You are exhausted. You begin to experience micro-sleeps, where you black out for a few seconds. All rolls, including Patient Outcome rolls, are 10% more difficult until you get rest. Add ten to these rolls when determining your results.

[2] Your sleep deprivation has caused a mild psychosis. This could take the form of depression, mania, or an inappropriate emotional response, such as going into a rage or bursting into tears. All rolls, including Patient Outcome rolls, are 20% more difficult until you get rest. Add twenty to these rolls when determining your results.

[1] Your sleep deprivation is causing hallucinations. You are unsure what is a dream and what is reality. All rolls, including Patient Outcome rolls, are 40% more difficult until you get rest. Add forty to these rolls when determining your results.

[0] You suddenly pass out. Although you are in an emergency room, it is unlikely that you will be admitted as a patient, but instead you will be taken to a quiet room to rest. When you wake up, you will be given two Sleep Tokens by the Nurse.

Drugs in system and side effects (list each here):

Remember the Rule of "I": All sentences spoken by Doctors must begin with the word "I".

Nurse's Guide (this section of the rules should be read by the gamemaster only)

As the Nurse, you will take the role of gamemaster, playing not only the nurses in the hospital, but also all other non-player characters. You will guide the players through a scenario, allowing the story to take its course based on how the players respond to challenges and whether they are successful at dealing with those challenges. You will also decide when the players must make a die roll when using a skill or determining a patient's outcome.

Many things that the players do will require no dice rolling. Players may converse with each other, with the hospital staff, and with the patients. They can check on patients, order lab tests, and do many other routine tasks. This game assumes that neither the Nurse, nor the other players, are actually doctors in real life. As the Nurse, you should allow and encourage the Doctors to roleplay treating patients using medical terminology, and should not attempt to correct this to account for real life medicine.

When a Doctor wants to do something that you believe is difficult, ask them to describe the task that they want to accomplish in terms of complete success. For example: "I want to run a series of tests to rule out the possibility that this person has any unusual diseases or conditions." Decide what sort of roll this action should require. In general, physical tasks require Endurance, mental tasks require Wits, and social tasks require Charisma. Ask the player to make a roll, attempting to roll below or equal to their ability score. Give them the opportunity to use a Sleep Token to reroll. If the roll is successful, then say "it happens exactly as you described" and/or mirror their language back to them. For example: "You run the tests and they all come back negative. There is no possibility that this patient has any unusual disease or condition." If the roll fails, then decide the outcome based on what would make a more interesting story. For example, a failed roll could mean that the lab tests were botched by the technician and have to be run again with substantial delay. It could mean that the lab tests indicate that there is an unusual disease or condition, and it is one that the Doctor has no experience with. It could mean that the tests were simply inconclusive. In general, directly opposed rolls should be avoided. But if two players wish to directly compete in some way, the lower roll is always the winner.

It is important to note that, while Doctors may take a number of diagnostic and preparatory tasks before they actually treat the patient, the critical moment of treatment is the Patient Outcome Roll. No amount of failure or success on the diagnostic and preparatory tasks will affect the Patient Outcome roll, which is assumes best practices.

The Rule of Best Practices

The percentages listed on each patient card are absolute, and are based on best practices. Assuming that the Doctors treat each patient with the best care they are able, these percentages will determine the results. They cannot, under any circumstances, be raised. There is only one way to change the outcome of a patient: by suffering a penalty on the roll because the Doctor has too few sleep tokens.

Set some groundwork for the story before you begin introducing patients. Describe the emergency room and the city where it is located. Introduce a few of the staff members. Have the players describe what they do when they first arrive on the shift. Have them check on a few non-critical patients. Foreshadowing may be useful here, especially if you have a larger plot in mind on the horizon.

Once the opening scene is finished, patients in need of critical care will begin to arrive at the hospital. As the Nurse, you will introduce each patient and assign them to a Doctor. Some sample patients are shown at the end of the Nurse's Guide. Each patient has a percentage target number for their Patient Outcome roll. This is the chance that each patient has, upon entering the hospital, to recover from their injury or ailment. There may or may not be a difference based on the specialty of the treating Doctor. If the Patient Outcome roll is failed, that patient will either die or be disabled in some permanent way. Note that some patients are very close to death when they arrive at the emergency room. It may not be possible to succeed on the Patient Outcome roll when treating these patients. Doctors have a small window of opportunity to attempt to transfer a patient to another Doctor's care. When multiple patients arrive at the same time, each Doctor can only take on one patient each.

Doctors who have success with their patients will, as a general rule, be treated better by the hospital staff. They may receive perks, such as better parking spaces. They may receive lab test results back more quickly. They may be given easier, and healthier, patients. However, these perks may never have an effect on patient outcome rolls.

Sleep Tokens

At the beginning of the shift, the Nurse should dispense X number of Sleep Tokens to each Doctor. These tokens cannot be traded. Sleep Tokens can be traded in to attempt to monitor a patient's condition more closely. Trading in a single Sleep Token will grant the Doctor a single re-roll on any action other than a Patient Outcome roll. No more than one Sleep Token can be used for a single patient.

Drugs and Their Use

As the Doctor loses Sleep tokens, they will take penalties to their rolls. However, these penalties can be somewhat offset by the use of illegal drugs, obtainable by the

Doctors from the hospital pharmacy. Any Doctor who is caught using, having possession of, or stealing illegal drugs immediately drops to the lowest status for the rest of the game, or until someone else is similarly caught.

Psychology

This game is based on the work of Ellen Langer, a psychology professor at Harvard University. Langer defined the illusion of control as "an expectancy of a personal success probability inappropriately higher than the objective probability would warrant." The key word here is "personal." We tend to see our own success as being determined by factors that are not, objectively, present. Langer's theories are widely applicable, but there is an interesting intersection in them presented here: first, the illusion of control in a roleplaying game, and second, the illusion of control exhibited by certain highly skilled professionals, such as doctors.

Roleplaying games are often escapist in nature. Thus, our chances of success for highly difficult tasks are often inflated beyond what would be possible in real life. However, in most games, that chance of success still follows fairly strict rules, and those rules are disclosed to all of the players. Despite knowing these rules, and despite the fact that games may have a large degree of random chance in success, often through the use of die rolling, players still believe that they have a high degree control over almost all situations that they encounter. On another level, what opponents and obstacles the players face are determined by the gamemaster, using information that the players have no access to. There is an understanding between gamemaster and player that, if the players use their skills to a reasonable degree of competency, they will succeed in overcoming these obstacles.

In the professional arena, doctors, lawyers, and other highly educated and trained individuals, are surrounded by the illusion of control. Like the players in a game, they know that whether or not they succeed is often the result of forces beyond their control, or even of random chance. The identity of the patients who come into an emergency room, for example, and their likelihood of survival, is largely unpredictable to the doctors who treat them. In this case, the understanding is between the doctors and non-professionals. There is a widespread belief that doctors can save lives, even when the patients have very little chance of surviving. And if a patient does not survive, a larger amount of responsibility is placed on the doctor than is warranted. Unlike the typical understanding between the gamemaster and the player, this belief is inherently unfair and often results in extreme social pressures placed on the doctor.

In this game, the players have very little control over patient outcomes, as long as they do their job to the best of their ability. And yet, they are asked to take on the illusion of control through the Rule of "I".

Genre and Realism

Although this game is designed to work when set in the real world in the current time period, it is not limited to that setting. Ideas for other settings, and corresponding genres, might include:

Horror: A zombie outbreak, a haunting, a supernatural force causing psychosis, shared nightmares that seem to be coming true.

Science Fiction: A medical setting on a space station, treatment of alien life forms, an intelligent form of disease, a hospital operating during a massive interplanetary war.

Soap Opera: Doctors are *expected* to move from recognized trope to trope; The Wonderworker to the Fallen God, the Discredited Genius to the Reckless Last Hope. Patients should commonly have a romantic relationship with one or more of the player characters.

Comedy: Comedy is right out, unless…

Military: M*A*S*H is built for a game like this, and is the best outlet for comedy, as comedy is antithetical to the spirit of this game, unless part of the overall "war is hell" tragedy as a background.

List of Patients

Patient Description: Patient is a skydiver who lost control and landed in shallow water. Patient presents with a right knee injury and a delayed presentation of middle cerebral artery thrombosis three hours following the event.
Patient Outcome Rolls based on Doctor Specialty:

- neurology 95%
- otolaryngology 90%
- pathology 90%
- orthopedics 95%
- cardiovascular 90%
- gastroenterology 90%

Patient Description: Patient has sustained two major stab injuries to the upper abdomen.
Patient Outcome Rolls based on Doctor Specialty:

- neurology 70%
- otolaryngology 70%
- pathology 75%
- orthopedics 70%
- cardiovascular 75%

- gastroenterology 70%

Patient Description: Patient with a history of a previous closed head injury presents with chemosis, proptosis and conjunctival injection of the right eye.
Patient Outcome Rolls based on Doctor Specialty: Note that this patient will survive, is highly likely to lose their sight in their right eye.

- neurology 15%
- otolaryngology 10%
- pathology 15%
- orthopedics 10%
- cardiovascular 15%
- gastroenterology 10%

Patient Description: Patient sustained civilian gunshot wound, presents with profound shock and ongoing bleeding from gunshot wounds to both thighs.
Patient Outcome Rolls based on Doctor Specialty:

- neurology 100%
- otolaryngology 100%
- pathology 100%
- orthopedics 100%
- cardiovascular 100%
- gastroenterology 100%

Patient Description: Patient presents with multiple broken ribs and right side haemothorax after a motor vehicle accident.
Patient Outcome Rolls based on Doctor Specialty:

- neurology 80%
- otolaryngology 85%
- pathology 80%
- orthopedics 85%
- cardiovascular 80%
- gastroenterology 80%

Patient Description: Patient presents with profound shock following a stab attack. The stab entry point was the right anterior chest wall.
Patient Outcome Rolls based on Doctor Specialty:

- neurology 30%
- otolaryngology 30%
- pathology 30%
- orthopedics 30%
- cardiovascular 35%
- gastroenterology 30%

Patient Description: Patient fell 3.5 meters and sustained a fracture-dislocation of the thoracolumbar spine together with head, chest, and abdominal injuries. Note that this patient will survive, but may never walk again.
Patient Outcome Rolls based on Doctor Specialty:

- neurology 50%
- otolaryngology 50%
- pathology 50%
- orthopedics 55%
- cardiovascular 50%
- gastroenterology 50%

Patient Description: Patient was an assault victim, presents with several rib fractures and an intraperitoneal bladder rupture.
Patient Outcome Rolls based on Doctor Specialty:

- neurology 70%
- otolaryngology 70%
- pathology 75%
- orthopedics 70%
- cardiovascular 70%
- gastroenterology 75%

Patient Description: Patient was involved in a car accident causing their vehicle to roll, sustained an aortic dissection just distal to the renal arteries.
Patient Outcome Rolls based on Doctor Specialty:

- neurology 40%
- otolaryngology 40%
- pathology 40%
- orthopedics 40%
- cardiovascular 45%
- gastroenterology 40%

Patient Description: Patient presents with profound shock and bilateral massive hemothorax and jugular vein distension as result of cardiac tamponade.
Patient Outcome Rolls based on Doctor Specialty:

- neurology 80%
- otolaryngology 80%
- pathology 80%
- orthopedics 80%
- cardiovascular 85%
- gastroenterology 80%

Patient Description: Patient presents with thoracic trauma caused by impalement on top of a fence.
Patient Outcome Rolls based on Doctor Specialty:

- neurology 90%
- otolaryngology 95%
- pathology 90%
- orthopedics 90%
- cardiovascular 90%
- gastroenterology 90%

Patient Description: The patient presents with a gunshot wound to the left neck, disrupting the internal and external carotid arteries.
Patient Outcome Rolls based on Doctor Specialty:

- neurology 0%
- otolaryngology 0%
- pathology 0%
- orthopedics 0%
- cardiovascular 0%
- gastroenterology 0%

Patient Description: Patient was victim of a roadside collision, presents with difficult IV access, airway compromise, and severe head injury.
Patient Outcome Rolls based on Doctor Specialty:

- neurology 55%
- otolaryngology 55%
- pathology 50%
- orthopedics 50%
- cardiovascular 50%
- gastroenterology 50%

Patient Description: Patient presents with a combined femur fracture and superficial femoral artery impalement.
Patient Outcome Rolls based on Doctor Specialty:

- neurology 100%
- otolaryngology 100%
- pathology 100%
- orthopedics 100%
- cardiovascular 100%
- gastroenterology 100%

Complications

Not all patients, despite how the doctors may perceive them, are a collection of their conditions. Complications can further an overall plot, or simply be additional obstacles that the Doctors must deal with.

- Under arrest: This patient comes with an armed police escort, requiring that the room they are in be cleared.
- Resisting Treatment: Patient may resist treatment unless a successful Charisma test is completed, convincing them that their health should not be put aside. Reasons may be psychological, religious, or financial.
- Drug seeking: This patient has injured themselves seriously to gain access to the more effective drugs. Their chart may or may not reflect this, but the Doctor's wary eye has spotted the issue.
- Contagious: In addition to physical injuries, this patient requires isolation, and may have already been mishandled on the way in.
- Abused: The patient has been brought in by a person appearing to be looking after their well-being, but the patient shows sign of physical or emotional abuse. You are required by law to report proof of abuse.
- Notorious: This patient is known to you, either personally, or through reputation, and does not deserve to live. The Nurse may apply additional stressors between your oath and the need to see justice.
- Influential: The patient has undue influence over your time and effort, either as a member of the hospital board, personal fame, or simply by being very rich. They demand more of your time, but have the potential to reward to greatly.

Scenario Ideas

Slow night: At the simplest level, no more than a patient or two comes in at once, walking in, or doing the rounds. This gives optimal time to build up role-playing between characters, time to establish the mood and setting, and gets players the feel for a faster pace.

Lockdown: A small number of patients are in the hospital already, but no one is allowed to enter or leave. Causes may include a disease quarantine, a Code Blue (missing child), or an armed presence in the Emergency Room. Play up the tension, and note that it may be all the harder to sneak past the extra eyes present.

Slammed: Multiple patients entering at once, due to a vehicular accident, mass shooting, or building collapse. The Nurse may pass along triage faster than normal, and will not repeat medical histories. This requires players to be at the top of their game, and additional stressors may be applied by the Nurse.

Scrutiny: The doctors are under observation, due to a documentary being filmed, a visiting surgical team from Finland, or the Chief of Medicine's arrival.

Disaster: The ER is on fire, under attack, or otherwise disrupted in a way likely to harm the players. They are bound by duty to continue serving the patients, but must balance their personal safety against their patients' needs.

Low Resources: The hospital is in an area of extreme poverty and is poorly funded. Medical supplies are low, electricity and clean water are not always guaranteed. Patients rarely have the ability to pay for their treatment.