

A photograph of a modern operating room. The room features bright green tiled walls and a white ceiling with recessed lighting. In the center, a patient table is positioned on a mobile cart. Above the table, a large, adjustable surgical light fixture is suspended. To the right, a medical monitor displays a knee X-ray. The overall atmosphere is clean and clinical.

THE WARD

MODERN MEDICAL DRAMA
POWERED BY THE APOCALYPSE

BY KEVIN "CHROMA" PETKER

THE WARD

MODERN MEDICAL DRAMA
POWERED BY THE APOCALYPSE

ACUTE CARE EDITION

By Kevin “Chroma” Petker

The Ward: Acute Care Edition is copyright Magpie Games ©2017
All Rights Reserved

Contact me: kpetker@gmail.com | [@KevinPetker](https://twitter.com/KevinPetker)



THANKS AND DEDICATIONS

Initial Infection: APOCALYPSE WORLD by D. Vincent “lumpley” Baker

Infective Vector and Mutator: “Big Dave” Heeney

Initial Outbreak: JiffyCon – East 2105

Patients Zero: Samuel Liberty, Abigail Nighthill, Aniket Schneider, Niall Sullivan

Growth Medium: Metatopia 2016

High Test Incubators: Brandon “Slip” Leon-Gambetta, Jenn “Moonicorn” Martin, Jason “Mom” Pitre, Brand “Dr. Devil” Robins, Brennan “Sherman” Taylor

Pre-Med Study Group: “Evil” Lauren Demaree, Rob “Steamroller” Karachok, Scott “Dart” Mason, Robin “Mercy” McLeod, Henry “Hank!” Raab, “Thin Derek” Smyk

Mentors: Drew “No Nickname Please” Medeiros* and Marshall “Tell me ‘bout them rabbits” Miller

And My Family: D-Girl, Sebbo, and The Foof; thanks for letting me tell “stories from my mind” with my friends all these years.

Many thanks to the medical professionals who let me interview them about their serious and important jobs to make my little game.

*He has a nickname, but it was totally inappropriate for this page. Right, Drew?

CREDITS

Design, Development, and Writing by Kevin Petker

Editing by Brendan Conway and Mark Diaz Truman

Additional Editing by Sarah Richardson

Layout and Graphic Design by Miguel Ángel Espinoza

Proofreading by Katherine Fackrell

All images licensed under a CC0 1.0 Universal Creative Commons license through Pixabay.com.

You can find materials for **THE WARD** at magpiegames.com/theward.

INTRODUCTION



This is a game about life and death... and the stress of dealing with everything that happens in between.

THE WARD is a hack of **APOCALYPSE WORLD** (AW), by Vincent and Meguey Baker. I was infected with **APOCALYPSE WORLD** soon after its initial release, and it's been my go-to game for quite a while. And, like many devotees to the game, I had the itch to tweak, twist, or surgically alter it. **THE WARD** is the result of scratching that itch until it bled.

THE WARD is not a medical mystery game, or strictly scientific and professionally procedural in its presentation. It leans more towards the television version of medical care, so the strong beat is on the drama over the medical. You don't need any medical knowledge to play; even if you can't tell the difference between a catheter and a defibrillator, I think you'll still be able to tell an engaging story using the rules included here.

The "Acute Care" edition of **THE WARD** is not the entire game; it's a preview that lets you sample what the game has to offer. This version is a complete game itself, suitable for an enjoyable evening or two of play, but it doesn't include any rules for extended play over multiple sessions.

That said, there is a lot of replayability, even with just the basic rules. I've experienced sessions ranging from gritty underfunded inner city hospitals, to melodramatic personal relationships in a small country clinic, to philosophical musing about the nature of racism when some of your patients aren't even human while serving on a starbase in deep space.

I believe the game has a lot to offer and I hope playing it entertains you as much as making it has entertained me. Welcome to **THE WARD**.



BASIC MEDICINE



THE WARD is a story game. As you play, you are going to be telling a story along with other people, all of you contributing choices and ideas to create a new piece of medical fiction. The goal of play is to find out what happens!

The rules in this book will give you a framework for telling your story and will guide you in making decisions, resolving conflicts, and detailing the trials and tribulations of the characters of your narrative.

WHAT YOU NEED

Before you begin, you're going to need to acquire the following:

- ▶ **Players:** Telling stories to yourself can be therapeutic, but one of the best things about **THE WARD** is the collaboration! You need one person to act as the Master of Ceremonies (MC) and three to six other people to take the roles of Player Characters (PCs).
- ▶ **Play Space:** You need a comfortable place to play, like at a kitchen table or rec room or on-call room. It's best if everyone has a surface to write on and a place to roll dice. The game does not require a lot of space to play, but papers, notes, and other gaming paraphernalia have a habit of spreading. You might want to have some snacks and drinks at hand as well.

- ▶ **Playbooks:** Every PC in the game is represented by a playbook: a handy pamphlet that outlines your character's role in the game, lists their abilities and options, and allows you to take notes on your character as play progresses. Unlike many AW inspired games, individual playbooks are not unique in **THE WARD**. For example, if two players want to play a Nurse, they can! Choices within the playbook enable the players to make their characters unique, even if they share the same role. There are also some other playbooks detailing rules and other information, which should be freely available in the play space. The MC will also need a Work-Up playbook to fill in as players create their characters. It's best if all the playbooks are printed out before play begins.
- ▶ **Dice, Paper, Pencils, and Other Tools:** You will need at least two six-sided dice (2d6) to play; it's best if every player has a set of their own... purely for hygienic reasons! You'll also need paper and pencils, for filling in your character sheets, taking notes, and pensively tapping your lips as you survey the situation. Erasers are also handy as things can often change on your playbook. It's also recommended, but not necessary, to have a clipboard for each player. The character playbooks are designed to be held by a clipboard for easy access and their presence tends to get all the players in the right frame of mind to play medical professionals. It's also nice to have some kind of token or chips to hand out for Perk (see page 17). Nametags can also help, but white coats or scrubs are purely for the most dedicated players.
- ▶ **Time:** A session of **THE WARD** usually takes about four hours, including half-an-hour at the start to create characters and initial situations (Pre-op) and another half hour at the end where specific wrap-up scenes take place (Post-op). I've had a complete and satisfying session in two hours, but that was in a high-pressure situation with experienced players and not recommended for the faint of heart. Four hours should be ample time for an enjoyable one-shot, while the end-of-session wrap-up scenes should establish enough meat for a subsequent session. Long-term play is not supported in the Acute Care edition, but will be an integral part of the full release.

HOW IT WORKS

Playing a story game is a form of **conversation**: everyone at the table talking back and forth, listening, interjecting, and sometimes saying nothing at all. It's a little different from a normal conversation as all our talking and discussing and describing has the goal of finding out what happens in the story.

In general, the players **describe what their characters say or do** while the MC describes how the world around them, including non-player characters (NPCs), acts and reacts to the PCs' actions. All this talking drives the story forward; the rules in this book are to help you structure the conversation in a way that makes that forward momentum interesting and engaging.

TRIGGERING MOVES

Sometimes a player's character will do or say something that **triggers a move**; this is usually when there is some uncertainty to the outcome of said action, like trying to save a dying patient. When this occurs, the MC will indicate that the player should roll the dice and, usually, add a stat or other modifier. The end value of the roll will determine the fallout of the PC's actions...for better or worse.

For example, when facing public criticism from a superior, a PC may choose to **act professionally** to endure the verbal storm... but only the dice will tell us if they have the fortitude to see it through!

It's also part of the MC's job to ask questions, sometimes quite probing ones. These will be directed at the PC, but it is the responsibility of the player to answer the questions truthfully for their character. This also applies to any questions made available via moves; the answers given are always true. Your character may lie to their colleagues about how well their home life is going until you're blue in the face, but when one of them **shows compassion** to you and asks, "What's really troubling your character?" the answer you give (as a player) has to be the raw, bloody truth.

DICE

Often when your character does something that triggers a move, you are required to roll the dice. Roll two six-sided dice (2d6) add them together. Some moves call for you to add a stat or modifier, but other moves only ask you to roll without adding anything special.

Rolling the dice will give one of three possible results:

- ▶ **Strong hit:** The PC achieves what they want and often has some control of the situation.
- ▶ **Weak hit:** The PC achieves what they want, or close to it, usually with a drawback or side effect.
- ▶ **Miss:** The MC says what happens, making a move as hard and direct as they like.

Note that a miss isn't necessarily a "fail." Your character may still succeed or get what they want, but the cost may be higher than expected or desired.

PUSH

Some moves, abilities, or situations allow the players to alter their rolls: this is called a **push**. A push can increase or decrease a roll, depending on its type. The final value of the roll is what is used to determine the result.

- ▶ Push (1) means the player may increase or decrease a roll by 1, while push (2) means they may increase or decrease a roll by 2.
- ▶ Push (-1) means the roll is always reduced by 1 while push (+1) increases the roll by 1.

In some situations, multiple sources of push may apply: add them all together to get the final modifier to the dice roll. Unless specified, a player may decide to apply their push before or after the actual roll of the dice, though the final value stands.

The MC never rolls dice in **THE WARD**, though certain moves or situations may give them some push.



Stats and moves are mechanical features used to determine “what happens next” whenever there’s uncertainty about your character’s actions.

CORE STATS

These stats define your character’s core personality. A core stat’s value can range from -3 to +3, selected during character creation. Given time, these stats may even change, sometimes for better...sometimes for worse.

- ▶ **Brains** – expresses your intelligence, training, education; it’s what you know and how well you can put it into practice.
- ▶ **Guts** – measures your physical and mental fortitude, focus, willpower; it’s how well you stand up to pressure and adversity.
- ▶ **Heart** – represents your level of empathy, emotional strength, humanity; it’s how well you connect with people in difficulty.
- ▶ **Nerve** – expresses your audacity, chutzpah, confidence; it’s your ability to fake it when you need to make it.
- ▶ **Reputation (Rep)** – indicates your renown, status, or notoriety; you can call on it to influence others when you really need things to go your way.
- ▶ **Connection (Cxn)** – represents your understanding, rapport, or history with other PCs; you will have an individual value for each other PC in the game and may also—through play—gain Cxn with specific NPCs.

A NOTE ON CONNECTIONS

A positive or negative connection with another character does not equate to a good or bad relationship with that character; it just shows how well your character understands how they tick. You may hate a rival with the heat of a thousand suns, but you have a high, positive connection because you know exactly how to hurt them. You may have a low connection with someone you love because your feelings for them cloud your mind when working with them.

MOVES

Moves are where the game mechanics interface with the ongoing fiction of the story. They usually come up during times of uncertainty and conflict or when certain fictional acts trigger them.

TRIGGERING MOVES

One of the credos of AW games is *to do it, do it*; this means, to trigger a move, the PC has to be doing something in the fiction that counts as the move. Usually, it's pretty obvious which move is being triggered.

The player might say, "He's not choking; he's having an allergic reaction!" And the MC calls out the move in response, saying "Cool, you're **displaying expertise**, roll it!" The player doesn't need to name the move first. It's also an AW principle that *if you do it, you do it*.

Sometimes the player directly names the move their character is making instead of having their character do something interesting in the fiction. "I **act professionally**," says the player. "Cool, how do you do that?" should be the MC's response. MC, be kind, but come down hard on that; we're telling a story here and we want to hear the action! Remember, you've got to do it to do it!

Players also sometimes have their characters do something that they don't realize is triggering a move or isn't the move they intend. "I just stand there and take his abuse, staring right at him; he's not going to break me... I'm trying to **act professionally**, right?" The MC might say, "Hmm, the defiant staring sounds more like **showing contempt**, especially as he's your supervisor. Is that what you're going for?"

Once they hear the MC's call, the player might go, "Yeah, that's much better!" or "Eeep, no! I just don't want to break down in front of the rest of the interns. I'll stand tall, but avert my eyes." The MC isn't asking the question to give the player an out: the character is already acting in the fiction. The MC's job is to determine the player's intent so that the move fits the fiction in line with the player's intent.

TYPES OF MOVES

There are essentially three types of moves:

- ▶ **Basic moves** – every character has access to these moves; they see the most action during a game.
- ▶ **Auxiliary moves** – some moves don't come up as often, but are available to every character like basic moves.
- ▶ **Character moves** – these are moves specific to individual playbooks and are generally used only by characters with that playbook

Some moves, particularly some character moves, don't require rolling dice at all. That said, the principles of *to do it*, *do it* and *if you do it, you do it* still apply to trigger them. Once you've triggered a move, you've got to see it through to the end, dice or no dice.

CHOOSING

Some moves let you **choose options from a list**, limiting the amount you may select based on your roll. Depending on the move, you may even choose the same option more than once; if it makes sense in the fiction, go for it!

HOLD

Some moves generate **hold**, which is a temporary currency you spend to pick or activate options listed in the move in question; usually you don't have to spend them all at once, but can use them as quickly or slowly as you see fit. In most cases, hold will disappear when a scene or interaction ends, but some hold may last until the session ends or even remain until spent.

QUESTIONS

Some moves generate **questions**; while these questions might come up in normal conversations between characters, when proceeding from moves, the questions are asked player-to-player. The answers, however, are true for the characters. It's a way of seeing "inside" the characters without having to act out every emotion in the fiction.

THE BASIC MOVES

These are the moves that will see the most use during play; each move describes the move's trigger and shows the results of the subsequent die roll.

ACT PROFESSIONALLY

When you try to **act professionally** or maintain your composure in a difficult or dangerous situation, roll+guts:

HIT (7+): You keep it together.

STRONG HIT (10+): Both

WEAK HIT (7-9): Choose one:

- ▶ Reduce any stress inflicted by the situation by 1.
- ▶ You don't show any weakness.

MISS (6-): Miss: The MC will tell you what happens.

Being berated by a colleague, facing the tears of a grieving parent, realizing you're the only medical professional in the restaurant as your waiter goes into cardiac arrest: all these situations might require a character to **act professionally**. This move can often be seen as a reactive or defensive move. When trouble comes to you...you stand your ground. Also, the move isn't limited to use in just your professional capacity, but at any time your character needs to stand up to pressure (family, school, etc).

See page 31 for more on what kinds of stress costs fit different situations. Be aware that some situations can be so traumatic that you will still suffer stress, even on a strong hit. No one said the job was easy!

DISPLAY EXPERTISE

When you *display expertise* about a problem at hand, roll+brains:

HIT (7+): You've got this; the MC will tell you an interesting fact about the current situation.

STRONG HIT (10+): Ask the MC one or two follow-up questions.

WEAK HIT (7-9): You fumble, hesitate, or stall: the MC can offer you an ugly choice, an unforeseen complication, or an unpleasant side-effect.

MISS (6-): The MC will tell you what happens.

This is the *doing stuff* move: diagnosis, surgery, giving a lecture about fungal infections, or even winning at trivia night. If there's reason to believe your character has the skills and knowledge to accomplish something, this is the move that triggers when you put that expertise to use within the fiction.

Here's a little secret about **THE WARD**: you can play the game without a single shred of medical knowledge! Your character, on the other hand, probably knows scads of interesting things and how to put that knowledge to use in practice. Just like other games don't expect the player to know how to swordfight, perform small engine repair, or twist reality, **THE WARD** doesn't presume the players are medical school graduates. Of course, if you do have interesting knowledge, feel free to bring it to the table!

Either way, "you've got this" means that you successfully demonstrate your knowledge or ability; your character correctly diagnoses the patient, successfully performs the surgery, convincingly gives the lecture, or remembers the last four Cameron Diaz movies! To further reflect your success on a 10+, the MC will also answer a few questions that speak to your insight and skill. The answers to any questions you ask will be true for the fiction.

On a weak hit, your efforts are effective, but you may miss some important detail in the situation, become a target of someone's ire, or have to make a difficult choice from options the MC will provide. Winning isn't everything.

FEIGN COMPETENCE

When you *feign competence, lie, or bluff* in the face of a difficult or dangerous situation, roll+nerve:

STRONG HIT (10+): You maintain your cloak of competence; choose one person you definitely convince or gain some new insight into the current problem.

WEAK HIT (7-9): You fool some of the people around you; choose one person you definitely deceive and the MC will choose one person who is definitely not taken in.

MISS (6-): The MC will tell you what happens.

Sometimes you don't know what to do, but you still have to do something; standing there doing nothing is rarely an option in an emergency. You may be under-prepared, under-equipped, or outside your area of expertise, but you still have to do something and sometimes, you really don't want others to know you don't know. As the saying goes: "Fake it 'til you make it!"

"You gain some insight" means that you work something out, though maybe it appears that you didn't actually know what you were doing. You can choose to convince one person absolutely or have the MC tell you something true about what's going on as a new insight. On a weak hit, such insights aren't coming quickly enough; you'll have to settle for just fooling one person for now (a patient, a fellow doctor, your spouse, etc).

SHOW COMPASSION OR CONTEMPT

If you *show compassion, concern, or care* towards someone in need, roll+heart:

HIT (7+): You connect with them.

STRONG HIT (10+): Ask up to three questions from the list below.

WEAK HIT (7-9): Ask up to two questions from the list below. They may ask one of you as well.

- ▶ What's really troubling your character?
 - ▶ How can I help your character?
 - ▶ Where is your character vulnerable?
 - ▶ What would your character like me to do?
-

MISS (6-): The MC will tell you what happens.

If you *show contempt, disdain, or indifference* towards someone in need, roll+heart:

HIT (9-): You cut them open and look inside.

MISS (10+): The MC will tell you what happens.

WEAK HIT (7-9): Ask one question from the list below. They may ask one of you as well.

STRONG HIT (6-): Ask up to two questions from the list below.

- ▶ How could I get your character to _____?
- ▶ Where is your character vulnerable?
- ▶ Are you telling the truth?

Bedside manner and other “soft skills” can be very important for a medical professional. But in other cases, proving your superiority and letting those around you know how much better you are is all you need to get people to do what you want.

If you use these moves on an NPC, the MC will truthfully answer the questions for them; if you use them on a PC, that character's player will truthfully answer. These moves reflect the possibility that when you emotionally connect or attack someone, sometimes it also reveals something about yourself.

Note that *showing contempt* has a reversed set of results: you get a miss if you roll high and a hit if you roll low. Any result less than a 10 is considered a hit, and any result 10+ is a miss. It's hard to cut other people to the quick if you've got a high Heart...

STICK YOUR HAND IN

When you ***stick your hand into*** someone else's situation roll+Cxn:

STRONG HIT (10+): You push (2) on their roll. If they hit, they choose one:

- ▶ They owe you.
- ▶ You get +1Cxn with them.

If they miss, they choose one:

- ▶ They don't blame you.
 - ▶ You get -1Cxn with them.
-

WEAK HIT (7-9): You push (1) on their roll and your influence is noted, for good or bad.

MISS (6-): The MC will tell you what happens.

You'll often be part of a team, but not the lead or attending physician; this move makes sure you can still pitch in and help mechanically. Just because you're part of a team doesn't mean you're all friends, though. This move also lets you hinder the success of others...for whatever reasons you might desire.

You must take significant action to trigger this move: a thumbs up may be encouraging, but it's usually not enough. Restraining a thrashing patient while another doctor attempts to sedate them? Yes, that should work!

ASSERT YOUR AUTHORITY

When you ***assert your authority, give an order, or tell someone what to do*** in the face of resistance, roll+Rep. If towards a PC, you may roll+Cxn instead:

For NPCs ▼

STRONG HIT (10+): They attempt to do what you want, to the best of their ability.

WEAK HIT (7-9): They'll attempt to do what you want after you pick one:

- ▶ You agree to help them, now or later.
 - ▶ You take 1-Stress.
-

MISS (6-): The MC will tell you what happens.

For PCs ▼

STRONG HIT (10+): If they do it, they gain 1 Perk. If they don't do it, they mark 1-Stress

WEAK HIT (7-9): If they do it, you owe them. If they don't do it, you both mark 1-Stress

MISS (6-): The MC will tell you what happens.

This move isn't mind control; the characters you influence do what they can to meet your demand or request, but convincing someone to do what you want doesn't mean they like being bossed around. "...in the face of resistance..." means that if someone already wants to do what you want them to, they aren't resisting you. You don't trigger the move, so no roll is needed.

AUXILLARY MOVES

These are moves that come into play only in specific situations or, perhaps, not at all. Note that **blow off steam** is a reversed move (10+ is a miss).

BLOW OFF STEAM

When you do something to **blow off steam**, wager 0-3 stress and roll+stress wagered:

MISS (10+): Things blow up instead. The MC will tell you how.

WEAK HIT (7-9): You catch a break, but there are complications; reduce your stress by one.

STRONG HIT (6-): You gain real relief or respite; reduce your stress by the amount wagered.

When things get too tough for the PCs, they can take a break, but it won't always work out. One ray of hope is that every character gets a chance to blow off steam at least once in the Post-Op phase of the game. As their shift comes to a close, each character might find some way to stay sane for the next day's trials...

SLEEP WITH SOMEONE

When you **sleep with someone** you're emotionally invested in, ask the following questions and roll+total:

- | | |
|---|---------|
| ▶ Are both your Cxns positive? | Take +1 |
| ▶ Do you work in different departments? | Take +1 |
| ▶ Has this happened before? | Take +1 |
| ▶ Is one of you subordinate to the other? | Take -1 |
| ▶ Are either of you suffering a serious condition? | Take -1 |
| ▶ Are either of you suffering a critical condition? | Take -2 |

The other player may ask, "Is this going anywhere?" **Yes: +1 / No: -1 / Hesitation: -2**

STRONG HIT (10+): It's very good; pick two from the following list.

WEAK HIT (7-9): It's good; You each pick one from the following list:

- ▶ You both remove one stress.
- ▶ You feel you owe them.
- ▶ You get +1Cxn with them.
- ▶ They get +1Cxn with you.

MISS (6-): Not good. They choose one from below:

- ▶ You get -1Cxn with them.
- ▶ You take 1-Stress.

Sometimes even medical professionals need to play doctor. Just to be clear, this move only triggers when two characters consent to getting physical within the context of an emotional relationship. Sleeping with someone you don't have emotional investment in is just **blowing off steam**. For more on conditions and how they are used in play, see page 32.

PERKS, BENEFITS, AND REPUTATION

Medicine may sometimes be a thankless job, but there are still rewards. During play, PCs have the opportunity to gain the following for their efforts.

PERKS

Perks are the “experience points” of **THE WARD**; you earn them from mistakes and successes alike.

GAINING PERKS

The first time you miss a roll in a situation, you gain one Perk. Every miss after the first one doesn't generate Perks for your character. When a new situation arises, you'll have a chance to earn more. See page 36 for more on the difference between situations and scenes in **THE WARD**.

You can also gain Perks at the end of a session. In the Post-Op phase, ask each member of the group the following questions:

- ▶ Was I successful in all three theaters this session?
- ▶ Did I save a life or triumph over my addictions?
- ▶ Was my nickname used more than once by others?

Gain 1 Perk for each question answered “yes.” See page 37 for more on using theaters (Medical, Social, Personal) in **THE WARD**.

SPENDING PERKS

At any time after getting a Perk you may spend it, 1-for-1, for push (1) on a roll. See page 7 for more on using push during the game.

In addition to spending Perks for push, you may also spend Perks for the following during Post-Op (see page 39):

- ▶ **2 Perks:** Gain a favor from an NPC (player's choice).
- ▶ **3 Perks:** Gain a tangible Benefit (page 18) useful in a specific theater, usable in the next session. Work with the MC to determine something suitable for you character.
- ▶ **5 Perks:** Gain +1Reputation. If this would set your Reputation to +4, reset it to +1 and take an advancement (page 33).

Any unspent Perks are lost when the session is over (after Post-Op).

BENEFITS

A benefit is a specific object, resource, or circumstance that allows you to push (1) when its use is fictionally appropriate. They are usually applicable to a specific theater or specialty and provide their boost for a single session. This is the “gear” of **THE WARD**.

Here are some examples:

- ▶ My med school stethoscope (Personal)
- ▶ An “understanding” with your spouse (Personal)
- ▶ Upcoming vacation (Personal)
- ▶ Kick-ass gaming console (Social)
- ▶ New sports car (Social)
- ▶ Dirt on the Chief of Medicine (Social)
- ▶ Advance information on a new surgical procedure (Medical)
- ▶ Tablet with up-to-date pharmacological database (Medical)
- ▶ Very competent lab assistant (Medical)

A benefit is only of use for a single session, but can be used as many times as narratively appropriate. After the session, benefits don’t disappear, but they do lose their mechanical advantage.

REPUTATION

Gaining reputation is also the way to permanently improve your character through advancement. Losing reputation is also one of the few ways for a PC to be removed from the game!

If a PC’s reputation reaches Rep +4, it immediately resets to Rep +1 and the character may take an advancement. Advancement is not fully explored in the Acute Care edition, but a small list of options is included (page 33).

If a PC’s reputation would ever drop below Rep -3, it stops at Rep -3 and they immediately suffer a condition. If, by the end of the session, the character has been unable to raise their reputation to at least Rep -2, they are gone... fired, let go, dismissed, run out on a rail, etc. In extreme cases, they may even die (suicide, self-sacrifice, overdose)!

Dropping to Rep -3 is one of the few ways for a PC to be removed from the game. Instead of a Post-Op scene at the end of the session, a removed character gets a **Post-Mortem**, a scene in which they can say their goodbyes, vent their spleen, or make some final mark on the story, but after that scene... they are history.



THE PLAYBOOKS



Character creation is the first step in playing the game. The playbooks are a framework to build your character upon, giving choices and limits, leaving a lot of room for you to develop your own ideas. Work together with the others around you as you design your characters; you're all going to be part of the same team. This doesn't mean your characters will be friends or even like each other, but they will have to work together.

PLAYER AGENDA

You're here to play the game, and you'll enjoy it most by playing your characters following the agendas below:

- ▶ Play your character like they're a real person.
- ▶ Share your character's secrets freely with the other players.
- ▶ Embrace trouble and failure.

This certainly doesn't mean your character will find this fun, but if you keep these concepts in mind, I think you—the player—will find the story much more interesting.

CREATING A CHARACTER

To play a character in **THE WARD** you first need to select a **playbook**; this choice defines your basic role in the game and your place in the hierarchy of care. The Acute Care edition of the game provides four available playbooks to choose from:

- ▶ **Intern** – a doctor fresh out of medical school: lots of training, but not a lot of experience.
- ▶ **Nurse** – medical support staff trained in the care of the sick and infirm; some consider them the backbone of modern medicine.
- ▶ **Resident** – an experienced doctor who is still training in a specific field.
- ▶ **Specialist** – a medical professional, usually a doctor, who has focused on advanced procedures in a particular field.

TAG AND DEMOGRAPHICS

After choosing a playbook, choose one of three **tags** for your character. This tag tells you what archetype of the playbook your character is: are you the jaded cynic who's seen it all or the optimistic ray of sunshine?

While there can be multiple characters with the same playbook or same tag, no characters can have the same combination of playbook and tag. There is only one genius nurse per hospital, even though there may be a genius doctor and genius intern working on the same floor.

After choosing a tag, create a name for your character and fill in your demographics. Think of your character as a living, breathing person, with family, history, and connections outside the emergency room.

STATS, MOVES, AND SPECIALTIES

Next, assign your stats: allocate -1, 0, 0, and +1 to Brains, Guts, Heart, and Nerve in any order. Then pick your character moves, usually two, from the list in your playbook and pick two specialties. In addition to their stats, moves, and specialties, each character has a listed starting Rep.

ADDICTIONS

Addictions are a quick refuge and a thorn in the side of every character. You may choose for your character to be addicted to anything!

Your addiction doesn't have to be a drug or even something physical; it could be a behavior, an activity, a philosophy, or anything else that would meet your character's emotional needs. I've seen characters addicted to the obvious vices like coffee or cigarettes, but another character might be hooked on always being right or playing video games. The absolute worst addiction I've seen was the nurse who was addicted to helping people...

CHOOSING SPECIALTIES

Specialties are listed in **theaters**, arenas where they are likely to be used, but they can be drawn upon in any situation in which they seem appropriate. Note that you don't have to pick a medical specialty to be a competent practitioner; an excellent surgeon may be more skilled at gourmet cooking than medicine.

Medical

Diagnosis
Emergency Care
Pediatrics
Oncology
General Practice
Surgery
Gerontology
Cardiology
Physical Therapy
Internal Medicine
Dermatology
Plastic Surgery
Neurology
Psychiatry

Social

Leadership
Music
Storytelling
Outdoorsy
Handy
Trivia
Cooking
Bureaucracy
Languages

Personal

Adventurous
Innocent
Seductive
Strong Stomach
Street Smart
Iron Will
Dependable

These lists are not exhaustive and players are encouraged to work with the MC to create new ones as needed to detail their characters.

INTRODUCTIONS AND CONNECTIONS

Once everyone is done making their choices, all the players should go around and introduce their character. Once this is done, each player has a list of questions to ask the other players to determine the level of connection between their characters. Don't be afraid to jump in and speak up, and feel free to discuss possible answers. Everyone will be connected, for better or worse, to every other character once you're done.

NICKNAME

At the end of the process, someone will give you a nickname. You may not like it, but it's yours...and everyone knows it.

- Advisor:** At the start of each session, choose a theater (medical, social, or personal) and one other player character you want as an advisor. Tell that character they act as if they have Cxn+3 with you in that theater for this session. At the end of the session, they gain +1Reputation if they helped you succeed in that theater.

Theater:_____ Advisor:_____

- Idealistic:** If you miss while *showing compassion*, you can take 1-stress to turn it into a weak hit (7-9 result).

- Book Smart:** Pick a specialty; when you use that specialty outside its usual theater you may push (2); when you use that specialty inside its usual theater, you push (-1).

Specialty:_____

ADDICTIONS

Choose an addiction:

I'm addicted to...

(You always push (-1) on basic moves when acting against your addictions)

STRESS TRACK

STRESS TRACK	Fair (Tier 1) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Serious (Tier 2) <input type="checkbox"/> <input type="checkbox"/>	Critical (Tier 3) <input type="checkbox"/>
---------------------	--	--	--

Conditions _____

CONNECTIONS

After filling out the rest of your playbook, go around and introduce all the characters. List everyone else's name as each player introduces their character, then go around again for Cxn.

On your turn, ask 1, 2, or all 3:

▶ *Which one of you seems to have it in for me?*

For that character, write Cxn-2.

▶ *Which one of you has been willing to mentor me?*

For that character, write Cxn+3.

▶ *Which one of you feels pity for me?*

For that character, write Cxn+1.

For everyone else write Cxn=0; you don't know how everything fits together yet.

On the others' turns, answer their questions as you like.

At the end, choose one of the characters with the lowest Cxn on your sheet. Ask that player, "What is my nickname?"

SPECIALTIES & MOVES

Pick two specialties (page 21). You may push (1) in situations that involve your specialties. Pick two character moves from the following list:

- Working a Double:** At the start of each session, roll+guts. On a 10+, hold 2. On a 7-9, hold 1. Spend your hold to be present in any scene. On a miss, the MC holds 1 and may spend it to place you in any scene, suffering from a condition.
- Move Aside:** When you *show contempt* in the medical theater and hit, you may ask an extra question; other characters can't ask you questions.
- Nightingale:** When you *show compassion* in any theater and get a hit, you may ask an additional question (not limited to the list).
- Thankless Job:** When another player character *sticks a hand in* to help you, they get 1 Perk if you succeed.
- Seen It All:** +1 Guts (max +3).

ADDICTIONS

Choose an addiction:

I'm addicted to...

(You always push (-1) on basic moves when acting against your addictions)

STRESS TRACK

STRESS TRACK Fair (Tier 1) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Serious (Tier 2) <input type="checkbox"/> <input type="checkbox"/> Critical (Tier 3) <input type="checkbox"/>
--

Conditions _____

CONNECTIONS

After filling out the rest of your playbook, go around and introduce all the characters. List everyone else's name as each player introduces their character, then go around again for Cxn.

On your turn, ask 1, 2, or all 3:

▶ *Which one of you has caused me the most amount of extra work?*

For that character, write Cxn+2.

▶ *Which one of you looks overconfident to me?*

For that character, write Cxn-1

▶ *Which one of you had a thing for me?*

For that character, write Cxn-1

For everyone else write Cxn+1. You've seen it all and you're here to help.

On the others' turns, answer their questions as you like.

At the end, choose one of the characters with the lowest Cxn on your sheet. Ask that player, "What is my nickname?"

SPECIALTIES & MOVES

Pick two specialties (page 21). You may push (1) in situations that involve your specialties. Pick two character moves from the following list:

- White Coat:** When you *feign competence* in the medical theater, your patients always trust you, even on a miss.
- Black Art:** When a patient dies in your care, you get +1 Guts (max +3).
- Winning Bedside Manner:** +1 Heart (max +3).
- Taking Up Golf:** When you blow off a responsibility or duty you should normally perform, clear 1-Stress. Tell the MC which character has to pick up your slack; they mark 1-Stress.
- Career-Minded:** In social situations, you push (1) with your betters and always push (-1) with those below you (discuss with the MC if the situation is unclear).

ADDICTIONS

Choose an addiction:

I'm addicted to...

(You always push (-1) on basic moves when acting against your addictions)

STRESS TRACK

STRESS TRACK Fair (Tier 1) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Serious (Tier 2) <input type="checkbox"/> <input type="checkbox"/> Critical (Tier 3) <input type="checkbox"/>
--

Conditions _____

CONNECTIONS

After filling out the rest of your playbook, go around and introduce all the characters. List everyone else's name as each player introduces their character, then go around again for Cxn.

On your turn, ask 1, 2, or all 3:

▶ *Which of you looks the healthiest?*

For that character, write Cxn-1.

▶ *Which one of you has been feeling under the weather?*

For that character, write Cxn+2.

▶ *Which one of you should I consider a rival?*

For that character, write Cxn+2.

For everyone else write Cxn+1. You know how things stand.

On the others' turns, answer their questions as you like.

At the end, choose one of the characters with the lowest Cxn on your sheet. Ask that player, "What is my nickname?"

SPECIALTIES & MOVES

Pick two specialties (page 21). You may push (1) in situations that involve your specialties. You get **Focused**. Pick one other character move from the list:

- Focused:** When making rolls associated with your specialty, you push (2) instead of push (1).
- Top in Your Field:** Your Reputation can never go below -2 because of your actions in the medical theater; if you would be forced to drop your Reputation to -3, mark 1-Stress instead. Personal and social actions can still drop it to -3 or worse.
- Got it Where it Counts:** +1 Brains (max +3).
- Work Hard, Play Hard:** When you **blow off steam** by indulging a particularly dangerous or nasty vice, remove an additional 1-stress, even on a miss.
- Don't Play a Player:** If a character **feigns competence** in your presence, they push (-2) on the roll unless they choose to owe you.

ADDICTIONS

Choose an addiction:

I'm addicted to...

(You always push (-1) on basic moves when acting against your addictions)

STRESS TRACK

STRESS TRACK Fair (Tier 1) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Serious (Tier 2) <input type="checkbox"/> <input type="checkbox"/> Critical (Tier 3) <input type="checkbox"/>
--

Conditions _____

CONNECTIONS

After filling out the rest of your playbook, go around and introduce all the characters. List everyone else's name as each player introduces their character, then go around again for Cxn.

On your turn, ask 1, 2, or all 3:

▶ *Which one of you have I worked with in another facility?*

For that character, write Cxn+2.

▶ *Which one of you doesn't seem to be living up to your full potential?*

For that character, write Cxn-1.

▶ *Which one of you do I secretly admire or envy?*

For that character, write Cxn+1.

For everyone else write Cxn=0. You've got it covered.

On the others' turns, answer their questions as you like.

At the end, choose one of the characters with the lowest Cxn on your sheet. Ask that player, "What is my nickname?"



HEARTS AND MINDS



The responsibility of life or death decisions can take a terrible toll on the medical practitioner, and balancing that responsibility with the more mundane trials of everyday life can be a tightrope that's almost impossible to walk. Even the most skilled physicians may be unable to heal themselves, forcing them to find relief in less than noble outlets.

STRESS

Stress is part and parcel of being a medical professional; dealing with the turmoil of the daily medical grind may be the most important thing one can do to stay sane. Stress is **THE WARD'S** version of "hit points," for lack of a better term; the more stress you suffer, the worse off you are

SAMPLE STRESS

Here are some sample stress values for various occurrences:

1-STRESS

- Being mocked by your peers
- Giving or receiving bad news
- Poor night's sleep
- Being confronted by a patient or subordinate (publicly)
- Being confronted by a peer (privately)
- Being part of a team that loses a patient
- Taking a second shift

2-STRESS

- Being dressed down by a superior (privately)
- Giving or receiving very bad news
- No night's sleep
- Being confronted by a peer (publicly)
- Being directly responsible for the loss of a patient

3-STRESS

- Being dressed down by a superior (publicly)
- Losing a loved one

STRESS TRACK

PCs record their stress on their **stress track**. NPCs that take stress suffer a **condition** (MC's choice) instead.

Every time a PC takes stress they fill in a box on their Stress Track, working from left to right. Any time the stress suffered would take the track into the next tier, the player may choose to suffer a condition instead, ignoring the stress inflicted. A character may only have as many conditions as the tier allows before they're escalated into the next tier.

STRESS TRACK Fair (Tier 1) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Serious (Tier 2) <input type="checkbox"/> <input type="checkbox"/> Critical (Tier 3) <input type="checkbox"/>
--

Conditions _____

CONDITIONS

Both PCs and NPCs can be afflicted by conditions, though it affects them differently; PCs tend to suffer penalties to rolls, while NPC conditions shape their responses and behaviors.

Tier 1 conditions are simply cues for the MC and players to work with and have no direct mechanical effect.

Tier 2 conditions push (-1) on all appropriate PC moves in appropriate situations and, when present on NPCs, may be used by the MC to push (1) on the rolls of any PCs dealing with the NPCs in appropriate situations.

Tier 3 conditions push (-2) on all appropriate PC's moves and allow the MC to make an MC move involving the afflicted NPC in any appropriate situation.

Conditions can only be removed by PC action, though they may be alleviated through lesser means. Anything left untreated is only going to get worse. The actual death of a character, whether PC or NPC, can only occur if a Tier 3 “Dying” result worsens; use it freely for NPCs, but with utmost care for PCs.

Each time a tier is cleared of stress, the player may also remove a condition.

SAMPLE CONDITIONS

When players decide to have their characters afflicted by a condition instead of suffering stress, the MC should offer them appropriate ones for the situation, but let them make the final decision. When making an MC move, the MC is free to choose whatever condition best fits. The listed conditions are not exhaustive and the MC, along with the other players, is encouraged to create and apply new ones as they see fit.

Fair (Tier 1)	Serious (Tier 2)	Critical (Tier 3)	Terminal
Sick/Hurt	Very Sick/Hurt	Dying	DEAD
Frustrated	Angry	Enraged	
Nervous	Scared	Terrified	
Tipsy	Drunk	Passed Out	
Mistrusted	Disgraced	Pariah	

USE IT OR LOSE IT

If your stress track is filled and you can't (or won't) take any more conditions then you're in pretty bad shape. The next time you suffer stress, you must pick one from the following two options:

When you **use it**—seeking solace or respite in a new behavior, habit or obsession—gain another addiction, owe that addiction a favor, and clear 3-stress.

When you **lose it**—venting your spleen, letting loose in public, or acting self-destructively—suffer -2 Rep and clear your stress track. Note that there are serious possible repercussions if your Rep ever drops below -3 (page 18).

ADDICTIONS

Everyone has them, but some are much worse than others. They can be a crutch in times of need, but they always seem to get you in the end.

When you *indulge your addiction*, owe it a favor to remove 1-Stress.

When you *act against your addiction*, you push (-1) on your basic moves.

Owing a favor to an addiction just means the MC may use it to make a move as hard and direct as they like, whenever they like.

ADVANCEMENTS

People slowly change over time, sometimes for the better. Each time you reset reputation, you may also choose an advancement from the following list. Each choice may be selected once.

- Add +1 to any stat (max +3)
- Add +1 to any stat (max +3)
- Take another move from your playbook
- Take a move from another playbook
- Gain an additional specialty

If you've selected three of the above, you may select from the following:

- Change or add to your tag
- Change your playbook
- Overcome an addiction

NICKNAMES

If no one uses your nickname during a session—or if you and at least one other player agree that it's inappropriate or uninteresting—you may, at the end of a session, erase it.

Turn to the player whose character you have the current lowest Cxn with and ask: "What is my character's NEW nickname?" You'll be stuck with that new nickname for at least a session.



MASTER OF CEREMONIES



If you're going to MC a session of **THE WARD**, remember that the Acute Care Edition assumes you're familiar with the basic MC concepts and ideas of **APOCALYPSE WORLD**. The full edition of **THE WARD** will provide a complete MC section, but for now there will be little hand-holding. I'll provide some frameworks to guide you, but they're just skeletons right now; you'll have to make due with your own creativity. I trust you. Let's jump in!

AGENDA

- ▶ Make the world of **THE WARD** seem believable.
- ▶ Make the player characters' lives unstable in multiple theaters.
- ▶ Play to find out what happens.

ALWAYS SAY

- ▶ What the principles demand.
- ▶ What the rules demand.
- ▶ What your prep demands.
- ▶ What honesty demands.

THE PRINCIPLES

- ▶ Walk the tightrope between life and death.
- ▶ Address yourself to the characters, not the players.
- ▶ Make your move, but misdirect.
- ▶ Make your move, but never speak its name.
- ▶ Worsen anything left untreated.
- ▶ Name everyone, make everyone human.
- ▶ Show that everyone's addicted to something.
- ▶ Challenge the characters' humanity.
- ▶ Ask provocative questions and build on the answers.
- ▶ Be a fan of the players' characters.
- ▶ Think offscreen too.
- ▶ Sometimes, ask for a second opinion.

YOUR MOVES

- ▶ Put a life in the balance.
- ▶ Increase the pressure.
- ▶ Scramble or sever a connection.
- ▶ Impose or worsen a condition.
- ▶ Change theatres.
- ▶ Reveal immediate or dire complications.
- ▶ Reveal trouble in the wings.
- ▶ Tarnish their reputation.
- ▶ Inflict stress.
- ▶ Offer or call in a favor.
- ▶ Feed or call on someone's addictions.
- ▶ Tell them the possible consequences and ask.
- ▶ Offer an opportunity, with or without a cost.
- ▶ Turn their move back on them.
- ▶ After every move ask: "What do you do?"

SOME ADVICE

Not a lot of physical maps in this game, but connections...oh boy! Link PCs and NPCs in a tangled web of relationships and start strumming the threads to make beautiful music. **THE WARD** is all about how relationships impact the lives of medical professionals, so build them early and keep them active.

Stress...not that much for you I hope, but for the PCs hand it out like candy; bitter, weird-tasting candy, almost too much to swallow. Let the players fret about how much is too much and if or when their characters try to back down; don't be afraid to push them hard.

When making your moves, try to build towards trouble. Let the players see the freight train coming instead of hitting them immediately; they still might not get off the tracks. Always keep in mind that a "miss" on a roll is not necessarily a "fail." It's just a chance for you to make your move as hard as you like. In **THE WARD**, a success with a terrible cost is far more interesting than mere failure.

Following this are a bunch of concepts for running games of **THE WARD**. Don't sweat the details too much: a lot more MC information will be coming in the full release. Let me know how it goes!

SETTINGS, SCENES, AND SITUATIONS

These three components make up the where and what is going on while playing **THE WARD**: **settings**, **scenes**, and **situations**.

- ▶ **Settings** – These are the broad, physical places or locations in the fiction, such as “The Hospital” or “The Emergency Room” or “Stella’s Bar” or “Home.” Scenes and situations occur within settings; many settings belong to a specific theater (see page 37).
- ▶ **Scenes** – These encompass localized areas of possible conflict within a setting and include all the different characters, locations, and details surrounding the PCs. The theater they belong to can change quite quickly. Examples might be “The break room, with Dr. Walters and Dr. Samarsin having some kind of argument” or “the service elevator as the power goes out.”
- ▶ **Situations** – These are all the various troubles and challenges the PCs face in scenes, the real meat of the fiction. Most of the time, your job as the MC is to introduce a situation into a scene that compels the characters to take action.

THEATERS

The action in **THE WARD** can take place in three broad theaters: **medical**, **social**, and **personal**.

- ▶ **Medical** – encompasses situations involving helping patients, doing rounds, performing official duties in a hospital or clinic, and other professional activities.
- ▶ **Social** – covers situations not directly related to medicine like drinking at the bar or discovering how the chief of staff got their nickname.
- ▶ **Personal** – involves situations centered on a PC's internal life, intimate relationships, family, and people with close ties.

These theaters can rapidly shift and blur into each other, but should be distinct enough so that the players always know where they are, i.e. a bar with friends vs a funeral for family vs another round on their night shift. Of course, they've only got two hands to hold on to all three theaters, so they best learn to juggle.

Every NPC, scene, and situation should fall into one of these theaters, though the particular theater may change at times. Demarcate those changes. Make players aware when they are crossing a boundary by emphasizing the look and feel of each theater as they enter or leave it.

STATUS

Knowing the hierarchy during a crisis situation can be a matter of life and death. You need to know who's in charge, who's responsible, and who can be blamed when things go wrong. That pecking order can change when theaters change, for the good or ill of all involved. The relationships of characters generally fall into one of these three groupings:

- ▶ **Superiors** – those above you hierarchically, academically, socially, or in other ways, and in the position to use that against you.
- ▶ **Peers** – your equals, colleagues, good friends, and those who stand at the same level as you in their field.
- ▶ **Patients/Subordinates** – those you either tend to or can compel to take action when you give them instructions.

Relative status can change depending on situation and theater and apply to both PCs and NPCs as they interact.

NPCS

Every other character in the game is a non-player character and they're under your control... for the most part. NPCs in **THE WARD** are shaped by three things: their **addictions**, their **afflictions**, and their **aspirations**.

- ▶ **Addictions** – what the character wants or seeks out to feel better about themselves, often regardless of cost.
- ▶ **Afflictions** – what holds the character back; sometimes they know it and sometimes they don't.
- ▶ **Aspirations** – what the character desires to achieve if nothing else held them back.

Always name NPCs, and you, or maybe the other players, can give them nicknames too. Occasionally, some are primarily known by their nicknames instead of their formal titles or given surnames.

WHAT'S IN A NAME?

One of your principles is to “Address yourself to the characters, not the players.” The question is which name do you use to address them? Titles, given names, last names, and nicknames can all be used by the MC, often to subtly indicate which theater a situation is taking place in. Names can be used to change the tone and intensity of what's going on. There are no hard and fast rules for this, so I encourage you to experiment with it and see how the players respond.

As to the PCs' nicknames, whether appropriate or not, whatever concept is espoused by the nickname is how the NPCs view them at first blush. They often use the nickname if said PC isn't in a scene... and, sometimes even if they are! I'll be open here and admit the nicknames are one of my favorite parts of the game.

RUNNING A SESSION

Running a session of **THE WARD** follows a pattern that works to ready the action for the game without needing a lot of prep. Feel free to experiment with it, but I've found following these easy steps to be quite rewarding:

STEP 1: PRE-OP

This is the start of a session: players create their characters while you start taking notes and asking questions for a work-up sheet, a worksheet that details some of the settings, scenes, and situations the PCs will face. Most work-ups are a list of open ended questions to generate NPCs, conflicts, and other fun things.

STEP 2: INTRA-OP

This is where the majority of the game takes place, the space in the fiction where you and the players make moves to keep the story moving. Look to your agenda, principles, and moves to make decisions during this step.

STEP 3: POST-OP

This is the end of the session. Allow each player to set up a final *blow off steam* scene for their character, check connections with other characters, and spend perks on benefits and reputation. Take notes of the various outcomes as possible fodder for a follow-up session.

OPTIONAL: POST-MORTEM

This step only comes into play if a PC dies during the session or fails to get their reputation up to Rep-2 after losing too much reputation. Allow the player to set up a "good-bye" scene as they wish and play it out with the other players.

BETWEEN SESSIONS

Between sessions you can go over your Intra-Op and Post-Op notes to create a follow-up work-up questionnaire customized to the details of your group's story; every game I've played has ended with a tantalizing number of loose threads left to tug on, with very little stitched up neatly.

USING A WORK-UP

On the next page you'll find the Night Shift Work-Up, a simple and effective start for your first session. Give it a try or make up your own list of questions; I look forward to hearing about the answers!

SAMPLE WORK-UP – NIGHT SHIFT

New moon, full moon, doesn't matter, it's the night that brings out the crazies... and some of us crazies are volunteering to be here.

—Darcy “Lightning Rod” McCarrie, Old Nurse

Ask these questions as the players are creating their characters. Start with Location, allowing the players to discuss their answers before finalizing them. Move on to Personal: each player should provide answers to at least two or three of these questions as they pertain to their character. Once the players have completed their characters and worked out their connections, ask the Situation questions. Ponder their answers as people get comfortable, wait before you ask the last question, then dive in!

LOCATION

- ▶ Where is your hospital located?
- ▶ How big is the facility?
- ▶ What is it well known for?
- ▶ What does it currently lack that it normally has?
- ▶ What is always in short supply?
- ▶ What is a black mark on its reputation?

PERSONAL

- ▶ Who do you hope doesn't come through those doors tonight?
- ▶ What personal commitment are you avoiding by volunteering for this shift?
- ▶ Who are you sorry to see in the break room?
- ▶ Whose name are you glad to see on the active duty roster?

SITUATION

- ▶ What time of night is it...and what's the phase of the moon?
- ▶ What's been the main complaint about the weather?
- ▶ What just happened that got everyone's attention?

AND FINALLY...

- ▶ Where are you... RIGHT NOW?



EXAMPLE OF PLAY

The location is a tents-and-trailers mobile hospital in a war-torn country; the staff are all volunteers trying to make the world a better place, one stitch at a time. It's dry and dirty, and they're strangers in a strange land trying to help... let's take a peek and see if they manage to do more good than harm.

Adam is playing Harold "Sarge" Anderson, the Cynical Nurse who's been here since it all began, seen it all, done it all. He's addicted to "saving the day."

Drew's character is Dr. Walter "Puke" Cook, the New Intern: he's boyish and innocent, has read all the manuals, and is addicted to "being a martyr."

Kelly is playing Dr. Kara "Pieces" Johnson, the New Resident: she's smart, she's capable, and she's there when there's trouble. She's addicted to "emotional drama."

MC: The sun is just peaking over the horizon, it's strangely calm, only a few gunshots a short time ago... where are you right now?

Drew: Dr. Cook is just getting himself cleaned up and ready for his first real day here.

*Adam: *slurp* I've been up since before dawn and I'm enjoying the peace and quiet while I can, watching the sun rise, cuz I know it's not going to last.*

Kelly: I'm sneaking back to my tent.

MC: Really? Sneaking back from where?

Kelly: From Puke's tent, we had a fling before we shipped out, and he's the only familiarity for me here...

*Drew: *nods**

Kelly: ...but I don't want anyone to think I'm sneaking...

*MC: Okay, you're not really being confronted by anyone at the moment, so **act professionally** to keep your cool and look like you're doing something you're supposed to be doing.*

Kelly: A four... damnit.

MC: I love a miss on the first roll of the game! You're not caught or anything Dr. Johnson, but from your position you can see some kind of confrontation going on at the security gate into the camp: looks like a couple of rebel soldiers are having a heated conversation with some of the security team. One of them, Danny-boy, the squad leader glances back into the camp and sees you. [REVEAL COMPLICATIONS] What do you do?

Adam: Can I hear this confrontation? If so, I'm going to make my way toward the security gate.

MC: For sure! The noise is rising; anyone awake can definitely hear it.

Drew: Dr. Cook is grabbing his bag and heading right to the trouble.

Kelly: Damn it Puke...I head in right after him.

MC: There's a handful of agitated security guards, led by Danny-boy, and two armed rebels propping up a third rebel who seems to have been shot. It looks like they really want to come into the camp, but the guards don't want to let them in. [PUT A LIFE IN THE BALANCE] What do you do?

Drew: Dr. Cook is going right to the rebels, he taught himself a bit of the local dialect before he came here, so he's going to try to help the injured rebel and see what these guys want.

MC: Cool, looks like you're trying to **show compassion**. I'll get you to roll once we see what everyone else is doing.

Kelly: I'm going to get in Danny-boy's face: "Why aren't you letting this patient in?"

Adam: I'm just sipping my coffee and watching to see what the new girl does.

MC: (in Danny-boy's gruff voice) "This guy ain't no patient, doc! He's a rebel, he's been shot, and letting him in is going to bring us nothing but grief!" [INCREASE THE PRESSURE] (normal MC voice) So what do you do?

Kelly: "It's not our duty to decide who lives or dies when they come to us; it's our duty to do our damndest to help anyone who comes here in need. He's in need, he came here; stand down, mister, and let me do my job!"

MC: Whoa, awesome, but, you don't really have authority over...

Kelly: Oh, I didn't think I did, I'm just trying to bluster him out of the way and let the rebels know I want to help them.

MC: Super awesome! So, **feign competence**, and let's see who believes you.

Kelly: Nine... so I've got to pick just one of them and someone's going to doubt me.

Adam: Not so fast. I sip my coffee and look right at Danny-boy: "She's right you know."

MC: **Stick your hand in!** Are you indulging your addiction here or just being helpful?

Adam: I'm just being helpful in my own gruff way right now. Got a total of eleven on my roll...so I'll push your nine up by two to get you a strong hit...convince away. Do you want to owe me or connect with me?

Kelly: I'll pick a stronger connection; you can see what Kara's about. And Danny-boy and the guards find me credible. Is that okay? Thanks, Sarge.

MC: That's great! The security team is letting the rebels in, and I'd say your words have struck home on Danny-Boy and he's cowed. **[IMPOSE A CONDITION]** Dr. Cook, how's your compassionate care going?

Drew: I've rolled a 6. Dr. Cook is **Idealistic** so I'm going to take *r*-stress to make that a weak hit. As we converse in our broken way while the others are arguing about patients, I want to know from these companions: "What's really troubling your character?" and "What would your character like me to do?"

MC: If their commander—the injured guy—dies, they're terrified that they'll be killed as well. They want you to help them have their eyes on him at all time. For the question I get to ask you...hmmm. "Where is your character vulnerable?"

Drew: He tends to vomit if things get too stressful...

Adam: On that note, I lay out a stretcher for the wounded rebel and get Puke's help to get him to the surgical trailer...

MC: Okay, we cut to the surgical trailer: this guy has IVs and pads stuck to him, he's been prepped, and you're going in. With the effort you expended to get him here, I'm assuming you care if he lives or dies. Would you care to do the honor Dr. Johnson? **[CHANGE THEATERS: MEDICAL]**

Kelly: For sure. I'm going to get those bullets out and patch him up... **display expertise**, right? Okay. Oh, for pete's...I've got a four. I've got one perk to spend, but that doesn't help. Does this guy die on me?

Drew: Dr. Cook is right in there as well, following Kara's moves like a helpful shadow...and he's got a specialty in surgery! I'll **stick my hand in** and...eight. I could push your roll by one, Kelly, but that doesn't help... he's gone?

MC: No way! Even though it's touch and go for a while—and a brutally long procedure—you save him... but it's tough: since this is your first major job here, you're under the watchful eyes of the other rebels, and the work is difficult. You both take 2 stress. **[INFLECT STRESS]**

Kelly: I'm going to take a shower.

MC: As you wrap up the surgery, you both realize that the camp's blood supply is low. [REVEAL TROUBLE IN THE WINGS] You had enough to make it through this operation, but you're not sure that you'll be able to keep things running smoothly without enough units on hand.

Drew: "Go take a shower, Kara. I've got an idea, but I need to think about it."

Adam: Something just seems weird about this. After everything's done and cleaned up, I'm going to check out the bullets. Anything unusual about them?

*MC: You've been around this conflict for a while. **Display expertise** and let's find out what you know! [CHANGE THEATERS: SOCIAL]*

Adam: Twelve! Great!

MC: There is something weird: these bullets are the same type that the rebels use, not the government forces. This rebel commander was shot by other rebels.

Adam: What? Why are rebels shooting other rebels?

MC: I'm going to take that as your follow-up question. You're not completely sure, but your best guess is ugly: the rebel faction is splintering and their in-fighting is about to get much worse. [REVEAL TROUBLE IN THE WINGS]

Adam: Fu...

Drew: Here's my idea, you said we were low on blood? Dr. Cook is stressed out, but he wants to help: he's going to donate blood...and indulge his addiction. This counts as being a martyr, right?

MC: Oh totally, erase one stress. You're at two now, right? And you now owe your addiction, okay?

Kelly: Not okay, I'm barging right in there. "What the hell, Puke? Are you trying to kill yourself? We've been here a day, and you're running up to armed gunmen, pretending to be a surgeon, and donating blood?! How long do you think you're going to last out here? A week?!"

MC: Okay, wow! I need to ask a few questions here before you respond, Dr. Cook. You guys are still kind of a thing? [CHANGE THEATERS: PERSONAL]

Drew and Kelly: Yep.

MC: Yeah. Is this a relationship of equals or...

Drew: Walter is definitely...uh...subordinate.

*MC: Well, okay, then, Dr. Cook, you take 2-stress from this confrontation...and Dr. Johnson, you are **showing contempt** towards Dr. Cook. If I may be so bold, you may even be indulging your addiction. Is that why they call you Pieces?*

*Kelly: Oh wow! I don't think I'm indulging, but I'm definitely mad, so I think **showing contempt** still applies.*

*Drew: That stress is going to take Cook into the next tier: I think he'll take a condition instead of going over. How's **drained** sound?*

MC: Totally appropriate, both physically and emotionally! I love it. Okay Pieces, rip into him!

Kelly: Damn it...another four. Oh, wait! This is contempt. Four is good!

Drew: For you maybe... poor Puke...

And things just get worse from here...



FREQUENTLY ASKED QUESTIONS

What should we do if our characters get into a physical altercation?

Sometimes “do no harm” is a hard directive to follow. If things do escalate to fighting, both **display expertise** and **feign competence** will be of use, depending on the skills and abilities of those involved. Stress, conditions, and even loss of reputation are all possible consequences of such unprofessional behavior! And those around you may **stick a hand in** as well! Let me know who wins.

Why is “feign competence” a move? Shouldn’t medical professionals know what they’re doing?

Don’t we wish! I’ve heard this concern from a lot of non-medical people—some even felt the move was vaguely insulting to the medical profession! On the other hand, every medical professional I interviewed nodded their heads in agreement when I brought up this move. One even tapped the page and said, “That’s the most important thing in this game.” I’m going to stick with the doctors on this one.

Where’s the OB/GYN specialty in the medical list? It’s a very important field.

As mentioned before, the specialties lists are not exhaustive; I excluded OB/GYN due to player feedback and concerns that arose during my interviews. I found that most challenging situations involving OB or GYN are due to tragic, unpleasant, or extremely difficult events. Players who want to play OB/GYN specialists can totally do so, but I wanted to make sure no one picked the specialty off the list without realizing the kinds of conflicts they were choosing to confront. I don’t want to exclude women’s health! Feel free to add it back on the list if your group thinks it’s a good fit. You might want to be similarly wary of specialties in pediatric oncology or long-term hospice care.

All of my players want to play specialists, what do I do?

Let them. If it’s more than three players, just let one of them pick an unused tag from another playbook. In later releases, there will be more tags to choose from, presented in thematic groupings to add another layer of color to the game. There’s no shortage of specialists in the right setting!

When’s the Kickstarter for this happening?

I’ll definitely let you know when I know. Probably next year!

MEDIOGRAPHY

BOOKS

HOW DOCTORS THINK by Jerome Groopman, M.D.

BECOMING DOCTORS: THE ADOPTION OF A CLOAK OF COMPETENCE by William Shaffir and Jack Haas

THE SPIRIT CATCHES YOU AND YOU FALL DOWN: A Hmong Child, Her American Doctors, and the Collision of Two Cultures by Anne Fadiman

WEB/RADIO SHOWS

White Coat, Black Art with Dr. Brian Goldman

TELEVISION SHOWS

ER

St. Elsewhere

Grey's Anatomy

Scrubs

Nurse Jackie

Chicago Hope

MOVIES

Malice

Patch Adams

One Flew Over the Cuckoo's Nest

Contagion

A FINAL NOTE

THE WARD: ACUTE CARE was made possible through the Magpie Games' ashcan program. What a ride! Just over two years ago, I had the glimmer of an idea that eventually became **THE WARD**. Mark and the rest of the Magpie gang came along to help me polish that glimmer into a full blown game.

As a fledgling game designer, I found their help, advice, encouragement, and experience in getting from idea to reality immeasurably valuable. I don't know how I would have done it without them. Thanks so much for helping me to soar out of the nest.

Good evening, Doctor.

We've got an FLK with PFH showing bilateral greenstick fractures in Two, a couple of puppies digging for worms on a GOMER in Five, and the Chief wants to talk to you about your charting. Oh, yeah. Your daughter also left a message saying she needs someone to pick her up from practice; I guess your ex forgot to show up.

Where shall we begin?

Life, death, and all the stress that happens in between. **The Ward** is a Powered by the Apocalypse game of medical drama, comedy, and tragedy inspired by shows like *ER*, *House*, and *Scrubs*. Players take the roles of doctors, nurses, and other medical professionals fighting the good fight against the forces of chaos, juggling life and lives while trying to remain human in the face of incredible stress.

The *Acute Care Edition* is a preview version of **The Ward**: it contains everything you need to try the game. A future release of the full game will contain more resources and playbooks.

www.magpiegames.com/theward

magpie
GAMES



POWERED BY THE
APOCALYPSE

Players
3-5

Time
2-4 hrs

Rating
Teen

ISBN 978-1-988943-03-9

90000



9 781988 943039

