



The Study Day: interactive clinical research simulation, full design and development specification

Platform	Articulate Storyline
Format	Branching scenario
Seat time	15–18 minutes
Audience	Clinical investigators / study physicians
Industry	Pharmaceutical / clinical research (fictional demo content)
Version	2.0 — updated 10 October 2026 to match the interactive HTML prototype

Change log — v2.0

What changed since the previous version of this spec, so the developer can see the delta at a glance:

1. **Performance Review: new "Visit by visit" section (11.7).** Under the 2-3 summary items, the learner now sees one card per participant with every strong decision and every missed moment from that visit. New tracking variables in 6.4, rationale in Section 2.
2. **Screen adaptation for phones (new Section 12):** portrait and landscape phone layouts, alongside the unchanged desktop layout.
3. **Intro sequence (7):** doors open, the camera moves down the hallway past a greeting on the wall, then into the waiting room. Can be skipped.
4. **Synced with the prototype:** the in-game clock (8.1), the PATIENT CHART tab during visits and the END VISIT button (3), "Seen" state for completed cards (8.1), the clinic name (7), and the decision-point counts in the course map (5).



5. **Open issue logged in 9.3:** one Sofia branch offers a closing option that relies on information the learner never obtained.

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1. What this is and why

The Study Day is not a protocol-knowledge test or a right/wrong quiz. It's a practical exercise in **clinical judgment under incomplete information**: the learner lives through one morning as a Study Physician and experiences firsthand how the quality of their questions directly shapes the quality of the information they get from a patient, and in turn, the quality of the decisions they're able to make.

Why this matters as a skill, not just "protocol knowledge": in real practice, an investigator rarely gets the full picture handed to them. Participants don't always volunteer everything important right away — out of anxiety, embarrassment, distrust, or simply because they don't think a detail is worth



mentioning. The course builds the habit of **actively digging for what matters**, rather than passively accepting the first answer given.

By the end, the learner:

- feels, in practice, that "I didn't ask" and "I asked the wrong thing" aren't abstract mistakes but concrete, specific losses of specific information that a different question would have surfaced;
- practices telling apart a signal that deserves attention from a typical background symptom, without over-flagging or under-flagging concerning cases;
- gets a personalized reflection on their own decision patterns across the visit (not a pass/fail score), with concrete examples drawn from their own choices;
- sees, participant by participant, which of their decisions were strong and which moments were worth handling differently.

Demonstration format (portfolio context): the course exists as a demo case that shows off branching logic built not around a single isolated dialogue, but around a connected series of decisions across a whole "workday," with cumulative, personalized feedback at the end.

2. Instructional design rationale

This section records the deliberate pedagogical choices behind the mechanics, so the developer understands not just *what* to build but *why it's built this way* — and doesn't "fix" the mechanics with good intentions.

Why information is only revealed in response to the right question, never volunteered.

If a patient shared an important detail regardless of what the learner asked, the exercise would become reading a pre-written script with the illusion of choice. Silence in response to a missed question is what makes the consequences real: the learner has to *notice* something is missing, rather than wait for it to be pointed out.

Why missed information doesn't surface until the very end, instead of an immediate hint.

An immediate hint ("you forgot to ask about X") turns the exercise into on-the-fly error correction, and it undercuts the final Performance Review, since by then the learner has already "course-corrected." Delayed feedback preserves the feel of a real consultation: as in life, the consequences of inattention show up later, not in the moment, once it's too late to go back and ask again.

Why there's no "go back and ask again" option within a visit.

Decisions inside a dialogue are irreversible. This models an actual conversation with a patient rather than a test with retries, and it directly reinforces the point above: if a choice could be undone, "quietly losing information" would stop meaning anything.

Why the waiting room queue isn't fixed or numbered.

If the order were prescribed, the course's first and most telling decision — who to call in first, based on chart information rather than a schedule — simply wouldn't exist. Explicit numbering would reduce that decision to a formality.

Why patient charts are available ahead of time, separate from the visit itself.

A real investigator typically reviews a chart before stepping into the room — that's part of preparation, not part of the encounter itself. Splitting "read the chart" and "run the visit" into two distinct actions in the Waiting Room models that real behavior and makes the prioritization decision deliberate, rather than a guess based on a single line in a nurse's note.

Why the final feedback is a reflection, not a right/wrong score.

With only 4 patients, the sample of decisions is small — a strict, item-by-item score would read like a checklist audit and would overweight single mistakes. A reflective tone ("here's how you handled priorities, here's a specific moment") reads as a personal observation rather than a grade — and the deliberate choice to surface only 2-3 patterns, rather than every category at once, is what makes the feedback feel like something the course actually *noticed about you*, not a mechanical run through every column.

Why the review also includes a visit-by-visit breakdown.

The summary items answer "what kind of physician were you this morning?", and they stay deliberately short (2-3 patterns). But a learner who has just spent fifteen minutes with four people naturally wants to know how each of those conversations went. The visit-by-visit cards answer that question without diluting the summary: they're a factual debrief of the learner's own choices, not additional grades. Strong decisions are listed first and named explicitly, so the review acknowledges what the learner did well in every visit, not only in the category whose score happened to peak. Each card still shows the moments worth doing differently, which keeps the "silent omission" consequence visible (6.5): this is where the learner finally sees what a skipped question cost them.

Why there's no real clinical/regulatory classification terminology (AE/SAE, etc.).

This is a demonstration product, not training in actual regulatory compliance. Using real classification



systems would create the false impression that the course provides applicable regulatory guidance, which it must not do (see Section 4 for what's deliberately excluded).

3. Navigation and UX

General principle: choosing an answer *is* the navigation. There's no separate "Next" button inside a dialogue decision point — clicking a response option immediately advances to the next screen of the visit.

Buttons that exist:

- **START THE MORNING** — on the start screen, the only forward action.
- **VIEW CHART** — on every patient card in the Waiting Room, opens the patient's chart (see Section 8.2). Available any time, any number of times, before and after the visit.
- **CALL IN** — on every patient card in the Waiting Room, starts the visit.
- **SKIP INTRO** — shown only during the intro sequence (Section 7), jumps straight to the Waiting Room.
- **PATIENT CHART** and **PROTOCOL REFERENCE** — two tabs persistently available on every patient-visit slide (desktop: above the dialogue panel, top right). **PATIENT CHART** opens the current participant's chart (same content as **VIEW CHART**, 8.2); **PROTOCOL REFERENCE** opens the protocol layer. Neither appears in the Waiting Room or on the Performance Review (for why, see 4.2).
- **END VISIT** — appears in place of the response options after the participant's final reply in Decision 4. Returns to the Waiting Room. It exists so the learner can read the last reply before leaving, not as a decision.
- **SEE YOUR PERFORMANCE REVIEW** — on the Morning Visits Complete screen.
- **START OVER** — at the bottom of the Performance Review, resets all variables and returns to the Start Screen.

Buttons that are deliberately missing:

- A "back" button inside a visit — decisions are irreversible (see Section 2).
- A progress bar within a single visit ("question 2 of 4") — that would break the feel of a conversation and turn it into a test. Progress for the whole day is instead read through the macro-indicator in the Waiting Room.

Progress indicator: in the Waiting Room — a counter ("X participants remaining"), the in-game clock (8.1), and completed cards greyed out with a "Seen" tag (their `CALL IN` button disabled; `VIEW CHART` still works). The participant who has been seen also disappears from the waiting-room bench.

Order of play: not fixed. The learner can open any patient's chart at any point, then click `CALL IN` on any available card in any order; after a visit, they're automatically returned to the Waiting Room.

Ending: after the fourth visit, an automatic transition to Morning Visits Complete (no choice required from the learner), then a button leads to Performance Review.

4. Fictional protocol reference

4.1 Purpose

This is the single source of truth for every clinical detail in the scenario (the fictional disease profile, the fictional drug's safety profile, protocol deviation criteria). It serves two separate purposes at once:

- **As a reference for the developer and scenario author** — to keep every line and branch internally consistent (full text in 4.3).
- **As in-course content** — a simplified portion of this material is given to the learner as an embedded reference resource, available via the `PROTOCOL REFERENCE` button during visits.

This is a general resource, not tied to any specific patient — unlike the patient chart (Section 8.2), which holds individual data.

4.2 How this is embedded in the course

Where it lives: a separate lightbox layer, triggered by the `PROTOCOL REFERENCE` button from any patient-visit slide. Opening it pauses the base timeline; closing it returns the learner to exactly the state of the dialogue they left, without resetting any choices already made.

Why the button is only available during visits, not in the Waiting Room or on Performance Review: In the Waiting Room, the learner doesn't yet have a patient-specific question that the protocol would resolve — what's available there is the patient chart, not the general protocol. On Performance Review,



the reference is no longer needed since that screen is a read-only reflection on decisions already made.

Why this isn't a "correct answer" hint:

The reference gives general clinical orientation (what's typical for CID, what's plausible as an NVT-201 reaction), but it doesn't tell the learner what to do with a specific patient — that conclusion is still theirs to draw.

Layer content (learner-facing text — what the learner actually sees):

PROTOCOL REFERENCE — NVT-201-P2-04

About CID (Chronic Inflammatory Disease): Typical baseline symptoms include mild evening fatigue, brief morning joint stiffness (resolving within about an hour), occasional mild headache, and mood fluctuation related to living with a chronic condition.

Signs that warrant closer attention: stiffness lasting beyond an hour, any new or fast-developing rash or skin change, unexplained weight loss, fever, shortness of breath or chest pain, or anything the participant describes as "not like before."

About NVT-201: A new symptom is more likely to be treatment-related if it started within 1-2 weeks of a dose change, or if the participant themselves connects its timing to their dosing. Symptoms clearly tied to another cause (a cold going around, a known allergy, an external stressor) are typically not treatment-related.

Protocol deviations to note: missed doses, visits outside the scheduled window, self-adjusted dosing, or new unapproved medications/supplements.

4.3 Full fictional protocol appendix (dev/author reference — not shown to the learner as-is)

Disclaimer: everything below is entirely fictional, created solely for this demo course. It does not reflect any real drug, real disease, real protocol, or real regulatory requirements.

Study Overview

Protocol	NVT-201-P2-04
Investigational Product	NVT-201



Phase	IIb
Design	Randomized, double-blind, placebo-controlled
Therapeutic area	Chronic Inflammatory Disease (CID) — a fictional condition
Objective	Evaluate the efficacy and safety of NVT-201 in adult patients with CID

CID — disease profile

Baseline symptoms (normal, not a concern): occasional evening fatigue; mild morning joint stiffness that resolves within an hour; occasional mild headache; moderate mood fluctuation tied to living with a chronic condition.

Warning signs: morning stiffness lasting more than an hour; new or fast-developing rash or skin change; unexplained weight loss; fever of any duration; shortness of breath or chest pain; anything the participant describes as "not like before."

Key principle for the scenario: **a warning sign is rarely stated outright** — it only surfaces through a follow-up question.

NVT-201 — safety signal profile

Plausibly drug-related (warrants document/escalate): a new rash after starting treatment; unusual fatigue that stands out in intensity from baseline; a symptom that began within 1-2 weeks of a dose change; a symptom the participant themselves links, in timing, to their dosing.

Likely unrelated: cold or seasonal-allergy symptoms with no connection in timing to dosing; stress-related complaints with a clear external cause; typical CID progression with no new element.

The course deliberately **does not use** real AE/SAE classification terminology or real reporting timelines — the logic stays within a simple loop: notice → clarify → assess severity → document or escalate.

Protocol Deviations — criteria

Missing a dose (1+ consecutive days); a visit outside the scheduled window; self-adjusted dosage or regimen; taking a new medication or supplement not cleared with the study team.



What is deliberately NOT included in the course

Diagnosis of a real disease; real dosing recommendations; real instructions for handling an investigational drug; universal AE/SAE classification rules; universal reporting timelines; real drug, sponsor, or protocol names; a "correct answer" without grounding in the fictional appendix.

5. Course map

1. START SCREEN
2. WAITING ROOM (review charts + choose the next patient, repeats 4 times)
 - └ PATIENT VISIT – Maya Torres (3-4 decision points) [+ Patient Chart, Protocol Reference]
 - └ PATIENT VISIT – Daniel Whitfield (4 decision points) [+ Patient Chart, Protocol Reference]
 - └ PATIENT VISIT – Sofia Delgado (2-4 decision points) [+ Patient Chart, Protocol Reference]
 - └ PATIENT VISIT – Rachel Bennett (4 decision points) [+ Patient Chart, Protocol Reference]
3. MORNING VISITS COMPLETE (transition screen)
4. PERFORMANCE REVIEW (2-3 dynamic summary items + 4 visit-by-visit cards)

Decision-point counts vary because some "worse" choices skip the investigate step (6.5). The order patients are seen in is **not fixed** — it's determined by the learner's choices in the Waiting Room. The text below is presented in the order Maya → Daniel → Sofia → Rachel purely for readability; the developer should build each patient as an independent module that can be triggered in any order.

6. Global mechanics and variables

6.1 State variables

Variable	Type	Purpose
QueueRemaining	Number, starts at 4	Decreases by 1 after each completed visit
Visited_Maya / Visited_Daniel / Visited_Sofia / Visited_Rachel	True/False	Marks a completed patient — hides that card in the Waiting Room
DanielQueuePosition	Number (1-4)	Which visit, in order, the learner called Daniel in for



Variable	Type	Purpose
VisitOrder	Text (list of ids)	The order the participants were actually seen in, e.g. sofia, daniel, maya, rachel. Used to order the visit-by-visit cards (11.7)
ClockTime	Number (minutes from midnight), starts at 525 (8:45 AM)	In-game clock, +20 after each completed visit (8.1)

6.2 Scoring variables (cumulative, start at 0): `Score_CQ` (Clinical questioning), `Score_PA` (Protocol awareness), `Score_PC` (Participant communication), `Score_CJ` (Clinical judgment). Each decision adds +1 (good choice), -1 (problematic choice), or 0 (neutral) to the relevant variable.

6.3 "Key moment" variables (for Performance Review): `BestMoment_CQ`, `WorstMoment_CQ`, `BestMoment_PA`, `WorstMoment_PA`, `BestMoment_PC`, `WorstMoment_PC`, `BestMoment_CJ`, `WorstMoment_CJ` — text variables storing the id of the most recent moment of the matching valence in that category (overwritten as the learner progresses). If a category never triggered a +1 or -1, the variable stays blank and is handled by the fallback logic (11.5). These variables drive only the summary items; the visit-by-visit cards use the logs in 6.4.

6.4 Visit log variables (for the visit-by-visit cards): `VisitLog_Maya`, `VisitLog_Daniel`, `VisitLog_Sofia`, `VisitLog_Rachel` — each records **every** Best/Worst moment id triggered for that participant, in the order they happened (unlike 6.3, nothing is overwritten). Every scored choice in Section 9 appends its moment id to the current participant's log; Daniel's waiting-room moment (`waiting_room_daniel_early/_late`) is appended to `VisitLog_Daniel` when he's called in. A moment can only appear once per log.

In Storyline, the simplest equivalent is one True/False variable per moment id (34 in total, listed in 11.7), set to True by the same trigger that sets the Best/Worst variable. Each card then shows a line when its variable is True.

6.5 The "silent omission" rule: if the learner doesn't ask the necessary follow-up question, the patient **does not** volunteer the hidden fact on their own. The fact stays unknown until the very end of



the course and only surfaces on Performance Review. Within the dialogue, this simply looks like a shorter, less informative response — with no explicit hint that something was missed.

6.6 The escalate/document rule: if the learner should have documented or escalated something and didn't (or did so unnecessarily), this is reflected **only** as a -1 in `Score_CJ` / `Score_PA` (and as a "worth doing differently" line on that participant's card, 11.7). There are no story-level consequences within the day — the effect is confined entirely to the final review.

7. Slide 1 — Start Screen

Visual: the front of the Medical Research Center, morning (the name on the facade artwork). The entrance doors are closed.

Text:

THE STUDY DAY

Interactive Clinical Research Simulation

Study NVT-201-P2-04

You're a Study Physician at Medical Research Center. This morning, several participants in Study NVT-201-P2-04 are here for their visits — some scheduled, some not.

How you ask, listen, and respond will shape what you learn, and what happens next.

Button: `START THE MORNING` → intro sequence → Waiting Room.

Intro sequence (about 15 seconds, no interaction required):

1. The text card fades out, the entrance doors slide open and the camera pushes through the doorway (≈1.4 s).
2. Inside, the camera is close on the hallway wall. A greeting flies in from the right and settles on the wall: "**Have a great working day, Doctor!**", next to a "This way →" sign. It holds for about a second (a little longer on phones).
3. One continuous camera move pulls back and travels along the hallway, past reception, and settles on the waiting room (≈7.5 s). The waiting-room artwork and the seated participants fade in during the move.



4. The patient cards and the header (counter, clock, hint) fade in. The Waiting Room is now interactive.

A **SKIP INTRO** button (top left) is visible for the whole sequence and jumps straight to step 4. With "reduce motion" enabled in the operating system, the intro is skipped automatically.

8. Slide 2 — Waiting Room and patient charts

8.1 Cards in the waiting room

Visual: the waiting room with the four participants seated on a bench, and 4 participant cards with no queue numbering. Each card shows a name, appointment status, and two buttons: **VIEW CHART** and **CALL IN**. Completed cards are greyed out with a "Seen" tag and that participant leaves the bench.

Header (top left, plain text on the wall):

- **QueueRemaining** as a counter: "4 participants remaining" ("1 participant remaining" when singular).
- The in-game clock: starts at **8:45 AM** and moves forward **20 minutes** after each completed visit. It's purely atmospheric — no time limit, no scoring. The same clock is shown in the corner of the visit screen.
- A hint line: *"Review the charts, then call in whoever you think should be seen next."*

Small touches in the prototype: on desktop, hovering a card highlights it and shows the participant's name tag above them on the bench (on phones the name tags are always visible). Daniel's character animates from looking at his phone to crossing his arms, to read as impatient.

Participant	Status
Maya Torres	Scheduled — 08:50
Daniel Whitfield	Unscheduled
Sofia Delgado	Scheduled — 09:15
Rachel Bennett	Unscheduled



Mechanics: VIEW CHART opens the patient's chart (lightbox, see 8.2) — available at any time, any number of times, at no cost and with no scoring impact. CALL IN starts the visit. There's no "correct" order button — the sequence of CALL IN clicks is the decision.

Scoring (fires once, at the moment CALL IN is clicked for Daniel):

- Record DanielQueuePosition = the visit's order number (1-4).
- If 1 or 2 → Score_CJ += 1, BestMoment_CJ = "waiting_room_daniel_early"
- If 3 or 4 → Score_CJ -= 1, WorstMoment_CJ = "waiting_room_daniel_late"

After a visit, the learner returns to the Waiting Room, QueueRemaining -= 1. Once QueueRemaining = 0, auto-advance to Morning Visits Complete.

8.2 Patient charts (full text, visible via the `VIEW CHART` button)

The chart format follows a standard, recognizable layout, without referencing any real drug names or real lab reference ranges.

PATIENT CHART

Maya Torres

Sex: Female · Age: 34

Study ID: NVT-201-P2-04 / 0112

Visit: Week 8, scheduled

Known allergies: Penicillin (mild rash)

Relevant medical history: CID diagnosed 2 years ago. No other chronic conditions.

Concomitant medications: Loratadine, as needed for seasonal allergies.

Nurse note at check-in: "Routine Week 8 check-in. No complaints noted at check-in."

PATIENT CHART

Daniel Whitfield

Sex: Male · Age: 41



Study ID: NVT-201-P2-04 / 0087

Visit: Unscheduled

Known allergies: None known (NKDA)

Relevant medical history: CID diagnosed 8 months ago. Mild hypertension, well-controlled.

Concomitant medications: Lisinopril 10mg, once daily.

Nurse note at check-in: "Says it's urgent. Reports a new skin issue."

PATIENT CHART

Sofia Delgado

Sex: Female · Age: 29

Study ID: NVT-201-P2-04 / 0134

Visit: Week 4, scheduled

Known allergies: Latex (mild contact reaction)

Relevant medical history: CID diagnosed 4 months ago — newly enrolled in the study. History of anxiety, not currently on medication for it.

Concomitant medications: Occasional over-the-counter ibuprofen.

Nurse note at check-in: "Week 4 visit. Seemed quiet at check-in."

PATIENT CHART

Rachel Bennett

Sex: Female · Age: 52

Study ID: NVT-201-P2-04 / 0059

Visit: Unscheduled

Known allergies: Sulfa drugs

Relevant medical history: CID diagnosed 3 years ago. Type 2 diabetes, well-controlled.
Hypothyroidism, well-controlled.

Concomitant medications: Metformin; levothyroxine.

Nurse note at check-in: "Arrived upset, says she feels terrible."

Design note

Sofia's chart deliberately notes that she's new to the study (4 months in, Week 4). This quietly makes it plausible that she'd be the one dealing with missed doses and anxiety, without stating it outright. The developer doesn't need to highlight anything special here; the detail works in the background, the way it would on a real chart.

9. Visits — full text

9.1 Maya Torres — calibration visit, low branching

Intro:

Maya: "Hi, Dr. — I'm doing fine, I think. Nothing new, really."

Decision 1 — Opening [CQ] (*A leads to Decision 2; B skips straight to Decision 3 — see note below*)

Option	Choice text	Maya's response	Score
A	"Glad to hear it. Let's go through the last few weeks — sleep, energy, joints, anything at all."	"Actually, now that you ask — my knees have been a little stiffer in the mornings. But it goes away pretty fast."	CQ +1, BestMoment_CQ = "maya_open_question"
B	"Great — then let's just confirm your dosing log and get you on your way."	"Sounds good. Everything's been pretty normal, honestly." (<i>the stiffness never comes up</i>)	CQ -1, WorstMoment_CQ = "maya_skipped_open_question"

Decision 2 — Investigate [CQ] (*only reachable after A in Decision 1; if B was chosen, skip straight to Decision 3*)



Option	Choice text	Maya's response	Score
A	"Stiff for how long each morning — a few minutes, or most of the day?"	"Maybe twenty minutes? Then it's fine."	CQ +1, BestMoment_CQ = "maya_clarified_duration"
B	"Okay, I'll note it down."	"Okay." (<i>duration stays unclear</i>)	CQ -1, WorstMoment_CQ = "maya_unclear_duration"

Decision 3 — Assess/Decide [CJ] (*both options lead to Decision 4*)

Option	Choice text	Maya's response	Score
A	"That sounds like it's within the normal range we'd expect — nothing concerning, but let's keep an eye on it."	"Okay, that's good to know."	CJ +1, BestMoment_CJ = "maya_correct_baseline_call"
B	"I'd like to flag this and escalate it just to be safe."	(<i>a little surprised</i>) "Oh — okay, if you think that's best."	CJ -1, WorstMoment_CJ = "maya_overescalated"

(*Per the Protocol Reference, stiffness that resolves in about 20 minutes is baseline for CID, not a signal. A is correct.*)

Decision 4 — Closing [PC] (*both options end the visit — return to Waiting Room*)

Option	Choice text	Maya's response	Score
A	"Thanks for flagging that — always good to mention even small things."	"Thanks, Doctor."	PC +1, BestMoment_PC = "maya_warm_closing"
B	"Alright, that's everything then."	"Okay, bye."	PC -1, WorstMoment_PC = "maya_curt_closing"

→ Return to Waiting Room.



9.2 Daniel Whitfield — the main clinical-judgment arc

Intro:

Daniel (*a little irritated, on edge*): "I've been waiting a while — I wasn't even supposed to come in today, but this rash freaked me out."

Decision 1 — Opening [PC] (*both options lead to Decision 2 — this choice only affects tone and score, not the path*)

Option	Choice text	Daniel's response	Score
A	"I appreciate you coming in — tell me about the rash. When did you first notice it?"	"About four days ago. Started small, on my forearm, but it's spread a bit since then."	PC +1, BestMoment_PC = "daniel_addressed_concern_first"
B	"Let's start with your dosing log first, then we'll look at the rash."	(<i>more irritated now</i>) "...Sure. Fine. Four days ago it started, by the way. On my arm."	PC -1, WorstMoment_PC = "daniel_procedure_first"

Decision 2 — Investigate [CQ] (*both options lead to Decision 3*)

Option	Choice text	Daniel's response	Score
A	"Has anything else changed recently — new soap, detergent, medication? Or has this happened before?"	"No, nothing like that. I haven't changed anything except... well, I did move up to the higher dose about a week and a half ago, if that matters."	CQ +1, BestMoment_CQ = "daniel_uncovered_dose_timing"
B	"Rashes are pretty common — it's probably nothing."	"...Okay, if you say so." (<i>the dose-timing link never surfaces</i>)	CQ -1, WorstMoment_CQ = "daniel_missed_dose_timing"

Decision 3 — Assess/Decide [CJ, secondary PA] (*both options lead to Decision 4*)



Option	Choice text	Daniel's response	Score
A	"Given the timing with your dose increase, I want to document this and flag it for follow-up — it's the kind of thing we take seriously here."	"Okay... that makes sense, actually."	CJ +1, PA +1, BestMoment_CJ = "daniel_recognized_signal"
B	"It's probably just a mild skin reaction, nothing to document."	"Oh — okay. That's a relief, I guess."	CJ -1, WorstMoment_CJ = "daniel_missed_signal"

(This is reachable regardless of Decision 2 — if the learner never learned about the dose change, choosing A is still possible as an unsupported "blind" call; no extra logic is needed to handle that.)

Decision 4 — Closing [PC] *(both options end the visit — return to Waiting Room)*

Option	Choice text	Daniel's response	Score
A	"I know it's unsettling, but you did the right thing coming in — we'll stay on top of this together."	"...Thanks, actually. I feel better having said something."	PC +1, BestMoment_PC = "daniel_reassured"
B	"Okay, we'll see how it looks at your next visit."	"Right. Okay." <i>(not reassured)</i>	PC -1, WorstMoment_PC = "daniel_left_unreassured"

→ Return to Waiting Room.

9.3 Sofia Delgado — communication and a hidden protocol deviation

Intro:

Sofia *(guarded)*: "Hi. I'm... fine. Can we just get this over with?"

Decision 1 — Opening [PC] *(A leads to Decision 2; B skips straight to a neutral wellness-check, then continues to Decision 4 — see note below)*



Option	Choice text	Sofia's response	Score
A	"Of course — but I'd like to check in properly first. How have the last few weeks actually been for you?"	"...Okay. Honestly, it's been a lot. I've been stressed, and some days I just... forget things."	PC +1, BestMoment_PC = "sofia_didnt_accept_brushoff"
B	"No problem, let's keep it quick then."	"Thanks." (<i>"forget things" never comes up</i>)	PC -1, WorstMoment_PC = "sofia_accepted_avoidance"

Decision 2 — Investigate [PA] (*only reachable after A in Decision 1; if B was chosen in Decision 1, this step is skipped entirely — see the note under Decision 1*)

Option	Choice text	Sofia's response	Score
A	"When you say you forget things — does that include your study medication some days?"	(<i>relieved, a little embarrassed</i>) "...Yeah. I think I missed it maybe three days last week. I didn't want to say anything, I felt bad about it."	PA +1, BestMoment_PA = "sofia_uncovered_missed_doses"
B	"That's understandable, stress happens to everyone."	"Thanks for understanding." (<i>the missed doses never come to light</i>)	PA -1, WorstMoment_PA = "sofia_missed_deviation"

Either option in Decision 2 leads to Decision 3.

If B was chosen in Decision 1 — Decision 2 and Decision 3 are both skipped entirely. In their place is one neutral, unscored exchange, then a direct move to Decision 4:

Physician: "Any other symptoms or concerns since your last visit?"
Sofia: "No, nothing really. I'm okay."

Decision 3 — Assess/Decide [PA, secondary PC] (*only reachable if A was chosen in Decision 1 — see above; either option leads to Decision 4*)



Option	Choice text	Sofia's response	Score
A	"Thank you for telling me — that's really important for us to know, and it won't be held against you. I do need to document it."	"Okay. Thank you for not making a big deal out of it."	PA +1, PC +1, BestMoment_PA = "sofia_nonjudgmental_documentation"
B	"You really need to be more careful with this — it could affect the whole study."	(quieter) "...Okay."	PA +1 (documented), PC -1, WorstMoment_PC = "sofia_scolded"

Decision 4 — Closing [PC] (both options end the visit — return to Waiting Room)

Option	Choice text	Sofia's response	Score
A	"Let's talk about a reminder system that might help going forward."	"That... actually would help a lot. Thank you."	PC +1, BestMoment_PC = "sofia_offered_support"
B	"Just try to remember next time."	"...Okay. I'll try."	PC -1, WorstMoment_PC = "sofia_no_support"

Open issue found while testing the prototype

If the learner chose B in Decision 1, Decision 4 still offers both closings, and both assume the learner knows about the missed doses ("a reminder system", "try to remember"). On that path the learner never learned this. Suggested fix: on the B-path, replace Decision 4 with neutral closings that don't reference medication (e.g. A: "Thanks for coming in — if anything comes up before your next visit, you can always call us." / B: "Okay, you're all set."), scored the same way under new moment ids. Not yet changed in the prototype.

→ Return to Waiting Room.



9.4 Rachel Bennett — a test of “don’t overestimate alarm”

Intro:

Rachel (*distressed*): "I feel awful. Like, really bad. I almost didn't come in but I figured I should."

Decision 1 — Opening [CJ] (*both options lead to Decision 2*)

Option	Choice text	Rachel's response	Score
A	"I'm glad you came in. Tell me exactly what 'awful' feels like — where it started, and when."	"It's like... a sore throat, and I'm just exhausted. Started maybe two days ago. My partner has the same thing, actually."	CJ +1, BestMoment_CJ = "rachel_gathered_before_reacting"
B	"That sounds serious — let's get this flagged right away."	(<i>thrown off</i>) "Oh — okay, um. It's a sore throat and I'm tired, if that helps. My partner's sick too."	CJ -1, WorstMoment_CJ = "rachel_premature_escalation"

Decision 2 — Investigate [CQ] (*both options lead to Decision 3*)

Option	Choice text	Rachel's response	Score
A	"Any fever, rash, or anything that feels different from a typical cold?"	"No fever that I've noticed, no rash. Honestly it just feels like the cold going around the office."	CQ +1, BestMoment_CQ = "rachel_checked_warning_signs"
B	"Okay, that's helpful — let's move on."	(<i>whether there's fever or a rash stays unclear</i>)	CQ -1, WorstMoment_CQ = "rachel_didnt_check_warning_signs"

Decision 3 — Assess/Decide [CJ] (*both options lead to Decision 4*)



Option	Choice text	Rachel's response	Score
A	"This sounds like a common cold going around, not something related to the study — let's note it as routine and unrelated."	"Oh — okay, that's actually reassuring."	CJ +1, BestMoment_CJ = "rachel_correct_deescalation"
B	"Given how you're feeling, I think we should escalate this just to be safe."	"Oh. Um, okay, if you think that's needed."	CJ -1, WorstMoment_CJ = "rachel_overescalated"

Decision 4 — Closing [PC] (*both options end the visit — return to Waiting Room*)

Option	Choice text	Rachel's response	Score
A	"Feel better soon — and thank you for coming in even though you were worried."	"Thanks, Doctor. I appreciate you taking it seriously."	PC +1, BestMoment_PC = "rachel_validated"
B	"It's really nothing to worry about."	"...Okay. I guess I overreacted." (<i>a little dismissed</i>)	PC -1, WorstMoment_PC = "rachel_dismissed"

→ Return to Waiting Room.

10. Slide — Morning Visits Complete

Trigger condition: QueueRemaining = 0.

Text:

MORNING VISITS COMPLETE

Four participants, four different situations. The questions you asked — and the ones you didn't — shaped what you learned about each of them.

Let's look at how your morning went.



Button: SEE YOUR PERFORMANCE REVIEW → Performance Review.

11. Slide — Performance Review

11.1 Logic for selecting which items to show (runs when the slide loads):

- **Step 1 — Strength:** whichever of `Score_CQ/PA/PC/CJ` is highest, provided it's > 0 . If there's a tie for the maximum, break it with the priority order `CJ > PC > CQ > PA`. If every category is ≤ 0 , no Strength is selected, and the neutral fallback is used instead (11.5).
- **Step 2 — Growth Area:** whichever category is lowest, provided it's < 0 , using the same tie-break priority. Whatever category was already selected as Strength is excluded.
- **Step 3 — Interesting Pattern:** compare the valence of the Waiting Room decision about Daniel (`waiting_room_daniel_early/_late`) with the valence of his Decision 3 (`daniel_recognized_signal/daniel_missed_signal`). If the signs are opposite, show the text from 11.4. If they match, the third item isn't shown — the screen displays 2 items instead of 3.

Result: the summary shows 2 or 3 items, never all 4 categories at once. Below the summary, the visit-by-visit cards (11.7) are always shown.

11.2 Strength texts

Clinical questioning:

- `maya_open_question/maya_clarified_duration`: "You didn't just accept 'I'm fine' — asking Maya to walk through the past few weeks is what surfaced her morning stiffness in the first place."
- `daniel_uncovered_dose_timing`: "Asking Daniel what else had changed recently is what connected his rash to his recent dose increase — without that question, the timing would have stayed invisible."
- `rachel_checked_warning_signs`: "You checked Rachel's symptoms against the specific warning signs, rather than reacting to how alarmed she sounded — that's what let you tell a cold apart from something study-related."

Protocol awareness:



- `sofia_uncovered_missed_doses`: "By following up on 'I forget things,' you uncovered that Sofia had missed her medication for several days — information she wasn't going to volunteer on her own."
- `sofia_nonjudgmental_documentation`: "You documented Sofia's missed doses without making her feel judged for it — which is exactly the kind of moment that determines whether participants tell you the truth next time."

Participant communication:

- `daniel_addressed_concern_first`: "Daniel came in anxious about a symptom he didn't expect. Addressing that before moving to procedure is what kept him from shutting down."
- `sofia_didnt_accept_brushoff`: "Sofia opened with 'I'm fine, let's just get this over with.' You didn't take that at face value — and that's what led to everything else you learned about her."
- `rachel_validated`: "Rachel almost didn't come in. Acknowledging that, rather than just delivering a diagnosis-free verdict, is what made the visit feel worth it to her."

Clinical judgment:

- `waiting_room_daniel_early`: "In the waiting room, you prioritized Daniel — an unscheduled participant with a new symptom — over participants who were simply on the calendar. That instinct mattered."
- `maya_correct_baseline_call`: "You recognized that Maya's brief morning stiffness fit within the expected baseline for CID, instead of escalating something that didn't need it."
- `daniel_recognized_signal`: "You connected Daniel's rash to the timing of his dose increase and flagged it — the kind of judgment call that's easy to miss under time pressure."
- `rachel_correct_deescalation`: "You correctly identified that Rachel's symptoms pointed to something unrelated to the study, rather than escalating out of caution alone."

11.3 Growth Area texts

Clinical questioning:

- `maya_skipped_open_question/maya_unclear_duration`: "You moved straight to the dosing log with Maya. Because of that, her morning stiffness never came up — it's the kind of detail that only surfaces when someone's asked an open question."



- `daniel_missed_dose_timing`: "You didn't ask Daniel what else had changed recently. That question is what would have connected his rash to his dose increase — without it, that link stayed invisible to you."
- `rachel_didnt_check_warning_signs`: "You moved on before checking Rachel's symptoms against fever, rash, or anything atypical. It happened to be a common cold this time — but the only way to know that is to ask."

Protocol awareness:

- `sofia_missed_deviation`: "Sofia mentioned forgetting things, but the follow-up stopped at reassurance. Without asking directly about her medication, her missed doses never came to light — and stayed undocumented."

Participant communication:

- `daniel_procedure_first`: "Daniel arrived anxious about a new symptom. Starting with the dosing log instead of his concern is what made him visibly more frustrated through the rest of the visit."
- `sofia_accepted_avoidance`: "Sofia opened by trying to rush past the visit. Taking that at face value meant the conversation never got past the surface."
- `sofia_scoldded`: "Documenting Sofia's missed doses was correct, but framing it as a warning rather than a neutral fact is likely what made her hesitant to be this honest again."
- `rachel_dismissed`: "Telling Rachel it was 'nothing to worry about' was clinically accurate, but it brushed past how anxious she'd been walking in."
- `daniel_left_unreassured`: "Daniel came in visibly worried. Ending the visit on a purely procedural note left that concern unaddressed."
- `sofia_no_support`: "Sofia admitted to struggling with her doses. 'Try to remember next time' doesn't give her anything to actually work with."

Clinical judgment:

- `waiting_room_daniel_late`: "Daniel was unscheduled and reporting a new symptom, but he was seen last. Scheduled visits aren't automatically lower priority than unscheduled ones."
- `maya_overescalated`: "Maya's morning stiffness resolved within the expected baseline range, but it was flagged for escalation anyway — over-flagging has its own cost, including participant trust."



- `daniel_missed_signal`: "The timing between Daniel's rash and his dose increase pointed to something worth documenting — it was treated as a routine skin reaction instead."
- `rachel_premature_escalation`: "Rachel sounded alarmed at the door, and the visit moved toward escalation before her actual symptoms were gathered."
- `rachel_overescalated`: "Even after gathering Rachel's symptoms — a sore throat, fatigue, a partner with the same thing — the visit was still flagged for escalation. Not every distressed participant has a study-related issue."

11.4 Interesting Pattern text (shown only when there's a contrast):

Waiting room negative, Daniel D3 positive:

"You called Daniel in last — but once you were with him, you caught exactly what mattered: the connection between his rash and his dose increase. Your instinct in the moment was sharper than your instinct in the waiting room."

Waiting room positive, Daniel D3 negative:

"You prioritized Daniel early, sensing something worth attention — but in the room, the actual signal (the timing with his dose increase) didn't get flagged. The instinct to prioritize him was right; the follow-through didn't quite catch up."

11.5 Neutral fallback (when no Strength was determined):

"Your decisions today were fairly consistent across the board — no single pattern stood out sharply in either direction. That's worth noting on its own: steady, even performance across four very different participants."

(In this case, Growth Area and Interesting Pattern are not shown — this is the only item on screen.)



11.6 Persistent slide frame:

PERFORMANCE REVIEW

Your decisions changed what participants told you. The quality of your questions changed the quality of the information you received.

[dynamic item 1 — Strength or Neutral]

[dynamic item 2 — Growth Area, if applicable]

[dynamic item 3 — Interesting Pattern, if applicable]

VISIT BY VISIT · ✓ strong decision · → worth doing differently

[card 1 — first participant seen]

[card 2 — second participant seen]

[card 3 — third participant seen]

[card 4 — fourth participant seen]

START OVER

The slide content is taller than the screen and scrolls vertically (desktop: inside the white review panel; phones: the whole panel). Cards sit in a 2×2 grid on desktop and on landscape phones, and in a single column on portrait phones.

11.7 Visit-by-visit cards

Logic: one card per participant, in the order they were seen (`VisitOrder`). Each card shows:

- **Header:** the visit number and the participant's full name (e.g. "3. Daniel Whitfield"), plus a counter: "N strong decision(s)" in green, or "No strong decisions this time" in amber when N = 0.
- **Lines:** every moment in that participant's `VisitLog` (6.4). All ✓ **strong decisions** (green check) come first, then all → **worth doing differently** (amber arrow), each group in the order the moments happened.

There's no fallback text: every scored choice in Section 9 has a line, so a card always has at least 2 lines (Sofia's shortest path) and at most 5 (Daniel, including the waiting-room moment).

These lines are deliberately shorter and more concrete than the summary texts in 11.2-11.3: one sentence saying what the physician did and what it led to. The subject is left implied ("Asked...", "Went straight to..."), so they read as notes on the visit rather than a verdict on the learner.



Maya Torres

Moment id	Type	Line
maya_open_question	✓	Asked an open question instead of accepting "I'm fine", and that is what brought her morning knee stiffness to light.
maya_skipped_open_question	→	Went straight to the dosing log, so her morning stiffness never came up.
maya_clarified_duration	✓	Clarified how long the stiffness lasts (about twenty minutes), the detail that places it within the expected baseline.
maya_unclear_duration	→	Noted the stiffness without asking how long it lasts, the one detail that separates baseline from a warning sign.
maya_correct_baseline_call	✓	Recognised brief morning stiffness as expected CID baseline and didn't escalate it.
maya_overescalated	→	Escalated stiffness that fits the expected baseline. Over-flagging costs time and participant trust.
maya_warm_closing	✓	Thanked her for mentioning even small things, which keeps her speaking up next time.
maya_curt_closing	→	Closed with "that's everything then". A brief thank-you encourages her to keep reporting small changes.

Note

In the summary texts (11.2-11.3), `maya_clarified_duration` and `maya_unclear_duration` reuse the opening-question texts. On the cards they have their own lines, because they describe a different decision.



Daniel Whitfield

Moment id	Type	Line
waiting_room_daniel_early	✓	Called him in early: unscheduled, with a new symptom, he was the right priority.
waiting_room_daniel_late	→	Saw him last, although an unscheduled visit with a new symptom should have come before routine check-ins.
daniel_addressed_concern_first	✓	Started with the rash he was worried about, which kept him engaged instead of defensive.
daniel_procedure_first	→	Started with the dosing log instead of his concern, and his frustration grew through the visit.
daniel_uncovered_dose_timing	✓	Asked what else had changed recently, and learned he had moved to a higher dose ten days before the rash appeared.
daniel_missed_dose_timing	→	Called the rash "probably nothing", so its link to his recent dose increase stayed hidden.
daniel_recognized_signal	✓	Connected the rash to the dose increase and flagged it for follow-up as a possible treatment-related event.
daniel_missed_signal	→	Treated the rash as routine. Its timing with the dose change called for documentation and follow-up.
daniel_reassured	✓	Told him coming in was the right thing to do, so he left steadier and more likely to report early next time.
daniel_left_unreassured	→	Ended on a procedural note, leaving his worry unaddressed.

Note

waiting_room_daniel_late fires for queue positions 3 and 4 (8.1), but the line says "saw him last". If precision matters, split it by `DanielQueuePosition` ("Saw him third..." / "Saw him last..."). The prototype currently uses the single line.



Sofia Delgado

Moment id	Type	Line
sofia_didnt_accept_brushoff	✓	Didn't accept "let's just get this over with" and invited her to talk about how the last weeks had really been.
sofia_accepted_avoidance	→	Took "let's keep it quick" at face value, so the visit never got below the surface.
sofia_uncovered_missed_doses	✓	Followed up on "I forget things" and learned she had missed about three doses last week.
sofia_missed_deviation	→	Stopped at reassurance, so her missed doses, a protocol deviation, stayed undocumented.
sofia_nonjudgmental_documentation	✓	Documented the missed doses without judgement, which makes her more likely to be honest next time.
sofia_scolded	→	Documented the missed doses, which was correct, but the warning tone may make her less open next time.
sofia_offered_support	✓	Offered a reminder system: practical help rather than a push to try harder.
sofia_no_support	→	"Just try to remember" gave her nothing practical to work with.

Rachel Bennett

Moment id	Type	Line
rachel_gathered_before_reacting	✓	Asked what "awful" actually meant before reacting, which revealed a sore throat and a partner with the same thing.
rachel_premature_escalation	→	Moved toward escalation on her tone alone, before hearing her symptoms.
rachel_checked_warning_signs	✓	Checked for fever, rash and anything atypical before deciding what this was.



Moment id	Type	Line
rachel_didnt_check_warning_signs	→	Moved on without checking for warning signs. Asking is the only way to rule them out.
rachel_correct_deescalation	✓	Correctly classed it as a common cold, unrelated to the study.
rachel_overescalated	→	Escalated a cold with a clear outside cause. Not every distressed participant has a study-related issue.
rachel_validated	✓	Thanked her for coming in despite her worry, so she left feeling taken seriously.
rachel_dismissed	→	"Nothing to worry about" was accurate, but it brushed past how anxious she had been.

Visual: white cards with a thin mint outline. ✓ lines use a small green circle with a check mark, → lines a small amber circle with an arrow — the same green and amber as the Strength and Growth Area items above, so the colour language stays consistent across the slide. A legend sits next to the "Visit by visit" heading. Cards animate in one after another after the summary items.

12. Screen adaptation — desktop and mobile

The prototype has three layouts. Content, branching and scoring are identical in all three; only the arrangement on screen changes.

12.1 Desktop and tablets (any screen that isn't a phone) — the original 16:9 layout (1672×941 design size), scaled to fit the window with letterboxing. This layout is unchanged by the mobile work.

12.2 Phone, portrait (screen taller than wide and narrower than 900px; this also applies to a narrow, tall browser window on a computer):

- **Start Screen:** the facade fills the top; the text card sits at the bottom as a single column, with `START THE MORNING` full width.
- **Intro:** the same sequence as desktop (Section 7). The greeting is set smaller so it fits the narrow screen, and holds slightly longer before the camera moves.



- **Waiting Room:** header at the top, the bench with all four participants in the middle (name tags always visible), and the four patient cards stacked as rows at the bottom (name and status on the left, **VIEW CHART** / **CALL IN** on the right).
- **Visit:** the consultation room and participant fill the top third; the **PATIENT CHART** / **PROTOCOL REFERENCE** tabs and the clock sit on the right of that area. The dialogue panel (header, conversation, response options) fills the rest of the screen and scrolls.
- **Chart / Protocol layers:** full-width sheets that scroll if needed.
- **Morning Visits Complete / Performance Review:** single column; the review scrolls (11.6).

12.3 Phone, landscape (touch screen, wider than tall, shorter than 600px):

- The same arrangement as desktop — scene on the left, dialogue panel on the right; patient cards in a row of four along the bottom of the Waiting Room — but with type and buttons sized for a small screen. (Simply shrinking the whole desktop slide made the text unreadably small, which is why the earlier prototype asked learners to rotate the phone.)
- The Waiting Room header gets a light backing panel, because at this size it overlaps the signs on the hallway wall.

12.4 Transitions on phones: when a participant is called in, desktop shows them moving from the bench into the consultation room; on phones the two screens cross-fade instead, because the move relies on the wide desktop composition.

Rotating the phone mid-course switches layouts instantly, without losing progress.

12.5 Note for a Storyline build: Storyline slides don't reflow — the player scales a fixed-size slide to the screen, so a single 16:9 story will behave like the earlier prototype on a phone (small text in landscape, letterboxed in portrait). To match the prototype on phones, the realistic options are: (a) keep one 16:9 story and enlarge the base type sizes so the scaled slide stays readable in landscape, or



(b) build a separate portrait story for phones from the same content and variables, and route learners to it by device. This is a scope decision to agree with the client before production.

13. Developer notes

- All 4 visits are independent scenes/slide groups triggered from a single Waiting Room via a click; the order is never hardcoded.
- Scoring variables are simple Number variables, incremented/decremented via "Adjust variable" triggers on the choice slides.
- `BestMoment_X/WorstMoment_X` are Text variables, overwritten via "Adjust variable → set to" on every relevant trigger. It's best to build the Performance Review logic as a separate layer-hub with nested condition triggers (e.g., if `Score_CQ` is higher than the other three and > 0 , show the "Strength: CQ" block and pull in the matching text based on `BestMoment_CQ`) rather than as a linear sequence of slides.
- The visit-by-visit cards (11.7) are best built as four card slots on the Performance Review, each with one text box per possible line, shown or hidden by the per-moment True/False variables (6.4). Slot N is filled with the N-th participant seen (`VisitOrder`). Lines that are hidden should collapse, so build each line as a separate state or stack them with consistent spacing.
- The "silent omission" of information is implemented by simply skipping a branch: choosing the "worse" option in Decision 1/2 means the investigate step doesn't appear at all — the flow jumps straight to the next decision point, with no shortened hint text in its place.
- `PROTOCOL REFERENCE` and `VIEW CHART` are both implemented as lightbox layers; opening either pauses the base timeline, and closing returns the learner to the same state with no variables reset. `VIEW CHART` isn't tied to any scoring trigger — it's a purely informational action.
- The recommended seat time for this structure (4 patients $\times$ 2-4 decision points, plus intro, waiting room and review) is 15-18 minutes, matching the original estimate. The longer review adds roughly a minute of reading.