

ELF DAY

by Jason Morningstar

The Pitch

Young students in the first year of the healing track at wizard school are presented with their first challenge - the gemectomy simulator. Who will rise to the occasion and who will wash out? And what's the deal with Elf Day, anyway?

Fact Box

Number of Players: 2-20, with 10 being the sweet spot and an odd number (student pairs plus a facilitator) being ideal.

Duration: 2 hours

Player type: You're fond of improvisation, generating your own content and building on that of others. You like arts and crafts, at least a little. No previous larp/freeform experience should be necessary. The method will be explained.

GM type: Everyone's a player and one (the facilitator) has the special role of instructor. One person will need to read and prepare the game materials and explain the method to the others.

Tags: Wizards, medicine, arts and crafts, creepy injustice, semi-larp/freeform

What You Will Do

In Elf Day your friends will take on the role of a student wizard practicing a common surgical procedure on an elf simulator. They'll have a chance to interact with their fellow students and you as an instructor, and in the end they will pass or fail. There may be some ethical challenges along the way!

(This game also teaches you how to perform an appendectomy, but shhh!)

Getting Ready

Materials Preparation

- Print out copies of the trainer step by step guide (one for you), information sheet (one for every two students) and gemectomy trainer (one for each student).
- Print out a copy of the character prompts and cut them out.
- Gather up supplies: Name tags and markers, a red pen for grading, one pair of scissors, a roll of clear tape and 14 paperclips (or just a big pile) per pair of students. You could ask everyone to bring their own as well.
- If you have easy access, latex gloves and surgical masks add a lot.

Player Preparation

- You might ask everyone to wear their best wizard outfits. Wands will not be necessary.
- If you are the instructor, read and understand how to perform a gemectomy. It might be useful to try one of the trainers and retain the finished sample for student reference.
- Think about player safety. This is a silly game but you never know what might happen, so take it seriously. There is a set of simple safety rules at the end of this document.

A Note for the Instructor

Your obvious role is as benevolent overlord - you assign grades, and someone is washing out of the magical medicine program today. Your more subtle role is to make the horrific injustice of harvesting gems from living elves apparent through casual comments and a very utilitarian attitude. To this end it is best if you don't play a domineering monster. Be avuncular, be stern and professional but kind, demand the best and see absolutely nothing wrong with cutting open living elves without their consent to scrape gems from their intestines.

Playing

- When everyone arrives to play Elf Day, thank them for coming and point out the location of the nearest bathroom.
- Go over the game's premise again and make sure everyone is excited to play.
- Go over the safety rules, demonstrating where necessary.
- Give everyone a character prompt. Random is faster and probably better, but let people switch and swap or make up their own. Create your own instructor attitudes and persona without a prompt.
- If, besides yourself, you have an odd number of players, inform someone they are a third-year student and teaching assistant. Give them lots to do.
- Ask everyone to write their wizard name on a name tag and to leave the room, returning in ten minutes, in character. In the mean time they can roleplay and get to know one another, or create some relationships. As instructor these students are all new to you.
- As soon as they are gone, set up the room with work stations. Each should have two gemectomy training sheets, an information sheet, a pair of scissors, a roll of clear tape, and 14 paper clips (more is fine but they will need seven each).

Welcome and Pairing

When the students return greet them and insist they not sit down. Take a moment to get to know them and assign pairs, preferably unlikely or difficult pairs. If you have an assistant, hand over this task to them as you interrogate the students about their backgrounds, interest in magical medicine, and general attitude.

Introducing the Class

When all the students are in pairs, explain the nature of the class:

- They are here to learn about magical healing
- Today is Elf Day. Their first lesson is a crucial one - they will be practicing a common procedure called a gemectomy. The student who earns the lowest grade will wash out of the medical wizardry program as unfit, so don't be that student.
- We will work in pairs as surgeon and assistant. After the first gemectomy, we'll take a break and then switch roles.
- Your work will be graded on a percentile scale. Lowest grade is booted from the medical program and goes back to general wizard studies.
- No magic in here today. The room is warded so prepare to get your hands dirty.
- We're just using trainers but next semester you will get your scalpels into some real elves.

You (or your assistant) should go over the information sheet and hit these points:

- We all know elves are slightly dumb magical creatures we all use as servants.
- Elves eat gems and no one knows why.
- Elves have a little meat pouch called the gemmasentina to hold small gems in their intestines.
- Eating gems causes a dangerous inflammation in a significant number of elves. This inflammation - gemmacitis - is invariably fatal if untreated.
- If there is any doubt, you need to treat an elf for gemmacitis.
- Because elves are magic-resistant and iron-resistant we can't use magic to treat gemmacitis. We need to cut them open and remove the infected organ.
- One nice thing about doing this is that you end up with a handful of valuable gems. The treatment of gemmacitis is a lucrative sideline for many wizard physicians.
- The procedure hardly bothers elves and they are back at work in a day or less.
- Ask for questions, but don't allow a big debate to brew over the treatment of elves. You are all here to learn a medical procedure, after all.

Introducing the Trainer

Introduce the gemectomy trainer. Explain it step by step, using a previously-cut example if possible. There's a handout to help with this.

First Training

Turn the students loose and let the first half do their training. Wander the room and offer helpful advice. They have 30 minutes but it should not take that long.

Break

When the first group has finished, call for a break. You can use the time to grade (or have your assistant grade) completed trainings, or take a break yourself.

Second Training

Call the students back after 15 minutes and let the second half do their training. Again, wander the room and be generally helpful. As before, they have 30 minutes but it should not take that long.

Final Grading

Give everyone a percentile grade. Actual scores should reflect how you feel about the characters. Find something wrong with every trainer and never award more than a 90%. Things to look for if you need ideas:

- Precision of cuts and accuracy of sutures - is the closed incision seamless?
- Neatness and size of entry incision (smaller is better)
- Tears or mangling of folded edges of tissue layers
- Conservation of material in removing gemmasentinal artery and mesogemmasentina membrane.
- Elegance of stump-folding, cleanliness (is the waste tray full?)
- Speed of overall procedure, confidence and calm demeanor of surgeon
- Effective coordination with assistant and leadership of team

Someone needs to fail and wash out. If multiple students deserve it, go ahead and fail more than one. Single someone else out for extra praise.

Ending the Game

The game ends after grades have been issued. Dismiss the students and clear your classroom.

Debrief

After a moment invite everyone back in for an informal debrief. This game could bring up all sorts of issues related to medicine, academia, or justice. It might rub on personal sore spots. Be compassionate and invite people to have a gently guided conversation. Make sure your friends are OK!

OPEN GEMECTOMY INFORMATION SHEET

Etiology and Pathophysiology

Acute gemmacitis is one of the most common acute surgical emergencies among elves. It is well known that elves eat precious gems occasionally; no one knows why. While morphologically similar to humans, elf digestive anatomy includes an accessory organ called the gemmasentina that collects smaller gems as they pass through the caecum. The gemmasentina becomes acutely inflamed (lapide superbia Iordanis or gemmacitis) in 8.6% of male and 6.7% of female elves over their lifetimes, and acute gemmacitis requires surgical intervention. The etiology is not well understood, but obstruction of the lumen of the gemmasentina due to impacted gems and lymphoid hyperplasia are the most common causes.

In acute gemmacitis the lumen distal to the gemmasentina becomes a distended, mucus-filled obstruction. Intraluminal pressure increases, and bacteria build up. The elf experiences visceral pain in the lower right quadrant (a classic symptom), nausea, and reflex anorexia. If untreated, the gemmasentina becomes engorged and congested as venous pressure is exceeded by lumen pressure. Eventually small arterioles become thrombosed and the antimesenteric border becomes ischemic. The result is perforation, with bacteria leaking into the gut.

Treatment

Immediate surgical intervention is called for once a differential diagnosis confirms acute gemmacitis (acute mesenteric adenitis, cholecystitis, elf-shot, pelvic inflammatory disease in female elves and other conditions need to be firmly ruled out).

The treatment of elves presents a series of medicomagical challenges. Because elves are naturally biothaumatically warded against most forms of magical interference, the procedure must be wandless and physically invasive (psychic surgery is also impossible on elves). And elves adverse reaction to the composition of standard laparoscopic tools, which include iron, means that open gemmectomy with plastic and obsidian tools is the only practical approach to a life-threatening presentation. With the proper tools, a standard Davis laparotomy provides access to the diseased gemmasentina.

Outcomes and Sequelae

An open gemmectomy is a straightforward procedure and most elves are able to work the day following surgery. Complications are rare. Every medical practice has its own rules regarding the disposition of gems following a gemmectomy.

Open Gemmectomy Procedure

Accessing the Gemmasentina

1. Prepare the incision site.
2. Make an incision through the skin. This should be as small as is practical to minimize scarring. Assistant retracts.
3. Continue the incision through subcutaneous tissue until the oblique muscles are reached. Assistant repositions the retractor to pull back both skin and underlying tissue and expose the muscle layers.
4. Dissect through the external oblique muscles. Assistant employs a second set of retractors to expose the transverse abdominal muscles.
5. Continue the incision through the transverse abdominal muscles. Assistant repositions the retractor to pull back both layers of muscle and expose the peritoneum.
6. Incise and extend the incision on the peritoneum. Carefully avoid perforating the ileum. Assistant employs a third set of retractors to expose the caecum and gemmasentina.

Removing the Gemmasentina

7. Locate the gemmasentina, mesogemmasentina, and gemmasentinal artery.
8. Ligate the gemmasentinal artery and cut away the mesogemmasentina membrane.
9. Isolate the gemmasentina.
10. Crush the base of the gemmasentina with a clamp and suture the base below the clamp.
11. Excise the gemmasentina. Place the specimen in the waste tray. Work the gems out of the diseased tissue with your fingers. They should be reserved; see your medical practice for acceptable disposition.
12. Suture around the stump of the gemmasentina. Assistant pushes the stump into the caecum while caecum is sutured closed.

Closing the Incision

13. Suture the peritoneum closed.
14. Suture each muscle layer closed.
15. Suture the subcutaneous and skin layers closed.

CHARACTER PROMPTS

You are confident in inverse proportion to your actual belief in yourself here - the fact is you aren't really doctor material, magical or otherwise, but you would never let that show. Be big, be bold, be confident. Until it all comes tumbling down,

Your family is rich and powerful because your grandfather basically formed an assembly line and cut the gems out of the guts of thousands of elves. You like being rich and powerful but this hangs around your neck like a very large dark stone of secret shame.

You are a slacker, and your goal here is to be the second-worst student in class. Because the worst student is definitely getting kicked out of the medical program and you know that once you get that paper you will be on easy street as a consulting magical physician

Elves are sapient beings and deserve the same rights and privileges as any other sapient being. The idea that this procedure is rumored to be used in an unethical way for personal gain disgusts you.

Elves, whatever, this is just a trainer and in the end a sick elf is just a pile of living meat you need to repair. You want to be good at it, but you can't get emotionally involved. Anyone who cares deserves your scorn or dismissal.

You are a mediocre student but you think a bad student getting dumped is unfair (not as unfair as an elf having its internal organs harvested for profit but still unfair). Do your best to help struggling or uncertain students. Be as kind as you can without neglecting your own work.

You hate elves and the thought of dissecting them alive is a little ghoulish, but only a little. They deserve bad things. Elves are terrible and you hate them.

You always wanted to be a magical doctor, and this is your shot. You wouldn't dream of doing anything that would anger, irritate or disappoint the professor.

All the poor elves! They can't really take care of themselves, dear little things, and the least you can do is ease their suffering and save their tiny little lives. It seems almost beautiful that as a token of their gratitude, the very bodies you save give you gems in return.

You are fine with all this elf stuff but you know some of your fellow students are not. Some are creeped out, some are angry, some don't think they can hack medical training. Find ways to keep them distracted and making mistakes. Worst student gets kicked out and you are a bad student - but a clever one.

You love elves, you adore them, and while you are happy to learn life-saving techniques, you know these same techniques are put to evil ends by unscrupulous doctors. And that's terrible!

You believe in medicine and take your responsibility seriously. Whatever gems you end up harvesting from sick elves in your career will go right back to those elves. Anything else would be unethical.

You want to be rich some day, to show all those doubters back home, and honestly, who cares if doctors have a little side hustle cutting gems out of elves who don't care anyway? Suck up to the professor and make the right kind of friends here.

This trainer is a little freaky and you have no idea what actually cutting into an elf will be like. Can you even do it next semester? You probably need a pep talk, as your confidence is really low right now. You're probably great at this but yikes.

You are not a great student but somehow you got into the medical track here at wizard school and you cannot mess this up. Just stay calm and get through this. As long as you aren't the worst, that's as good as being the best.

You are super into magical medicine and probably have a lot of questions about elf pathophysiology and the etiology of disease in unusual gemmactis cases. Ask about differential diagnosis when primary peritonitis or elf shot is suspected! Ask about ruptured Vonfurstenberg follicles in female elves!

You've heard that doctors - plenty of them - routinely perform gemectomies on elves when it is not medically necessary, just for the pocket change. How do you feel about that? Hint: You feel bad about that.

You are from a medical family and it is well known that doctors occasionally perform gemectomies when not strictly medically necessary but when, for example, a clinic needs some extra income. It doesn't hurt the elves - it helps them. Everybody benefits.

You come from a long line of magical surgeons and have observed many gemectomies in your mother's surgery. You fondly remember the day your tuition was due for wizard school and she rounded up all the elves and harvested their gems, assembly line style.

You love medicine and want to do well, and sometimes doctors have to be pragmatic. A bleeding heart might say "give the elves back their gems", but you know that if you do that, the elves eat the gems again, because elves are dumb. You can make the world better with the right funding, right?

THE TRAINER, STEP BY STEP

Here's the procedure, with practical explanations:

Prepare the incision site.

Cut away the green colored paper at the skin line and discard it.

Make an incision through the skin. This should be as small as is practical to minimize scarring. Assistant retracts.

Cut the skin, and the skin only, into two "flaps", right and left. First cut down (to the edge of the subcutaneous tissue layer), then left and right.

Assistant folds these two flaps apart and fixes them with paper clips.

Continue the incision through subcutaneous tissue until the oblique muscles are reached. Assistant repositions the retractor to pull back both skin and underlying tissue and expose the muscle layers.

Cut the subcutaneous tissue, and the subcutaneous tissue only, into two "flaps", right and left. First cut down (to the edge of the oblique muscle layer), then left and right.

Assistant removes the paper clips holding the previous layer open, folds these two flaps apart and fixes them with the same two paper clips.

Dissect through the external oblique muscles. Assistant employs a second set of retractors to expose the transverse abdominal muscles.

Repeat the steps outlined above for the external obliques.

Assistant introduces a second set of paper clips, leaving the first in place.

Continue the incision through the transverse abdominal muscles. Assistant repositions the retractor to pull back both layers of muscle and expose the peritoneum.

Repeat the steps outlined above for the transverse abdominals.

Assistant moves the second set of paper clips down.

Incise and extend the incision on the peritoneum. Carefully avoid perforating the ileum. Assistant employs a third set of retractors to expose the caecum and gemmasentina.

Repeat the steps outlined above for the peritoneum.

Assistant uses a third set of paper clips.

Locate the gemmasentina, mesogemmasentina, and gemmasentinal artery.

Visual anatomy step.

Ligate the gemmasentinal artery and cut away the mesogemmasentina membrane.

Using scissors, cut down through the paper and cut through the artery close to the ileum.

Assistant applies a thin piece of tape to the Ileum side of the cut artery.

Cut away mesogemmasentina membrane where it connects to the Caecum and gemmasentina. Discard it.

Isolate the gemmasentina.

Cut all around the gemmasentina until it is loose. Discard loose paper.

Crush the base of the gemmasentina with a clamp and suture the base below the clamp. Remove the clamp after crushing and suturing.

Apply a paper clip below the first gem and apply a thin strip of tape below that. Remove the paper clip.

Excise the gemmasentina. Place the specimen in the waste tray. Work the gems out of the diseased tissue with your fingers. They should be reserved; see your medical practice for acceptable disposition.

Cut off the gemmasentina. Put it in the waste tray and tape it down.

Suture around the stump of the gemmasentina. Assistant pushes the stump into the caecum while caecum is sutured closed.

Apply a thin piece of tape where the gemmasentina meets the caecum.

Assistant folds the stump over behind the page.

Apply a thin piece of tape to hold it in the folded position.

Suture the peritoneum closed.

Remove the paper clips and apply a thin piece of tape to put it back into the original position.

Suture each muscle layers closed.

Remove the paper clips and apply a thin piece of tape to put it back into the original position.

Suture the subcutaneous and skin layers closed.

Remove the paper clips and apply a thin piece of tape to put it back into the original position.

The final result should be a fairly messy hole in the paper with neatly-closed layers above it.

(Continued)

PETTIBONE'S OPEN GEMECTOMY TRAINER

Skin

Subcutaneous tissue

Oblique muscles

Transverse abdominal muscles

Peritoneum

MEDICAL WASTE

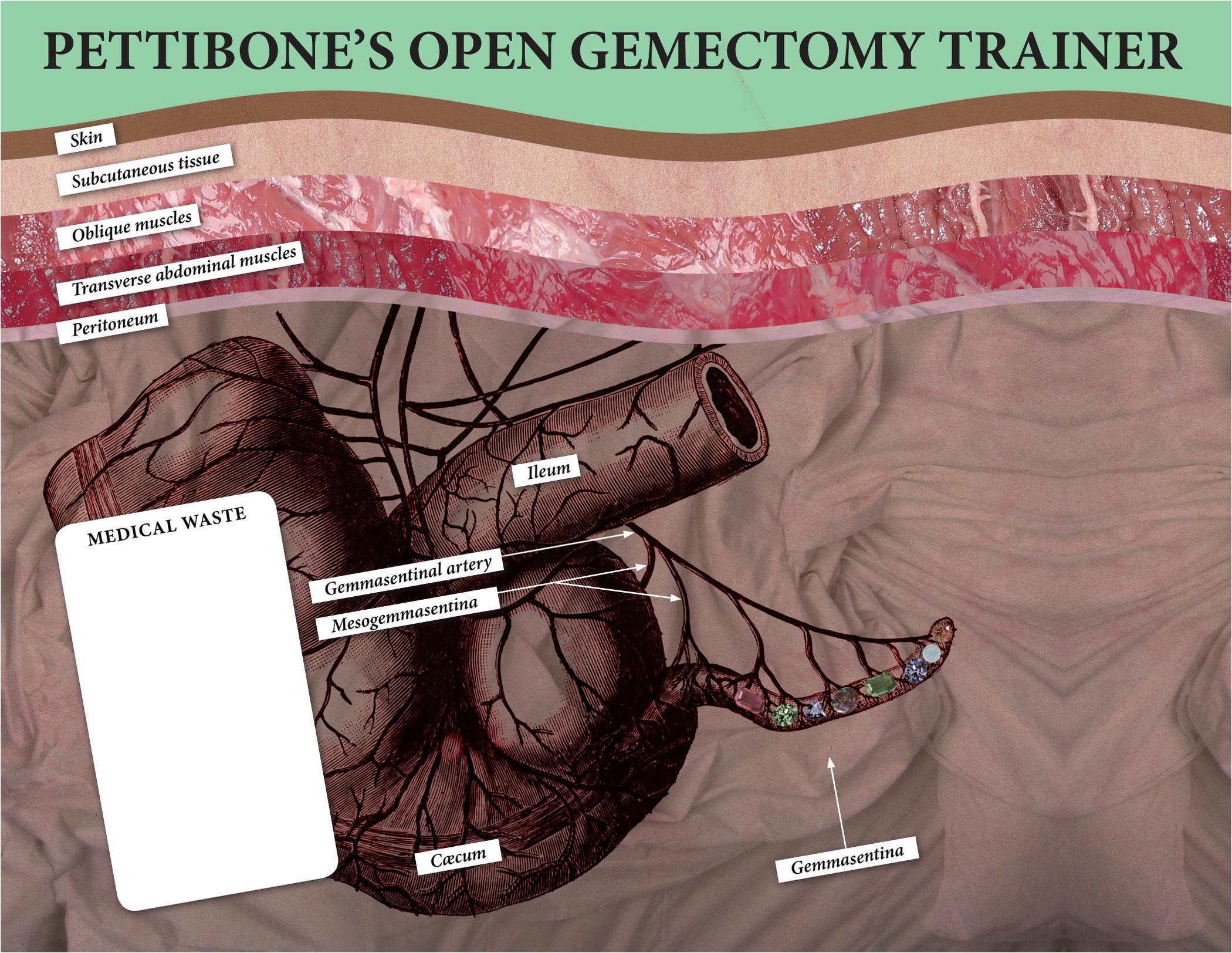
Ileum

Gemmasentinal artery

Mesogemmasentina

Cæcum

Gemmasentina



SAFETY

Friendship

Always start with friendship. Make sure everyone is comfortable and has the tools to stay that way. Playing pretend - and that's what you're doing - requires a high level of trust! Trust that your friends are going to do their best to give you an experience you'll love, and work hard to do the same for them. Approach the game with respect and love.

There are three ironclad rules to playing this game.

1. People are more important than the game.
2. The door is always open. No matter what's happening in the game, take a break or stop playing entirely if you ever feel the need. Conversely, let people do what they need to do without questioning - it's their business; you can just keep playing.
3. Slow it down if you need to. If you are ever uncomfortable - if things get too intense, or too weird, or too anything - say "slow down." If someone says "slow down" to you, take a step back and take it down a notch. If you aren't sure why you are slowing down, ask. You can say "slow down" for others, too!

You may have other safety rules. Feel free to add them, but always use these three as well.

Helpful Advice

Here are three tips to help you jump right in:

1. Be obvious. Just do what comes naturally and say the most obvious thing. It isn't a creativity contest, and deliberately trying to be surprising or funny usually guarantees that you won't be.
2. Listen. Use the information the Playset and other players provide. Part of helping others have a great time is making their characters interesting, and the best way to do that is to listen and use what you hear.
3. Be kind. Respect your friends, share the spotlight, and do your best to make everyone else feel awesome. If this isn't happening for you, remember the three ironclad rules and say something!
4. Ask questions. If you aren't sure what is going on, ask. If you aren't sure someone is having a good time, ask. If you aren't sure your idea will be fun for your friend, ask.

If this sort of game is new to you, you should know that new players are, without exception, the best players. It's just a fact.