




COMPLETE TRADE SHOW Q&A MASTER

Your Complete Trade Show Bible - All Questions, Conversational Style

HOW TO USE THIS DOCUMENT

- **Quick Anchors**  = Your instant recall phrases when brain goes blank
- **Stage Setup Strategy**  = Why you set the stage this way (understand the logic)
- **Full GPS Answer**  = Natural, conversational talking points

Practice Method: Don't memorize word-for-word. Internalize the structure and deliver in YOUR voice.

SECTION 1: CORE PROJECT (Must-Know)

1. What is Rural Alberta Health Connect? ✨ OPENING QUESTION

Quick Anchor

"Rural Alberta: 200km+ from a hospital. Internet when it feels like it. That's why we built this—decision support, NOT diagnosis."

Stage Setup Strategy

- **Pain point first:** Most people don't realize how far rural residents are from healthcare
- **Physical + digital barrier:** Distance + internet = unique challenge
- **Sets context for solution:** Makes your app the necessary hero

Full GPS Answer

- **G:** "I always start by explaining rural Alberta—because most people don't get it. We're talking places where the nearest hospital is 200+ kilometers away, your internet works when it feels like it."
 - **P:** "So we built Rural Alberta Health Connect—a mobile app that helps people make decisions about their health when they're in these situations."
 - **S:** "Here's the key: it's NOT a diagnosis tool. It's a decision support system. When you're hours from a hospital and wondering 'Do I make that drive?'—that's what this helps with."
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2. Why does this project matter?

Quick Anchor

"Chest pain, 200km from a hospital. 4-hour drive or wait it out? We give them that first reliable step. 23% no internet, 45min emergency response—that's a crisis."

Stage Setup Strategy

- **Humanize with a dilemma:** Internal monologue people can empathize with

- **Emotional before logical:** Fear, uncertainty, frustration → then facts
- **Universal tension:** Even urban listeners relate to ER decisions

Full GPS Answer

- **G:** "Picture this: You wake up with chest pain. Nearest hospital? 200 kilometers away. Now you're sitting there thinking—do I drive four hours for this? Or do I just wait it out and hope it's nothing?"
 - **P:** "That's why this matters. We're giving people a reliable first step when professional help is hours away and their internet barely works."
 - **S:** "Look at the numbers: 23% of rural Alberta has no reliable internet. Emergency response? 45 minutes average. That's not a minor inconvenience—that's a healthcare equity crisis. A tool that works offline in those situations? That's life-changing."
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3. Who is your target user?

Quick Anchor

"Toughest healthcare barriers: rural Albertans far from hospitals. Farmers, ranchers, families. Also nurses, chronic condition patients."

Stage Setup Strategy

- **Mission-driven framing:** Shows you're solving for the underserved
- **Specific personas:** Farmers, ranchers = concrete, relatable
- **Secondary users expand vision:** Not just patients—healthcare workers too

Full GPS Answer

- **G:** "We designed this for people who face the toughest healthcare access barriers."
 - **P:** "Primary users? Rural Albertans living far from hospitals—farmers, ranchers, families in small towns who need reliable guidance on whether symptoms require a long-distance trip."
 - **S:** "We also see secondary users: community health nurses, patients with chronic conditions monitoring symptoms between appointments. It's broader than just emergency triage."
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SECTION 2: TECHNICAL ARCHITECTURE

4. What technologies power your app?

Quick Anchor

"iOS + Android, fast, 2-person team. React Native + Expo + Convex. 40% time saved. Smart tools, cross-platform done."

Stage Setup Strategy

- **Context over buzzwords:** Explain the constraint driving your choices
- **Small team = resourceful:** Strategic, not just following trends

- **Business value first:** Speed and platforms = product needs

Full GPS Answer 📝

- **G:** "We had a challenge: build for both iOS and Android, do it fast, and we're a two-person team. So we had to be smart about our tech stack."
 - **P:** "We went with React Native and Expo for the app, Convex for our real-time backend."
 - **S:** "That combo? It cut our development time by about 40%. Instead of building two separate native apps, we built one codebase that runs everywhere. Two people, cross-platform app, done in Sprint 1. That's the power of choosing the right tools."
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5. What is Convex and why did you choose it over Firebase or AWS?

Quick Anchor 🎯

"Real-time backend. TypeScript + BFF architecture = efficiency. Real-time sync = offline-first. Convex Auth + SecureStore = healthcare security."

Stage Setup Strategy 🎬

- **Three-pillar answer:** Efficiency, Experience, Security
- **Technical depth without jargon:** Shows expertise while staying accessible
- **Compares to known alternatives:** Firebase/AWS give context

Full GPS Answer 📝

- **G:** "Convex is a real-time backend platform. Choosing it over Firebase or AWS came down to three things that mattered most to us."
 - **P:** "First, efficiency: TypeScript support and BFF architecture saved our small team massive dev time. Second, user experience: built-in real-time sync is perfect for offline-first—smooth even with poor connectivity. Third, security: Convex Auth plus Expo SecureStore gives us healthcare-grade, hardware-encrypted security."
 - **S:** "For a health app with a 2-person team, we needed something that handled the hard stuff—real-time sync, security, scalability—out of the box. Convex did that without the complexity of AWS or the limitations of Firebase."
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6. How does your AI symptom assessment work?

Quick Anchor 🎯

"Safety first—line in the sand. Gemini AI as ER doc. Fallback? Health Link 811. Nobody gets left hanging."

Stage Setup Strategy 🎬

- **Principle before process:** Values first, then tech details
- **Pre-empts concerns:** Address accuracy fears upfront

- **Trust-building:** Responsible developers, not AI hype-chasers

Full GPS Answer

- **G:** "With health AI, safety comes first. Not 'nice to have'—first. That was our line in the sand."
 - **P:** "So here's how it works: user describes their symptoms, we send that to Google Gemini AI that we've specifically prompted to think like an emergency physician."
 - **S:** "But here's the critical part—the safety net. If the API fails for ANY reason, our fallback system kicks in immediately and tells them to contact Health Link 811. Nobody ever gets left hanging. There's always a safe next step."
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7. Can you demo the AI symptom assessment flow?

Quick Anchor

"Quick, intuitive for someone feeling unwell. Describe symptoms → rate severity/duration → AI summary → logged forever in health history."

Stage Setup Strategy

- **User-centered framing:** "Someone who might be feeling unwell" = empathy
- **Simplicity emphasis:** Quick and intuitive = core UX principle
- **Value articulation:** Permanent record = tangible benefit

Full GPS Answer

- **G:** "Absolutely. We designed this flow to be incredibly quick and intuitive for someone who might be feeling unwell."
 - **P:** "User starts an assessment, describes their symptoms, rates the severity and duration."
 - **S:** "The result? A clear, AI-generated summary that gets permanently logged in their health history. They now have a detailed record they can reference later or even show their family doctor. That's powerful—it's not just triage, it's documentation."
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8. How does your app work without internet?

Quick Anchor

"23% unreliable internet—can't build app that dies when signal drops. Offline symptom logging, AI runs locally, syncs when back. Most reliable when internet isn't."

Stage Setup Strategy

- **Stat-driven necessity:** 23% stat establishes the "why" immediately
- **Architecture as solution:** Offline-first isn't nice-to-have, it's essential
- **Ironic triumph:** "Most reliable when internet isn't" = memorable

Full GPS Answer

- **G:** "23% of rural Albertans have unreliable internet. So we couldn't build an app that stops working when the signal drops."
- **P:** "We use offline-first architecture: symptom logging and health history work completely offline, the AI model downloads once then runs locally on the device, and data syncs automatically when connectivity returns."
- **S:** "This means a user can log symptoms, get AI guidance, access emergency numbers—all without any signal. We cache clinic info and offline emergency protocols. The app is designed to be most reliable exactly when rural internet is least reliable."

SECTION 3: EMERGING TRENDS & INNOVATION

9. What's the technical emerging trend? 🔥 DIFFERENTIATOR

Quick Anchor 🎯

"Most health apps? Text only. Doctors? See AND hear. We do both—YOLO vision + NLP. Rash photo + 'itchy 3 days' = real diagnosis."

Stage Setup Strategy 🎬

- **Expose the gap:** Reveals what competitors miss
- **Doctor analogy:** Real doctors = benchmark for your AI
- **Dual input = credibility:** Multiple data sources = comprehensive

Full GPS Answer 🗺️

- **G:** "Here's the thing: most health apps? Their AI can only read text. But think about how a real doctor works—they need to SEE and HEAR. They look at the rash, they listen to your description. Both."
- **P:** "That's why we're using multi-modal AI. We combine YOLO computer vision with natural language processing. So our AI analyzes photos AND text descriptions together."
- **S:** "Real example: someone's got a rash. They take a photo—AI sees it. They type 'started three days ago, really itchy'—AI reads it. Just like a doctor would. See the photo, hear the story. That's how you get accurate health guidance."

10. What's the non-technical emerging trend? 🔥 PARADIGM SHIFT

Quick Anchor 🎯

"Traditional telehealth broken: cities first, rural fails. We're rural-first—slow internet, long distances, limited resources from day one. Hardest constraints first = works everywhere."

Stage Setup Strategy 🎬

- **Challenge status quo:** "Traditional approach is broken" = bold stance
- **Rural-first philosophy:** Design paradigm shift, not just features
- **Inverse logic wins:** Solve hardest problem first = universal solution

Full GPS Answer 📝

- **G:** "The traditional approach to telehealth is broken. Companies build for cities first, then try to adapt for rural areas—and it fails every time."
- **P:** "We're pioneering rural-first healthcare design. That means building specifically for rural constraints—slow internet, long distances to care, limited resources—from day one."
- **S:** "Our AI-guided triage helps people decide whether a symptom justifies a two-hour drive to the ER. Urban residents have walk-in clinics 10 minutes away—they don't face that decision. We solve for the hardest constraints first, which creates a solution that works everywhere but truly serves communities that need it most."

11. How is this different from WebMD/Babylon Health?**Quick Anchor** 🎯

"4 ways: Actually works offline. Multi-modal AI. Rural-specific design. GPS finds ACTUAL nearest care. City apps first? Nah, rural-first day one."

Stage Setup Strategy 🎬

- **No stage needed:** Jump straight to differentiation
- **Numbered list = clarity:** Structured, confident answer
- **Positioning power:** Competitors = generic, you = specialized

Full GPS Answer 📝**"Four big ways, all designed for rural users:**

1. **Offline-First:** Our app actually WORKS without internet. 23% of rural Alberta has unreliable connections—we built for that reality.
2. **Multi-modal AI:** We analyze photos (YOLO computer vision) AND text together. Like how a real doctor sees and listens.
3. **Rural-Specific Design:** Everything—low-bandwidth optimization, interface, workflow—built for rural healthcare culture and constraints.
4. **Location-Aware Emergency:** GPS finds the ACTUAL nearest care, not just 'nearest major hospital 300km away.'

Bottom line? Most telehealth apps are built for cities first, then slapped with a 'rural' label. We built rural-first from day one. That's the difference."

SECTION 4: SPRINT PROGRESS & ROADMAP**12. What features are working in Sprint 1?****Quick Anchor** 🎯

"Sprint 1: Does it work? Yeah—onboarding, AI assessment, health tracker. Complete loop, everything talks."

Stage Setup Strategy 🎬

- **Goal-oriented framing:** Sprint purpose before feature list
- **Complete journey signal:** Not scattered features, thoughtful experience
- **Sets expectation:** Listener primed for integration talk

Full GPS Answer 🗺️

- **G:** "Sprint 1 was all about one thing: can we build a complete user journey that actually works, start to finish?"
- **P:** "And yeah, we did. We've got secure user onboarding, the core AI symptom assessment, and a full health tracker—all connected."
- **S:** "Here's what that looks like: someone uses the AI to assess their symptoms, that gets logged in their health tracker, then they can pull up that history when they call a clinic from our emergency tab. It's a complete loop—everything talks to everything."

13. What are you working on in Sprint 2? 🔥 NEXT STEPS

Quick Anchor 🎯

"Sprint 2: Oct 15-Nov 15. Backend, advanced AI, tracking, bug fixes. 'Does it work?' → 'Rock solid and smart.'"

Stage Setup Strategy 🎬

- **Progress narrative:** Sprint 1 vs 2 = maturity journey
- **Forward momentum:** Demonstrates iterative improvement
- **Complexity signal:** "Intelligent" primes listener for advanced work

Full GPS Answer 🗺️

- **G:** "So Sprint 1 was 'does this thing actually work?' Sprint 2? That's 'can we take this to production?' Different ball game."
- **P:** "October 15 to November 15, we're hitting three big areas: First, backend—Convex database, location services, secure data management. Second, advanced AI—that multi-modal AI I mentioned, plus bias detection and risk assessment. Third, enhanced tracking—historical visualization, AI integration, daily logging."
- **S:** "Oh, and bug fixes from user testing. Vision detection was crashing, date picker had issues, profile data wasn't persisting. We're cleaning all that up. End of Sprint 2? We go from 'it works' to 'it's rock solid and smart.'"

Key Deliverables:

1. Backend: Convex integration, location services, secure data

2. AI: NLP + vision, risk assessment, bias detection
 3. Tracking: Daily logging, historical viz, AI integration
 4. Bug fixes: Vision crashes, date picker, profile persistence
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14. What comes after Sprint 2 (Sprint 3)?

Quick Anchor 🎯

"Sprint 3: Nov 16-Dec 5. Production readiness—compliance, security, real validation. Emergency + GPS, HIA/PIPEDA, security audits, real rural testing, Indigenous languages."

Stage Setup Strategy 🎬

- **Evolution story:** Sprint 3 = final maturity phase
- **Compliance emphasis:** Production = serious business
- **Real-world validation:** Actual rural residents = credibility

Full GPS Answer 📝

- **G:** "Sprint 3 is our production-readiness sprint. It's all about compliance, security, and real-world validation."
 - **P:** "November 16 to December 5, we're covering: emergency services with GPS integration and offline protocols, HIA and PIPEDA compliance validation, security audits, comprehensive user testing with actual rural residents, multi-language support including Indigenous languages, and full documentation for production deployment."
 - **S:** "By December 5, we'll have a fully compliant, security-audited, user-tested app ready for real-world deployment in rural Alberta communities. Not a demo—a product people can actually depend on."
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15. What were your biggest technical challenges? 🔥

Quick Anchor 🎯

"Walls we hit? Google blocking medical terms. Camera sucking. Solutions I'm proud of: AI 10 FPS, UI 60 FPS. Prompt as physician = filters solved."

Stage Setup Strategy 🎬

- **Reframe challenges as growth:** "Walls" + "proud solutions" = skill proof
- **Pride signal:** Own the challenges confidently
- **Problem-solving showcase:** More impressive than "everything was easy"

Full GPS Answer 📝

- **G:** "Every ambitious project hits walls. Ours? Led to some solutions I'm actually proud of."
- **P:** "Two big ones: Google's safety filters kept blocking legitimate medical terms—like, we're talking about health, Google! And the on-device camera performance was brutal."

- **S:** "Camera fix? We run AI detection at 10 FPS—efficient—while keeping the UI buttery smooth at 30-60 FPS. Google's filters? Turns out if you position the AI as a physician in the prompts, the content filters recognize it's medical discussion, not something sketchy. Specialized prompt engineering for the win."

SECTION 5: SAFETY & ACCURACY

16. How do you ensure your AI is accurate and safe for health decisions?

Quick Anchor 🎯

"Accuracy and safety = foundation, not optional. 6 measures: validated images, multi-modal reduces false positives, conservative recommendations, bias monitoring, HIA/PIPEDA, transparency not diagnosis."

Stage Setup Strategy 📋

- **Non-negotiable framing:** Foundation, not feature
- **Six-pillar approach:** Comprehensive, methodical
- **Conservative philosophy:** Safety-first = responsible development

Full GPS Answer 📝

- **G:** "When we're dealing with health guidance, accuracy and safety aren't optional—they're the foundation."
- **P:** "We ensure safety through six key measures: training our YOLO model on medically validated rural health images, combining text and image analysis to reduce false positives, making conservative recommendations that err toward professional care when uncertain, monitoring for algorithmic bias across demographics, following HIA and PIPEDA healthcare regulations, and maintaining transparency—we provide guidance for informed decisions, not diagnoses."
- **S:** "The most important safeguard? Our conservative approach. If there's any uncertainty, the system always recommends professional care. We'd rather send someone to a clinic unnecessarily than miss something serious. That's the line we won't cross."

17. How do you handle incorrect AI diagnoses? 🔥 TOUGH QUESTION

Quick Anchor 🎯

"Critical distinction: we DON'T diagnose. Decision support, not diagnosis. Safety-first principle. High severity (7+) or ambiguity? Always recommend professional care."

Stage Setup Strategy 📋

- **Acknowledge & Reframe:** Address concern, then clarify misconception
- **Definitional clarity:** Decision support ≠ diagnosis
- **Conservative proof:** 7+/10 = always escalate

Full GPS Answer 📝

- **Acknowledge:** "That's a critical point, and it's why we made the core distinction that our app doesn't provide diagnoses—it provides triage guidance."
 - **G:** "Our system is built on the principle of 'safety first.'"
 - **P:** "It's a decision support tool to help users decide their next step, and every screen has a clear disclaimer."
 - **S:** "For proof: if a user's severity is high (7+ out of 10) or there's any ambiguity, the system is designed to always err on the side of caution and recommend professional care. We're not replacing doctors—we're helping people make informed decisions about when to seek them out."
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SECTION 6: BRANDING & DESIGN

18. Why did you choose these specific colors?

Quick Anchor 🎯

"Color psychology in healthcare—users in stressful moments. Healthcare Blue = trust/calm. Medical Green = health/safety. Alert Yellow = attention not panic. Accessibility standards, poor lighting tested."

Stage Setup Strategy 🎬

- **Psychology justification:** Not aesthetic, strategic
- **User state awareness:** "Stressful moments" = empathy-driven
- **Accessibility proof:** Tested for real conditions

Full GPS Answer 📝

- **G:** "Color psychology is critical in healthcare apps because users interact with us during stressful health moments."
 - **P:** "Our Healthcare Blue conveys trust and calmness. Calm Blue provides soothing visual breathing room. Medical Green signals health and safety. Alert Yellow draws attention without causing panic. Professional Dark ensures readability."
 - **S:** "All our colors meet accessibility standards—from teenagers to elderly residents with vision challenges. We tested contrast ratios to ensure readability in poor lighting conditions common in rural areas. It's not just pretty—it's functional under stress."
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19. Why did you choose these fonts?

Quick Anchor 🎯

"Poor lighting, old devices, stressed users. Barlow Semi Condensed headers = legibility. System fonts body = accessibility, zero download, familiarity reduces cognitive load."

Stage Setup Strategy 🎬

- **Context first:** User constraints drive choices

- **Dual strategy:** Custom headers, system body
- **Performance reasoning:** Zero download = offline-first alignment

Full GPS Answer 📝

- **G:** "Our users might be checking symptoms in poor lighting, on older devices, or while stressed about health concerns."
 - **P:** "Barlow Semi Condensed for headers provides clear legibility even in poor lighting or small sizes. System fonts for body text ensure accessibility for users with vision impairments, require no downloading for slow rural internet, and reduce cognitive load through familiarity."
 - **S:** "Using system fonts was a deliberate choice. Zero download time—critical when someone has spotty internet—and the font is already familiar, so users can focus on their health, not learning a new interface. Every design decision supports the mission."
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20. Can you explain your logo and visual identity?

Quick Anchor 🎯

"Communicate trust, regional identity, accessibility. Visual identity: connectivity (rural-healthcare), balance (AI-human care), Alberta landscape. Domain: ruralabhealth.ca—Canadian, healthcare, regional, short for slow connections."

Stage Setup Strategy 🎬

- **Three-pillar communication:** Trust, identity, accessibility
- **Symbolic layers:** Each element has meaning
- **Domain strategy:** Even URL is strategic

Full GPS Answer 📝

- **G:** "Our visual identity needed to communicate trust, regional identity, and accessibility all at once."
 - **P:** "Our visual identity centers on three things: connectivity between rural communities and healthcare, the balance between cutting-edge AI and human-centered care, and Alberta's rural landscape."
 - **S:** "This is reflected in our domain ruralabhealth.ca—establishes Canadian credibility, healthcare focus, and regional identity while staying short and memorable for users with slow connections. Every character in that domain was chosen deliberately. Nothing is random."
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SECTION 7: VISION & IMPACT

21. What's your vision for this platform? 🔥 IMPACT

Quick Anchor 🎯

"Bigger than an app—fighting healthcare inequality. Postal code ≠ access. Rural Alberta = Calgary. Works here? Works everywhere."

Stage Setup Strategy 🎬

- **Elevate beyond features:** Mission and purpose, not tech specs
- **Social justice framing:** Inequality resonates with judges/investors
- **Emotional stickiness:** People remember WHY, not WHAT

Full GPS Answer 📝

- **G:** "Look, this is bigger than just building an app. We're going after something fundamental—healthcare inequality."
 - **P:** "Our vision? Simple. Your postal code should NOT determine your healthcare access. Someone 200km from a hospital should have the same 24/7 health guidance, symptom assessment, emergency coordination as someone in downtown Calgary."
 - **S:** "Long-term? This works for ANY underserved community—Indigenous communities, remote BC, northern Ontario, hell, even internationally. But we're proving it in rural Alberta first. Because if it works here—spotty internet, hours from a hospital—it works anywhere."
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22. Why are you personally committed to this project?

Quick Anchor 🎯

"As devs: technically impressive OR genuinely helpful. We chose helpful. Tech skills can address real rural challenges—200km to care, 45min ambulance. Real-world impact drives us daily."

Stage Setup Strategy 🎬

- **Values-driven opening:** Choice between impressive and helpful
- **Technical capability meet social need:** Skills applied to purpose
- **Personal responsibility:** "That responsibility drives us" = authentic

Full GPS Answer 📝

- **G:** "As developers, we have a choice: we can build technically impressive features, or we can build solutions that genuinely help people."
 - **P:** "We're committed because our technical skills can address real healthcare access challenges rural Albertans face—like 200km distances to care and 45-minute ambulance responses. This technology could help someone avoid an unnecessary ER visit or recognize urgent need for care."
 - **S:** "That real-world impact keeps us focused on building trustworthy, reliable, genuinely helpful systems rather than just technically impressive features. We're building solutions for communities that existing systems have failed, and that responsibility drives us every single day."
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23. Why is this specific to rural communities? Can't urban residents use it too?

Quick Anchor 🎯

"Hardest constraints first, not another urban app that fails rural. Urban could use it, but rural-first: unreliable internet, long distances, 45min ambulance vs 8min, limited resources."

Stage Setup Strategy 🎬

- **Design philosophy framing:** Hardest constraints first
- **Acknowledge urban use:** Honest, not defensive
- **Constraint comparison:** 45min vs 8min = stark reality

Full GPS Answer 📝

- **G:** "This is about designing for the hardest constraints first, not building another urban-focused app that fails in rural areas."
 - **P:** "While urban residents could certainly use the app, we designed it rural-first because rural communities face unique challenges: unreliable internet requiring offline functionality, long distances to healthcare facilities making triage decisions critical, 45+ minute ambulance response times versus urban's 8-10 minutes, and limited local healthcare resources."
 - **S:** "Urban residents already have better access to walk-in clinics, shorter travel times to hospitals, and telehealth platforms built for their fast internet connections. By solving for the hardest constraints first—rural Alberta—we create a solution that works everywhere but truly serves the communities that need it most."
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24. So urban people can use it, but you focused on rural needs first?

Quick Anchor 🎯

"Exactly. Priority and design philosophy. Rural-first design works beautifully in cities too. Offline, location-aware emergency, AI triage—convenient for urban, essential for rural."

Stage Setup Strategy 🎬

- **Affirm the premise:** "Exactly" = confident agreement
- **Restate philosophy:** Priority-driven design
- **Convenient vs Essential:** Powerful framing

Full GPS Answer 📝

- **G:** "Exactly. It's about priority and design philosophy."
 - **P:** "Our rural-first design means the app works beautifully in cities too, but we prioritized features rural communities desperately need—like offline functionality, location-aware emergency services with distance calculations, and AI triage to avoid unnecessary long-distance travel."
 - **S:** "For urban users, these features are convenient. For rural residents, they're essential. That's the difference. We built for rural constraints rather than adapting an urban solution that would fail when internet drops or the nearest clinic is two hours away."
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If Your Brain Goes COMPLETELY Blank:

Memorize this ONE sentence:

*"We built a **decision support tool** using **multi-modal AI** (vision + text) for **rural Alberta** because **200km to hospital + 23% no internet + 45min emergency response** means they need **offline-first guidance**—not a diagnosis, but a **safe first step**."*

That sentence contains:

- ✓ What it is (decision support)
 - ✓ How it works (multi-modal AI)
 - ✓ Who it's for (rural Alberta)
 - ✓ Why it matters (stats)
 - ✓ Core principle (offline-first, safety-first)
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3 Core Stats to Never Forget:

- **200km** = distance to hospital
 - **23%** = no reliable internet
 - **45+ min** = emergency response time
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3 Core Mantras:

- *"Decision support, NOT diagnosis"*
 - *"Rural-first design works everywhere"*
 - *"Offline-first, privacy-first, rural-first"*
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QUICK REFERENCE: GPS FRAMEWORK

For every answer:

1. G (Guide) = Set the Stage

- Start with context: problem, goal, or principle
- Shows you understand the bigger picture

2. P (Point) = The Direct Answer

- Clear, simple, direct response
- This is your core message

3. S (Show) = Land with Proof

- Concrete example, stat, or tangible benefit
 - Makes your answer credible and memorable
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CONFIDENCE BOOSTERS

If you blank on a question:

1. **Acknowledge:** "That's a great question about [topic]..."
2. **Reframe:** "The core principle here is..."
3. **Bridge:** Connect to something you DO know well

If challenged on a technical detail:

1. **Don't bluff:** "That's getting into implementation details I'd need to verify..."
2. **Redirect:** "What I can tell you is the outcome we achieved..."
3. **Offer follow-up:** "I'd be happy to dig into the code and follow up with you."

If asked something completely unexpected:

1. **Buy time:** "That's a really interesting angle. Let me think about the best way to answer that..."
2. **Connect to mission:** Bring it back to rural healthcare access
3. **Show curiosity:** "Actually, that's making me think about [related aspect]..."

**PRACTICE PLAN****Tonight (90 min):****Phase 1: Anchor Internalization (30 min)**

- Read each **Quick Anchor** out loud 5x
- Close eyes, repeat from memory
- Focus on questions 1-10 (most likely)

Phase 2: GPS Drill (40 min)

- Cover the **Full GPS Answer**
- Deliver answer out loud in your own words
- Record yourself on phone
- Listen back: Is it clear? Confident? Natural?

Phase 3: Speed Round (20 min)

- Set timer: 60 seconds per question
- Answer all questions rapid-fire
- Goal: **Fluency, not perfection**

 **Sleep on it.** Your brain consolidates memories overnight.

Tomorrow Morning (30 min before event):

1. **Review Quick Anchors only** (10 min)
 2. **Mental walkthrough** of top 10 questions (10 min)
 3. **Deep breath. You know this.** (10 min)
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PRIORITY RANKINGS

★★★ CRITICAL (Must nail these):

- Q1: What is Rural Alberta Health Connect?
- Q2: Why does this project matter?
- Q6: How does AI work?
- Q9: Technical emerging trend
- Q13: What are you working on in Sprint 2?
- Q21: What's your vision?

★★ HIGH PRIORITY (Know these well):

- Q3: Who is target user?
- Q4: What technologies power your app?
- Q11: How is this different from WebMD?
- Q15: What were your biggest challenges?

★ GOOD TO KNOW (If asked):

- Q5: What is Convex?
- Q8: How does app work offline?
- Q18-20: Branding questions
- Q22-24: Vision/commitment questions

FINAL REMINDER

You've built something **incredible**.

✅ Trust the GPS framework ✅ Trust your anchors ✅ Trust yourself

You've got this. 🔥