The goal of this document is to encapsulate my thought process while working on ABG RUSH. Of course, not everything will be here, but I will be copying and pasting anything that I write down on sticky notes into this journal. That way I have an idea of what was going through my mind while I was working on a specific aspect of the game. This will also allow me to write down ideas I am either not able to implement due to not being in the scope of the project, or because I am simply not able to focus on that part of the project at the time.

June 1st

Each game object could set its own z value. This would require another script on each and every object in the scene. This script would simply set the z value = y value. This way the objects that are higher(y value) in the scene will appear to be behind objects that are lower in the scene (y value).

Since each object would be doing this themselves, this could cause some trouble with processing, but it shouldn’t be much, even if it is being done each frame.

Another option would be to have the games manager handle this as well. Each time a new object is created (sprite wise) it informs the manager, the manager adds it to a list, and each update, or specific frame (1/30) the manager will set the z values of each object to its own y value. This would still require each and every object to inform the manager of its existence, but since each object will most likely be communicating with the manager, no extra step is required on startup. Objects that don't move should probably still inform the manager and be updated each frame, or at least on startup. This will prevent changes in the editor, such as moving objects around from ruining anything.

June 2nd

Each object that the player can interact with will have a location for patients, and a location for players. So if the player interacts with a chair, the player will stand in front of it. If a patient on the other hand interacts with a chair, the patient should stand on top of it, and change it's animation.

All objects that the player can interact with should have 3 states. Idle, Active, and Hovered (which is a pseudostate).

Idle will have a very simple/normal looking sprite and no animation.

Active will have a brighter looking/more eccentric sprite, and possibly an animation. Either that, or the patient within the object shall have some kind of animation/change.

Hovered will possibly change the cursor icon, and change the objects sprite or animation.

Hovered can only be accessed if the object is both active, and the mouse is over it.

Removing the mouse or clicking on the object will turn it back to it's active state.

For the z-axis, only objects that move (nurse and Patients) need to actively update their y/z position. All others only need to set it once.

All interactable objects will be based off of a single class InteractableObject

Keep track of state : idle, active, hovered

Nurse Position Location

Patient position Location

So for instance, if the player clicks on the reception desk:

Player.setposition.receptiondesk.NLocation and the nurse will move to the reception desks n location.

Since I plan on making the waiting room chairs and testing those first, I have made animations for them. These animations are: Idle, Active, and hover. They are for the states that the chair can be in. So when the chair has nothing going on, it will be in its idle state. When it has a patient, it will be active and it will slightly change color. When the chair is hovered over, the chair will slightly rotate.

Before making these animations and any others that will be in the game, I have decided that objects that will be interacted with will have their specific sprite as a child component of themselves. So for instance, I made the chairs first, set up all the properties and components. I made sure that the collider fit the chair, and then I removed the sprite. I then created a child gameobject of that object and placed the sprite there. Due to this, animations will only incorporate the gameobject’s child sprite, and should never effect any part of the actual object. This will allow me to create animations without fear of anything else possibly being messed up. So for instance, If I made the hover sprite interpolate between sizes of normal and large, and rotate, the actual object itself, and it's colliders would not be changed or affected by this. So the hitbox will remain exactly the same, and not cause any problems for the player.

Appear to have run into a small unforseen problem with layering. Although I am setting the z position each update, it's staying/resetting to 0 during movement, and remains that way until the nav agent has stopped moving. This leads me to believe that I may have to change something within the navagent scripts to convert them from vector2 to vector3. This would allow there to be a constant z value instead of it being reset to 0 each frame when the vector3 position I create is beind downcast to a vector2, which is what appears to be happening.

After taking a brief look through the polynav code... it looks like more time may need to be devoted to this in order to make objects be drawn on top of each other in the proper order. I will probably ask warren to give me some feedback or ideas on what to do. i think I am done for the night. I'm going to copy and paste this to the journal, upload the repository, and upload the current version of the game to google drive.

June 3rd

Today I would like to...

Have 3 hotspots working - Reception, Waiting Room, Patient Room

This would include

- Location for nurse and patient

- Send both the nurse and patient the correct location data

- Become Idle/Active Depending on status

- Know if a patient is using this hotspot, so if a patient is currently in this waiting chair, and return the patient

- Have an active function such as clicking on an active waiting room chair, will make the chair inactive, and the patient should move to an open room if one is available

Manager

- Keep track of the number of open rooms

- Keep track of the number of open waiting chairs

- Get/Send the above information if needed. So being able to verify the number of open rooms

Nurse

- Move to correct location for each hotspot

Patient

- 3-4 different states that have their own specific timer values

- Move to correct location for each hotspot

- Tick/Countdown the patience timer

Creating a person class to be the parent of both Nurse and Patient. The main reason is for movement. If movement is handled through the person class, then I won't have to differentiate between calls later on. I feel like there should be more that the person class can do, but I can get back to that later once I have movement working.

I would like a way to differentiate between nurses and Patients, and I think tags may be the best way. This will allow the Person class to differentiate what it does. So for instance, when a location/hotspot has been reached, the Person class will inform the object to update it's status. A patient that was moving to the reception desk would therefore update it's status to match that. And a nurse on the other hand would open up the dialogue box for the first available patient.

Patient's should not continue to tick down their own clocks if they are being interacted with. So I need to create a check somewhere that will prevent this from happening. It can be in the patient class itself. The problem is, do I have a function called inside the patient that flips the switch or should it be done from outside? For instance, if the player clicks on this patient while their in a waiting room chair. The patients UI will pop up. At this point, the patient needs to stop ticking down its timer. And when this UI is closed, either by performing an action or inaction, the timer needs to either continue clicking, or remain stopped.

I feel like outside would be better. For instance the UI will know what action was made by the player, and can inform the patient of this action. So in this instance. UI Opens. UI informs patient to halt timers. If the player clicks "Treat", the UI closes, the patient's timer remains halted, and the patient moves. If the Player clicks "A room will be ready soon", the UI should close, the patient should have the pacification delay added to it's current timer, and the current timer should become un-frozen/halted. In both of these situations, I also feel that the UI should inform the current hotspot of what happened. So if the patient is moving elsewhere, the hotspot should free itself up, and change it's status.

At the same time though, a Patient may also need to be the one informing it's current holder/hotspot that it's leaving. So it may be better if the UI doesn't handle this, and only the patient does. This is simply because the UI would have to have more added onto/into it to handle that, while the patient already has to inform the hotspot due to the fact it can leave/storm out.

Should the ever present patient patience timer be a total amount of time or segments of time? And if it's segmented, should leftover time be added back to make a new total or should it simply be gone? The former would mean that the player has at least 50 seconds to get the patient in and out. The latter would mean that the player has only 15 seconds to sit the patient down in a room or in the waiting room. If this time elapses, the patient leaves. And the addition to segmented would mean if the player sat the patient down with 5 seconds left, do those 5 seconds simply get lost? Or do they get added onto the next timer. Also, if the patient is briefly pacified (more time added), does this extra time get added as well or no?

Only Exam Rooms, Waiting Room/Chair, and Triage actually use a/the patients. So should patient interactions be done individually or within interactableObject or should another parent/child relationship be created? I think I'll make another parent/child relationship. This will trim down what's in the top parent, and make it so that other objects, such as reference desk, sink, and more, have much less involved with them.

Those 3 will require 2 states, idle/active and Hovered. They do not need a patient variable since they will not interact with them. They will also not need a vector2 for the patient's location. They will each perform their own functions. I think I may re-write the Interactable Object Class, and the other few really quick because they are currently very small, and I would feel better renaming and repurposing them now, instead of possibly later. New Names will be:

OfficeObject - Objects around the office. This will encapsulate everything.

- Access to the manager

- Location for the nurse to stand

- Access the object's animator

- State Controller/manager for animations and actions, Individual classes should be able to set their state. So the object's script should determine if the object is idle or ready.

\*Going to stop using Active, and start saying Ready. Also, I started saying Exam Room instead of Patient Room.

- OnMouseOver / Exit, since each of the objects will have these, it would be better if handled from inside.

Patient Objects

- Child of OfficeObject

- Location for patient to stand/sit

- Return location for patient to stand/sit

- Patient variable for current patient.

- Return the current patient

- Add/Remove the current patient

- Set the status of Idle or Ready based on current patient (OfficeObject handles hover)

WaitingChair

- Child of PatientObject

- Patient sit animation

- UI Information/Data

Triage

- Child of PatientObject

- Queue up patients

- Patient Story UI

ExamRoom

- Child of PatientObject

- Patient sit animation

- UI Information

- Update Patient State (multiple Times)

Sink

- Child of OfficeObject

- Set the Nurse's clean bool to true

Reference Desk

- Child of OfficeObject

- Turn on the Computer / Show Help UI

- Pause Game?

After writing these up, the differences between them seem very negligible, but I feel that I should separate the classes anyways since more may be added on down the line.

Still need to queue up the patients that appear at the triage desk. Other than that, The patients currently go to an open slot/position,and will wait there until there time runs out. Then they will leave. Of course, it doesnt look pretty at the moment due to a lack of assets, and I don't feel like making some animations right now. But they will look better later. I need to add some kind of animation or a small sprite change to the hotspots themselves so I can determine what's going on during testing. The triage only appears to work if I click it on the left side, which is strange, but since I don't have a visual effect when I mouse over the hotspot, it will be difficult to know exactly where it is. Which is why I need to add one!!

I would say the majority of the goals I wanted to get accomplished for tonight have been reached, but I am currently too tired to verify each and every single one of them. I will be meeting with Professor Warren tomorrow so that will be a good time to bounce some ideas off of him and see what he thinks so far. I plan on having the majority of this movement shenanigans finished by the end of this weekend. This is definitely taking a bit longer than I thought it would, but I guess that's because one does not simply program movement. In order for movement to work, states had to be implemented, states required hotspots, and hotspots required different classes containing all sorts of information. I honestly feel like The majority of the most trivial portion of the coding will be done once movement is. And thats simply because movement required so many of the other aspects of the game to be at least started.

June 4th

Meeting with Warren, Cory Boyd, and Colin (skype)

Vary the spawn time from initially every 20 seconds to randomly maybe 2 at a time or 3 over the course of 10 seconds

Allow the player to send the patient to either the waiting room or the exam room if both options are available.

Random/ not needed patients are on backlog now. "You're in the wrong department"

Nurse should stand next to patient when they are at the triage. This is because the receptionist will be behind the desk.

Repeat visitors are greeted by the receptionist - Backlog now

Computers on wall next to each examination room to bring up more information about the patient.

Reception will get information about patient. Story, Name, and DOB. Player should try and ID/Compare the information the player receives from the computer to the information on the ID band that reception gives to the player.

Possibly find a way to hotspot the patient's arm, or something that symbolizes the patient's ID band.

June 7th

Today I want to implement very basic/small UI that appears after the nurse has reached each location. This would be UI for the triage that says Leave, Wait, or Exam Room. UI for the waiting chair that says (Exam Room, Pacify) and UI for the Exam Room that says Goodbye. This UI will be changed later, and this exam room UI will need to cycle eventually. I also want to make sure that the nurse walks to specific locations for each object. I also want to make sure that each and every single object has a proper hotspot position.

I noticed a small problem occurring within the waiting chair animation controller and fixed it.

In order to make it so that the colliders/triggers created and being used by the polynav agents didn’t interrupt any actions the player made while clicking, I turned the \*Raycasts hit triggers\* option off in project settings.

Going to create multiple Classes for UI specifically for interactions between patient/nurse. The parent will be PatientUI. The purpose of this class is to give all child classes access to their own patient. The purpose is also to allow different sources, such as a nurse, OfficeObject/PatientObject, or manager to access and update the data in the UI itself. And child classes will be able to pull exactly what they need to populate their own specific UI. So the triage UI can pull the data it requires such as the story, dob, and name. At the moment, the waiting chair may display the same information, but will have different options within the UI. And although they display the same information, I feel that creating a separate class for each will be beneficial due to the change/difference in the UI itself, as well as the fact that changes may be made in the future, that would further differentiate the two. And it would be more difficult/time consuming to either add onto them or split them later on.

After a bit of testing and making sure all interactions were happening properly, I have gotten more of movement finished, and one more day should see all of it (what is currently in the game) complete. At the moment, clicking the triage area will move the nurse there, and then open information about a patient. Then the player can choose to send a patient to an exam room, waiting room, and simply kick them out. When I work on this next, I need to add some UI for the exam room, and make sure the buttons work for both the triage and waiting chairs.

June 8th

I only have about an hour to work on this at the moment, but I want to continue working on movement. And possibly get it to a point where I can post a version that others can try.

The Triage is working well, and so is the waiting room/chairs now. I now plan on creating some placeholder Ui for the exam room. I'll just give it an exit button for now. This will clearly be changed later because the exam area and the other objects near it will require so much. But at the moment, this should allow me to cycle through patients, and test movement of the most important things. After this is complete, I'll need to add in the sink, reference desk, bloodwork machine/tube, exam room computers, and id checking hotspots. These should work largely the same. And because of the way I created my classes, the sink and ref desk will be normal office objects. The exam room computers, and id checking will most likely be patient objects, and the bloodwork machine could be either or, but most likely remain as an officeobject.

Noticed that several of the UI classes have the same or similar methods, so I simplified them and placed them into the parent class UI\_Patient. Now each specific class will have access to Send\_Away, Send\_ExamRoom, Send\_WaitingRoom, and Pacify. I also Noticed that the current 3 PatientObjects , Waiting Chair, Triage, and Exam room have the same exact method for onmouse over/click. I may need to simplify that and place it in the PatientObject class if I see no reason to differentiate them.

I updated the main menu a small amount and disabled buttons that currently have no function, as well as fixing the other buttons so that they redirect to the proper scenes. I removed unused scenes from the build settings, so builds should be smaller than they previously were. I then created a build, and placed it on mywebspace:

<http://mywebspace.quinnipiac.edu/rmburgess/ABG/ABG%20Rush%206-8/ABG%20Rush%206-8.html>

June 9th

Meeting with Warren

Click on patient instead of clicking on the objects the patient is currently using. I will need to come up with a collider that does a good job of always fitting the patient sprite. Most likely going to be a square/rectangle, but should it ever change size depending on what the patient is doing? Also, make it so the patient cannot be clicked on while they are moving from point a to point b.

Make sure to add something for a bracelet/ID interface.

Look into changing cursor when action is possible instead of animations. Would need a different mouse cursor for each state that the patient is in. This would mean one for checking symptoms, one for diagnosing, one for taking blood, etc. Might also need cursors for different objects in the game. So hands or soap for the sink, and maybe an id Badge/Card for the triage.

Clicking on patient computer offers no help sliders/scales. Clicking on the reference desk will allow the player to use the practice tool with random values.

Patient computer has 2 tabs, and there will be a button if the patient has been misidentified.

- One Tab shows patient information/history

- One Tab shows the diagnosis.

- This tab does not have values or allow the player to give an answer until bloodwork has come back.

You're a world class nurse!!!

June 10th - Day

I need to Queue Patients.

I'll look over what Ryan did previously to see if there may be something that I can take and use from there.

I have come up with my own option though that I believe could work quite well.

Due to the way the triage will work, there will essentially be two different queues. Both queues will have to have a max size, and if both queues are full, no more patients will be able to come. Or better yet, patients will arrive, mention something about it being too busy, and then leaving.

1. This is the initial Queue, at this point, patients are not able to be interacted with by the player. The patients will wait in line FIFO to speak to the receptionist. After the receptionist has seen them, and done the animation/alerted the player, the patient will then move over to another area.

2. This is the secondary Queue. Patients become active at this point and are waiting for the nurse to speak to them. The queue and resulting positions will most likely need to be verticle as opposed to horizontal because of how the sprites are drawn. The Nurse would have to stand on the right side of the patient. This way, although all of our sprites's faces are always facing the screen, nothing will appear to be amiss, at least with the interactions between the people in the game.

I also need to make it so that patients can be clicked on instead of hotspot objects.

I believe that the way that Patients are currently scripted will allow this quite easily. Hopefully it shouldnt be more than a few lines in a few different scripts. The idea is simply, when a patient's collider is clicked on, it will notify it's hotspot. This means that all the other interactions already coded will remain virtually the same and should not have to be changed.

An example would be:

Currently the game and hotspots do this:

If (Patient is on the Hotspot **AND** The Hotspot has been clicked) Then Hotspot Do (The Thing)

But this new change will do this:

If (Patient has been clicked **AND** Patient has a reference to the hotspot) Then (Patient tells the Hotspot Do (The Thing))

So this is essentially the same amount of steps, and just references the hotspot.

The only thing that might be a problem is the colliders of different objects. How can I make it so that the colliders fit the patient will enough for all the different sprites, and overlap correctly with different objects within the environment? And since I will be using order- in layer instead of z ordering, does that also make anything attached to that specific sprites game object appear first as well or no? That's something I'll have to look into as well. Who knows, it may not even be a problem but if it is, It would be better to look into it and figure out some kind of a solution now. If it's really bad, I could simply just space out different objects more, or I could turn specific colliders on/off based on different circumstances.

As for setting/changing the cursor, it should not be as bad as I was initially informed. Mostly because of the new function available. <http://docs.unity3d.com/ScriptReference/Cursor.SetCursor.html>

I would just need to ask for some cursors to be made for the game. These may include a pair of hands, a stethoscope, a needle, ID badge/bracelet etc. Each of these would be able to portray what the player will be doing next, and would mean that the game does not need as many sprites or animations for the different objects we have within the game.

June 10th - Night

I don't really have any goals for tonight since I am a bit busy. I guess I would like to try and get some of the things I began planning out earlier today put into motion though. If I can get any of these done, or partially done, that would be a help because I will not have a lot of time to work on this tomorrow either. At the moment, it looks like I will have to do most of my work this weekend (fri-sun).

So I spent a few minutes finding a cursor to test with online. Somehow it took 10 minutes to find a transparent texture of a cursor that wasn't the plain white arrow. Anyways, I took another few minutes and placed it in the game. The functions being used right now will be easily transitioned into a final version or more sophisticated version as well, so that’s good. And since it looks like we will be going with cursor transitions instead of sprite animations, I think that using a dictionary for sprites may work out quite well. This would allow me to simply populate the dictionary each time the game is started, each occurrence where a cursor is needed could have its own unique cursor, and I'm not sure about this last part, but it may be possible to change the cursors without someone to go within Unity and make the changes. I am assuming that a person will be able to simply change the images/textures as easily as they can change the xml files.

When it comes to the collider for patients and the changing sprites, it may not be as much of a problem as I was initially thinking. I won't know until I have all the different sprites of course, but if I use a box collider, I can simply set all of the different sprites to have different pivot points that work with the box collider. This would mean all of the settings are set beforehand and not during runtime which would require a lot of thinking and more work on my end.

Another thing that I somewhat planned earlier today was the idea of clicking on patients instead of on the hotspots they were near. So I currently made it so that you can click on patients now instead of the hotspots. As I expected, it only required a few lines to be changed within a few classes. And the classes of Triage, WaitingChair, and ExamRoom actually got a simplification that made their parent classes PatientObject and OfficeObject do all the work now. But now that the patients have to be clicked, The order of the sprites has become more of a problem, and so I will try and find a solution to that with the time that I have left. The problem is, I don't know if the order in layer will also stop the colliders from overlapping improperly. If it doesnt another solution will need to be found, or we could try and make a change to the polynav script that will allow it to use vector3 instead of vector2.

The lower that an object is in the order, the sooner they are drawn. So an object with order 7 is drawn before an object with order 22. So the lower object (7) would appear to be underneath object (22). In our game, objects that are lower on the screen need to be on top of objects that are higher on the screen. So 22 would need to be behind/underneath 7. A simple inverse or negation (\* -1) needs to be done. So then... 7 would become -7 and 22 would become -22. And so, -22 would be drawn first, and -7 would be drawn second. Therefore placing the object at order -7 on top of/in front of the object in order -22. On top of this, we will be working with floats, and the unity sprite component's order in layer does not support floats. So each of these numbers we use (the y value of the object) will need to be multiplied be 100 to make sure it's a whole number no matter what, and then rounded up/down, and then converted into an integer.

Ordering in the layer is now partially complete (all objects in the scene are now ordered, and moving objects (patients & nurse) will order themselves dynamically. At the moment, I have not run into any trouble with colliders and clicking the wrong thing at the wrong time. Also, I saw that before I made the change, due to the cursor change, I could see that the patient was only clickable on their feet or head. This was because the triage desk was in front of them (order wise). After I made the change and had everything drawn correctly though, the patient's entire body was clickable without any hitches caused by the triage desk. So it's possible that the draw order in layer affects the order of colliders. I'll know more after further testing is done.

June 14th

Today I would like to....

~~- Set up some of the new art I have been provided with.~~

~~- Set up some of the new UI I have been provided with.~~

~~- Set up some of the fonts I have been provided with.~~

If time permits, I also want to get queuing at the triage started.

Couldn't find a proper receptionist image so I took one of the source files, played around with it and made one.

Officeobjects may need to have another child, or PatientObejcts may need to be replaced. Since the player no longer clicks on the patient objects, there is not much of a reason/need to have them split up as they are, but on the other hand, there are lots of objects that only the nurse/player interacts with. These are: the sink, reference computer, bloodwork machine(backlog), exam room computers, patient ID bands, and the stethoscope/ get vitals object. Each and every single one of these objects is used more by the nurse than the patient. And only 2 of these even need a reference to a patient. So i believe it may be best to scrap the PatientObject initially created and make a class called NurseObject.

At the moment, the different patient object child classes don't do anything to differentiate themselves from each other. This is because the game now allows the player to click on specific patients instead of clicking on specific areas/objects in the game. The patients simply reference the old patientObject. And it's not a reference to the PatientObject's child class, but the parentclass PatientObject.

NurseObjects will be a parent class that will have mousover effects and a reference to a specific mouse icon. Each child class will have it's own separate functions. For instance, the Sink will inform the player/nurse object that it's hands are clean. The Reference Desk/Computer will open up the Practice Tool and Reference information. Exam room computers will display information about the patient, and possibly cycle through multiple interfaces. The list goes on. But at the moment, the current goals goals/expectations of the game lead me to believe that PatientObjects can be removed, and NurseObjects can be created in their place.

I think I am going to hold off on the queue until I figure some of this other stuff out. Also, I want to ask Professor Warren and Cory a question. The way that we have the game set up now, with the long desk and what not, we are still sending a/the patient to the waiting chair or exam room. Should we be doing this? Does it make sense for a patient to stand around after talking to someone at the triage? Or would the patient go and sit down themselves. I know in reality I would sit down after talking to the receptionist. I always have. But this is a game, and we may need the extra step of the player choosing whether the patient sit's down, leaves, or goes to the exam room.

While placing the new UI I noticed that the mouseover effect created by the patient still occurs when the mouse is over the UI if a patient is behind it. I am not entirely sure of the reason why, but I am assuming it's due to the function I am using for mouse over detection. I think this may be a reason why, because I don't remember any past situations in which objects still interacted with the mouse even though Unity's UI was up and over the object. The past situation I am thinking of most though was using raycasts for detection instead of the built-in functions. I think I'm about done for the night. I'll do some more tomorrow during the day and night. I need to finish setting up the UI as well as determine what updates/changes I will be making during this upcoming week.

The things I want to finish by Tuesday the 23rd...

Patient Interaction UI

Build into the Gameplay UI

Reference Patient Information

Display Specific Patient Information

Button Choices/Options for each Interaction

Patients

Data/Information

Name

Diagnosis

Story

etc...

Stages

Triage (waiting)

Waiting Room (Waiting)

Exam Room

ID Check

Vital Check

History & Request Bloodwork

Diagnosis

Manager

Record Information

Spawn Patients Randomly

Implement a placeholder point system

Keep track of points / time

Display Satisfaction points/time

NurseObject Class - Objects that only the nurse interacts with.

Mouse Over Icon

Nurse Standing Location

Child Classes

Sink

Patient ID

Patient Vitals

Patient Computer

Reference Desk

Bloodwork Machine (backlog)

More??

June 16th

Goals for today -

Finish adding in new UI assets

~~Add queue to new patient spawn at triage~~

~~Patients will sit down in a waiting chair after triage~~

~~Patients will have a conversation with receptionist~~

~~Toggle the Collider/hotspot for patients depending on their current state~~

Begin work on new classes.

So now that we are skipping the portion with the triage where the nurse walks over and tells them to either go to an exam room or wait in the waiting room, that UI can be removed/swapped/adapted for the waiting room. So that should not be much of a problem. One thing I'm trying to figure out now though, is whether or not I should begin work on the new classes (NurseObject, etc.) or work on the other things first. Both will require the other at some point, and this means that the way they are created/implemented will effect the other. I guess the first thing I'll do is update/build a new triage class.

At the moment, the triage has a total of 7 locations that the patients will stand in before being seen by the receptionist. I feel like 7 is a bit too much, but at the same time it's better to have them and never use them, than to not have them and need them at some point. Still need to make the triage go through the motions of speaking to each patient and then sending them to the waiting room.

I have decided to make the speech bubble object on both the receptionist and patients accessible by an animation. The reason is because the receptionist and patients will have several animations in the long run, so it wouldn't make sense to access it by calling and referencing the specific game object each time. And I can make these animations easily accessed by placing creating a function within the patient that accepts a string and turns an animation on or off. So I should be able to make calls like Patient.Patient\_Animation("Talking",true), and that will turn the talking animation to true.

Ran into a small problem with the triage and it's patient list. Not entirely sure why, but the problem is strange. It keeps saying that the list I initialize early on is null/doesnt exist.

Figured out that the problem was being created due to there being two objects in the scene with the tag, Triage. Although I removed the script from the older one, I never changed the tag. I can only imagine how much more difficult this bug would have been able to solve if I had left the script enabled as well. Because then the list being referenced would have actually been there.

I'm going to change up how some calls and functions are made so that they are more self inclusive. So for instance, instead of making the triage add the patient to the waiting chair, and then the triage telling the patient to move to the waiting chair, the waiting chair can perform that as well as some other things the triage is currently doing. Of course, this is a change in the PatientObject class and not the waitingchair child class.

Just took a look at the trello and noticed that I recieved two conflicting responses from a question I posed so I will need to get some more information during the next meeting. The two responses also kind of tangle up what I'm currently working on with the patient queue. So do I put a pause on this and continue with something else? Or do I finish it and simply come back and make changes based on the decision later?

I can work on setting up some UI and make a decision about the queue later on. Ive made some notes that detail what I will need to do the next time I work on it including changes/updates that may need to be made to other classes.

So I have the queue working now, but after doing some testing, I have noticed that as expected, the order in layer is not effecting where/how the colliders for each object are being drawn/created. I'm going to disable the colliders for the old hotspots and see if that makes any difference/fixes the problem. Woohoo! that has solved the problem.

Patients can now only be clicked on at the proper time. The mouse change indication no longer happens unless their is an action that the player can make.

I added a fourth chair. Simply because there is room for one now. It can always be removed later if need be. I need to figure out why the conversation occuring at the triage is happening immediately for a queued patient. It's supposed to wait 1-2 seconds before starting. Turns out a line was simply missing. I dont know if I forgot it before, but all I had to add was timer = value. So that's fixed, and now the player has another small buffer created by the receptionist.

I'm not sure if I want to try and add in the Sink/ID Badge/Exam Room Computer tonight or if I want to add in some more UI functionality. Both shouldn't take very long, but I am out of time for tonight. Also, after taking another look, I may not need to create another class NurseObjects and children of it. My OfficeObject appears to have the majority of functionality that the nurseobject would have. I'm not sure how I forgot that or overlooked it. So it looks like I can make each of the objects, Sink/ID Badge/ExamRoom Computer a child of the OfficeObject.

I think I'll take this time to work on a small amount of UI and possibly work in some of the Sink functionality. This would mean, the sink is clickable, and when clicked on, the nurse moves over to it.

Can't seem to figure out why I need a second click when I am at the waiting chair after telling a patient I will be with them soon. I am currently not seeing anything within the code that may cause it, but it's possible I have been looking at the code for too long today. I'll come back to this tomorrow.

I still need

Images for... ID, Vitals, Computers getting bloodwork.

Different mouse icons for different actions including handwashing, id badge, vitals, possibly bloodwork, waving hello or greet.

UI textures for Practice/Reference tool

Character Images and possible animation sprite sheets.

This includes the Nurse, Receptionist, and the different patients.

So I have started the Sink and PatientComputer classes. The sink should be pretty simply since it will just toggle a value within the nurse. The patient computer on the other hand will be more complicated since it will be going back and forth between different Interfaces, and displaying different information for each at specific times. This object will also have to have it's own patient information, which will be recieved from the exam chair. Also, I need to connect the exam room and the patient\_computer, as well as the soon to be vital sign object. I still need to add in the reference desk, but that should be simple because 90% of that was already completed during the semester. All it needs is a bit of a reskin, possibly a change in 1-2 features, and then just add the reference material/data.

June 19th

My deadline of Tuesday is coming up so I have decided to spend an hour or two determining what I need to accomplish and How I plan on doing that. I’ve also decided to try and organize and determine what I may need, either art assets, data for patients, and simple direction on how different aspects of te game should play out.

Just noticed that with the change to the interactions during the waiting room to the exam room may have caused a bit of a disconnect with the flow of the game. Initially, the player would simply tell the patient to go to an empty exam room and that was it. The way we spoke about and I plan on implementing will move the player along with the patient.

While this does allow us to display how the nurse (player) gets the information about the patient on the computer, the nurse (player) is now situated next to the patient. And since the hands of the patient need to be clean, the nurse (player) must now move to the sink to wash their hands, and then return to the patient to get the rest of the information (vitals/Bloodwork). I'll have to ask Warren and Cory what they think about this and whether or not I should continue with the implementation.

After taking a look in the drive folder, it looks like not all of the art assets are ready. So I took the time to inform Colin of what I would need. After taking a look through the project folder, I noticed how cluttered the art/sprite and texture folder is due to all the separate pngs. The same happened to be true for the drive folder with the images. So I mentioned that sprite sheets may be the way to go in the future. It allows the creator to make sure each asset is a uniform size, and the folders with the art will be less cluttered overall. And since Unity accepts sprite sheets with very little work, it won't be a hassle for me to use them.

I was hoping to get some Idea of what the UI for the Patient/Exam Room computer was supposed to look like from warren, but since I don't have that yet, I'll create a default one. Of course the functionality will be there, but since I am unsure of how the information should be displayed, it definitely won't be final. I just hope that I will be able to get a more final version or visual for the following week.

So professor warren got back to me and explained that the hand washing situation is fine. And it won't be that much of a disconnect. There's also the fact that they should wash their hands anyways since they just touched a dirty keyboard. Ha. Okay, so it looks like I will be moving forward with that.

I think for Tuesday, I may also want to try and get the/a Diagnosis Tool/Reference Computer in the game as well. I don't have all the textures for any of it at the moment though, so that may not look final on Tuesday. Then again, Tuesday is a date set by me, and has no real meaning to any of the members on my team. So while it's okay if I don't get all of these things done, I would like to so that there is less to do the following week, and the team has more of an idea of what will be the next playable version of ABG Rush.

June 22nd

First thing I want to do is create the UI or atleast a placeholder version of it for all the interactions. I also want each part of the UI to be accessible from the gameplayUI script/object. And after taking a look at some of the things going on, I plan on splitting up 1-2 scripts. For instance, the ABGtool manager currently has a lot of functionality that is not necessary for it, and definitely not needed within a monobehaviour object. I can and plan on making a static class that can be accessed by both the Toolmanager if needed, but also the regularmanager/Patients.

I also plan on allowing the manager to choose how the patient is generated and all of the proceeding information instead of letting each new patient generate their own information randomly. This will reduce the number of calls to different classes and the number of references needed to them as well. So instead of having 10 patients with a reference to the manager, abgtool manager, and then calling each of them separately after being created, the manager will make a single call to a new class, and give the patient all of the required information.

I also can't forget to link up the exam rooms to their computers so that the computer cannot be accessed unless there is a patient, and that both share the same information/references.

Just checked trello and saw Colin's update. Looks like I have some sprite sheets to work with and I can also work on re-skinning the ABG tool.

I put together a placeholder patient computer, and the data that it will display. After thinking of how I should program everything and the layout, I realized that there are several ways I could go about displaying the information so I'll probably have to speak with the team at some point. To give an example, the data could be static, and always display Symptoms, Conditions and Medication. It could be dynamic, and only display medications, if medication is being used. I could display images as well as words to better get the point across. I could also group the information into columns. And there are many more possibilities and I won't know how I should go about programming different aspects of it and whatnot until we have talked it over. One thing that is constant however, is that I would like the data/information to b functional and look correct in different languages.

June 24th

After taking some time to think about it, I have decided to create a new class specifically for diagnosis. This will allow patients to simply provide a reference to their diagnosis and only contain specific information like name, and DOB instead of all the other information that a diagnosis requires.

The diagnosis class will have:

-String Short Story

-String Long Story

-String RespMet

-String AcidAlk

-String Comp

-String Symptom\_1, Sympton\_2, Symptom\_3

-String Condition\_1, Condition\_2, Condition\_3

-String Medication\_1, Medication\_2, Medication\_3

-float valPH

-float valCO2

-float valHCO3

Several functions including

- Answer\_RM

- Answer\_AA

- Answer\_Comp

- Conditions

- Symptoms

- Medications

Although the creation of this class will require some changes to the current functionality of things, it will be better overall from the previous method especially since one goal of the functionality is to be editable without going into Unity. The Manager or some other class can generate (read in) all of the different diagnosis information and create an array of them at startup. Then the manager would simply assign a random Diagnosis to each patient after they are created.

My goals for today are...

~~Creation of Diagnosis class and any others that may be involved. This includes the ABG class.~~

~~Speaking of, the ABG class can be the manager of all the different diagnosis.~~

Linking Exam Rooms to computers.

Nurse Walking to Patient computer after waiting room interaction.

Nurse Chatting with patient at exam room.

Exam Room interface 1 & 2 popup integrated.

Possibly

I'm not sure if I plan on adding any sprites or animation type things today. While I do have access to some, not all of them are readily available.

While working on ABG and Diagnosis class, realized that the ability to read in values for resp/met, acid/alk etc may mean that the current way of generating the diagnosis may not be needed in its current form. The reason is because the current version accounts for both random, and specific diagnosis to be created. And it alters variables inside of returning variables. After taking another look and thinking about it, I plan on making different versions of it. 1 will generate the string values/answers and return those. The second will accept strings and return float values.

This way, if in practice mode, I can use the initial function to string answers. And then use those string answers to get the values.

Nevermind, it looks like there may be a way to solve this. I can return a tuple of string[] and float[] and then access that. And nevermind that. It looks like Unity does not currently allow for C# to use Tuples. But I have come up with another solution.

In the case of the diagnosis patient's have, they already have a reference to a diagnosis class. However, when random diagnoses are created for practice mode, only the string answers and float values are needed. So if I create a function that fills in the blanks, everything should work fine, and not much editing/updating will be required. The diagnosis class will need to be altered so that the values can be changed after creation though.

Ideally... A Diagnosis with or without the string answers will be passed into the function. If it has string answers, it will move to the next section of getting float values assigned. If there are no string answers, then the function will generate them, as well as values to go with them. This diagnosis will then be returned. This should allow diagnoses made for patients and diagnoses made randomly for practice to use the same function.

So after doing quite a bit of coding, I think that my ABG class is just about done, and my diagnosis class may be complete. I am a bit afraid to try them out right now though because I don't have much time left tonight. This is especially true because implementing this would require alterations to other classes that already need to be updated. And I think I would rather save the headache for tomorrow or friday if something went wrong. And anything could have gone wrong. Most likely something small like a single value could completely throw everything off.

Went back and added some public functions to return a string of conditions, symptoms or medications to the diagnosis class. These may be changed later depending on how we choose to display this information if we choose to display it at all. Creating these classes has taken more time than I initially thought it would, and I don't think I'll have time to work on my other goals for the day.

June 30th

Nurse

- ~~Walk over to the Exam Room computer after sending a patient to that exam room.~~

- ~~The nurse must then have a brief conversation with the patient. During this time, the player should not be able to click on anything.~~

- ~~Have a boolean for clean/dirty hands that can be toggled after interactions are made~~

~~Working Sink~~

~~- wash/clean hands~~

Dirty Hands

- Hands become dirty after interacting with a patient or touching a computer.

- ~~Setting Up Exam Room Computer~~

-

Working Exam Room Computers

- Display information about current patient, based on state of patient in room.

- ~~Only Clickable if/when has a patient.~~

Patients

- Make Sure all states work.

- ~~Triage,~~ ~~Waiting,~~ ~~Exam Room,~~ Vitals, Bloodwork, Diagnosis

Fix that strange double click

- If the Nurse/Player closes an interaction, such as by saying I'll be with you shortly, the player must click the patient twice in order to get the UI to popup again.

Verify that only available actions are clickable

- ~~Patient~~

- ~~Sink~~

- ~~Patients~~

-~~While Moving~~

-~~While Sitting~~

-~~While Waiting~~

Reskin

- ABG Tool

- ExamRoom Computer Interface

- Reference Desk Computer Interface

Rework ABG Tool

- Work with New Class: Diagnosis

- Work with Class: Patient

Manager

- Spawn Patients over time

- Initialize Diagnoses

- Spawn Patients with Names, Dates of birth, and diagnoses.

Animations & Sprites

-Patient

-Sitting Waiting Chair

-Normal

-Upset

-Angry

-Sitting Exam Room

-Normal

-Upset

-Angry

-Triage

-Back Turned

-Nurse

-Normal

-Back Turned

Going to give the nurse a busy flag that gets set if an interface is open or if moving and whatnot. All mouse over interactions will require this busy flag to be false before they go ahead with any other actions. I find it funny that out of all the scripts in the game, the one for the nurse is the smallest. It currently only has 16 lines total.

Thinking about possibly giving OfficeObjects a perform action method that is overridden. That way, when movement is done, the OfficeObject will be called back and have perform action called. This action will do whatever is required/necessary for that specific object.

The nurse's busy flag is set and works fine. When an interface is open, or if the nurse is moving, nothing else can be clicked. The nurse currently follows the patient to the exam room. At the moment, the nurse goes straight to the computer, but I could change it so that the nurse goes to the patient, and then the computer. The next thing to do with this sequence is to incorporate the dialog between patient and nurse.

While the status of patients has been movement based up until now, it will soon be based on other factors as well, and be set from different places. Due to this, the names of some methods have changed to not be movement related. A Status string has been added to the Patient class as well as new timers for vitals, bloodwork, and diagnosis. The Person Class is also seeing some changes since some of the interactions within the game have changed.

So at the moment, the nurse walks to the corresponding computer after sending a patient to the waiting room. I found a problem with this though. Due to a change I made about 1-2 weeks ago, the corresponding ExamRoom does not have a reference to its patient until it arrives. The way it worked before is that it gained that reference immediately after being assigned. This is a problem because if the nurse ever arrives at the computer before the patient arrives at the exam room, then the nurse won't setup the exam room and its corresponding information.

One way to solve this is to change the speed of the patients to be faster than the nurse, but this can still lead to some problems later on if the way movement works ever changes or if someone else take's the reigns and don't learn about that fix. I would rather create some kind of delay or failsafe in the code that waits until the patient has arrived, and then proceed. That way, there are no changes for this hiccup/error/glitch to occur. I could simply make the function break/stop if it looks for a reference and doesn’t find one. It would then try again every .25 seconds. Another option is to turn this function into a coroutine that simply waits .5 - 1 second before taking action. However, this could lead to the same problem as the changing speed option. Another option would lead to changes outside of the script, but I'd prefer not to do that since it would/may require multiple changes in multiple scripts.

Hmmm... currently, this check only needs to occur after sending a patient from the waiting room to the exam room. So I could essentially, create a very small method/function that is delayed by a second or so. While this is a good solution, and would not be any trouble to create, I still feel that I should probably go with an asynchronous method that waits for both the nurse to arrive, and the patient to arrive, and then acts. But the problem with this is that it would require quite a bit more work to get working. Well, not quite a bit, but it's an extension off of the delayed version, and this one could/will use more cpu since it is constantly checking to verify that both references are available.

I think it will be best to come back to this later after I have a better handle on how I have everything working. There are too many unknowns at the moment. So at the moment, I'll simply just increase the speed of the patient and reduce the speed of the nurse. This is an external change that requires no coding, and it should work every time, at least in theory. After doing some testing with the speed, it's definitely a fix, but I don't like it. And the movement seems a bit wrong/badly paced now. I'm also going to increase the conversation length of the patient and nurse when setting up the exam room computer, and doing the vital signs.

Created a script for the ExamRoom Computers. I'm not sure if I want them to be called from the manager however. I'll figure that out tomorrow. Looks like I got quite a few things done today, and I plan on getting the rest done tomorrow.

It seems like it's slow going, but I think that’s because I'm currently waiting on assets that may change how some things work. So each time I work on something, for instance: today I worked on the different states of the patients and going through the cycle. Although I am close to finishing, I stopped to work on other things because I know I won't be able to finish it and test it thoroughly. I'm still waiting on Different Interfaces, and animations. The animations are on the simple side because I just need to add in a few lines of code to fill in gaps I already made for them. Interfaces on the other hand are more difficult because graphics are difficult to change, and the interface itself requires code specifically for it. And until I know exactly what the interface will have, I can only build a skeleton in anticipation.

I guess the best way to explain what I mean is... Having a car, all the gas you need, and knowing the destination, but not having the map. You could head to the destination without the map, but there’s a chance you won't get to the destination, and all the gas would be wasted. You would be stuck wherever you end up. You could head there with 80% of the map, and guess the other 20% but unless you're really good at guessing, you're liable to end up stuck once again. A third option is to follow the map to the extent you can, Fill in more of the map, and then continue moving. While this way may be slower, you’re far less likely to run out of gas, and much more likely to reach the destination. The only problem is: What do you do when you're waiting for more of the map?

Luckily for me, this is only a metaphorical example, and while I wait for one map to fill in, I have plenty more maps to reach other destinations while I wait.

July 1st

As for the problem I came across with the patient/nurse arriving at different times, I have decided to create a third, very small method. This method will not do anything unless the script has a reference to a patient, and the nurse. When it has both of these, it will perform whatever needs to be done, and then reset the references. This will go in the nurse class. And... it works.

I'm going to start linking the Manager, GameGUI, and other required interfaces now. The ExamRoom UI is now linked. Now I'm going to update it since I have the assets for it now. The layout won't be final, but this will allow me to get a bunch more testing done.

Created some of the interface for the ExamRoom COmputer. Did some animations for the buttons as well, that may have been a waste of time depending on how things go later on. I need to add in the data fields next. Then I should be able to test the states further. Oh, and at the moment, The nurse brings the patient to the exam room, they talk briefly, and then the nurse opens up the computer.

While testing and debugging the ExamRoom computer, I noticed a problem with the ExamRoom Chat that occurs when a patient has just been moved from the exam room. Although I fixed it earlier, I happened to come across a few occurrences where nothing would happen. After spending some time debugging that, I realized that it's because the patient may be in 1 of two possible states. This is because of the movement speed of the objects as well as a few other factors at the moment. But the Patient could have their status as either WaitingChair (since it has not left yet) or ExamRoom (if it got there first).

So at the moment, I have implemented an if statement that catches and handles both the same way. Once I have adjusted the movement back to a same/similar amount for both, it shouldn't be a problem anymore. But I'll keep it in there anyway.

Speaking about the ExamRoom Computer interface, I think it looks okay for now. It's got text fields for name, dob, bloodwork values, history, symptoms, conditions, and medications. All of them work at the moment and populate accordingly (or as much as I have tested). There are two tab buttons for Patient History and Diagnosis. Those are currently being implemented. There’s also a close button and a bloodwork button. At the moment, the Idea is that the bloodwork button will appear 80-90% of the time. The initial 75%, it's not interactable since the player is not ready to request bloodwork. When the player is ready however, the button becomes interactable. Clicking this button will then start the bloodwork timer, and the button will become disabled again. The next time that the player looks at the interface, if the bloodwork is finished, the ABG values of PH, CO2, and HCO3 will have taken the spot of the button.

Not sure how much I would like to finish for today. I still have a bit of linking/referencing to do, but those should not be difficult. I think that reskinning different areas of the game may be more time consuming because they also require new/updated implementation for everything. For instance, the new textures I got today took about an hour and a half to setup. And by setup I mean, breaking down the old/placeholder version, and rebuilding it with new assets. Then making sure that everything looks good at different sizes and whatnot.

Well, in my last bit of time working on this today, I happened to run into a problem that was causing me quite a bit of trouble. References were not being used for some strange reason. And checking in the editor with debug mode showed that they were indeed there. After debugging for nearly 30 minutes and double checking the spelling of everything, I found where the error was occurring.

The polynav's movement method allows for functions to be called back when they are completed. So when an object moves from a to b, the method specified will be called back. The polynav also handles everything separately, meaning that the instant I tell it what to do, it starts. And when it reaches its destination, it stops and calls my specified function.

I had been calling this method in between my function, and not at the end, meaning that several variables and values were set after the polynav would begin moving. And if/when the polynav was already at the location it needed to be, it would call my specified function immediately. So while I cannot be 100% sure, it appears as though the polynav (which didn't have to move) called my specified method immediately after it began since the destination had already been reached. Therefore, the variables and values I was setting after this call to the polynav may not (and were not set) by the time my specific method needed them.

When my method was called, it was unable to find references to the values/variables it required. This resulted in a null reference. I fixed the problem by setting all variables/data before I made the call to the polynav. Now I am having no further problems, and on top of that, I believe that the pesky double click problem has been solved as well.

Okay Yup!! That double clicking is fixed :D

I changed the locations of the nurse and patients for the exam room chairs. This isn't final, but it looks a bit better for testing. I also need to remember to shrink the sizes of the Receptionist and Patient Speech bubbles to be the same size as the nurses.

July 4th

Since I will be rebuilding the ABG tool I figured that I may as well revamp the code and it's functionality as well. I'm going to look at a tutorial for drag and drop functionality. It's a shame I didn't find this before when i was working on this. <https://www.youtube.com/watch?v=c47QYgsJrWc>

Ran into a small problem while adding the drag and drop system. I had disabled the image component attached to each slot. This however created a problem because the ray casts required for the event system were using the images. Once I added them back, everything worked fine. Now I need to make sure that whatever object is currently being dragged is always drawn on top. And that only took 2 minutes. Now I need to finish building the ABG tool/Diagnosis Tool. And then I need to go into the code and make adjustments for the updates.

Hmmm...

I want to conserve space on the screen, and the best way to do that would be to alternate the values within each dropdown box based on what answer is currently in the answer box. The problem is that this may take a bit of time to accomplish. This is especially true since I am still working on building the new tool itself. While the drag and drop portion of it is working fine at the moment, the dropdown answers don't have much space to work with. There are multiple ways I could approach a solution to this but I feel the aforementioned may be best. Another alternate would be to allow Unity to dynamically space the interface, but I feel this is unreliable, and could result with very inconsistent visuals.

I'm going to take a break for a bit, but hopefully when I come back, I'll have an answer of what I'd like to do.

It's more important for the ABG tool to be functional than it is for it to be pretty for now, so I'll just make sure it works and worry about that later. Speaking of looking pretty, I need to ask everyone else what I should do about the inconsistency. We currently have 2 new versions for the ABG tool. One is for game play, the other is for practice, but I think that the way it looks should be consistent. But both versions look drastically different both color scheme and objects/shapes used.

Since the Original ABG Tool was made quite some time ago and the game has changed a lot since then, I plan on making a new script for the tic-tac-toe tool. All it has to do is: Reset Pieces on the board, Accept an answer, Display correct or incorrect, and reference the ExamRoomComputer UI that it's attached to.

I think that if the answer is wrong, the submit button should become locked/disabled for a second or so. This would force the player to take a look at what they selected, as well as being a slight penalty due to the amount of time they are losing.

So the ABG tool works now, in gameplay mode at least. I only have to add 2-3 lines to finish functionality for practice mode. The if statements are there, but thats it. The game is playable and patients can go from start to finish and get a diagnosis now. I think the tool came out quite well, even though it doesnt look at great as it could.

But now that that's out of the way, the lesser/smaller things still need to be done.

July 6th

Clean Up - ~~Fix the Stretched receptionist~~ and ~~remove the animation from the waiting chairs~~.

Highlighted States - ~~Sink~~, ~~Patient Computer~~, Reference Desk

I noticed that the Exam Room UI will open up to the last screen used. So I fixed that and made sure that not only did the status of screens reset, but the tab buttons as well.

I added the highlight states to the sink and ExamRoom computer. It took a little longer than I thought it would, mostly because I had to comment out portions of code that were no longer needed. After I found them all, everything worked fine. So now those are completed. If/when I add in the reference desk, the highlight shall be very easy to do.

I removed the animation from the chairs. This was also simple enough to do. I had a check inside of the code that only did the animation if it had a reference to one. While I could have simply just removed the animator component from the object, I decided to find and comment out any and all code that links to that method call.

I did a small amount of tweaking to the speech bubbles that the patients have. It probably won't amount to much after I finish adding in the new sprites for the characters, but it helped for testing purposes.

July 6th

I’ve got some smaller, hopefully less time-consuming tasks on the agenda for today.

- Replaced the highlights for sink and ExamRoom computer.

Resizing the diagnosis tool wasn't as bad as it could have been. I found a way to make the dropdown boxes appear above the objects that are lower in the hierarchy without fiddling/breaking the layout component, but I think I may change that in the future. It feels like there may have been an easier way to accomplish what I wanted.

I added in the help panel. I think it looks pretty good. It feels like there’s just enough space for everything to fit, but not fit comfortably. Instead of updating my old code for the help, or creating a new one, I added in a few lines of code to the diagnosis tool script. And while it has more in it, everything is more compact instead of being split among multiple scripts. I plan on adding a Reset/New Button to the diagnosis tool. These will only appear in practice mode. I'm not sure if I plan on creating another button for resetting the help panel itself; that seems a bit unnecessary.

I added a reset button to the help panel. So now if the player is in practice mode and wants a new problem without solving the current one, they can.

I looked for the third and fourth nursing interventions that were mentioned but I can't seem to find them anywhere. I only have Mike and Emma.

Requesting bloodwork now closes the Exam Room Computer Window.

I'm currently working on highlighted states and I am trying to determine if I should make it so that objects will not highlight if the nurse is currently busy/player cannot currently interact with anything. This means that if the nurse is currently walking over to the exam room, nothing would be highlighted because the nurse is busy. However, if the nurse is standing idly, then everything that is currently interact-able would be highlighted.

I am now working on adding in the 3rd and 4th intervention. Apparently, I couldn’t find them because they were only sent to one other member of the group. I made a change in the Diagnosis class to allow for returning conditions/symptoms/medications if there is only 1 or none. The third intervention was missing some information so I had to determine what it was supposed to be myself. The 4th diagnosis was a bit difficult to translate/add in since it's supposed to be a parent and child but I think I did an okay job.

Now I am going to work on adding in the different patient animations. I'm not sure how much longer I plan on working on this tonight, but if this doesn't take long, I'll probably finish everything else. (well, that I have the assets for).

All animations have now been created within unity. The state machine/Animator has also been set up. Now I just need to implement all the animations within the code. It shouldn’t take long, but I don't expect everything to go right. I need to remember to set the order in layer of the highlight dynamically as well.

Well, after another long period of time spent finagling with the animations and positioning, I think I have the patient working quite well. All I need to do is activate/deactivate the highlighted states now.

Highlighted state for the patient needs to turn on when the patient is in the waiting chair, before getting vitals, and when diagnosis can occur. It needs to turn off when the patient is walking, when the patient is getting vitals taken, and when getting bloodwork done.

Highlighted state for the patient is done. The transition/timing between some animations appears to be a little jumpy but that can be changed later. While testing the different states and animations of the patient I noticed a slight problem with the UI for the exam room computer. I'm not sure why but sometimes the labels didn't show up in the patient history panel. I looked at the code, and fiddled with the prefab. I have not seen this problem occur again, but I'm pretty sure it’s not fixed either.

I made the patient information displayed in the waiting room UI dynamic so it's always accurate now.

I think the last things I'll do tonight are implement the Satisfaction Bar and some point values, as well as Implement the Diagnosis tool into the practice mode. And possibly even the reference tool to the game mode.

So I have added a point system to the game, it's definitely not balanced, but it should get the point across. I also added in a visual depiction of whether or not hands are clean. It's just text, but it's better than nothing. Especially since having dirty hands can cost points.

And finally, I plan to implement the reference desk or at least the practice tool for practice mode with the time I have left. I updated the practice tool to incorporate the new diagnosis tool. It may not be accessible from within the game, but it should help give an idea of what we are going for. If I have time tomorrow before the demo, I may try to add it in, but I'd rather create a/the working demo version right now while I know everything works and I won't get stuck/caught on any unexpected errors.

haha, just realized I never updated the names of the patients because it was not on the priority list I was looking at. Maybe I'll have some time to fix that in the morning.

All in All, I knocked out 87% of the things on the list.

July 7th Playtest ( During )

Noticed a problem where clicking on a patient would not move the nurse over to them. The patient was highlighted and the player clicked on it, but the player would not move.

Noticed the problem a second time. The second user has stated that the Waiting room Popup never appeared. The nurse showed up at the patient and then nothing happened.

3rd Occurrence: Player stated that they were on their way to a patient when they began to get up and leave.

It turns out that this may be occurring because the patient becomes upset and leaves as or before the nurse arrives. This means that the UI pops up or is about to, and then since the patient is out of time, when the nurse arrives, the patient leaves. Either the nurse is getting stuck because it's busy is being set, or because there is a null reference when it reaches the location. Decided to edit the code a bit and attempt a fix.

The problem now appears to be fixed and I have heard no more complaints, at least from people that have reloaded the page. There was mention that it happened again at the exam chairs, but this is unconfirmed because the player said it in past tense so I cannot be sure if it *just happened* or happened earlier before I made the change.

One member of the faculty has suggested that practice mode should have something like a rapid fire or a numbered set of questions. Getting questions right or wrong will go toward a score at the end. So for instance getting 7 correct and 3 wrong would give the player a score of 70%. This sounds like a small addition to practice mode, but I guess it could be its own separate mode If we differentiate it more.

Differences could be a timer, and some kind of global high score system. This would allow for a competitive nature, add pressure (which some people thrive under), add replay ability, and make it so players don’t have to go through the game.

Looks like there might be a bit of a back and forth going on with the abg tool. 2 Players informed me that sometimes their initial answer is correct, but the game says it’s wrong. Then changing the answer to the second/third option and back will then say the initial answer is correct. I’m not sure what to make of this. Due to the very small amount of people that mentioned it compared to all that played, I can’t be sure that this actually happened. It’s possible that the two players simply never changed the value like they thought they did. I still need to look into this though when I get some time.

Round table Suggestions:

Eliminate the hand washing.

Eliminate the Talking/Conversations.

Go Straight to Diagnosing the patient.

I need to update the ranges/ parameters for diagnosing so that the PH value aligns properly with the diagnosis. Apparently the compensation portion and the pH value are throwing off the players and making providing an answer difficult.

I’m going to push the current version of the game to github and make a permanent branch from today’s demo.

July 9th

Going to make a few small changes for the playtest this afternoon.

I noticed a suggestion from warren on trello and responded. I'm glad we are thinking of ways to get rid of/reduce the amount of conversation/speech bubbles and the back and forth created by washing hands.

I have increased the amount of time it takes for a patient to spawn from 20 seconds to 45. This should create a much bigger buffer between patients. Variable patient spawn will come later on when I have more time to work on this, and we are also closer to a final version.

The walk speed of both the patient and nurse have been increased slightly. I'd increase them more but I'm afraid they might overshoot their destination a little bit. I can already see it happening a bit. Ill have to see if I can do anything about that in the future.

The amount of time it takes to wash hands has been drastically reduced. It should now be nearly instantaneous.

Both interactions within the exam room have had a decrease in the amount of speech bubbles that appear as well as how long the conversations last.

Made a small change/update to the code that makes the exam room computer highlight when the exam room has a patient. I'm definitely coming back to fix it later.

I combined History & Signs/Conditions into a single step.

I moved the satisfaction bar and prepared the ABG practice tool for gameplay mode.

ABG Reference Desk now works within the game.

**July 9th Playtest At Southern**

I just realized that apparently there is no cap in scoring. Increasing the amount of time before other patients spawn and decreasing the time of washing hands and conversations appears to have allowed players to continue playing unhindered and continue to get a higher and higher score.

Players are currently in a race to get te highest score, and the mood of today's playtest is completely different from 2 days ago. The frequency at which patients appear definitely needs to start off slower. Today has proven that being slow (especially at the beginning is very useful for the players and allows them to get into a groove). Many players have already suggested that they would like patients to begin coming more frequently since they already have the hang of it.

The abg practice tool definitely needs to be updated to look more similar to the rest of the game. We could possibly replace the current interface/background for it to be similar to what the examroom computer interfaces look like. Then again, we already use a portion of the examroom computer for the diagnosis tool. And this version of the diagnosis tool is already in the computer.

The highlighting of available interactions made the game easy to understand, learn and get accustomed to. However, there were no instructions or any kind of navigation to explain what would happen when things were interacted with.

All playtesters appreciated that there was a visual depiction of the state of their patients.

One player suggested being able to make a prediction about the diagnosis they will be attempting to solve.

Nobody seemed to notice the practice tool that was available with the reference desk. And I guess that also means nobody tried to use practice mode.

\*\* Tic Tac Toe tool was hardly used.

July 15th

Since I finally have access to some data/information and will need to be able to switch from english/spanish I have begun looking into xml. I don’t have a lot of time so I will try to plan out a hierarchy that makes sense as well as type up some of that data.

* NursingInterventions
  + Intervention
    - Diagnosis
    - RespMet
    - AcidAlk
    - Compensation
    - SignsAndSymptoms - Information received after looking over the patient. Slow and Labored Breathing, Cyanotic Fingertips, etc.
    - Element
    - Element
    - Element
    - Element
    - Element
    - Element
    - Element
    - History - Information about the patient's visit. Broken Leg, Stomach ache,, etc.
    - Element
    - Element
    - Element
    - Element
    - Element
    - Element

After looking up what I would like to do, I have learned I will need to use a schema. This would allow me to have multiple elements of the same name within history and SignsAndSymptoms. This would allow whoever writes up the data to have as much or as little as they want. I wrote up an initial/mock xml document. I think that this will meet the needs of the project. It allows for a person to enter the diagnosis parameters of RespiratoryMetabolic, AcidosisAlkalosis, and Compensation. Both History and Signs&Symptoms have specific sections, and each has a counterpart for Spanish. This can easily be modified to allow for other languages as well if we go that far.

I do need to learn more about XML and how to go about implementing everything most efficiently. Ideally, the game will read in all the data from the xml at startup/when each diagnosis is created. The Diagnosis already stores values for the Resp/Met, AA, and Compensation. The history and Vital Signs values will need to be modified to better fit our current goals, but once that is done, the diagnosis will store its History and Vital Signs and Symptoms in specified arrays for each language. The reason for the arrays is because it's possible that a patient may not have information regarding those aspects simply because either there was no need for it, there is no data as of yet, or the game is simply being tested. This allows easy access for multiple elements, as well as more control over them when called upon. A method to call them will be as simple as Diagnosis.History("Spanish"). If there are elements, this would return an array of the patient history in Spanish. A switch statement, or cascading if statement would be used to determine which array to check for and return, and that’s it. This entire setup would allow for multiple elements, multiple languages, and easy control over each.

July 16th

After thinking about the feedback we received from our 2 playtests and knowing what we would like to change for our upcoming playtest, it was fairly easy to determine that the update to the examroom computer, it's visual appearance, and steps within are most important. So I will be working on these things first.

Looks like I have run into a problem getting the size of the dropdown box options to remain the same. I'm not sure why it's causing a problem because I have it working elsewhere in the game just fine. Although I don't have the option set to force-expand, the items within the layout group continue to do that. Okay, so after fiddling with a lot of different options to figure out what was doing what and why, I realized I forgot to add a layout element component to the new dropdowns I was creating. While this doesn't fix the problem that occurs when I deactivate one dropdown box and the other one grows in size, I can instead disable to image component of the object and the second option will not grow in size.

I need to finish updating the examroomcomputer ui script to include the assessment panel. I also need to continue looking into how ABG's are currently being created. I think at the moment, they keep their initial values for ph, co2, and hco3, but I want those values to be randomly generated every single time a diagnosis is used. At the moment, I also think that the same diagnosis can be used for multiple patients, and I don't want that to happen. This could cause problems elsewhere in the game. I currently have no way to test and figure out if it's true, but I plan on making it so that won't matter. One way to go about this would be to simply send the most recently used diagnosis to the end of the queue and only pull from the top. While this would definitely fix the problem later on when we have more diagnoses, it doesn't now when we have a very limited number.

I split the neutral values for ph. If I had more time I would organize it a bit more and make the function and entered parameters a bit more uniform instead of simply adding them in like I did. It would be better if the entered parameters were 0,1,2,3,4 instead of 0,1,2,5,6 but it works for now.

I’ve made it so that diagnoses values are randomized each time that they are used.

The patient history tab appears to be complete now. Not all of the functionality is there, but I also won't be able to do much with that until I can pull data from the the/a xml document.

So I happened to notice that the current version of the Computer's UI does not display the ABG values anywhere. I'm not sure if this is a mistake or not, but I think it's okay. I'll work around it for now and I'll bring it up the next time I speak to the team.

I have begun working on implementing the new computer's UI. I have run into a few problems though. The main one is data. Since we will be using xml, which I don't currently have, I can only implement so much of the UI. On the other hand, I am commenting out a lot of obsolete code from several scripts in order to bring everything up to date. One for instance is the Diagnosis class. Instead of having several values of data for conditions, medications, symptoms, values, stories and more, it has been vastly trimmed down. As I already mentioned, all code that has been trimmed has simply been commented out since I won't know if we may ever go back and retry something. Anyways, simply changing the diagnosis class means that several other classes and methods within them must be changed as well. This has turned out to be a bit more time consuming than I initially thought it would be. And since I don't have reading xml implemented yet, I can only go so far.

Well, just realized I was correct earlier. I was looking at some of the conversations on trello and looking at reference images when I initially saw assessment spelled. I could have sworn it had 4 s' but after seeing it written as “assessment” several different times I conformed :( Well, now I need to go back and fix that mistake otherwise it will irritate me each time I read it.

The new Patient information tab is up and running now. I can't plug in all the data yet, but the method for it is already created, all I should have to do when I have access to the data is uncomment the line. The new interface and functions have been added to the game and work well.

July 18th

Decided that I would try and work with XML tonight. So I am going to try and look for some assistance online.

Well, that time was not well spent. I couldn’t find anything truly helpful. Any answers to questions I found were complete gibberish due to the lack of context and or lack of code to go along with it. The fact that there are multiple ways to do everything didn’t help because I might find a piece of an answer at forum X, and another at website C, but I couldn’t truly put them together because they working on the same problem from opposite angles.

However, thanks to my programming experience and knowhow, some guessing and checking, my penchant for problem solving, some official documentation and a lack of anything else to do, I now know how to write XML files, and C# integration for reading and writing xml!!!!

Well, enough to hack together something that works at least. The interventions are now capable of being read into Unity from an XML file. As mentioned before, I was unable to find any tutorials that went in depth, so a lot of it was simply problem solving and guesswork. But in the end, it works really well. I'll be giving this nursing intervention xml document to professor warren tomorrow if I don't fill in the rest of the information myself.

I happened to notice quite possibly the root of the problem for why I can't get certain dropdown boxes (with text elements) and vertical layouts (like bullet points) to organize properly. Apparently, the font I am using (Raleway Bold) tends to cause certain letters to require more/extra space. This forces Unity, and the layout elements to create a new/return line underneath. Nothing however goes inside this line, and this makes the bullet points look horrible and very inconsistent. I'll post a picture to the team and see if I can get some ideas/feedback on what I should do.

After doing some testing, It appears as though it may not be the font, but if it's not that then I have no idea what the problem is. It's hard to pinpoint the problem since it appears to be inconsistent itself.

July 19th

So I'm going to do a few easier tasks tonight. I'm still trying to figure out the best way to format/organize the XML and associated script for UI language.

I've updated the xml. I'm glad I didn't spend much time trying to solve the problem I ran into last night with the bullet points, and specific lines of text taking up extra space. It turns out that the extra white space in each xml element was sometimes causing the created string to be much longer in order to include that whitespace. But when I went over the xml to add in the other nursing interventions, I went through each line and deleted any white space, simply because I didn't like the way it looked. For now, I'll have to make sure to remove any whitespace within any/all xml. But in the near future, most likely after this next playtest, I'll have to implement a check within the script that removes whitespace from whatever it reads in.

Did a bit of research into multi-language support. There are several different ways to do it. One example and quite possibly the simplest is to just build multiple versions of the Interfaces. And then just use specific interfaces for each language. While this is simple, making any changes would be a pain. Since the change / update would need to be made several times.

I think that what I may do is either give each area/piece of text an ID that corresponds to a value found in the xml file, or I could just perform a string comparison. This would allow for less confusion (at least within the editor, and scripting purposes) since everything that corresponds actually will correspond with each other. Regardless, I need to come to a decision tomorrow so that I'll be ready when the translations are complete.

Noticed a possible problem with the way the game over screen's data is currently displayed. Posed a question to professor Warren and I hope to hear back from him tomorrow.

Built the Gameover screen.

July 19th

Decided I would go with identifying the values that would be translated. I have also decided to simply read the values from the xml sheet as needed instead of reading all the data in initially and then storing it. Although memory is not really a problem at the moment, this method will continue to keep memory usage down in the future. I will be creating a new object and a new scene and some scripts to go along with them. One script for text changes, one script for sprite/image changes, and one script for the language manager.

In an effort to make identifying the values and not becoming confused later, I have saved screenshots of each screen the player will see and marked each text or image that needs to be changed. Now when I write up the XML document, I will easily be able to know what version of text goes where. The format will be largely the same as the way the Nursing Intervention is set up.

With the languages being split up, but sharing the same values and whatnot.

Root

- English

- Spanish

- Other

So now I will be creating the xml. This should be relatively quick since I already planned everything out. It may take a bit of time to make sure that all the functionality of it works though.

So the English portion of the xml is complete now, the only thing to do is add in the Spanish, but since I don't have it that will have to wait. Now I need to work on creating a language script that takes in a section parameter and an ID. This will then search the xml and return the value queried.

Getting the script to work for the language translation xml took a bit longer than I would have liked, but it works really well now. The total amount of lines is much smaller than the version I created days ago for diagnosis. Implementing the sprite change based on the current language was also easy enough. Now I just need to create a script that will handle text translation for the text components. After that, I just need to attach the scripts to their specific objects and plug in the information. Now that the scripts for translation are complete, I can attach them to objects and test them out.

Waiting room UI has been outfitted.

Exam Room UI has been outfitted.

Game Over UI has been outfitted.

Diagnosis Tool has been outfitted.

Reference Desk Sign has been outfitted.

Reception Desk Sign has been outfitted.

I forgot about the UI Images (like the ones that can be found on the main menu). I have created a script for those as well.

The main menu and it's UI has now been outfitted with the associated scripts.

The Practice Tool has now been outfitted with the associated scripts.

I noticed that the Sprites for the Main menu appear to be different sizes. I hoped that it wouldn’t be a problem, but after testing with the different languages, it is. The Spanish versions have a lot of extra space which messes up the layout group that they are in.

The check in diagnosis for language has been added in / uncommented.

Added some public variables for the manager that will help with spawn and overall game timing. These are for the spawn timer decrease rate and the minimum that the spawn needs to wait each time. At the current rate, after 11 patients have been spawned, the base spawn rate should be at the minimum of 25 seconds between each spawn. And since I was already looking at the code, there is now a random 10 second window of sooner or later that a patient can spawn. Meaning that when the base time of 25 seconds has been reached, a patient has the ability to spawn within 15 seconds or 35 seconds.

I updated the Waiting Room UI to display information gained from the new version of Diagnoses. The sink has been updated to include access to the clean hands poster, which is now being used properly.

I thought about stopping for the night, but I think I'll do a bit more. It just means that there’s less I need to tomorrow and that's great because it's soooooooooo easy to procrastinate and I'd rather have less to do than more to do if my procrastination kicks in.

Built the Feedback Interface, the only thing left to do now is give that and the game over interface functionality and make sure they work within the game.

Added some more tasks onto the list for Tuesday.

July 20th

Spoke to Professor Warren and updated the XML with the translations he had access too. I also added in the ABG Diagnosis terms. I had not realized we would be translating those as well, but it makes sense. I just need to go into the code and make sure that there will not be any problems.

Due to comments currently in the translation xml, I will most likely need to add a few lines of code to the language manager to prevent any possible problems.

Going to add in the Spanish versions of the Nursing Interventions. After adding those in, it's clear that I should reformat this xml a bit so I can make sure that everything is included properly. I will then need to go into the script and make sure to update that as well. For now, I am adding in the greeting portion of the nursing interventions. Greetings for Spanish have been added in, that took a little longer than I hoped since all the names are still in there, so although I copied and pasted, I had to go back for each one and delete some text. The English Greetings have now been completed. The new format of the nursing interventionXML is like this:

Root

NursingIntervention

Language 1

Diagnosis

RM

AA

C

Greeting

Signs and Symptoms

.....

History

.....

Language 2

Now I am trying to determine if I should load in all this information like I have been, or if I should change it to be similar to the rest of the games translation. The data will not be placed into memory and stored on each diagnosis, but instead each diagnosis will simply use a method that returns a value from the XML. I'll have to think it over.

So I need to implement the new format of Diagnoses. This will have to work on two levels because the practice versions are randomly created and do not rely on anything except the diagnosis Answers and abg values. The alternative is to leave it the way it is and give each diagnosis access to all its information. This would be the answer, greeting, history, and signs and symptoms in both/all languages. The latter version would allow the implementation of everything to remain consistent across gameplay types, so I think I will go with that. It will also require fewer changes throughout the entirety of the game.

When a Diagnosis is asked for its RespMet/AA/C, it should return whatever is correct for the language. This applies to everything that the diagnosis is asked for. Another thing I need to do is make sure that the random diagnosis creation allows for the Spanish versions as well. And when it comes to answer comparison, I need to make sure that everything works the same across languages.

I can create a function within the language manager to find specific terms. This could be used in multiple areas within the code such as the textTranslation and Diagnosis. This method would take in a string ("Respiratory"). The method would then take this string, append it to the language to create a path for the search tree and return whatever value it finds. So the end result would be... LanguageManager.TranslateTerm("ABG","Respiratory"). If the game is currently in Spanish, then it will return Respiratoria, and if it's in English, it returns Respiratory. And because of the way this works, adding more languages will not be a problem.

So the Language Text Scripts use this for translating the answer values/boxes.

Diagnoses use this to determine what they should display, and return when asked for a specific value.

When comparing the answer values for diagnoses, the script currently checks based on the English answer, but if this script is used, it will always check based on the current language.

So first things first, I need to rewrite the xml integration for Nursing Interventions found in the ABG script. And I need to update the Tree for ABG terms in the translation xml and then update the script to add that method for terms.

The tree for the ABG terms has been updated. And I think I found an extra value while I was in there, so I removed it. The way that the interventions are loaded in has been updated for the new format of the xml file. I also created the new method within the language manager that returns a direct translation of specific terms (ABG terms like Resp, Met, Acid, Alk, Comp, etc)

Updated the Diagnoses to have a greeting and return one when queried. The returned greeting is always based on the language the game is currently in.

Updated the Waiting Room UI to display The Diagnoses' new greeting.

I updated the main menu to have the new sprites given to me by Warren earlier today.

So now I need to make sure that correct answer comparisons work for each language.

I updated the way that Diagnosis ABG values and Random Diagnoses are generated. Adding any more languages will not be a problem. Updated the language text script to allow direct translation for dropdown boxes.

Found a strange error when loading up the game from the beginning. Turns out that when implementing the xml and language manager's Direct translation, I forgot that the Partial Compensation value is not spelled the same due to syntax reasons. So this caused the game to crash. Updated the ExamRoom Computer UI to accept initial assessment values from multiple languages. Now I need to do the same for the Diagnostic Tool and it's script. After doing some testing, I am able to get a patient all the way through in both English and Spanish. So that's Great!!! The only thing I need to do now for translation is to make sure that the practice tool (which is no longer part of the prefab) works as well.

Updated the reference desk to display the correct text for each language, and to accept the text specific for each language. The only thing necessary to do now is add in the Patient Feedback, and Game over Screens and this version of the game should be ready for tomorrow's playtest.

So the Game Over Screen needs to appear when the game is over.

The game needs to Pause

The screen needs to display the total number of patients that were correctly diagnosed (which will always be all of them)

The screen needs to display the total number of correct initial assessments

The screen needs to display the number of patients that left early/angry.

When the Okay / Quit button is pressed, the game needs to un-pause and return to the main menu.

All of this information will be maintained in the manager.

And the Game over Screen has been added to the game and has full functionality. After the player observes their score, they can click Okay, and they will be brought back to the main menu.

The initial Assessment Screen needs to appear after a patient has been diagnosed correctly.

The Screen needs to display the name of the patient.

The Screen needs to display the level of success.

The Screen needs to display the Initial Diagnosis

The screen needs to display whether or not the initial diagnosis was correct, and which part of it.

The screen needs to display the final/correct diagnosis

The screen needs to display a checkmark or an x next to the initial assessment

The screen needs to display if the player received a time bonus.

Both the Close and the Okay button need to close the UI.

The player should become Busy while the screen is up, or the game should pause. I think I'll go with pausing because it's safer.

While I'm at it, I need to make sure that the patient is providing the correct information when they leave.

I was curious about whether or not I was doing a deep copy, so I did some testing and realized I was not. I can't change that tonight but that’s going to be one of the next things I work on. I'd prefer, and I'm sure players will also prefer if values of the Diagnoses don't change on them when a new patient spawns.

So now... Back to working on the Patient Feedback Screen.

And the Patient Feedback screen is now working and in the game. At the moment, the Final Diagnosis is always correct, but We will probably change that later on. I think I'm done for the night. I'll do a few more tests, and then upload this. Everything seems to be working fine. I'm going to add a button to the main screen that will allow the player to choose the language they use. I think I'll add that back button to the Practice Tool as well. Well, that's done and I'm finished for the night.

Tested the game on the webplayer and it broke!!! After doing some searching, it turns out that I need to make sure I place my xmls in the Resources folder so they are loaded and kept in the final build 100% of the time.

Really glad I finished early because finding a solution to this problem has taken nearly an hour and a half. Looks like I'm finally done.

July 21st

I have solved the problem of the request bloodwork button. Although I had updated the script after the changes, there were two methods being used that had not been completely updated. However, once I added a line to each function, everything is working as it should.

After doing some testing of my own I have been able to determine that... the RM dropdown button resets the Acid/Alk Text and the Acid/Alk dropdown button resets the compensation text. I'm going to fix this by adding an override to the language text script. While the override bool is set to true, the button will not reset its text when it is re-enabled.

I have edited the XML value of Alkalotic to Alkaline.

Fixed the problem with the dropdowns, at least within the play mode. I didn’t even have to use the override method/variable I created. I also updated the Translation XML to say close instead of Okay for the game over and feedback screens. The dropdown situation in practice mode appears to be fine, but I'll take a look at it when I get back just to be sure.

Update the output CO2 and HCO3 values to be displayed as integers instead of floats.

I updated the XML so that it should no longer read in comments. Unfortunately, the problem that occurred last night with me being unable to use the xml reader caused this to happen. But what I just did should solve that problem for now.

Updated the Text field for the patient name in the feedback interface. The problem occurred because I made a duplicate of an existing text field, and never removed one of the extra components it had attached.

Added a shuffle/randomization to the ABG Diagnoses. I also made it so that the diagnoses are used in order. So Diagnoses 1, 2, 3, 4 will be used, and after 4/last has been used, the list will shuffle it's contents and start back at 1.

Ladder

Stomach Cramps

Documents

Son Breastfeeding

Son Breastfeeding

Stomach Cramps

Ladder

Documents

Updated the color of the Patient Feedback Correct text.

After playing through the game several times and going through multiple patients, I have been unable to recreate the last two errors/bugs on my task list. It's possible that the adjustments and fixes I made to the same/similarly affected objects fixed this problem. But I won't know until more/extensive testing is done. One thing I can do is play the previous version on mywebspace, find the error, and then attempt to recreate in the current version, but I don't have time to do that right now.

Made it so if a patient leaves and there will be none left, another patient is spawned.

July 22

Updated the spelling error in the xml to say anxious instead of anxious.