Mark Swanson's Portfolio

Instructional Design and Technical Writing

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Northwestern Medicine®

Samples of instructional/interaction design and technical writing (pages 2 – 5)

HOSPICE & PALLIATIVE NURSES ASSOCIATION
HOSPICE & PALLIATIVE NURSES FOUNDATION
HOSPICE & PALLIATIVE CREDENTIALING CENTER

Samples of instructional design and Articulate Rise development (pages 6 – 17)

ARN Association of Rehabilitation Nurses

Samples of technical writing and LMS course development (pages 18 – 21)

COLLEGE of AMERICAN PATHOLOGISTS

Samples of instructional design, technical writing, software simulation/demo videos, and marketing videos (pages 22 – 27)

- **Client**: Northwestern Medicine Lake Forest Hospital (NMLFH) via Cognitive Advisors
- **Project**: New hospital training
  - Three interactive eLearning training modules for staff communication devices (nurse call terminals, corridor room lights, and smartphones)
  - Related job aids
- **My role**: Instructional/interaction designer (module storyboards), technical writer (job aids)
- **Tools used**: Word, PowerPoint, Photoshop

Screen title	Scenario Menu **Inpatient**
Screen number	04
Purpose	The main menu screen for inpatient path.
Description	Leaners select a scenario from the list of scenarios. Scenarios are checked green after completion.
Controls and behaviors	☒ Menu, Transcript, Resources links ☒ Custom button (three unit topic buttons) ☐ Previous ☒ Next ☒ Replay ☐ Video controls (Play, Replay) ☐ Submit ☐ Feedback or Description display boxes ☐ Close or ☒ button
Program note	Return to this screen after user has completed a scenario. Add green check mark next to completed scenarios. If all scenarios complete, display the final instructions and play voice over. On final visit, Next button is active and goes to the main menu screen for Module 2 (see storyboard 2-1, screen 1).

SCREEN CONTENTS

Voiceover/ Transcript	[On initial visit:] There are three scenarios in this module: a Pillow speaker alert, RN rounding, and an Emergency scenario. Choose any scenario to begin. [On final visit:] You have completed all the scenarios. Click **Next** to continue.
Screen content *The learner selects a scenario link to start.*	**Scenario Menu** Select a scenario: • **Pillow speaker alert** • **RN rounding** • **Emergency** [visuals for decoration; not interactive]   
Interactivity notes	**Pillow speaker alert** (goes to screen 07) **RN rounding** (goes to screen 08) **Emergency** (goes to screen XX)

Screen title	Scenario: UCC/Pre-op workflow **Procedural**
Screen number	05
Purpose	To introduce the scenario and the roles involved.
Description	Voice over and graphics introduce the scenario. Includes photos of medical staff who will be the "characters" in the scenario.
Controls and behaviors	☒ Menu, Transcript, Resources links ☒ Custom button (three unit topic buttons) ☐ Previous ☒ Next ☒ Replay ☐ Video controls (Play, Replay) ☐ Submit ☐ Feedback or Description display boxes ☐ Close or ☒ button
Program note	

SCREEN CONTENTS

Voiceover/ Transcript	The following scenario takes place in a (• 1 •) single UCC room where several medical staff members play important roles in preparing a patient for an appendectomy and turning the room. The staff members are (• 2 •) a PCT, (• 3 •) an RN, (• 4 •) an operating room RN, (• 5 •) an anesthesiologist and (• 6 •) a surgeon. Select **Next** to continue.
Screen content *Display photo of patient in room (blurred around sides to obscure the fact that this is not the correct type of room and to make a less cluttered background) then overlay the various staff members and names in a semi-circle around patient. (Headshots could be bigger than shown in this mockup.)*	**UCC/Pre-op workflow: Introduction** (• 1 •) (mock up)  LFH Patient Scenarios for Stills Scene 17B 02.jpg Or already blurred: LFH Patient 17B 02-blurred.jpg  **PCT – Vicki Huang** (• 2 •) shutterstock_246499222.jpg  **RN – Samar Das** (• 3 •) shutterstock_246098023.jpg  **OR RN – Pam Smith** (• 4 •) shutterstock_547869898.jpg  **Anesthesiologist – John Carter** (• 5 •) shutterstock_178857668.jpg  **MD – Debra Jenkins** (• 6 •) shutterstock_935150080.jpg

Screen content

*Step 13 [staff terminal **Home** layer with **Reg Complete**, **PCT In Room** , **UCC RN in Room** , and **Anesth MC/CRNA** buttons glowing. Yellow light is now solid.*

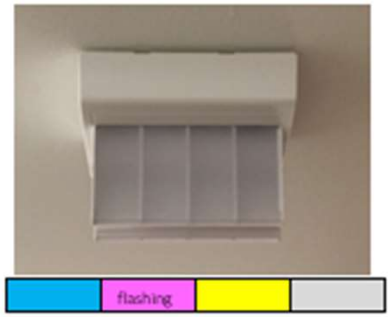
Interactivity:

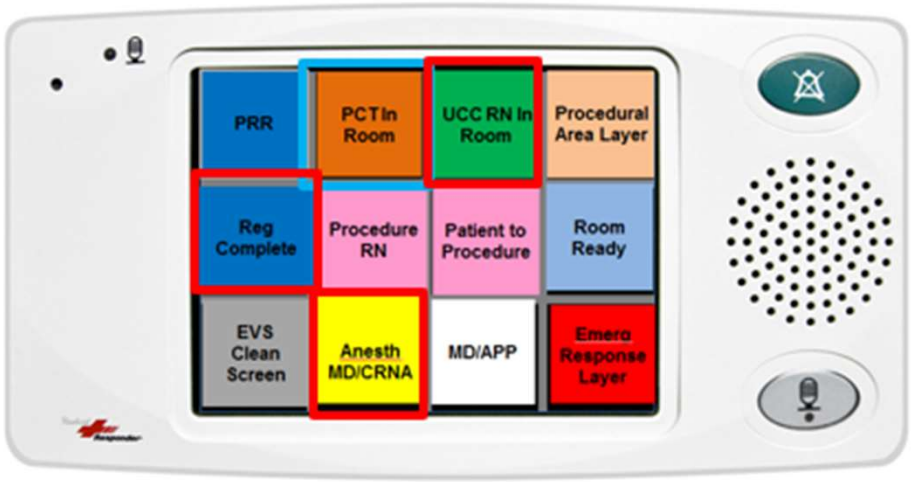
*CORRECT: If learner selects **Next** button go to Step 14.*

*If learner selects anywhere else, display feedback "Select **Next** to continue."*

Scenario: UCC/Pre-op workflow – Anesthesiologist

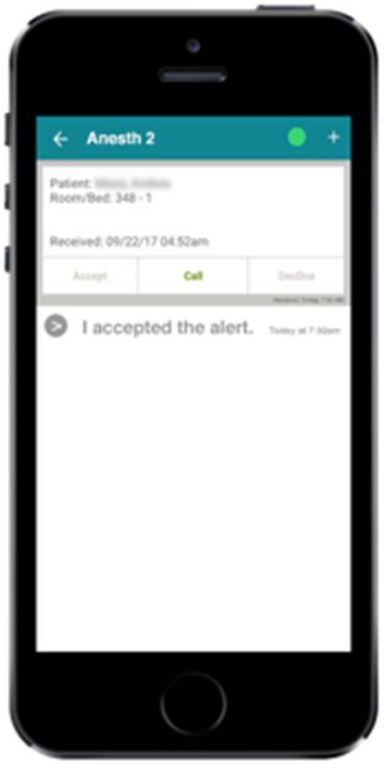
The button turns on and the yellow corridor light stops flashing. After John speaks with the patient about the anesthesia he leaves the room. Assume the surgeon is the next person to come into the patient's room. Select **Next** to switch to the surgeon's perspective.





[feedback]

Anesthesiologist's smartphone



LFH Quick Reference
Smartphone and Engage App

Contents

Unlocking the phone

All smartphones are secured. At the start of your shift or whenever your phone becomes locked, you'll have to enter a 6-digit passcode to unlock the phone. (Your manager will provide you with the passcode.)

Starting Jabber

As a best practice, it's a good idea to first start the Jabber app to make sure it's running. Jabber allows you to make and receive phone calls. Tap the icon on the home screen.

Starting and Logging into Engage

1. Tap the Engage Mobile app icon on the home screen.

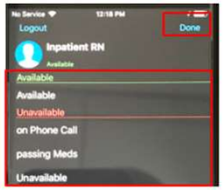
2. Log into Engage Mobile using the username and password you use for all your Northwestern Medicine systems. Then tap **Login**

Setting Presence

1. Tap the green presence indicator on the conversations screen

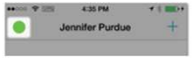
2. Tap a presence message to indicate your availability when other users view you in the roster. (The **Unavailable** message times out after 30 minutes. **On a Call**, which is best used when on a Jabber call, times out after 2 minutes, although alerts will still interrupt you. **Passing Meds** times out after 15 minutes.)

Then tap **Done**.

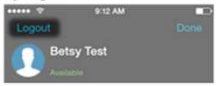


Logging Out of the App

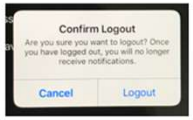
1. Tap the green presence indicator on the conversations screen



2. Tap **Logout**



3. Tap **Logout** again in the Confirm Logout window



Note: You must log out of your current device before logging into a different device. If you are logged in on another device, the app will log you out of that old device when you log into the new one.

Staff Assignment

- The Resource Ambassador or another staff person uses the Rauland Nurse Call PC console to assign staff to patients at the beginning of the shift.
- Your phone relies on these assignments to make sure you receive alerts for those patients to whom you are assigned.

Alert Escalation

- Alerts follow an escalation path specified by hospital operations leadership.
- Urgent and emergency alerts always go to both caregiver smartphones and the master console immediately with no further escalation.
- Patient call alerts, such as a nurse or toilet assistance request from a pillow speaker, follow a specific order of recipients.

- **Client**: Hospice and Palliative Nurses Association (HPNA) via Cognitive Advisors
- **Project**: HPNA's *Polaris* series of eLearning modules for Advanced Practice Registered Nurses (APRN)
  - Nine interactive modules (including Communication and Education; Pain Management; Social, Psychological, Cultural, Spiritual and Existential Care; and Ethics)
  - Case study design supported by interactive lessons and expert video commentary
- **My role**: Instructional designer/developer
- **Tools used**: Articulate Rise, Photoshop, PowerPoint, Word

Moving into APRN Palliative Nursing Practice

6% COMPLETE

TOPICS

- Module Overview and "Meet an APRN" Videos
- Introduction to Hospice and Palliative Care
- Palliative Care and APRN Practice
- Recent History of Hospice and Palliative Care
- Palliative Care Clinical Practice Guidelines
- Palliative Care Interdisciplinary Team
- The Hospice Benefit
- APRN Challenges, Rewards, and Career Opportunities

MODULE SUMMARY

- Key Takeaways about Palliative Care and Hospice

Lesson 7 of 18

Module Overview and "Meet an APRN" Videos

This module will introduce you to:

- the difference between hospice and palliative care

Social, Psychological, Cultural, Spiritual, and Existential Care

3% COMPLETE

- SOCIAL CARE
  - Influence of Social Factors
  - Case Study Introduction: Ken
  - Social Assessment and Plan of Care
- PSYCHOLOGICAL CARE
  - Influence of Psychological Factors
  - Case Study Introduction: Martha
  - Psychological Assessment and Plan of Care
- CULTURAL CARE
  - Influence of Cultural Factors
  - Case Study Introduction: Carmen
  - Cultural Humility, Bias, and Building Trust
  - Cultural Assessment and Plan of Care

Lesson 9 of 31

Influence of Social Factors

> Palliative care addresses environmental and social factors that affect patient and family functioning and quality of life.
>
> **From Domain 4 of the National Consensus Project for Quality Palliative Care (NCP) Guidelines**

Social factors, also called social determinants of health, can have a very strong influence on patients with a serious illness. Social factors include family structure and dynamics, functional limitations, caregiver support, and economic roles.

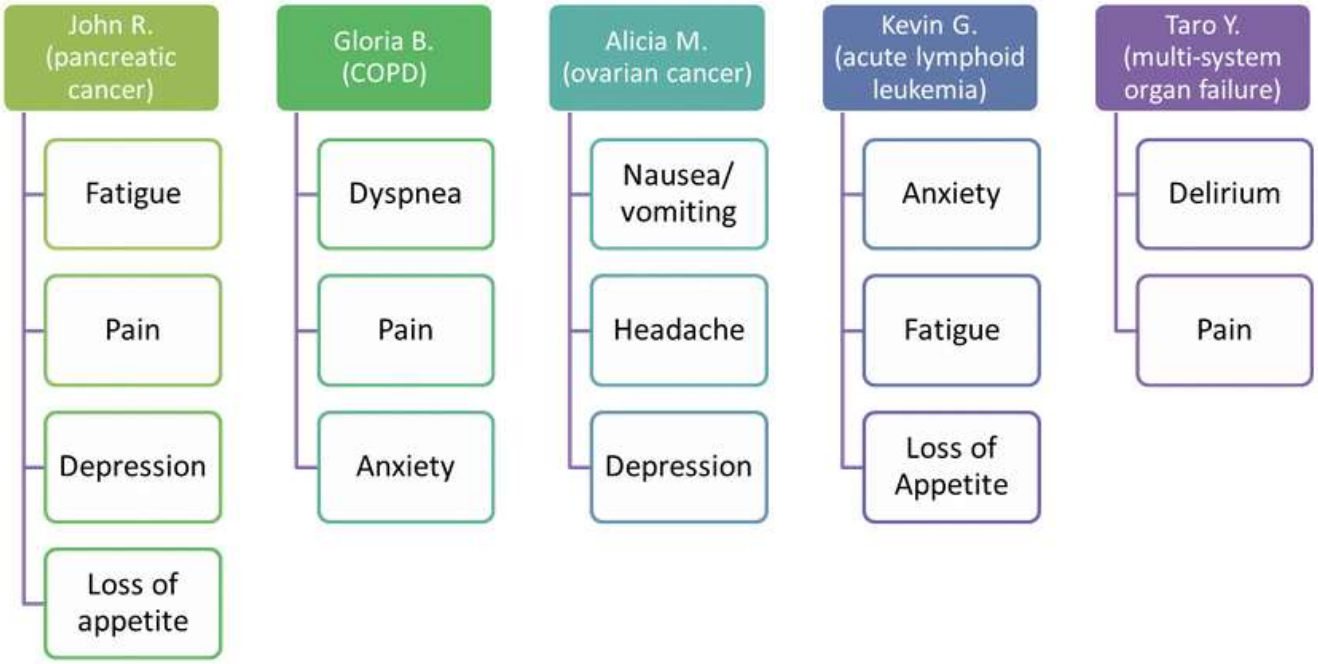
In this section we'll explore the influence of these factors on patients receiving hospice and palliative care. The next lesson introduces our case study for social care.

Symptom Clusters

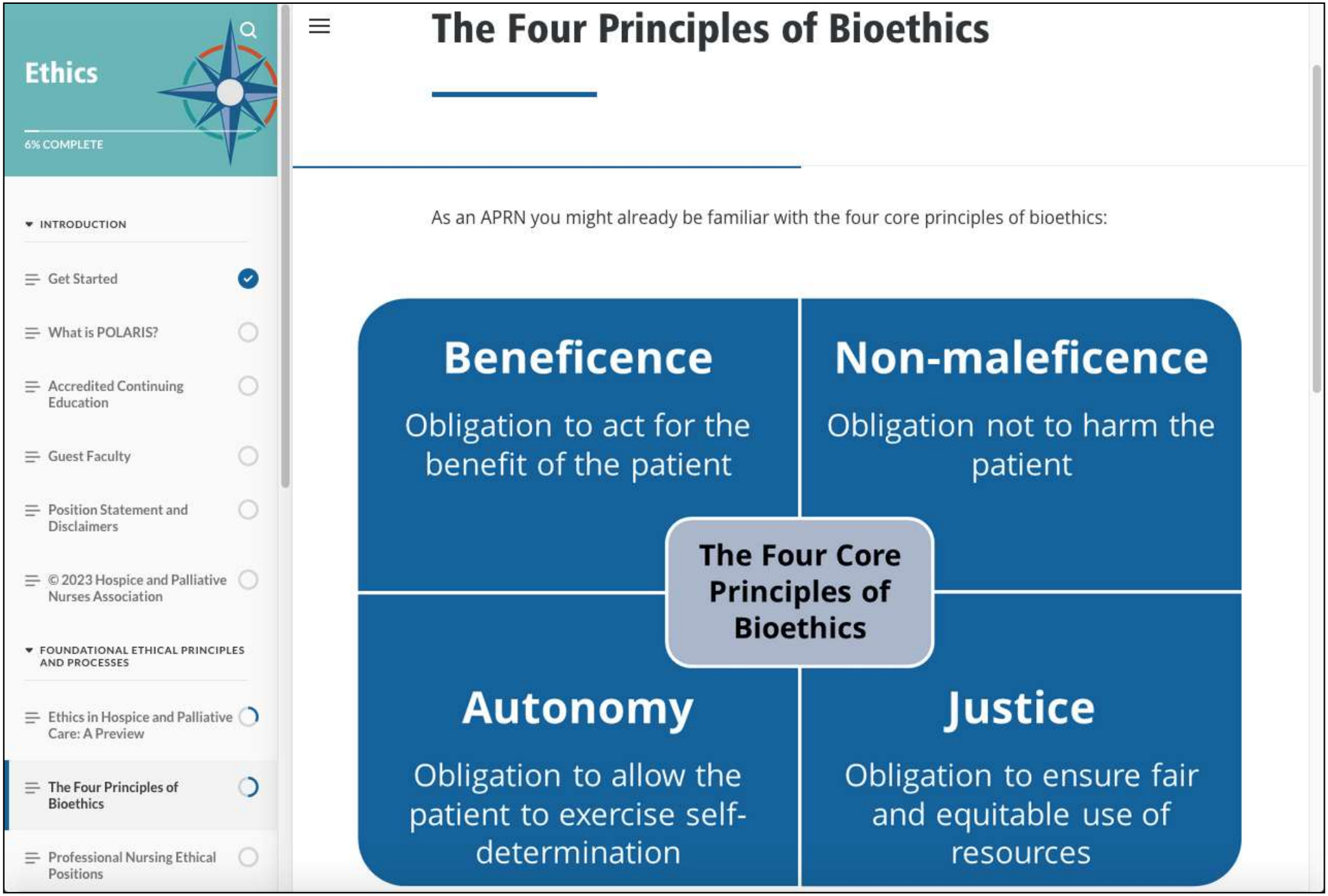
It is unusual for a patient to have just one isolated symptom. A patient usually presents with a **symptom cluster** (sometimes associated with more than one body system).

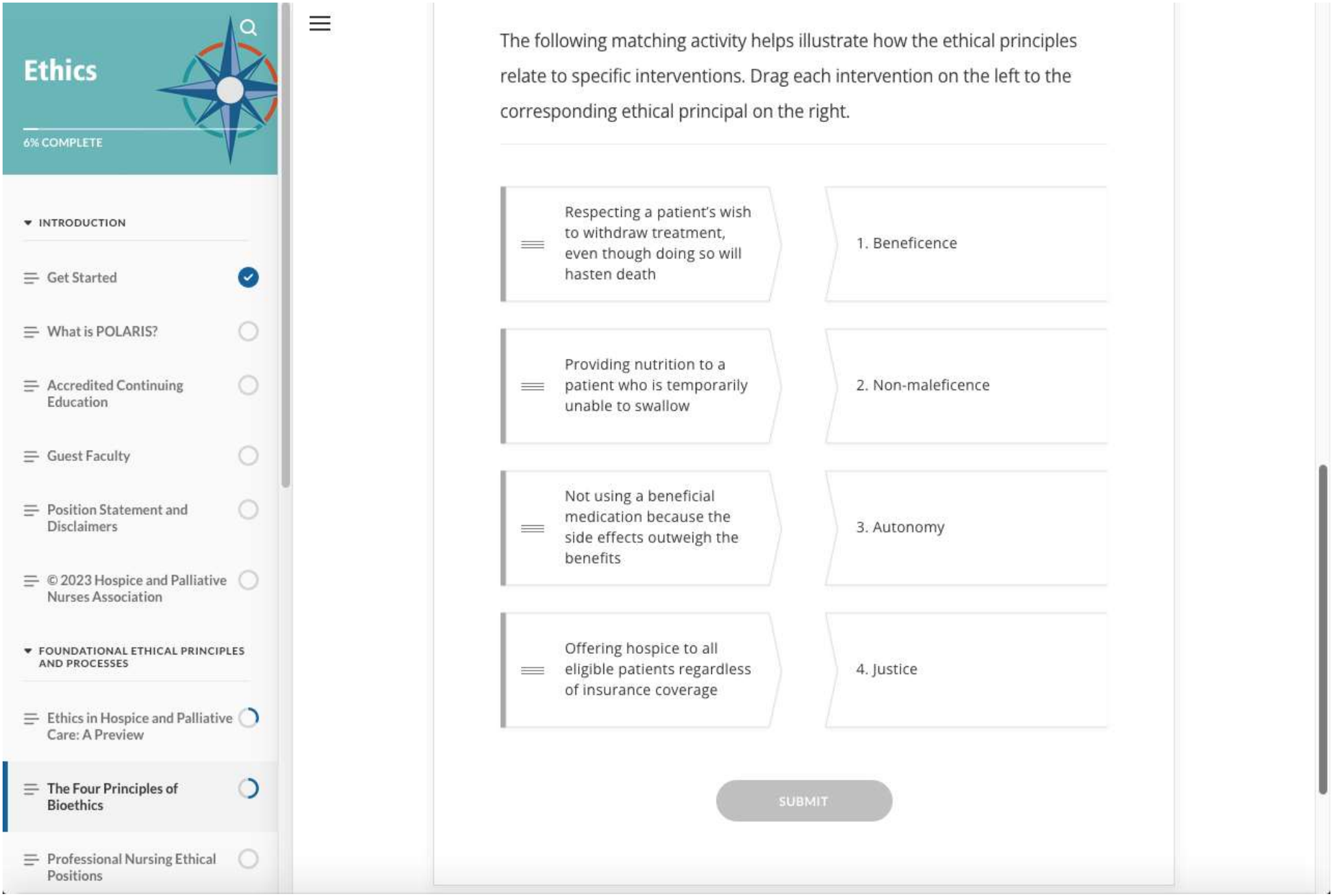
Note that some symptoms can be caused by the treatment itself. For example, nausea/vomiting is a common symptom for patients undergoing radiation therapy or chemotherapy for cancer. Dry mouth or insomnia can be caused by opioid and anticholinergic medications (e.g., glycopyrrolate, scopolamine, diphenhydramine).

Here are several examples of system clusters for hypothetical patients with different underling diseases:



While each patient may be experiencing a cluster of symptoms, the APRN's goal is to help


Ethics
6% COMPLETE
INTRODUCTION
Get Started
What is POLARIS?
Accredited Continuing Education
Guest Faculty
Position Statement and Disclaimers
© 2023 Hospice and Palliative Nurses Association
FOUNDATIONAL ETHICAL PRINCIPLES AND PROCESSES
Ethics in Hospice and Palliative Care: A Preview
The Four Principles of Bioethics
Professional Nursing Ethical Positions
The Four Principles of Bioethics
As an APRN you might already be familiar with the four core principles of bioethics:
Beneficence
Obligation to act for the benefit of the patient
Non-maleficence
Obligation not to harm the patient
The Four Core Principles of Bioethics
Autonomy
Obligation to allow the patient to exercise self-determination
Justice
Obligation to ensure fair and equitable use of resources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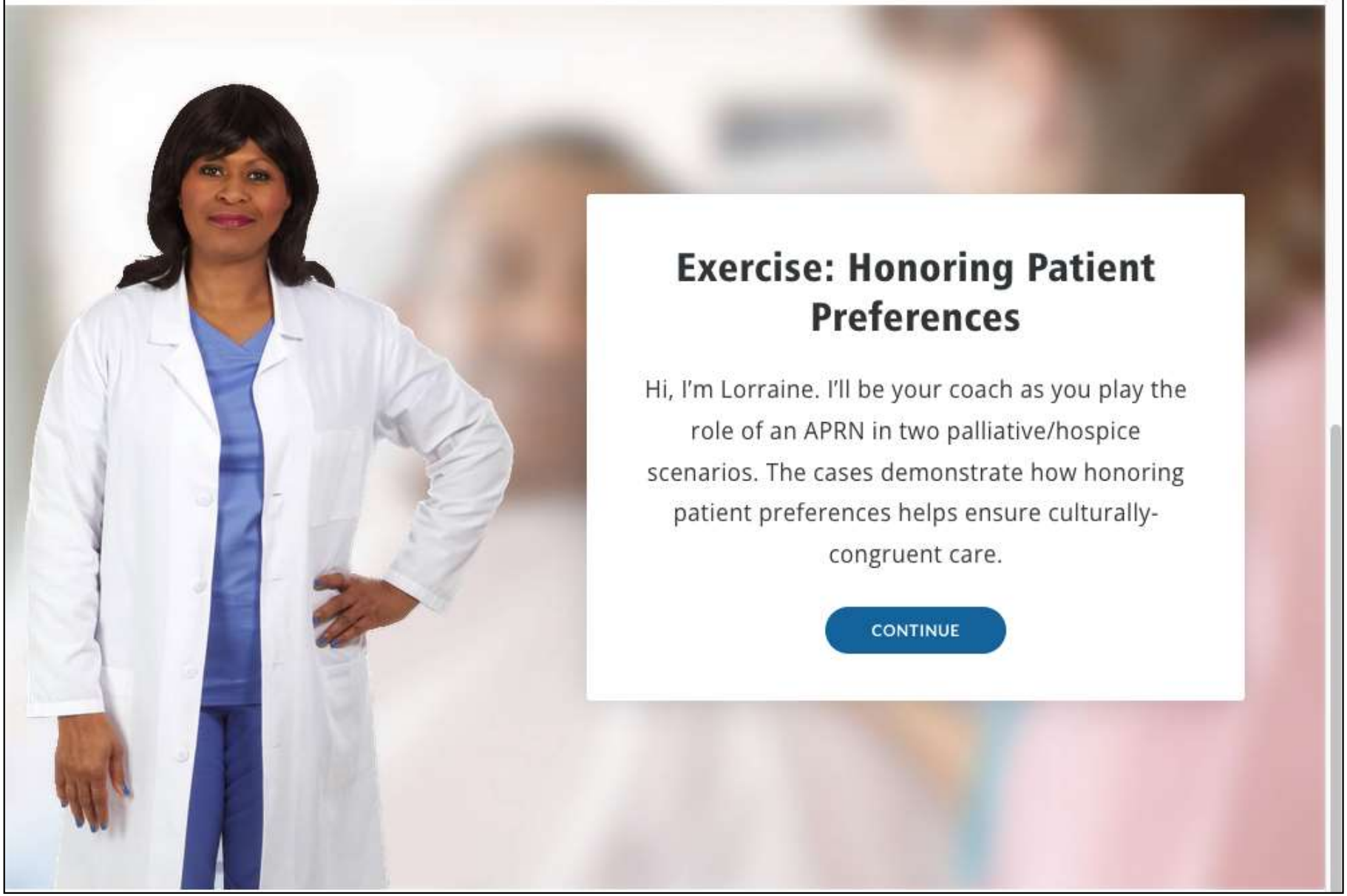
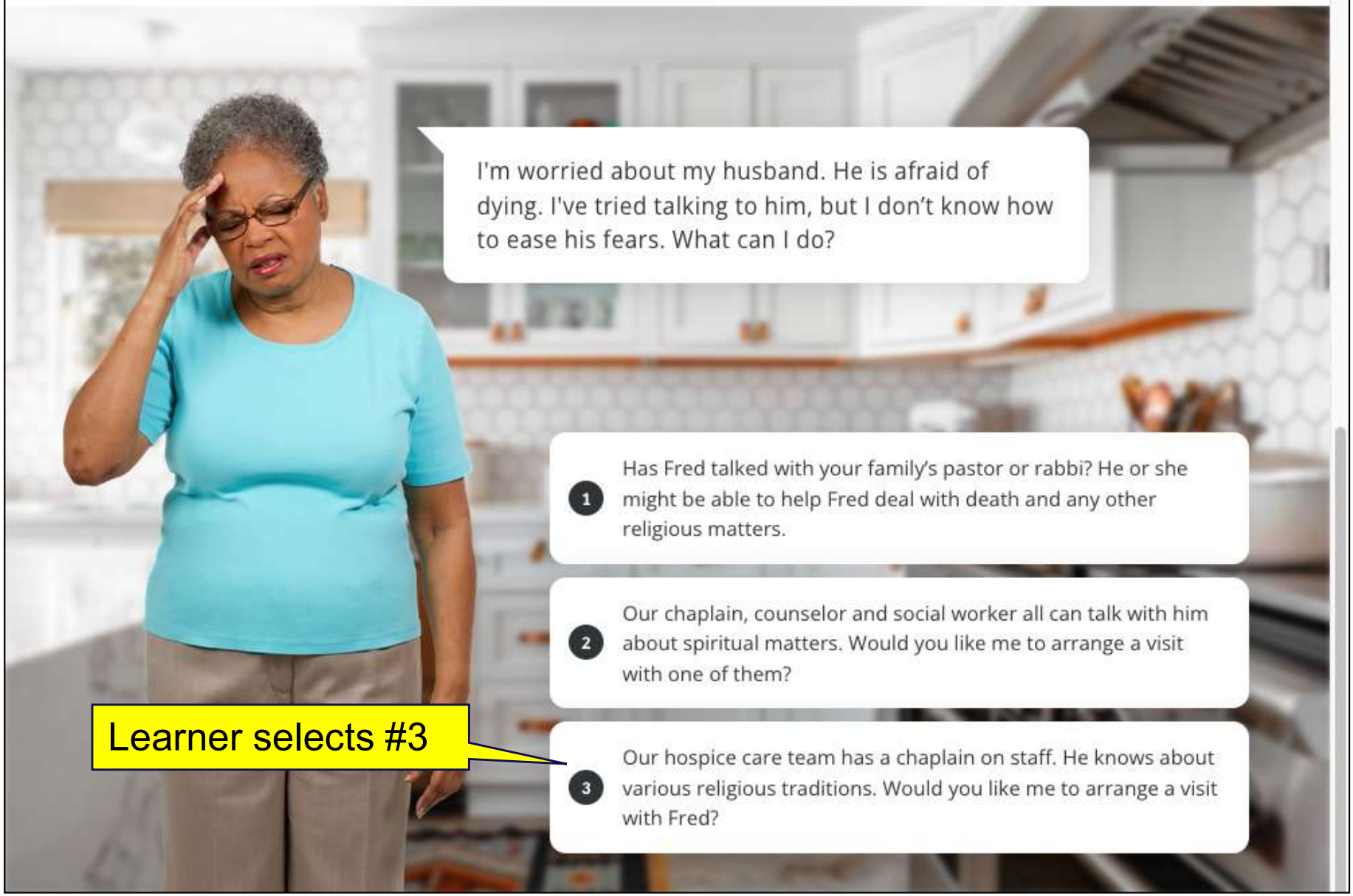
FOUNDATIONAL ETHICAL PRINCIPLES AND PROCESSES
Ethics in Hospice and Palliative Care: A Preview
The Four Principles of Bioethics
Professional Nursing Ethical Positions
The following matching activity helps illustrate how the ethical principles relate to specific interventions. Drag each intervention on the left to the corresponding ethical principal on the right.
Respecting a patient's wish to withdraw treatment, even though doing so will hasten death
Providing nutrition to a patient who is temporarily unable to swallow
Not using a beneficial medication because the side effects outweigh the benefits
Offering hospice to all eligible patients regardless of insurance coverage
1. Beneficence
2. Non-maleficence
3. Autonomy
4. Justice
SUBMIT

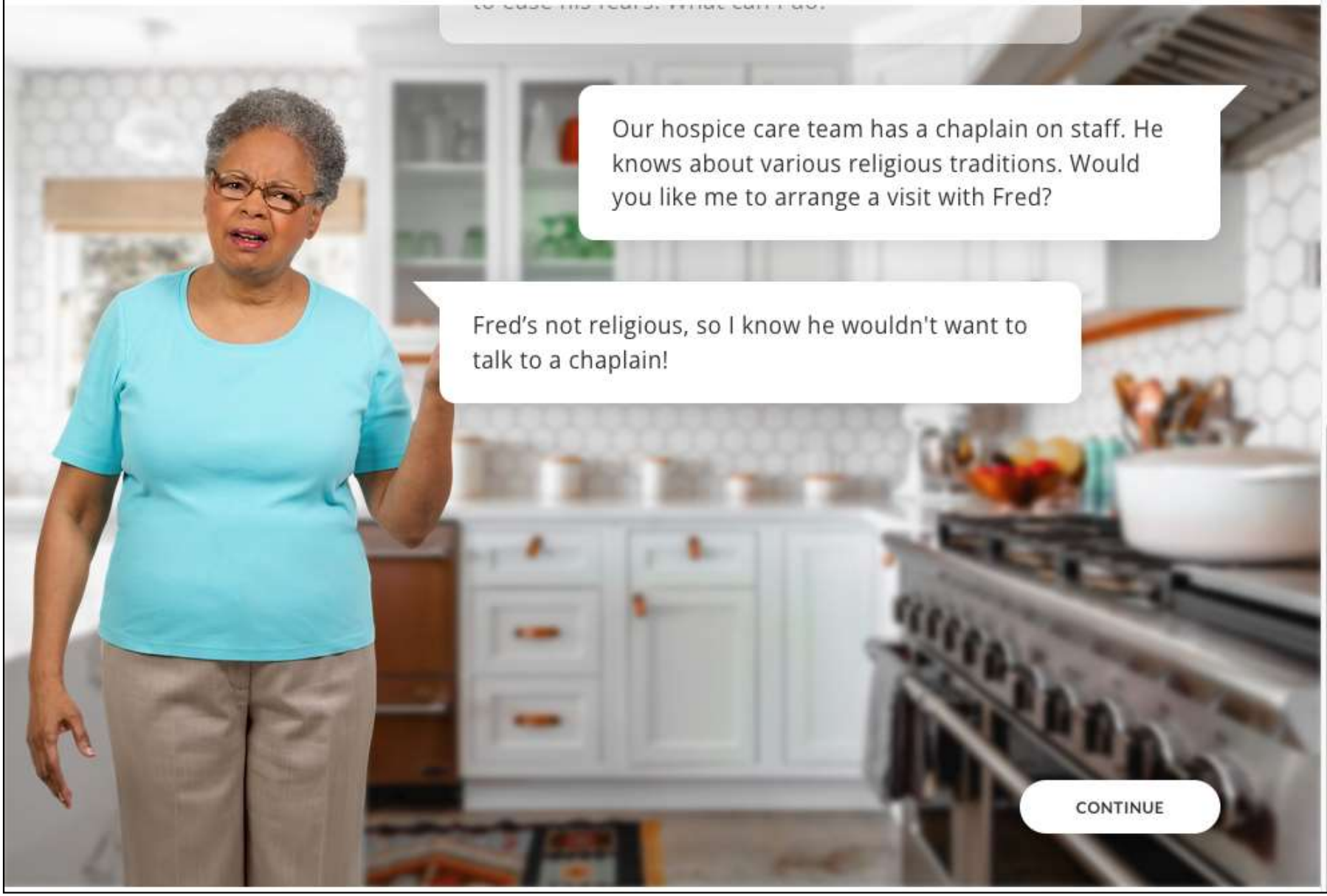
Honoring Patient Preferences



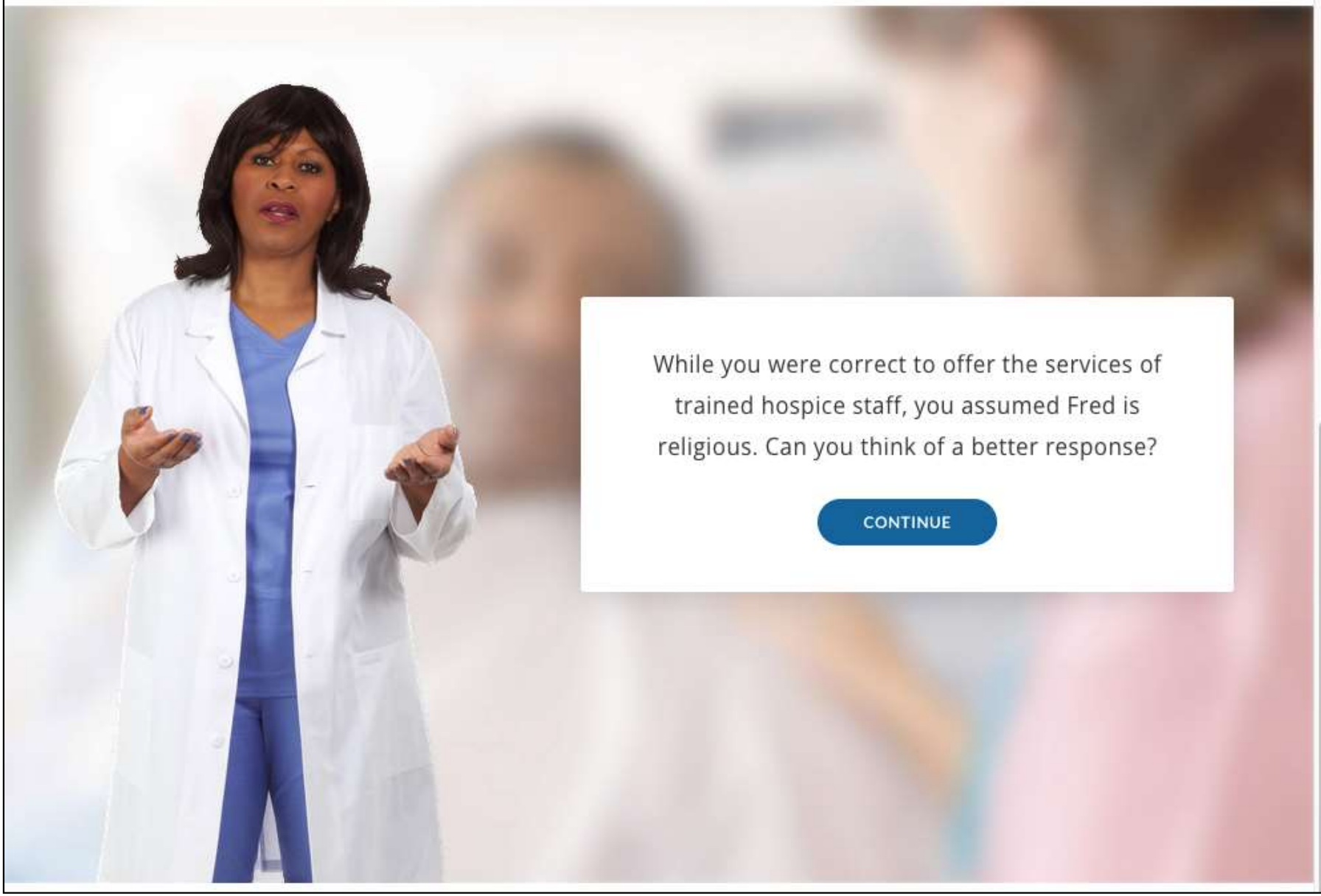
Honoring Patient Preferences



Honoring Patient Preferences

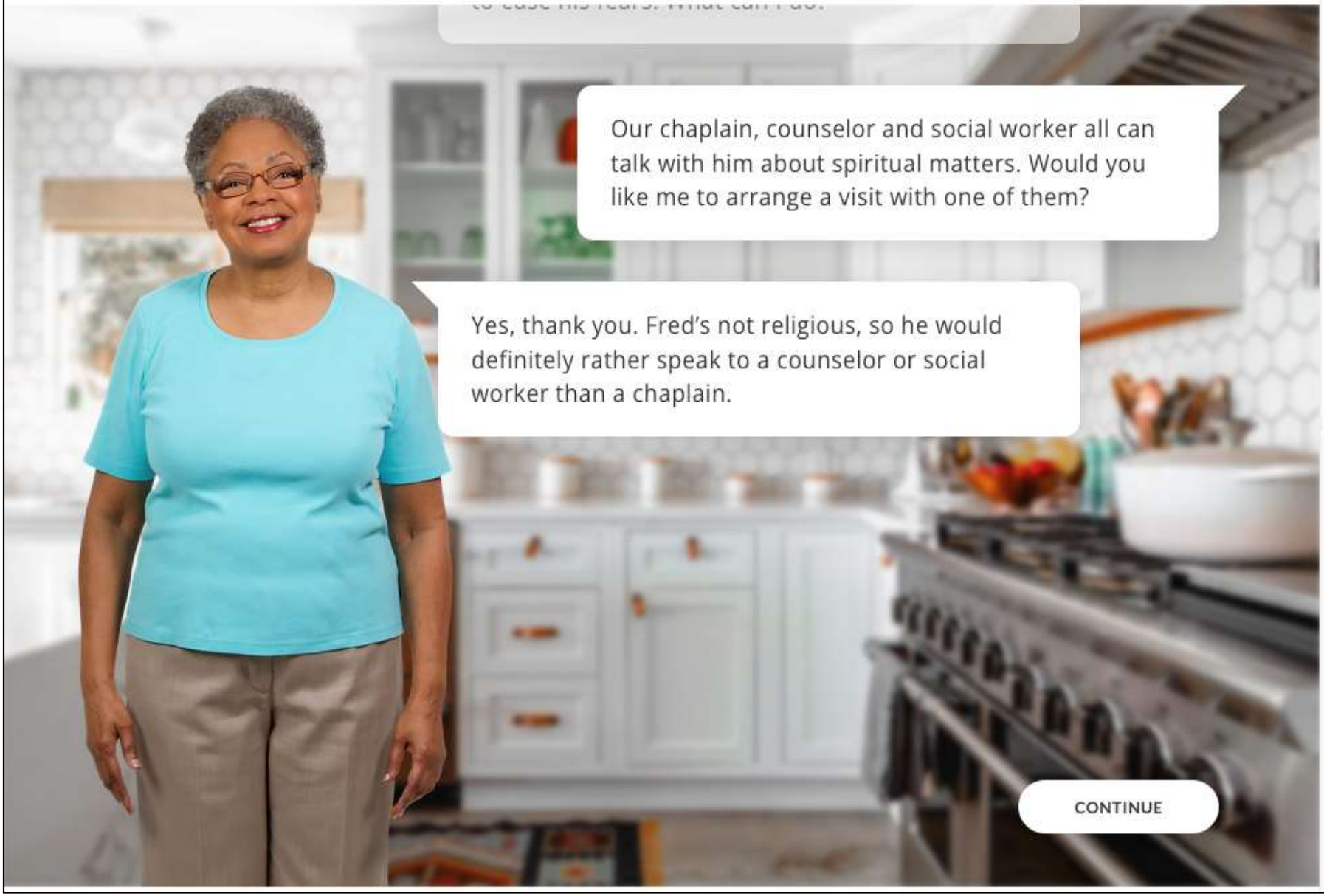


Honoring Patient Preferences

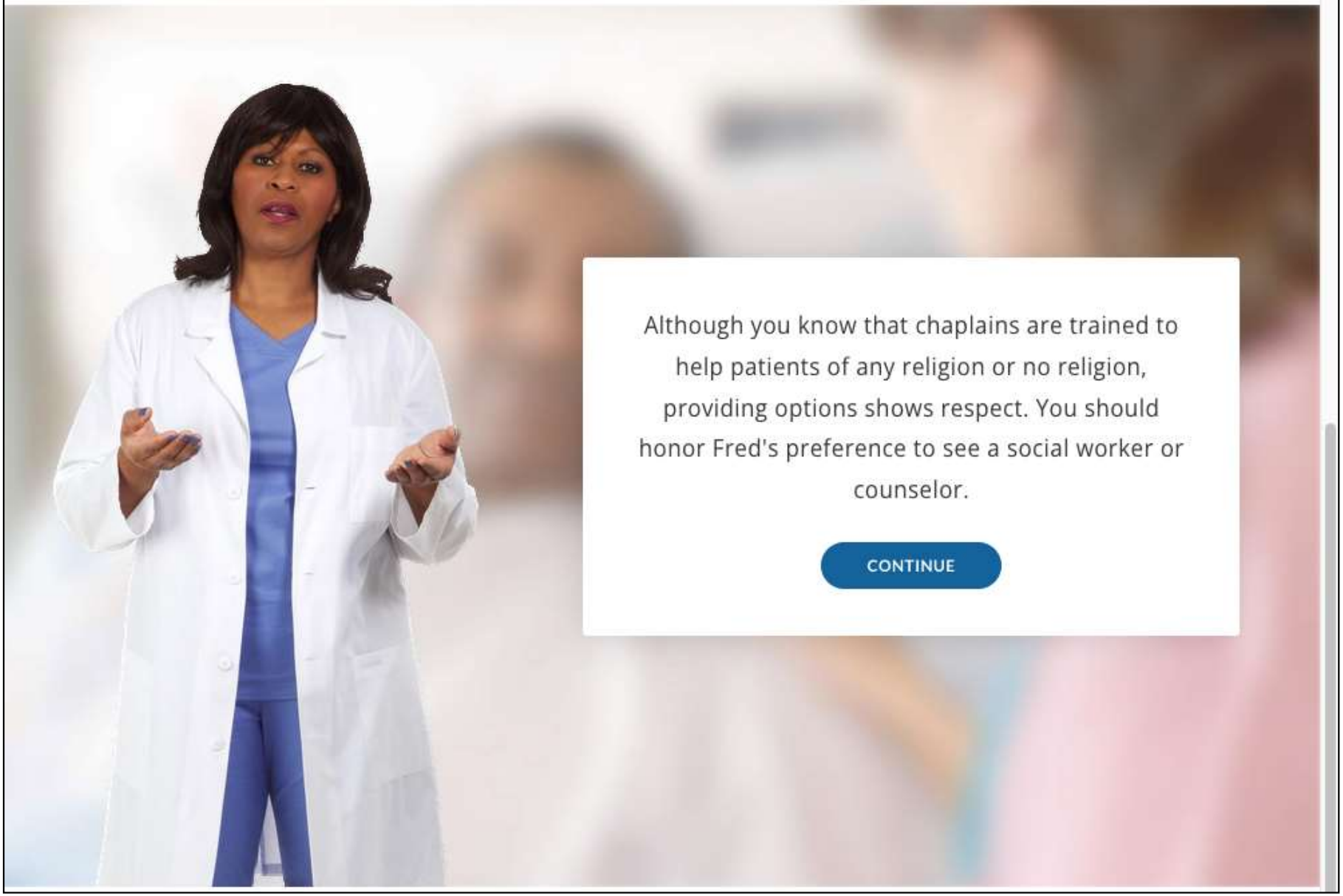


Honoring Patient Preferences

After selecting correct answer



Honoring Patient Preferences



- **Client**: Association of Rehabilitation Nurses (ARN) via Cognitive Advisors
- **Project**: Preparation materials for Certified Rehabilitation Registered Nurse (CRRN®) certification exam
  - Instructor-led prep courses
  - Videos and quiz questions for practice exam
  - Exam study guide
- **My role**: Technical writer/editor, video editor, question bank coordinator, LMS course developer
- **Tools used**: Camtasia, PowerPoint, Word, Excel, EthosCE LMS

ARN CERTIFIED REHABILITATION REGISTERED NURSE (CRRN)®
SUCCESS SUITE

Study Guide

For the CRRN® Examination

Congratulations on taking the next step in your career — becoming a Certified Rehabilitation Registered Nurse (CRRN)!

This Study Guide includes information about the CRRN exam content, exam preparation resources, creating a study plan, effective study practices, and exam tips and strategies.

Here's a reminder of ARN's recommended **Steps to CRRN Certification**:

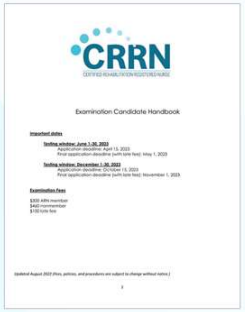
- ☑ Confirm Your Eligibility
- ☑ Verify Your Rehab Nursing Experience
- ☑ Take Note of Exam Deadlines and Fees *Registration closes 1 month prior to the ex*
- ☑ Review the Candidate Handbook and Apply
- ☐ **PREPARE FOR THE EXAM** *The focus of this Study Guide*
- ☐ Take the Exam

Review Basic Exam Information

CRRN Examination Candidate Handbook

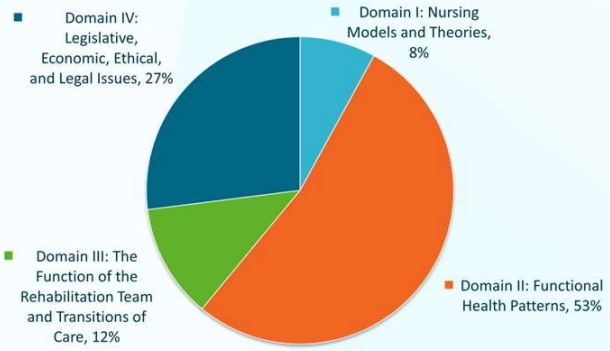
If you have not yet done so, download and review the *CRRN Examination Candidate Handbook*.

The *Handbook* serves as your roadmap to the exam application and scheduling process. It also includes information about the CRRN exam itself, including the **content outline** and **sample questions**.

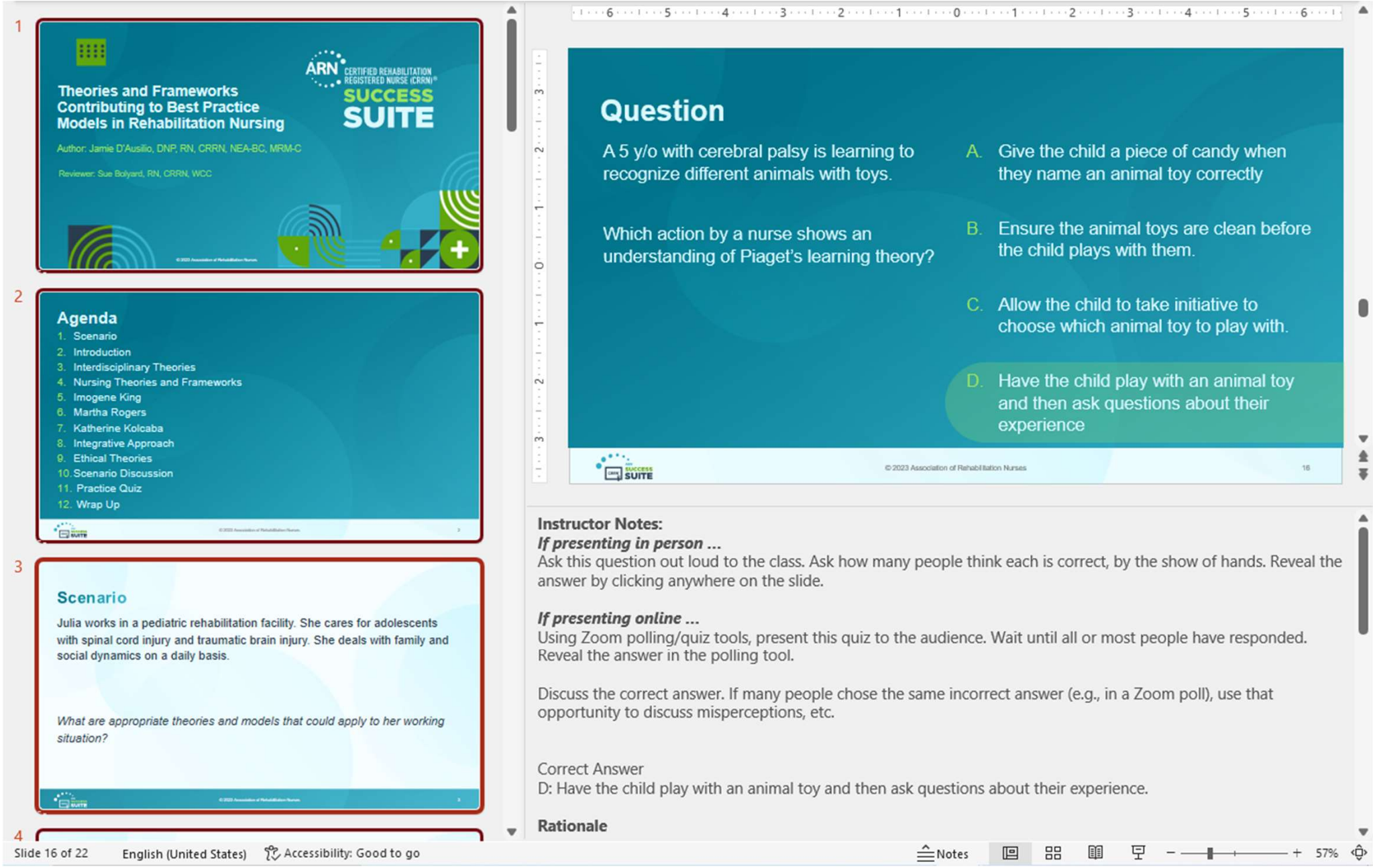


CRRN Content Outline Domains

The CRRN exam questions are drawn from the content outline's four domains, distributed as shown in this graph:



 3


1
Theories and Frameworks Contributing to Best Practice Models in Rehabilitation Nursing
CERTIFIED REHABILITATION REGISTERED NURSE (CRRN)®
SUCCESS SUITE
Author: Jamie D'Ausilio, DNP, RN, CRRN, NEA-BC, MRM-C
Reviewer: Sue Bolyard, RN, CRRN, WCC
2
Agenda
1. Scenario
2. Introduction
3. Interdisciplinary Theories
4. Nursing Theories and Frameworks
5. Imogene King
6. Martha Rogers
7. Katherine Kolcaba
8. Integrative Approach
9. Ethical Theories
10. Scenario Discussion
11. Practice Quiz
12. Wrap Up
3
Scenario
Julia works in a pediatric rehabilitation facility. She cares for adolescents with spinal cord injury and traumatic brain injury. She deals with family and social dynamics on a daily basis.
What are appropriate theories and models that could apply to her working situation?
4
Question
A 5 y/o with cerebral palsy is learning to recognize different animals with toys.
Which action by a nurse shows an understanding of Piaget's learning theory?
A. Give the child a piece of candy when they name an animal toy correctly
B. Ensure the animal toys are clean before the child plays with them.
C. Allow the child to take initiative to choose which animal toy to play with.
D. Have the child play with an animal toy and then ask questions about their experience
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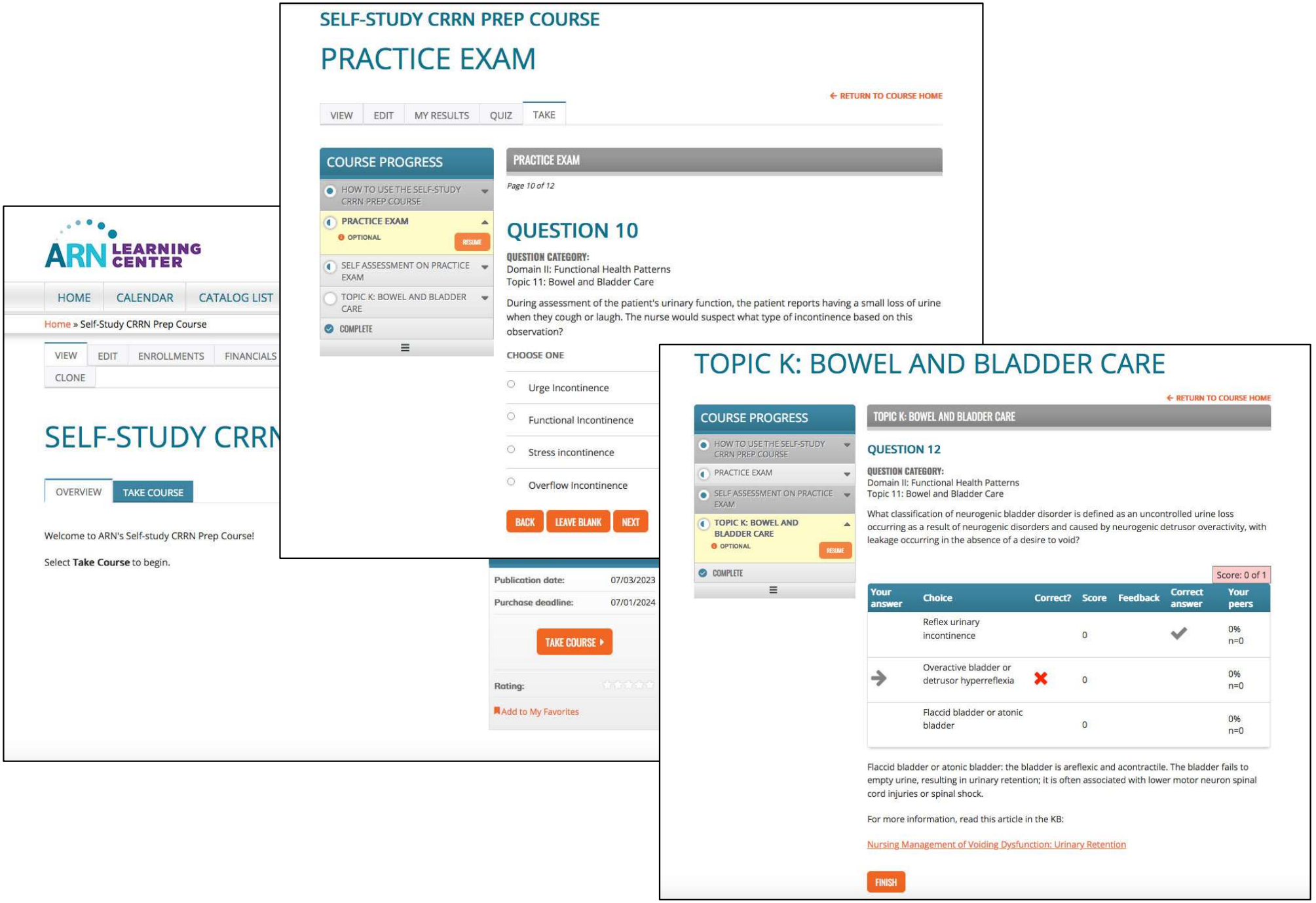
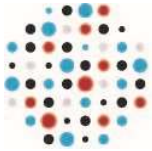
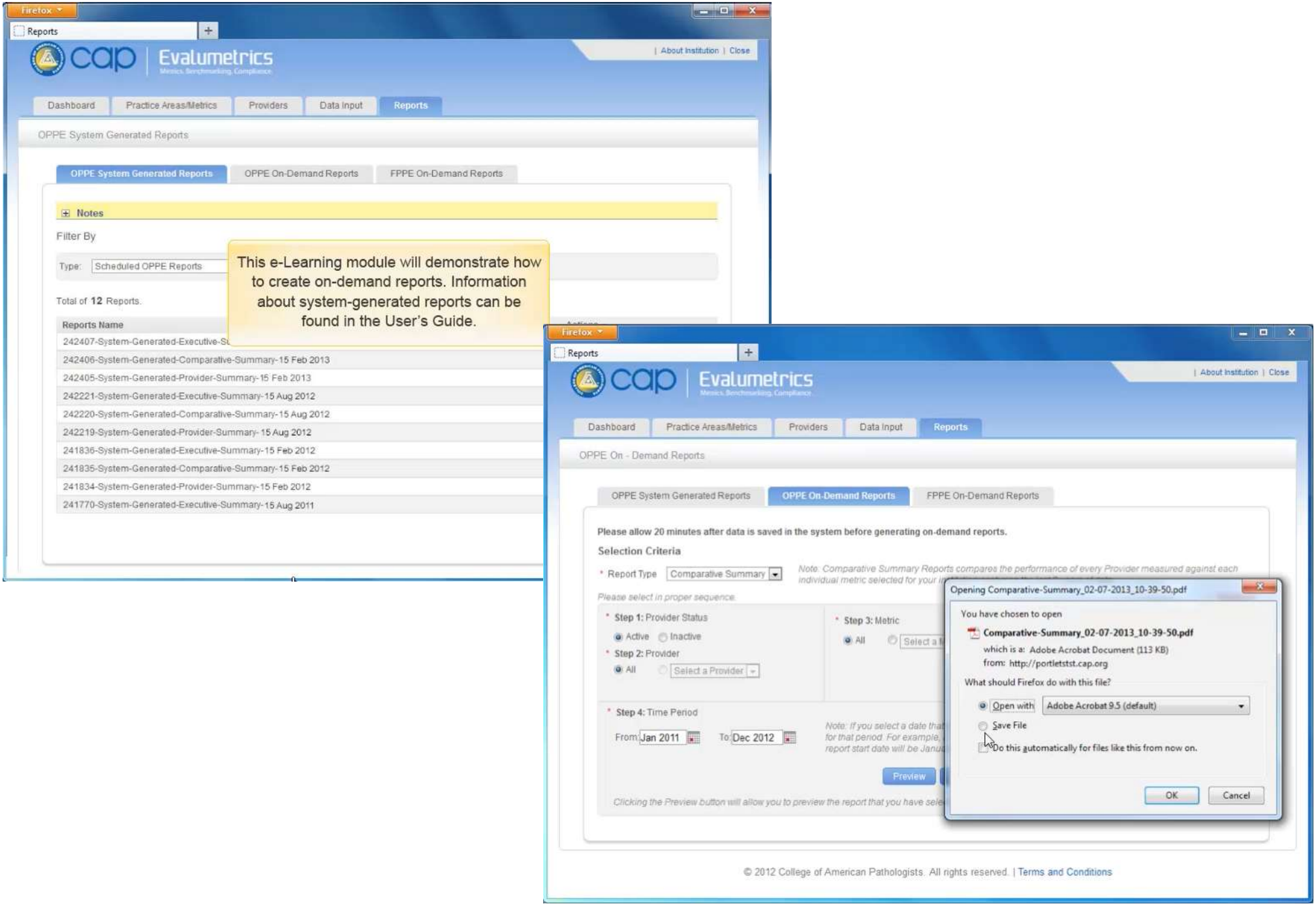
Instructor Notes:
If presenting in person ...
Ask this question out loud to the class. Ask how many people think each is correct, by the show of hands. Reveal the answer by clicking anywhere on the slide.
If presenting online ...
Using Zoom polling/quiz tools, present this quiz to the audience. Wait until all or most people have responded. Reveal the answer in the polling tool.
Discuss the correct answer. If many people chose the same incorrect answer (e.g., in a Zoom poll), use that opportunity to discuss misperceptions, etc.
Correct Answer
D: Have the child play with an animal toy and then ask questions about their experience.
Rationale
Slide 16 of 22
English (United States)
Accessibility: Good to go
Notes
57%


ARN LEARNING CENTER
HOME
CALENDAR
CATALOG LIST
Home » Self-Study CRRN Prep Course
VIEW
EDIT
ENROLLMENTS
FINANCIALS
CLONE
SELF-STUDY CRRN
OVERVIEW
TAKE COURSE
Welcome to ARN's Self-study CRRN Prep Course!
Select Take Course to begin.
SELF-STUDY CRRN PREP COURSE
PRACTICE EXAM
RETURN TO COURSE HOME
VIEW
EDIT
MY RESULTS
QUIZ
TAKE
COURSE PROGRESS
HOW TO USE THE SELF-STUDY CRRN PREP COURSE
PRACTICE EXAM
OPTIONAL
RESUME
SELF ASSESSMENT ON PRACTICE EXAM
TOPIC K: BOWEL AND BLADDER CARE
COMPLETE
PRACTICE EXAM
Page 10 of 12
QUESTION 10
QUESTION CATEGORY:
Domain II: Functional Health Patterns
Topic 11: Bowel and Bladder Care
During assessment of the patient's urinary function, the patient reports having a small loss of urine when they cough or laugh. The nurse would suspect what type of incontinence based on this observation?
CHOOSE ONE
Urge Incontinence
Functional Incontinence
Stress incontinence
Overflow Incontinence
BACK
LEAVE BLANK
NEXT
Publication date: 07/03/2023
Purchase deadline: 07/01/2024
TAKE COURSE
Rating:
Add to My Favorites
TOPIC K: BOWEL AND BLADDER CARE
RETURN TO COURSE HOME
COURSE PROGRESS
HOW TO USE THE SELF-STUDY CRRN PREP COURSE
PRACTICE EXAM
SELF ASSESSMENT ON PRACTICE EXAM
TOPIC K: BOWEL AND BLADDER CARE
OPTIONAL
RESUME
COMPLETE
TOPIC K: BOWEL AND BLADDER CARE
QUESTION 12
QUESTION CATEGORY:
Domain II: Functional Health Patterns
Topic 11: Bowel and Bladder Care
What classification of neurogenic bladder disorder is defined as an uncontrolled urine loss occurring as a result of neurogenic disorders and caused by neurogenic detrusor overactivity, with leakage occurring in the absence of a desire to void?
Score: 0 of 1
Your answer
Choice
Correct?
Score
Feedback
Correct answer
Your peers
Reflex urinary incontinence
0
0% n=0
Overactive bladder or detrusor hyperreflexia
0
0% n=0
Flaccid bladder or atonic bladder
0
0% n=0
Flaccid bladder or atonic bladder: the bladder is areflexic and acontractile. The bladder fails to empty urine, resulting in urinary retention; it is often associated with lower motor neuron spinal cord injuries or spinal shock.
For more information, read this article in the KB:
Nursing Management of Voiding Dysfunction: Urinary Retention
FINISH



COLLEGE of AMERICAN PATHOLOGISTS

- **Client**: College of American Pathologists via Cedar Interactive
- **Project**: Training, documentation, and marketing materials for laboratory software tools and processes (multiple projects over several years)
  - Tools/processes include Evalumetrics, Competency Assessment, Direct Transmission, Proficiency Testing, eLab Solutions Connect, eFRM and AP3
  - Software demonstration/simulation videos
  - User guides and technical documentation
  - Marketing videos
- **My role**: Instructional designer/developer, video producer/editor, technical writer
- **Tools used**: Word, Photoshop, Captivate, Camtasia


Firefox
Reports
cap Evalumetrics
About Institution | Close
Dashboard
Practice Areas/Metrics
Providers
Data Input
Reports
OPPE System Generated Reports
OPPE System Generated Reports
OPPE On-Demand Reports
FPPE On-Demand Reports
Notes
Filter By
Type: Scheduled OPPE Reports
Total of 12 Reports.
Reports Name
242407-System-Generated-Executive-S
242406-System-Generated-Comparative-Summary-15 Feb 2013
242405-System-Generated-Provider-Summary-15 Feb 2013
242221-System-Generated-Executive-Summary-15 Aug 2012
242220-System-Generated-Comparative-Summary-15 Aug 2012
242219-System-Generated-Provider-Summary-15 Aug 2012
241836-System-Generated-Executive-Summary-15 Feb 2012
241835-System-Generated-Comparative-Summary-15 Feb 2012
241834-System-Generated-Provider-Summary-15 Feb 2012
241770-System-Generated-Executive-Summary-15 Aug 2011
This e-Learning module will demonstrate how to create on-demand reports. Information about system-generated reports can be found in the User's Guide.
Firefox
Reports
cap Evalumetrics
About Institution | Close
Dashboard
Practice Areas/Metrics
Providers
Data Input
Reports
OPPE On - Demand Reports
OPPE System Generated Reports
OPPE On-Demand Reports
FPPE On-Demand Reports
Please allow 20 minutes after data is saved in the system before generating on-demand reports.
Selection Criteria
Report Type Comparative Summary
Note: Comparative Summary Reports compares the performance of every Provider measured against each individual metric selected for your
Please select in proper sequence
Step 1: Provider Status
Active Inactive
Step 2: Provider
All Select a Provider
Step 3: Metric
All Select a M
Step 4: Time Period
From Jan 2011 To Dec 2012
Note: If you select a date that for that period. For example, report start date will be Janu
Preview
Clicking the Preview button will allow you to preview the report that you have sele
Opening Comparative-Summary_02-07-2013_10-39-50.pdf
You have chosen to open
Comparative-Summary_02-07-2013_10-39-50.pdf
which is a: Adobe Acrobat Document (113 KB)
from: http://portletstst.cap.org
What should Firefox do with this file?
Open with Adobe Acrobat 9.5 (default)
Save File
Do this automatically for files like this from now on.
OK
Cancel
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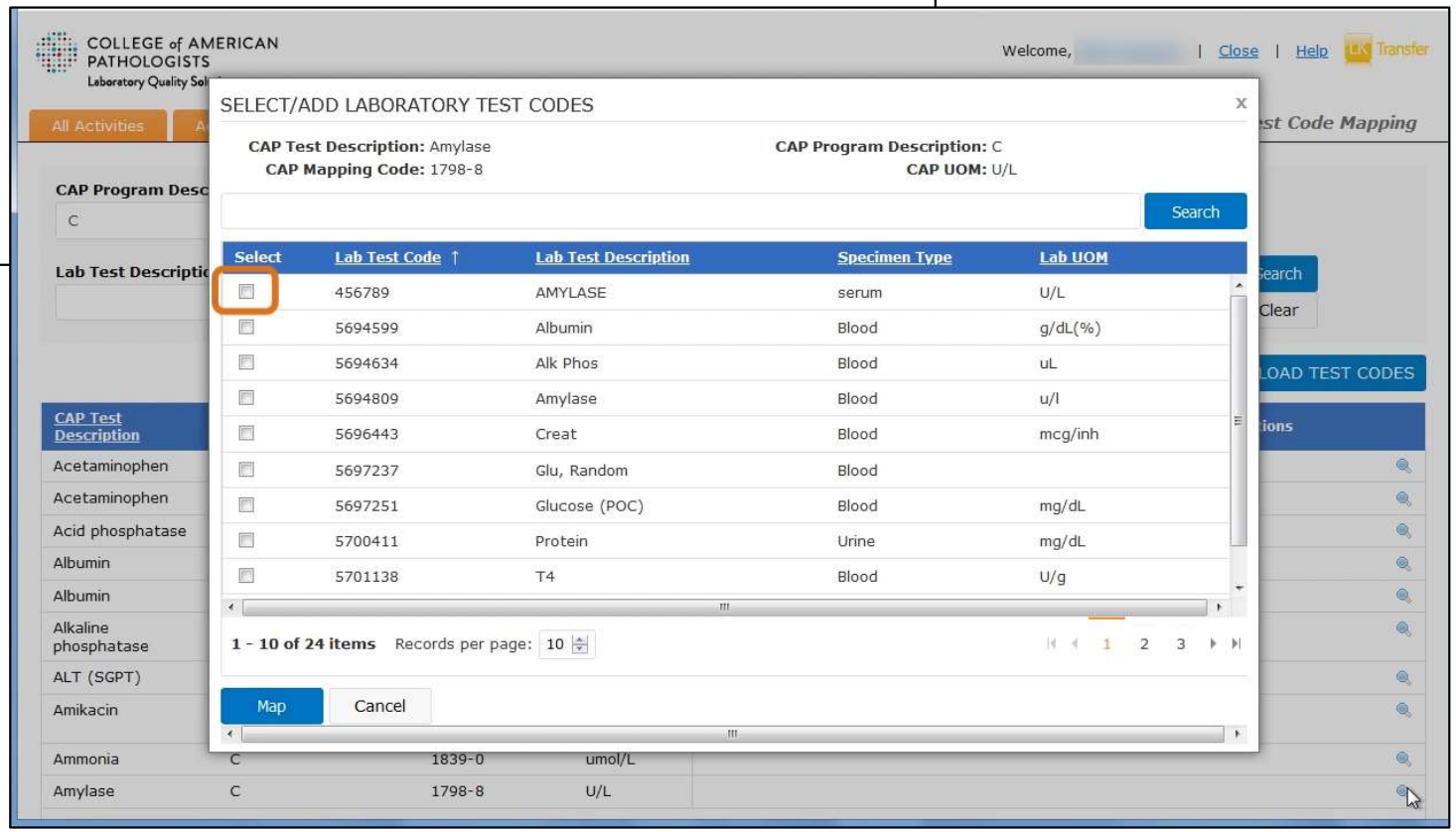
How to Map Your Laboratory's Test Codes to the CAP Codes

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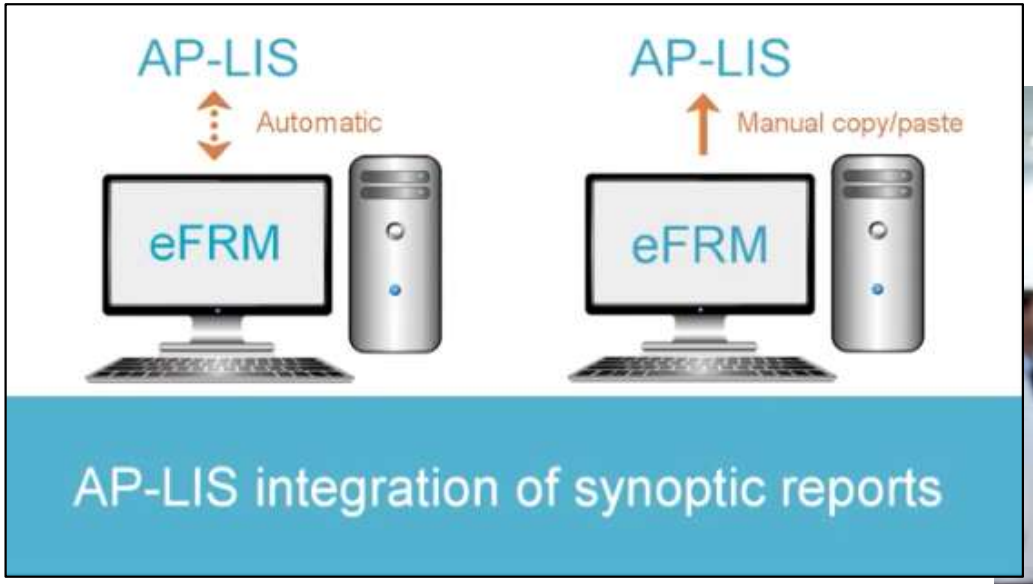
AP-LIS
Automatic
eFRM
AP-LIS
Manual copy/paste
eFRM
AP-LIS integration of synoptic reports


TO TREAT THE PATIENT

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LIS Provider Report Specifications Guide

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LIS PROVIDER'S PREPARATION RESPONSIBILITIES

As noted in the previous section, the LIS provider has three main responsibilities in the preparation of its LIS for use with the cloud-based hub solution:

- Develop the LIS standard test ordering convention
- Develop the LIS-integrated PT Extract Report
- Develop the LIS-integrated Test Compendium Report

The specifications follow.

LIS Standard Test Ordering Convention

The CAP's cloud-based direct transmission solution relies on a standard test ordering convention for capturing and transmitting data for the three required data elements. Each LIS provider will provide to its customers a recommendation on which existing fields in its respective LIS should be used to capture the three required CAP data elements. In the table below, the CAP has listed its suggested field names in the Suggested LIS Field column. Most LISs will have these fields available, but if one or more of these fields is unavailable, the LIS provider may have to recommend a different field.

CAP Data Element	Format	Suggested LIS Field	Comment	Potential Issue
CAP Number	Numeric, 7 characters	Provider NPI	A static laboratory site number	
KIT Number	Numeric, 8 characters	Order Comment	A unique number per mailing	
Specimen ID	Alphanumeric, Variable	Patient First Name	This will create various patients, but they can be reused for future use	Some client sites have a rule that will not accept numeric values in the patient name, an alternative will need to be discussed if this is the case

Report Development, Testing and Installation

1. **Develop the reports**. The LIS provider will create a PT Extract Report and Test Compendium Report (in .csv format) for integration into its LIS. The reports will be available to the LIS user based upon the specifications mutually agreed upon by the LIS provider and the CAP for the

purpose of extracting CAP PT data (non PHI) from the LIS in the CAP-specified format. Ensure that the reports are compatible with all versions of the LIS. Refer to the specifications and sample report files below for guidance on structure and format.

2. **Test the reports**. Unit test the reports to ensure they comply with the specifications described in this document.
3. **Verify the reports with the CAP**. The LIS provider should send the report files to the CAP's Customer Contact Center (CCC). The CCC will validate that the files are in the proper format and are acceptable for the process before they are provided to any customers for use.
4. **Install the reports**. Install the reports on the organization's LIS. *Note*: extracted .csv report data must be stored on the specified laboratory's network folder for its respective CAP number. The Test Compendium Report is used primarily for initial laboratory test code to CAP Mapping code setup.

PT Extract Report Specifications

The LIS provider should build the PT Extract Report from the following components:

- Header Record 1
- Header Record 2
- Record Details

Here are the specifications (with examples):

Header Record 1

Field	Data Type	Length	Example	Required? (Y/N)
LIS Version	Alphanumeric	Variable	LISNamev4.5	Y
Report Version	Alphanumeric	Variable	CAPAPTv1.0	Y

Location of Data:	Row 1
Separated:	Pipe

Header Record 2

Field
CAPNUM
KITUID
SPECVAL
ENV
DOB